

MINUTES OF THE INAUGURAL MEETING OF THE MAGNETIC RESONANCE ADVISORY GROUP (MRAG) HELD ON TUESDAY 1ST MARCH 2011, AT THE OFFICES OF THE SOCIETY OF RADIOGRAPHERS, 207 PROVIDENCE SQUARE, LONDON SE1 2EW

Sharon Burton {SB} Muriel Cockburn {MC} Sandra Conn {SC} Carolyn Graham {CG} {BAMRR} Stephen Harris {SH} Christine Heales {CH} Jennifer Jones {JJ} Kim Mawhinney {KM} Erica Scurr {ES} Rebecca Vosper {RV} Rachel Watt {RW} Susan White {SW} Gill winter {GW}
Alex Linton { AL }

IN ATTENDANCE: Alex Lipton {AL} Audrey Paterson {AP} Valerie Asemah {VA} {Minutes}

1. WELCOME AND INTRODUCTION

1.1 SC welcomed everyone to the inaugural meeting of the Magnetic Resonance Advisory Group {MRAG} and brief introductions were made. SC explained that this first meeting was an exploratory meeting to find out the aims and objectives of the group.

2. APOLOGIES FOR ABSENCE

2.1 There were no apologies.

3. APPOINT CHAIR

3.1 AP gave a brief overview of how the idea of the group started when professional officer Kate Garas was in post. When she left it was decided to wait until a new professional officer was in post before continuing with setting up of the group. AP further explained that in line with Society Council rules this group must be chaired by a council member. SC is the present Council member on this group but will be standing down in July 2011, but it is hoped that she will stay a member of this group after she leaves Council.

To make sure that proceedings run smoothly the appointed council member with magnetic resonance expertise will be invited to join and be chair of this group, following the start of the new Council year in July 2011.

4. **REVIEW OF TERMS OF REFERENCE AND DISCUSSION OF TERMS OF OFFICE**

4.1 The group went through the terms of reference and minor amendments identified. The BAMRR representative CG reiterated the point that MRAG should complement rather than duplicate their objectives for magnetic resonance imaging and the group agreed.

It was agreed that in the first year there should be 3 'face to face' meetings. In the second year it can be decided if a teleconference could replace one of the 'face to face' meetings.

The Terms of Reference will be reviewed by June 2012 as will the membership of the group.

ACTION: MARCH 2012 AGENDA

It was agreed that the Terms of Reference will be tidied up and redistributed to the group. AL kindly agreed to do this.

ACTION: AL

5. LIAISON WITH BRITISH ASSOCIATION OF MAGNETIC RESONANCE RADIOGRAPHERS {BAMRR}

5.1 The BAMRR representative hoped that MRAG would allow them to play a positive role on this group and thanked them for the invitation to be part of this group, she pointed out that some BAMRR members were concerned that MRAG would replace BAMRR and it would be important to show that such concern were unfounded.

It was agreed that it would be useful for BAMRR and SCoR to collaborate on a particular MR related topic to establish a good working relationship. Possible areas identified were:

i. Production of a leaflet for patients explaining the rationale behind the MR safety/screening questionnaires - this was a subject that has been under discussion by the NPSA - however it's unclear as to its progress as the NPSA is due to be disbanded under the Arm's Length Body review.

ACTION: AL to update after BIR MR Safety Group meeting

ii. Explore creating an accredited or certificated MR Safety qualification aimed at visiting and support workers within MR units.

ACTION: AL and CG to discuss with BAMRR policy board

 MR is being introduced as the imaging modality to assist in planning for radiotherapy and the group discussed the possibility of producing guidelines for RT planning using MRI. It was also felt that it would be useful to highlight this topic perhaps via the BAMRR conference.

ACTION: CG & SH

6. MR SAFETY – CURRENT PRACTICE

- 6.1 Concern was raised around current practices with regard to MR safety regarding issues such as:
 - MRHA guidance
 - Patient safety
 - Visiting staff
 - Safe working practices
 - Incidents and near misses

The group felt that there is a real need for guidance on what an MR Service should look like incorporating, design and building of units, education and development needs, benchmarking, and workforce and support services. It was reported that increasingly MRI is becoming a 24 hour service which invariably will lead to non-core staff within a unit.

The MHRA 2007 guidelines were discussed. AP suggested it may be useful to have a representative from the MHRA at a future meeting as the group felt that issues such as the increasing use of 3T and the introduction of MR compatible pacemakers had not been comprehensively covered but just added to the 2007 guidelines

ACTION: AL to contact MHRA

Discussion took place regarding manual handling issues associated with MR equipment, in particular the moving and changing of coils. It was agreed that this issue would be discussed with Lyn Wigley SCoR Health and Safety Officer to ascertain if particular guidance needs to be issued on this subject or whether it's sufficiently incorporated in our current publications.

ACTION: AL

The group also discussed the reporting of incidents and near misses and although it's acknowledged that there is a set reporting pathway via the MHRA it was perhaps felt that not all incidents and near misses were shared and that there is some scope for looking at setting up a mechanism to share such incidents.

ACTION: AL & GROUP

7. ANY OTHER BUSINESS

7.1 There was concern regarding MRI safety in regards to disparity between national guidelines on scanning patients following surgery with any implanted device. It was agreed that there are local variations to this and that it would be useful to have some guidance.

ACTION: NEXT AGENDA

8. DATES AND TIMES OF FUTURE MEETINGS

8.1 The dates and times of future meetings were confirmed as:

- Tuesday 11th October 2011 commencing at 1.30pm (lunch available from 1.00pm)
- Tuesday 20th March 2012 commencing at 1.30pm (lunch available from 1.00pm
- Tuesday 19th June 2012 commencing at 1.30pm (lunch available from 1.00pm)