Nuclear Medicine & Molecular Imaging Advisory Group (NMMAG)

Meeting Summary

Date:  Tuesday 10th November 2020
Time:  11.00am – 13.00pm
Venue:  GoToMeeting

In Attendance:

<table>
<thead>
<tr>
<th>Members: (state names with initials in brackets)</th>
<th>Role</th>
<th>Job Title</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jo Weekes (JW)</td>
<td>Vice Chair</td>
<td>Consultant Radiographer</td>
<td>New Cross Hospital</td>
</tr>
<tr>
<td>Rayjanah Allie (RA)</td>
<td>Advisory</td>
<td>Radiographer</td>
<td>University College Hospital</td>
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<tr>
<td>Tristan Barnden (TB)</td>
<td>Advisory</td>
<td>Radiographer</td>
<td>Maidstone Hospital</td>
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<tr>
<td>David Jones (DJ)</td>
<td>Advisory</td>
<td>Principal Radiographer</td>
<td>RCUHB, Wales</td>
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<tr>
<td>Clare Moody (CM)</td>
<td>ARSAC Representative - Advisory</td>
<td>Radiographer</td>
<td>Royal Victoria Infirmary</td>
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<tr>
<td>Sarah Stace (SS)</td>
<td>Advisory</td>
<td>Superintendent Radiographer</td>
<td>Withybush General Hospital</td>
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<tr>
<td>David Williams (DW)</td>
<td>Advisory</td>
<td>Superintendent Radiographer</td>
<td>Queen Alexandra Hospital</td>
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In attendance:

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<tr>
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<tbody>
<tr>
<td>Sue Johnson (SJ)</td>
<td>Professional Officer</td>
<td>SCoR</td>
</tr>
<tr>
<td>Valerie Asemah (VA)</td>
<td>Minutes</td>
<td>SCoR</td>
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1. WELCOME

1.1 The vice Chair (JW) chaired this virtual meeting and welcomed everyone. Introductions were made. AM sent her apologies for the short notice that she was unable to attend today’s meeting due to work issues.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Sai Han, Angela Meadows, John Thompson and Vas Nevrides.

3. MINUTES OF PREVIOUS MEETING

3.1 The minutes from the meeting held on 19th March 2020, were signed off remotely, as a true and accurate record.
4. REVIEW OF ACTIONS LOG (PREVIOUS MINUTES)

Outstanding Actions:

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<tr>
<td>6.2</td>
<td>International Recruitment HEE Project: - HEE intends to recruit up to 50 international radiographers starting with a trial of 10 recruits from India, they must be able to achieve HCPC registration. SJ will keep the group updated.</td>
<td>SJ</td>
<td>19-03-2020</td>
<td>Ongoing</td>
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4.1 MATTERS ARISING

There were no matters arising.

5. REVIEW OF GROUP MEMBERSHIP

5.1 It was noted that at present the group is well covered in all modalities. No changes at present, no vacancies.

6. SCoR OFFICERS REPORT

The SoR is incredibly busy at the moment from the professional and education team. Much work going on outside of Covid.

6.1 HCPC Standards of proficiency for radiographers update:

SJ informed the group that this update was started pre-Covid but has now picked up again and the good working relationship with the Health and Care Professions Council (HCPC) continues. A comprehensive feedback document was presented with the help and support of this group. Standards need to be much more flexible.
It is expected that the revised document will be available before the end of the year and this will be the final version. Will work closely with our education providers. Very close relationship with the Council of Deans who were receptive and incredibly supportive. They shared their discussion they had with the HEIs, the aim is to achieve a modern patient focused set of standards. It will be helpful to explore what is a threshold standard for nuclear medicine.

6.2 International Recruitment HEE Project:
SJ updated the group on international recruitment. Wales trying to recruit. There is an issue in terms of recruiting internationally. Pilot project with HEE started around this time last year. Money to recruit around 50 diagnostic radiographers. Very slow process but managers were not very enthusiastic and it was a struggle to find managers to be involved. Not very much progress but in the week before Covid hit, two of the service managers got involved and eight diagnostic radiographers was recruited from India into the North West of England. If we wanted to pursue nuclear medicine route you would have to be already working in that field.

HEE not sure why people were not engaging with the project. HEE ran some webinars to get managers and AHP leads interested. More money has been found and the project continues to move forward, recruiting another 50 from various countries before the end of March 2021. Worth keeping an eye out for this. SJ will make contact via the project lead in regard to getting nuclear medicine applicants involved. This particular pilot was for CT and MRI. Interviews will be done virtually. HEE have money available for international recruitment. There is a good e-learning for healthcare package available for applicants to engage in before they apply.

The group agreed that it would be useful to see what is available and what is going on. A whole host of ethical recruitment matters were discussed. It would be good to know what international recruitment is being achieved in the UK. SJ will update the HEE.

