MINUTES OF THE RADIOTHERAPY ADVISORY GROUP (RAG) HELD ON TUESDAY 21ST FEBRUARY 2012, AT THE OFFICES OF THE SOCIETY OF RADIOGRAPHERS, 207 PROVIDENCE SQUARE, LONDON SE1 2EW

PRESENT: Debbie Bennett {DB}
Kate Burton {KB}
Sheila Hassan {SH} {Chair}
Denyse Hodgson {DH}
Kate Love {KL}
Bernadette McCarthy {BMC}
Julie Owens {JO}
Christine Richards {CR}
Linda Samuels {LS}
Noreen Sinclair {NS}

IN ATTENDANCE: Charlotte Beardmore {CB}
Sarah James {SJ}
Samantha Jewell {SJ2}
Valerie Asemah {VA} {Minutes}

1. WELCOME AND INTRODUCTION

1.1 The Chair welcomed everyone to the meeting and explained that she has taken over from Stephen Harris who is no longer on the group. Round table introductions were made, especially for the benefit of visitors Debbie Bennett and Linda Samuels.

1.2 Apologies for absence were received from Lesley Cairns, Russell Hart, Julie Massey and Gaile Smyth.

2. MINUTES OF MEETING HELD ON 12TH OCTOBER 2011

2.1 Subject to the amendment of one typographical error the minutes of the meeting held on 12th October 2011 were approved as a true and accurate copy.

2.2 Advanced Practice/Practitioner Accreditation (minute 11.1)

At the last meeting CR wanted to know if the issue of non SCoR members/non radiography professionals signing off advanced practitioner work has been resolved; and whether it would be possible to have a list of people on the accreditation panel. SK is working on streamlining this process and CB will liaise with him and respond to the group.

**ACTION: CB**
3. **HEALTH AND SAFETY AUDIT, DISCUSSION, FURTHER WORK**

3.1 The Chair gave a presentation on a health and safety audit which was recently carried out, aimed at identifying common trends in the workplace. The survey response was small, however, issues had been raised and some work is now underway to address this. RAG members each highlighted to the group the practice and concerns/issues within their own centres and HEI members spoke about the underpinning elements which are included within their courses. SCoR, via the Health and Safety Officer, Lyn Wigley, is currently working with a back care advisor, a manual handling advisor and therapeutic radiographers to help produce specific manual handling guidance for the profession. Those present welcomed the work but also noted the limitations of the survey (the low response rate) and the leading nature of some of the questions, and therefore, caution must be noted in terms of some of the findings. RAG members would like to be involved in the design of any subsequent questionnaires.

**ACTION: LW**

3.2 It was agreed that VA would put this presentation on Synapse to enable members to view/download as necessary.

**ACTION: VA**

4. **SCoR VERT REPORT, DISCUSSION AND ACTIONS**

4.1 Sarah James gave a presentation on the Virtual Environment for Radiotherapy (VERT) giving an overview of the project. VERT was funded by the DH to support education in the workplace and was a recommendation from the 2007 NRAG report. The project to implement VERT had been led by the SCoR and a follow up report was requested after the implementation and evaluation phases which were led by 2 radiographers for the DH. Part of the agreement was to fund a further evaluation of the use and impact of VERT. SJ is leading this work and presented the findings to RAG members.

An online UK wide questionnaire was undertaken asking about usage of VERT within the clinical radiotherapy centres. The survey achieved a good response as 53 out of the 64 radiotherapy centres throughout the UK responded. 33 centres now have VERT installed. There was discussion around the overall cost of the project and what was being achieved as a result, and what the original defined measurable outcomes were for the project. SJ highlighted the reason being to contribute to the reduction in attrition; clearly this wasn’t the only factor by any means. The survey showed variable usage of VERT however where it was used more fully the benefits were acknowledged. The original aim from the DH in supporting the funding for VERT across England was that it was hoped that it would contribute to supporting the goal of reducing attrition. It is too early to report on any impact from this. CB agreed to check the original aims of the DH VERT funding.

It was agreed that VA would upload this presentation to Synapse to enable members to view/download as needed.

