



**MINUTES OF THE RADIOTHERAPY ADVISORY GROUP (RAG) HELD ON WEDNESDAY 13<sup>TH</sup>  
NOVEMBER 2013, AT THE OFFICES OF THE SOCIETY OF RADIOGRAPHERS, 207 PROVIDENCE  
SQUARE, LONDON SE1 2EW**

**PRESENT:**

Kate Burton {KB}  
Geri Briggs {GB} {Guest}  
Sheila Hassan {SH} {Chair}  
Nikola Hawkins {NH}  
Russell Hart {RH}  
Anne Laurie {AL}  
Kate Love {KL}  
Libby Mills {LM}  
Julie Owens {JO}  
Lesley Smith {LS} {Guest}  
Gaile Smyth {GS}  
Moirra Tomlinson {MT}

**IN ATTENDANCE:**

Valerie Asemah {VA} {Minutes}  
Charlotte Beardmore {CB}  
Sarah James {SJ}

**1. WELCOME AND INTRODUCTION TO NEW MEMBERS**

1.1 The Chair welcomed everyone to the meeting and round table introductions were made, but especially for the benefit of new members Nikola Hawkins, Anne Laurie and Libby Mills.

**2. APOLOGIES FOR ABSENCE**

2.1 Apologies for absence were received from Debbie Bennett, Louise Boyle, Denyse Hodgson, Susan Lamb, Julie Massey, Bernadette McCarthy, Noreen Sinclair and Karen Smith.

**3. MINUTES OF THE PREVIOUS MEETING HELD ON 30<sup>TH</sup> APRIL 2013**

3.1 Subject to the correction of one typographical error the minutes of the meeting held on 30<sup>th</sup> April 2013, were approved as a true and accurate record.

3.2 Matters arising from meeting held on 30<sup>th</sup> April and not covered on the agenda elsewhere

- It was noted that
- It was noted that the working group reviewing the invivo-dosimetry guidelines has just started their review therefore; there is no draft to share yet. Michael Graveling and Sarah Helyer are the SCoR representatives on the working party.

#### **4. RADIOTHERAPY BOARD PROGRESS AND UPDATE**

- 4.1 An overview was given. Unconfirmed notes of September meeting shared. Questions invited and agreed RAG had a role in identifying topics to take to the Board. First topic related to IMRT and a request for more detailed site specific guidance, particularly for use of IMRT in gynae treatments. This was raised as it was felt Trusts may not push IMRT levels beyond the benchmark level. SH and CB to put on radiotherapy board agenda for discussion.

***ACTION: SH & CB***

CB and SJ to discuss with GB the establishment of a Quality Google Group.

***ACTION: CB & SJ***

#### **5. NRAI UPDATE**

- 5.1 With the demise of NCAT the NRAI group has been reviewing its future. The professional bodies recognise the importance of this work continuing. A funded event towards the end of the NRAI workplan produced some options on how we may be able to go forward.

The Chair of NRAI, Peter Kirkbride and CB met with CRUK to discuss the options. CRUK has agreed to fund a secretariat. This will be reported back to the next Radiotherapy Board Meeting in November and RAG members will be updated by Synapse.

***ACTION: CB & VA***

Paula Horne, Radiotherapy Manager from Reading has indicated an interest in remaining on the group.

***ACTION: CB***

#### **6. NHS ENGLAND – RADIOTHERAPY, CRG FEEDBACK**

- 6.1 RH, CRG member for East England presented an update. The challenges are that there is no funding to support the work of the group and therefore, it's challenging to see how progress will be made. See attached presentation for details.

CB updated the group on the NHS England ambitions report and shared the detail of SCoR response. NHS England are intending publishing the report by early 2014. It was noted that there was a good response from members of the profession which formed a comprehensive response. The Brachtherapy SIG contributed a very detailed response which the SCoR included as a separate paper within our response. A copy of the response was tabled at the meeting.

CB agreed to follow up with NATCANSAT progress with the draft business case for the dashboard extraction tool. CB also agreed to contact the Chair of the CRG to ask for an update about the new dashboard metrics and when they would be available for the service to see.

One more point was raised that the dashboard measures attendances whilst the metric for the CQUIN for IGRT updates to case numbers. CB agreed to raise this with the CRG.

***ACTION: CB***

#### **7. NHS ENGLAND “AMBITIONS REPORT” – TO NOTE THE SCOR RESPONSE**

- 7.1 SCoR response was noted.

## **8. TOPIC: RADIOTHERAPY QUALITY SYSTEMS AND STANDARDS**

- 8.1 CB gave an overview of the work commissioned by the Radiotherapy Board to map the various radiotherapy, CQC peer review standards against ISAS. GB, Quality Manager from Berkshire Cancer Centre at Reading has agreed to undertake this work and report back to the Radiotherapy Board in the New Year.

GB presented a paper – Survey of Current Practice Calculation of RT Error Statistics. This generated quite a lot of useful discussion amongst the group. There was further discussion about the Towards Safer Radiotherapy coding and a need for the coding to be updated to reflect emerging treatment techniques.

It was agreed that we would take this matter forward to the Patient Safety Group in Radiotherapy to consider. It may be that this work may be required to be undertaken within this board but we would raise awareness with PHE first.

*ACTION: CB*

## **9. TOPIC FOR DISCUSSION: ASSISTANT PRACTITIONERS IN RADIOTHERAPY**

- 9.1 RAG members were encouraged to do some group work around the career framework and asked to consider radiotherapy workforce requirements into the future.

This was a short, sharp brainstorming session and the notes will be collated and shared with RAG members within Synapse by the end of November. This will help inform RAG's workplan and any reviews of the workforce guidance.

*ACTION: VA (Synapse)*

## **10. NCRI CT RAD THINK TANK EVENT**

- 10.1 An overview was given of the NCRI Think Tank funded by NCRI CT RAD. Twenty-one were invited to attend the event in September. Twenty centres sent representatives. The event was received very positively and highlighted the important role radiographers have in leading research within radiotherapy.

A further event has been agreed for the autumn of 2014. Follow-up work including publishing the SCoR Research Radiographers survey, and the outputs from the NCRI CTRAD Think Tank in peer reviewed journals. SCoR officers are following up how far attendees have progressed with the objectives they set themselves at the meeting. Rachel Harris, SCoR Officer for Research is leading this work. This will be a long term piece of work with input from SCoR.

## **11. REPORT FROM UK RADIOTHERAPY MANAGERS GROUP**

- 11.1 MT informed RAG that the radiotherapy managers met on 7<sup>th</sup> and 8<sup>th</sup> October 2013, in London, where a variety of issues were discussed:

Quality Dashboard - Presentation and the proposal of auto-population from RTDS. There is a cost to the Trust and Chris Ball will circulate a generic business case for managers to use.

Independent Prescribing – Need to consider what is prescribed in RT not just those that supplementary prescribers sign for. Managers requested to complete the survey.

Education – Managers are to find out who their local LETB or Trust lead is to try and find out what happens to the £50 per student the department should get.

Local RT Groups – People to let Moira Tomlinson (MT) know what regional groups are in existence. MT to produce a template to record information to be presented back at next meeting.

National Groups – Managers would like to be involved in workstreams with SCoR. Areas of interest to be forwarded to MT and MT and Angela Francis (AF) to discuss with Charlotte Beardmore (CB).

Scope of Practice Assistant Practitioners – Review of this is probably needed due to changing technologies. MT and AF to discuss with CB.

Student Attrition – managers worried about what can be done about this and scale of problem. MT and AF to discuss with CB re moving work on this forward.

IMRT Information Leaflet – Most centres represented were not using the leaflet produced as they were meeting target of 24%. The next meeting is due to be held 17/18 March 2014 in Preston.

## **11. PRESENTATION & DISCUSSION OF DRAFT GUIDELINE FOR THE MANAGEMENT OF PELVIC LATE SIDE EFFECTS FROM TREATMENT**

- 11.1 LS attended to provide an overview of the reasons for this important guidance document. SCoR officers engaged with the working group which included Lisa Punt, Consultant Radiographer at Addenbrookes to collaborate over joint endorsement of the.

Comments will be welcomed as soon as possible to VA. It is likely that a new draft will be available in December which will be shared with RAG. Group agreed it would be beneficial to also seek endorsement from the SCoR Council and also from the Radiotherapy Board.

**ACTION:** *VA to follow up latest draft with LS & LP in order to share with RAG in December. CB to take December draft to Radiotherapy Board for consideration of joint endorsement*

## **12. REPORT FROM RCR CLINICAL AUDIT COMMITTEE**

- 12.1 KL informed RAG that the RCR has produced an audit timetable (attached) for your information. KL will also circulate to the managers.

**ACTION:** *KL*

## **13. DISCUSSION ABOUT WORK PRIORITIES FOR THE GROUP FOR 2014**

- 13.1 RAG members discussed the work priorities for next year. It was agreed these should focus on the priorities regarding the future role of APs with new RT technologies and improving the retention of the pre-registration radiotherapy workforce.

## **14. CHAIR SUMMARY**

- 14.1 The Chair gave an overview of how advisory groups in the college function.

Council recognise the importance of enabling member of the profession to be engaged in the work of the SCoR and thus new members will be encouraged on an annual basis. Existing members will serve for a maximum of four years after which they decide to step down or re-apply to be considered again. The chair agreed to circulate a summary of the term of office for each current group member.

It was noted that letters has been sent to Lesley Cairns, Hazel Colyer and Christine Richards to thank them for their contribution to the work of RAG.

14.2 The Chair asked the group to identify topics which would be good for a one day conference which SCoR are hoping that NHS Supplies will be funding in 2014. Suggested topics were:

- Extended working day
- Dashboard
- CQUIN
- Workforce
- Information gathering

**ACTION:** *MT to ask RT Manager for suggested topics, CB to take topics to Radiotherapy Board conference call early December*

## **15. ANY OTHER BUSINESS**

15.1 MT informed RAG that the Allied Health Profession on NCCC (Wales) meeting was cancelled.

15.2 It was noted that Karen Middleton is retiring as AHP lead as she is taking up the role of CEO at the CSP.

15.3 KL informed RAG that Christina Freeman, professional officer, is doing a fantastic job on the business case for independent prescribing, but struggling from lack of input. She asked that members of RAG assist her in any way they can.

**ACTION:** *ALL*

15.4 Cancer Peer Review - It was noted that Diana Tate from the RCR will meet with Ruth Bridgeman.

**ACTION:** *CB to feedback to RAG members via Synapse*

15.5 Seven working Julie Owens has been asked to lead the Radiotherapy Board working party writing guidance on this topic. IPEM has established a Working Party which will feed into this overarching working party.

CB encouraged group members to use Synapse to post any items between meetings as its important to build communication and respond to consultations as and when they appear as they often will not fit into the time frame of the face to face meetings which happen twice a year.

15.6 AL has not received her invitation to join the RAG Synapse group. VA will re-invite her.

**ACTION:** *VA*

## **16. DATES OF FUTURE MEETINGS**

16.1 The dates for 2014 meetings are:

- Wednesday 30<sup>th</sup> April 2014
- Wednesday 19<sup>th</sup> November 2014

## **Appendix A**

RAG Meeting – 13<sup>th</sup> November 2013:

Angela Francis gave an update on RT Coding via email which wasn't presented at the meeting but it was agreed with the chair that this would be sent out with the minutes.

Draft OPCS coding guidance has been developed with the support of NATCANSAT. This includes a sub-division of the IGRT Y91.4 category to begin to code capture the levels of IGRT in line with the IGRT guidance report. This in response to the need to identify how much of what level of IGRT is being used and eventually leading to possible quality recommendations similar to the work that has been achieved for IMRT.

A draft of this coding guidance was demonstrated at the recent RT Managers meeting and there was broadly a support to introduce voluntary reporting using these IGRT codes. Further work is required to complete the practical examples before wider distribution.

The same draft was presented to RCIG who supported completing this work. Members of RCIG will input into the completion of this work.

Draft OPCS 4.7 guidance notes have been published which includes Y91.5 to be used for stereotactic megavoltage treatment. This will become mandatory from April 14.