ACTION: SJ

6.3 Apprenticeship Update:
SJ informed the group that the Diagnostic Radiography apprenticeship tariff will be uplifted to match national tariff – same as other AHP tariffs etc. Revised tariff is encouraging HEI’s to run diagnostic radiographer apprenticeships. Work ongoing with support workforce, England focused to look at radiographic assistants, assistant practitioners etc. Very few higher education providers providing bespoke diagnostic apprenticeships at any level. Cumbria and UWE running apprenticeship schemes – mixture of self-funded students and apprenticeships. Majority of apprenticeships from north of England currently.
Money coming hopefully via HEE for a project specific to diagnostic imaging. Tight timeline with phase 1 of the project to develop a competence framework for each level to be finished by end of March. No apprenticeships yet in Wales, Scotland or Northern Ireland as yet. Wales has started a strategy group for all workforce and DJ has set a seat here and he will give an update after he has had his first meeting. Difficult to recruit internationally for nuclear medicine.

**ACTION:** SJ to check tariff amount with CB

### 6.4 Education & Career Framework Review:
SJ informed the group that the framework update is usually reviewed every 6 to 8 years. To note that Jacqui Vallis (Professional Officer for Education & Accreditation) is leading on this work with small steering group and SJ will share links with the group when they are available for review. The review is evidence based involving higher education and service leads.

### 6.5 National Strategic Update:
To note that SJ has a seat on the new Imaging Workforce Advisory Committee. Charlotte Beardmore (CB) – Director of Professional Policy sit on the strategic element of the group which is chaired by Suzanne Rastrick and Sam Hare.

### 6.5.1 Richards report:
The Richard’s Report has been published a copy sent out to group. Sir Mike Richards has a clear view on how the workforce needs to change. Giving the support workforce a greater emphasis. He has asked for 4 thousand diagnostic radiographers and support workers, there is no funding yet identified to implement the recommendations.

Registration & Regulation (discussion)
Looking at various routes of nuclear medicine, DJ was looking a recruiting a band 4 – but hit a wall at a certain stage, as registration is an issue. Spoke to IPEM but no joy there either. Essentially, nuclear medicine has a very specific gap and we need to find a way to resolve this. Discussion followed. HCPC is not the block to this, but it is around government regulation.
7. COVID-19 Update – Consideration to:

7.1 Local Recovery Plans – RA informed the group that UCLH hosted a webinar around challenges that they had with COVID and this was shared worldwide. Highlights: culling the backlog of bone density scans and only referring people where their clinical pathway would change as an outcome from a scan at this time, freeing capacity for other patients. To note that the PET CT contracts has been updated. Talking to people to make sure everyone is on the same page makes it easier and more manageable for everyone. A range of different approaches discussed to managing patient Covid status, from home swabbing to 14 days’ isolation before examinations or treatment. This is to allow time for cancelling doses. Lack of availability of electronic equipment for fit testing and no priority is being given to AGP’s in Nuclear Medicine. In some departments 60-70% of the workforce are classed as high risk staff and can only work with Covid patients, this has led to some patients having their care cancelled as there are no staff available.

7.2 Regional Recovery Plans – To note that Sam Hare is the new NHSEI Specialist Advisor for Imaging; a London based chest radiologist by background and he is keen for radiology to take control of clinical imaging pathways. The first piece of work the SoR is involved with is around CT colonography and the referral pathway for this. A co-ordinated approach where patients are at the centre.

7.3 Student Placements/Support – Following a discussion around student placements and support it was agreed that a Covid Hints and Tips list could be set up which would be very helpful.

- Staggering start/finish times
- Using non clinical rooms or extra break/rest capacity
- Offering staff 1 day/month WAH

SJ and VA to make a start on making a list of these and capturing a list on Synapse for publication on the SoR Covid hub.

ACTION: SJ & VA
8. RADIOISOTOPES ROUND TABLE (BREXIT)

8.1 SJ gave an update and informed the group that SoR recently attended national roundtable meeting along with AM on radioisotopes which was very much a listening event. A much less antagonistic meeting unlike previous ones and SJ will share slides with group when received. A whole team of people working on nuclear medicine radioisotopes and the HSE gave an overview of the work they are doing, which includes looking at groups of medicine. It is recognised that you cannot stockpile radiopharmaceuticals. Everyone appeared to feel reasonably assured. Looking at how timings will impact service delivery and cost. There will be some communication coming out for end users. People need to be aware of unlicensed medicines and how the regulations might impact.

Wales was specifically mentioned as a place where a new nuclear reactor will be built as a research and medical facility. Extremely well received by all the nuclear medicine members and physicists on the call. SJ to invite Eleanor Perkins to attend next NMMAG meeting to give the group an update as she was very keen to be involved and speak to as many people as she can. SJ will also chase updates that was promised. Brief presentation from border force. NHSE improvement very focused on the tariff but were trying to focus on the final impact. Everyone was very receptive. When SJ obtain a more formal presentation/slides she will share with group. Brief presentation from the border force.