**ACTION: CB & VA**

The report is likely to be published in March, and case studies will be included showing how centres where benefits have been realised have implemented and used their VERT systems to date. Outcomes from the report have been shared with the NRIG workforce group at its February meeting. It is clear that there is far greater potential for its use and hence it is hoped that the SCoR guidance and report will enable greater uptake and use.
5. CLINICAL EDUCATION – RETAINING THE WORKFORCE

5.1 Samantha Jewell attended the meeting to give the group an update on attrition and asking for ways in which we can work to improve student attrition.

SJ reported that The Chief Executive, David Nicholson, of the NHS is having talks with SCoR in regard to student attrition as this matter has reached the highest levels within the NHS. SJ reported that she has been working intensively with many interested stakeholders from membership to provide support and guidance for all stakeholders. The SCoR have worked hard with all parties to address this matter and have produced a wide range of guidance documents to support good practice. SJ shared a paper titled attrition which highlighted the range of work and provided the links to all the published guidance documents.

A recent survey undertaken to understand student’s views of their clinical placements came back with very poor results.

Bullying during practice was one big feature of the survey. Although it is now being reported in many ways, some students still do not know how or who to report bullying to. The most recent guidance has therefore focused upon “Quality Standards for Practice Placements was presented”.

The Chair will highlight this issue in her Council report.

ACTION: SH

CB will circulate this document to all service managers by the UK Radiotherapy Managers group.

ACTION: CB

CB (in her capacity of NRIG workforce subgroup chair) raised the concern that NRIG are still predicting a growth in workforce requirements for subsequent years and therefore this matter continues to be of serious concern. The announcement by the Government about proton facilities for England would require a large increase in workforce numbers. It is unlikely that commissions will be further increased, (whilst the attrition remains high) and, therefore, work must be initiated urgently at the local level between the relevant stakeholders to develop local strategies to minimise attrition.

The chair highlighted that it would be beneficial to discuss this at the next RT Service managers meeting.

ACTION: RAG SERVICE MANAGERS, KL, JO & CR

6. NATIONAL RADIOThERAPY STRATEGY

6.1 Tim Cooper gave a presentation on the national radiotherapy strategy which was discussed by the group. Concern was raised about the tariff and the variation between the preparation and treatment codes. TC highlighted this was the reason for using an indicative tariff for one year (from April 2012) in order to test viability. If there were problems the mandatory tariff may be delayed from April 2013 to April 2014.

6.2 It was agreed that VA will upload the presentation on Synapse for the group to view/download as necessary.

ACTION: VA
7. UPDATE ON KEY ISSUES FROM UK COUNTY REPRESENTATIVES

7.1 BMc gave an overview of the current situation in Wales.

8. UPDATE FROM RT MANAGERS MEETING

8.1 CR informed the group that no update was available as the group has not met recently.

9. TO NOTE THE FOLLOWING WORKING GROUPS

9.1 The following working groups were noted:

- RCR SCoR IPEM – Retention of Records
- SCoR RCR IPEM – Additional Radiotherapy Capacity
- SCoR RCR IPEM – Professional Service Standards

10. RCR CLINICAL AUDIT COMMITTEE

10.1 KL gave an update on the RCR clinical audit committee informing the group that the RCR is discussing carrying out an audit on malignant compression.

A conference entitled ‘The Importance of Good Quality Data’ is scheduled for 27th April 2012.

It was noted that there were discussions around prostate brachtherapy and lung cancer.

11. ANY OTHER BUSINESS

11.1 CR queried whether SCoR had any guidelines on ‘On Call’. It was however agreed that the SCoR are not in a position to write specific staffing guidelines however it was agreed that the main point in developing staffing models is that the staffing model must allow the same service standard to be achieved as would be achieved in the normal working day. This point was made in the NRAG recommendations 2007. It was agreed that this point could and should be re-emphasised in the forthcoming NRIG Radiotherapy Report particularly if working days are extended further in response to patient need for appointments outside the normal working day.

ACTION: CB

12. DATE OF NEXT MEETING

12.1 SJ and CB to identify dates for the next meeting.

ACTION: SJ & CB