ACTION: SJ

9. TRAINING & RESILIENCE FOR NM TECHNOLOGIST

9.1 RA informed the group on the challenges with technologist reporting and general training issues. RA has finally convinced her consultants to allow advanced role development for the technologist. Many feel the NHS is not an attractive employer. RA is pushing for advance practitioners in nuclear medicine, she has lots of great ideas and would like this group to join together to take this forward. It was agreed that nuclear medicine professionals need to push ahead and there are ways to do it. NHSE is setting up an advanced clinical practice academy however, NM technologists who sit outside the AHP family may not be eligible. TB is due to have a conversation with Andre at ‘Guys’ and he is happy to be involved.
The biggest challenge for the future of the nuclear medicine workforce is recruitment. ARSAC guidance will come into play here. New regulations don’t preclude technologist or radiographer from being an IRMER practitioner, but they can’t be a license holder, further discussion required at a higher level. Professional bodies will need to have a conversation. Licensing will be an issue in servicer continuity as licence holders are retiring. SJ suggested that we take these issues to the new workforce group. Suggestion to start this off through the NMMAG synapse group. RA is writing a paper. SJ will try to get this onto the national agenda at the upcoming meeting, later this month. SJ suggests that a small working party from this group write a paper on how the lack of registration affects the role/service. RA, TB and NG volunteered to work on this paper. The SoR have offered to work with Chris and the BNMS on this matter.

**ACTION:** RA, TB & NG

10. **International Recruitment / Registration / Reciprocity (9.1 BNMS Migration Advisory Committee Shortage Occupation List)**

10.1 BNMS co-ordinating a campaign to get Nuclear Medicine professionals recognised on Shortage occupation list, SoR is supportive.

11. **OBSERVER REPORTS**

11.1 ARSAC REPORT – CM produced a report and gave a brief overview at the meeting – please see attached report.

11.2 BNMS REPORT – NG produced a report and gave a brief overview at the meeting – please see attached report.

11.3 IPEM REPORT – FH produced a report and gave a brief overview at the meeting – please see attached report.

11.4 RCP Report – SH was unable to attend the meeting but produced a report – please see attached report.
12. WEB PAGES REVIEW & DISCUSSION (information migration to new platform)

12.1 SJ informed the group that there will be a soft launch of the new website by the end of the year, followed by the big launch in the New Year. She encouraged the group to keep on sending any information they have.

ACTION: GROUP

13. ATTENDANCE AT EVENTS AND KEY INFLUENCING OPPORTUNITIES – VIRTUAL BNMS

13.1 None attended.

14. ANY OTHER BUSINESS

14.1 JW asked whether a member from the EFRS nuclear medicine forum could sit on this group as an observer. SJ will take this request back to CB.

ACTION: SJ

14.2 RA informed the group that she will share the paper she has written on PET and SPEC/CT before it goes to publication.

ACTION: RA

14.3 DJ will share information sheets on BNMS and IPEM with the group by sending links to VA to upload to synapse.

ACTION: DJ & VA
15. DATES OF FUTURE MEETINGS

15.1 The dates and times of future meetings:

- **Interim – Friday Feb 12th 2021 - 11.00-13.00**
- Tues March 16th 2021 – 11.00-13.00
- **Interim – Thurs June 17th 2021 – 11.00-13.00 TBC**
- Thursday 11th Nov 2021 – 11.00-13.00

Meeting Actions Log

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<td>Following a discussion around student placements and support it was agreed that a Covid Hints and Tips list could be set up which would be very helpful. SJ along with VA will make a start on listing these.</td>
<td>SJ &amp; VA</td>
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<tr>
<td>8.1 Radioisotopes Round Table (Brexit):</td>
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<td>Following an update by SJ it was agreed that she will chase promised updates from round table meeting attended with AM. SJ to invite contact Eleanor Perkins to attend the next NMMAG meeting to give a further update.</td>
<td>SJ</td>
<td></td>
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<td>9.1 Training &amp; Resilience for NM Technologist:</td>
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<td>Following an update from RA on recruiting for more advanced practitioners in nuclear medicine it was agreed that a small sub-group be set</td>
<td>RA, TB &amp; NG</td>
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up to write a paper on How the lack of registration affect the/service.

| 12.1 | Web Pages Review & Discussion Information migration to new platform): SJ informed the group that there will be soft launch of the new website by the end of the year, followed by the big official launch in the New Year. Group encouraged to keep on sending any information they have. | All |
| 14.1 | Any Other Business: SJ to ask CB if a member from the EFRS nuclear medicine forum could sit on this group as an observer. | SJ |
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| 14.3 | DJ will share information sheets on BNMS and IPEM with the group by sending links to VA to upload to synapse. | DJ & VA |

Conferences & Events Dates for the diary: