



SoR 100
YEARS
THE SOCIETY OF RADIOGRAPHERS

Synergy News

ISSN 1741-4245 • www.sor.org

September 2021



The inner beauty of the human body

Leslie Robinson's celebratory paintings
bring together art and radiography

Pages 18-19

SoR LAUNCHES PAY
AWARD CONSULTATION:
HAVE YOUR SAY

Page 3

NEW SoR PRESIDENT
CLAIRE DONALDSON
CHAMPIONS DIVERSITY

Pages 12-13

YOUR CHANCE TO
BECOME A HEALTH
AND SAFETY REP

Pages 14-15

PIONEERING STUDENT
PLACEMENT INSPIRES
FUTURE LEADERS

Pages 24-27

CONTACTS

THE SOCIETY OF RADIOGRAPHERS

207 Providence Square, Mill Street, London SE1 2EW

Tel: 020 7740 7200 • Email: info@sor.org

If you require advice or assistance with an industrial relations or health and safety issue, please contact your workplace IR or H&S representative. Alternatively, get in touch with your regional officer. If you are not sure which regional officer covers your place of employment, go to the regions section in the members' area of www.sor.org or telephone Vicky Andrews on 020 7740 7234.

To contact Richard Evans, chief executive officer, email richarde@sor.org or telephone 020 7740 7202.

For the full SoR staff listing, visit www.sor.org/about-us/sor-staff.

COUNCIL

President

Claire Donaldson BSc (Hons)
claire.donaldson@nhs.scot

Vice-president

Ross McGhee
ross.mcgree@ggc.scot.nhs.uk

Vice-president elect

Dave Pilborough
david.pilborough@nhs.net

Chair of council/ immediate past president

Chris Kalinka MSc DRI DCR(R)
chris.kalinka@wales.nhs.uk

NORTHERN IRELAND

Gill Hodges DCR(T)
gill.hodges@belfasttrust.hscni.net

SCOTLAND

Claire Donaldson BSc (Hons)
claire.donaldson@nhs.scot

Ross McGhee
ross.mcgree@ggc.scot.nhs.uk

Sharon Stewart DCR (R) BSc (Hons)
Health Studies MSc MRI
s.l.stewart@gcu.ac.uk

WALES

Gareth Thomas
thomasg19@cardiff.ac.uk

ENGLAND

Eastern

Sue Webb BSc (Hons)
susan.webb@meht.nhs.uk

London

Vassilios Nevrides BSc (Hons)
vnevrides@nhs.net

Midlands

David Pilborough BA BSc (Hons)
david.pilborough@nhs.net

North West

Thomas Welton BSc (Hons)
bigradtom@gmail.com

Northern

Sarah Burn BSc (Hons) (R)
sarah.burn4@nhs.net

South East

Robin Bickerton BSc (Hons) (R)
robin.bickerton@ouh.nhs.uk

South West

Katie Thompson
katie.thompson11@nhs.net

Yorks/North Trent

Helen Adamson
helen.adamson@midyorks.nhs.uk

OFFICERS

Chief executive officer

Richard Evans OBE HDCR
richarde@sor.org

Executive secretary

Liz Robinson
lizr@sor.org

Director of finance and operations

Dilip Manek
dilipm@sor.org

Director of industrial strategy and member relations

Dean Rogers
deanr@sor.org

Director of professional policy

Charlotte Beardmore FCR MBA
BSc (Hons) DCR(R) and (T)
charlotteb@sor.org

Professional and educational manager

Dr Rachel Harris D Clin Res,
MSc, PgD, PgCCE, DCR (T)
rachelh@sor.org

Finance manager

Ian Hadlow
ih@sor.org

External relations, marketing and communications manager

Jessica Reid
jessicar@sor.org

REGIONAL OFFICERS

Eastern

Elaine Brooks DCR(R), PGD, LLM
elaieb@sor.org

London

Jennie Bremner
jennieb@sor.org

Midlands

Richard Pembroke
richardp@sor.org

Northern Ireland

Leandre Archer MSc BSc (Hons)
leandrea@sor.org

Northern, Yorkshire and North Trent

Helen Wickham
helenw@sor.org

North West

Marie Lloyd
marie.lloyd@sor.org

Scotland

Yvonne Stewart
yvonnese@sor.org

South East

Marie Bullough MA DCR(R)
marieb@sor.org

South West

Peter Higgs
peterh@sor.org

Wales

Kevin Tucker DCR(R)
kevint@sor.org

Caroline Hurley
carolineh@sor.org

PROFESSIONAL SUPPORT OFFICERS

Spencer Goodman MSc PgDip FHEA
DCR (T)
spencerg@sor.org

Gill Harrison MSc DMU PFHEA PgC L&T
in HE, DCR(R) Dip CH P (MT)
gillh@sor.org

Lynda Johnson MSc DCR(R)
lyndaj@sor.org

Sue Johnson MA PgC BSc (Hons) DCR(R)
suej@sor.org

Dorothy Keane FCR, PGD, DCR(R)
dorothyk@sor.org

Alex Lipton PGD (MRI), DCR, PGC
alexl@sor.org

Maria Murray MPhil, CRadP, MSRP,
fHEA, DCR(T)
mariam@sor.org

Dr Tracy O'Regan DProf MSc PgCTLCP
BSc (Hons)
tracyo@sor.org

Nigel Thomson MSc, TDCR, DMU, Cert Ed
nigelt@sor.org

Michelle Tyler
michellet@sor.org

Jacqui Vallis MA PgDip BSc(Hons)
jacquiev@sor.org

Kathryn Williamson
kathrynw@sor.org

Students and new professionals officer

Nichola Jamison
students@sor.org

Conference and events manager

Claire Brown
claireb@sor.org

Knowledge manager

Eugene Statnikov MSc
eugenes@sor.org

Membership services manager

Joel Wilkins
joelw@sor.org

Health and safety officer

Rhys Martin
rhysm@sor.org

Industrial relations manager

Vacant

SYNERGY NEWS

Editorial

Colin Cooper, Natasha Abramson
synergynews@haymarket.com

Commercial

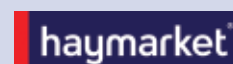
Display advertising Daniel Greenaway
daniel.greenaway@haymarket.com
tel 07540 371347

Recruitment Michael Scowen
michael.scowen@haymarket.com
tel 020 8267 4083

Short courses and study days

Sam Irvine sam.irvine@haymarket.com
tel 07990 510974

Haymarket Business Media,
Bridge House, 69 London Road,
Twickenham TW1 3SP



Haymarket is certified by BSI to
environmental standard ISO14001 and
energy management standard ISO5001.



DISCLAIMER

© The Society of Radiographers 2021
Unless otherwise indicated, views expressed
are those of the editorial staff, contributors
and correspondents. They are not necessarily
the views of The Society of Radiographers,
its officers, or Council. The publication of
an advertisement does not imply that a
product is recommended by The Society.
Material may only be reproduced by prior
arrangement and with due acknowledgement
to Synergy News.

MEMBERSHIP DETAILS

Subscription rates for the 2020-21 subscription year

- Ordinary and associated professionals (non-radiographers) £285
- Reduced rate £198
- International £135
- Accredited assistant practitioner £132
- Radiographic assistant £87
- Retired (not working) £66
- Student (year 1 free) £45

The Society's subscription year extends
from 1 October 2020 to 30 September
2021. Payments can be made by monthly
direct debit instalments or by an annual
payment by debit/credit card for the full
membership fee.

Membership payments may be suspended
during maternity/paternity and adoption
leave. Email Joel Wilkins or telephone the
membership department for more details.

Contact Joel Wilkins joelw@sor.org
tel 020 7740 7228

If you would like to opt out of receiving
postal copies of this journal and would
prefer to read it online, please contact
membership@sor.org.

The Society operates a Political Fund and
members can opt out at any time by
visiting <https://www.sor.org/sor-political-fund>
and logging in with their membership details.

Take part in our NHS pay award consultation

ARE YOU content to accept the 3% pay award or do you want the Society to reject it and consider options for industrial action with other unions?

Following a recommendation from the NHS Pay Review Body, the English and Welsh governments have agreed to implement the body's recommended 3% pay increase in full.

Trusts and health boards will have to fund the award from existing budgets, having previously been advised to set aside 2% for the 2021-22 pay award. All pay points would increase by 3% from 1 April 2021. Any additional regular payments would only increase where they are directly linked to a percentage of basic pay, in which case, they would rise in line with the 3% increase.

The government in England wished to pay only 1%. The SoR believes the 'U-turn' was strongly influenced by the successful and ongoing #WithNHSStaff campaign, which many members actively supported.

The SoR had called for an

Will you accept the 3% award?

To let us know your opinion, please complete our short survey at www.sor.org/paysurvey. The deadline for responses is 1pm on Monday 13 September. We also want to hear your thoughts on future pay and reward priorities. We have, therefore, added a text box to the survey for any members who want to share wider thoughts and ideas.

increase of £2,000 or 3%, whichever was higher. The Review Body's 3% recommendation recognised the arguments presented, although the 3% falls short of £2,000 for most members.

It is not enough to redress the relative decline in public sector pay over the past decade. Nor does it go far enough in recognising the extraordinary efforts of members during the pandemic. Most, although not all, members in Scotland received 4% increases on top of a Covid bonus. Moreover, inflation is rising – and is expected to continue rising over the rest of the year. The SoR believes that this pay award is not enough.

For these reasons, the SoR UK Council cannot recommend

'The SoR UK Council cannot recommend members accept this pay award'

members accept this pay award. However, we also recognise members in England and Wales have already waited too long for an increase. We understand that only a period of sustained, sector-wide industrial action would have any prospect of forcing the UK government to increase the award – with no guarantee that this would work. We also believe this kind of action is very unlikely, given the dedication and commitment shown by members

to patient care during the pandemic.

We are asking you to tell us if you are content to accept the award or if you would want us to reject it with the potential of further delay while we consider options for industrial action with other unions.

To let us know your opinion, please complete our short survey. The deadline for responses is 1pm on 13 September.

We also want to hear your thoughts on future pay and reward priorities. We have added a text box to the survey for use by any members who want to share wider thoughts and ideas around future pay and reward priorities as we build our argument for a new deal for radiographers and AHPs.

Turn to pages 10-11 for more in-depth discussion about a potential new deal with Dean Rogers, the SoR's director of industrial strategy and member relations.

If you are based in England or Wales and would like to take the survey, please visit www.sor.org/paysurvey

Student radiographers take to the skies

FOUR STUDENT radiographers are taking part in a charity skydive to raise money for the cancer centre where their friend is being treated.

Hannah Owen, Olivia Gaskin, Angel Laird and Rebecca Clare are all on placement at Clatterbridge Cancer Centre in Liverpool, where their friend, Molly, is receiving treatment for Ewing sarcoma, a rare form of bone cancer.

The students said: 'Clatterbridge has given us such great learning experiences in

the past few years and we are lucky to be part of such an amazing team. We cannot thank them enough for the educational support they have given us and the support they are providing for Molly at such a difficult time. So what better way to say thank you and raise money than to take on such a challenge?'

The skydive is set for 19 September. You can donate to their fund at www.justgiving.com/team/UoL-Student-Rad-Skydive



L-R: Hannah, Olivia, Angel and Rebecca

SCoR welcomes new professional officer for education

KATHRYN WILLIAMSON took up her new role as professional officer for education and accreditation on 26 July. She is a diagnostic radiographer with 15 years of clinical experience, having worked in both the private sector and the NHS.

After graduating in 2006 with a first-class BSc (Hons) degree from Ulster University, Kathryn specialised in mammography practice through the Nottingham International Breast Education Centre in collaboration with Sheffield Hallam University.

During her career as an NHS mammographer, she participated actively in health promotion, creating various initiatives that were adopted regionally.

Since 2017, Kathryn has been working in academia as a lecturer

in diagnostic radiography and imaging at Ulster University. Within this role she has managed modules in the pre-registration programme and has taught at both undergraduate and postgraduate level.

Kathryn completed her PgCHEP in 2019, gaining fellowship of the Higher Education Academy. She also holds a masters in higher education practice with distinction.

In her academic work, Kathryn's interests and research focus on staff-student partnership, teaching excellence, academic leadership and simulation in radiography education.

Most recently, Kathryn has presented at an international online conference on technology-supported education and



'I am passionate about promoting and developing our profession for the benefit of patients'

Kathryn Williamson

simulation as a response to the Covid-19 pandemic.

Kathryn said: 'I am delighted to be joining the team at the Society and College of Radiographers and I am looking forward to working with them

and my radiography colleagues throughout the UK. I am deeply passionate about promoting and encouraging the development of the profession for the benefit of our patients.'

She continued: 'There are many challenges that surround this, but I believe that promoting quality within the education and training that underpins our profession through the CoR approval processes, and supporting individuals through the CoR accreditation processes, will ensure the profession is capable of overcoming whatever current and future challenges it may face.'

Charlotte Beardmore, SCoR director of professional policy, said: 'I look forward to welcoming Kathryn to the professional and education team, to her role as professional officer for education and accreditation, and to her joining the core team overseeing this important area of work.'

'Kathryn's experience and enthusiasm for education and the profession shines through and her skills will support the organisation's ambitious work.'



RADIATE: Wellbeing

Mindful Self-Care in Everyday Living:

Harnessing Alexander Technique for Optimum Body-Mind Balance

15 & 28 September 2021 | 19:00-20:00

The Alexander Technique is a mind-body approach to wellbeing that can help us change the way the demands of life are experienced, both through our bodies and through our minds. It will help you to identify and change long-standing habits that cause unnecessary tension in everything you do.

Our September workshops will equip you with four easy, practical steps that will enable you to remain level-headed, resourceful and calm for a more mindful self-caring attitude to the everyday.

Places are limited, so be sure to book now to avoid disappointment.

Register at www.sor.org/radiate

SoR publishes guidance on use of AI in radiography

NEW GUIDANCE from the SoR warns that clinicians must be involved in the co-construction and development of artificial intelligence (AI) to safeguard clinical practice and patient care.

The Society established a working group for AI following an earlier guidance statement in January last year. The aim was to represent the voices of the radiographic workforce in the development of technology, helping to strengthen or improve care in clinical imaging and radiotherapy.

The new guidance, called *Artificial Intelligence: Guidance for Clinical Imaging and Therapeutic Radiography Workforce Professionals*, says AI has the potential to make a 'profound impact on clinical practice and patient care'.

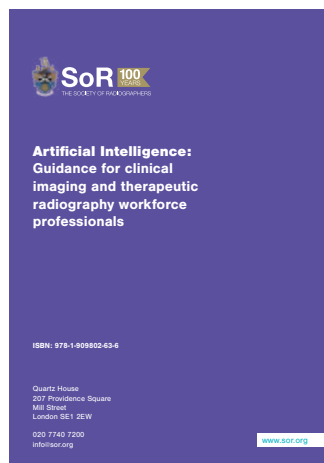
As such, it is important for the profession to consider how radiographers will use AI and technology to provide better-quality services, and it is crucial

that patients and service users inform all development and are partners in research.

The guidance states: 'Radiography has been at the forefront of the implementation of technological innovation for clinical imaging. The radiography workforce, including registered diagnostic and therapeutic radiographers, are among the most technology-enabled professions in healthcare.'

'To understand and work to mitigate risks for patients and staff, it is essential for radiography teams to understand key terminologies and issues around the use of AI.'

Clinicians need to be involved in the development of AI, says the guidance, to ensure the suitability and clinical relevance of AI solutions: 'Many AI tools have already been developed but the challenge is for them to be fully internally validated (do methods work?) and externally validated



'Radiographers must understand the key terminologies and issues around AI'

(do they work on unseen data?) to be able to implement these solutions in clinical practice.'

The working group calls for research to investigate the impact

of AI on the quality of services, patient care and radiographers' roles and working practices, and for high-quality 'real world' clinical validation of AI interventions.

'Radiographers are accustomed to the development of evidence-based practice with increasing technological advances. However, AI is being rapidly integrated into imaging equipment with arguably little consideration as to how it influences radiography practice and frontline services,' it says.

'This is adding to the radiographer's role and increasing the need for a high level of digital fluency among radiography staff as they must learn to evaluate, interact and oversee the actions of AI-driven tools within their workflow.'

You can read our summary of the guidance on pages 16-17 and download the full document at www.sor.org/guidance

Wellbeing Software supports CoRIPS research partnership

THE PAST year has brought about significant changes for connected healthcare specialist Wellbeing Software as it has helped the NHS navigate the coronavirus pandemic and build a roadmap to a digitised and better-connected healthcare service.

Organisational change is required to improve patient outcomes, not only during the pandemic but also to ensure earlier cancer diagnosis.

To do this, hospitals and laboratories need to adjust working practices to increase diagnostic capacity and speed up the process between tests and results. This can be achieved by optimising resources across



'We know that our investment contributes towards grassroot research'

Chris Yeowart

laboratory medicine, pathology, and radiology AI.

As an integration specialist, Wellbeing Software can deliver this through Cris, its radiology information system, and Evolution vLab, its laboratory information system. Used together, these form a foundation to support organisations as they seek to unlock improvements in diagnostics, connecting individuals to provide access to a wider resource pool and specialist services.

The company is also a member of the College of Radiographers' Industry Partnership Scheme, which helps to fund radiography research.

Chris Yeowart, general manager of Wellbeing Software, said: 'We are a proud supporter of CoRIPS because we know that our investment contributes towards grassroot research and is an essential lifeline for the radiography community.'

'Through our established footprint, specialist knowledge and significant development resources, we are building the foundations for connectivity in NHS organisations and beyond.'



SCoR helps Which? to bust scan myths

GILL HARRISON, the SCoR's professional officer for ultrasound, has been advising the consumer guide *Which?* to help clarify common public misunderstandings around obstetric scans and the facts about private scanning.

The article, entitled '7 Myths and Facts About Pregnancy Scans', says that while 'scans are part and parcel of pregnancy... knowing what's on offer to you and whether you should pay for extra private ultrasound scans can be confusing'.

Which? tackles myths such as 'ultrasound scans are 100% accurate', 'you get better scans if you pay for them', 'pregnancy scans use radiation', '3D or 4D scans are more accurate than 2D scans', while reminding readers

that 'you might not be able to have your partner at a scan with you during the pandemic'.

On the subject of private scans, Gill advises: 'We should not be using ultrasound without clinical need.' She urges pregnant people to check qualifications and any professional registration details before booking private additional scans: 'There are some misconceptions that everyone who does a scan is "qualified" to a similar level. It takes six to 12 months to learn the basics of ultrasound scanning but in some clinics sonographers have done just a one- or two-day course.'

Read the article at www.which.co.uk/news/2021/06/7-myths-and-facts-about-pregnancy-scans

Nick 'terrified' by prospect of naked run for charity

NICK BARLOW, a consultant radiographer, was in despair when he rashly pledged to run naked around the pitch of Huddersfield Town football club if it managed to avoid relegation at the end of the season.

That was in February, and so when the team miraculously stayed in the Championship –

tier two of the English league – he decided to turn his lap of dishonour into a fundraising drive for three of his favourite charities.

The club, which is supporting Nick's run, will be playing Nottingham Forest on Saturday 18 September, with an expected crowd of more than 15,000 spectators.

'I'm absolutely terrified!' said Nick. 'I'll be as naked as I possibly can be while maintaining a little dignity and not being arrested. But it will all be worth it if we can raise some serious money for these three amazing charities.'



Nick in Huddersfield Town colours

Nick will run one lap of the pitch for every £1,000 raised for the charities Huddersfield Town Foundation, Cancer Research UK and NHS Charities Together. Donate at <https://uk.virginmoneygiving.com/NickBarlow10>



STUDENT WELCOME MONTH OCTOBER 2021

Following our very successful Student Welcome Week in 2020, we will be extending this year's event to cover the full month of October!

Whether you are in year 1, 2 or 3, BSc or MSc, an apprentice or an undergraduate, this event will have something for you. From preparing to study and placement tips, to reflective practice and career planning, our student-led sessions will cover all the bases, with input from professionals and industry leaders.

Why not join us for an inspiring start to the new academic year?

Find full details on the hub at www.sor.org/swm

MRI scan delay raises risk of cauda equina syndrome

A REPORT from the NHS Healthcare Safety Investigation Branch (HSIB) has highlighted the risks of delaying MRI scans for suspected cauda equina syndrome (CES).

This rare but life-changing condition is caused by compression of nerves at the end of the spinal cord in the spinal canal.

The HSIB investigation was based on the case of a 32-year-old woman with a delayed diagnosis of CES, who had been suffering pelvic, back and lower abdominal pain and had seen her GP six times over two months.

Four days after a visit to A&E, she had an MRI and was urgently transferred to a specialist centre for confirmation and treatment. She arrived in the early hours of the morning and her surgery took place later that same day. It confirmed she had '75% blockage of the spinal canal'. The patient received intensive rehabilitation but still has ongoing back pain and neurological problems.

The investigation explored the issues at a national level and found:

- Variation in the timeframes in which patients with suspected CES receive an MRI scan.
- Many local hospitals cannot use their MRI scanners out of hours, for a number of reasons.
- There is no NICE guidance specifically on CES.
- Variations exist in treatment pathways across the system and within specific spinal networks.
- Safetynetted leaflets on the symptoms associated with CES were inconsistent in their level of detail and language.

The report recommends a list of changes aimed at reducing the delay in diagnosis via MRI scans, developing consistent national pathways/guidance and improving communication to patients.



Alexandra Lipton

One safety recommendation called for guidance to be developed by The Royal College of Radiologists (RCR), supported by the Society and College of Radiographers, stating that all hospitals should reserve the first MRI slot of the day for patients with suspected cauda equina syndrome who do not meet the criteria for an 'emergency' or immediate scan overnight.

The HSIB also suggested: 'It may be beneficial for hospital trusts without 24/7 MRI provision and the potential to see patients with suspected cauda equina syndrome to consider expanding the skills of their radiographers to allow out-of-hours MRIs if required.'

Alexandra Lipton, the SoR professional officer for senior service managers and cross-sectional imaging lead, said: 'The SoR welcomes this report, which acknowledges the challenges faced by imaging services in providing timely access for patients with suspected CES. We support protected time and increased availability of MRI slots to accommodate these patients.'

'We have been working with the RCR and IPREM on producing further guidance for services. This will be published soon by the Clinical Imaging Board.'

New president for the Society for Radiological Protection

JIM THURSTON, head of medical physics and healthcare technology at Dorset County Hospital NHS Foundation Trust, has been elected the next President of the Society for Radiological Protection (SRP).

Jim took up the role at SRP's recent annual conference in Bournemouth. He has been a member of SRP's governing council since 2019 and has served on a number of committees.

Jim began his career in 1987, spending two years in nuclear medicine at Charing Cross Hospital before moving to the radiation protection service at St George's Hospital in Tooting.

He subsequently worked in medical physics at a number of large London teaching hospitals before moving to Dorchester last year.

Jim became a certificated radiation protection adviser in



Jim Thurston

1996, a chartered radiation protection professional in 2008, and a fellow of the Society in 2019.

In his current post at Dorset County Hospital, Jim is responsible for managing the medical physics and clinical engineering services in the use of both ionising and non-ionising radiation, including diagnostic X-rays, ultrasound, lasers and ultraviolet therapies, as well as providing support to all medical devices used in the hospital.



MSK MRI for Beginners

A beginner's course for healthcare professionals interested in interpreting musculoskeletal MRI

Online via Zoom on Saturday the 30th of October, 2021

Accreditation:

6 CPD credits in accordance with the CPD Scheme of the Royal College of Radiologists.

Course aim:

To provide participants with a practical, stimulating, step by step guide on interpretation of musculoskeletal MRI:

- case based;
- assumes little or no prior experience in MSK MRI; and
- covers most commonly performed MSK MRI studies: knee, shoulder and lumbar spine.

Target audience:

For radiology registrars, radiographers, physiotherapists and other healthcare professionals with an interest in interpreting musculoskeletal MRI in their clinical practice.

Learning outcomes:

- By the end of the course, the attendee will have:
- An understanding of MR anatomy and appearance of most common pathology of knee, shoulder and lumbar spine
 - An appreciation of a step by step approach to interpreting MSK MRI
 - Greater confidence reading MSK MRI, and
 - Identified any knowledge gaps relevant to his/her practice, and ways by which these can be addressed.

Course highlights:

- Taught by a practising consultant radiologist with extensive experience in MSK MRI interpretation and teaching
- Focuses on concepts someone new to MSK MRI interpretation may find challenging
- Case based and hence relevant to day to day practice.
- Covers most common pathology enabling attendees to make a start interpreting musculoskeletal MRI.
- Discusses protocolling and triaging as well as interpreting MSK MRI based on clinical scenario.
- Limited number of delegates to facilitate interactivity.

How to register:

For details visit www.mskbeginner.com
For a registration form, please email: admin@mskbeginner.com

New fetal anomaly screening guidance

THE FETAL Anomaly Screening Programme for England has amalgamated the previous three handbooks and made significant additions on parent-centred care and choice.

The SoR Ultrasound Advisory Group was consulted on an early draft of the document and changes have been made in response to the feedback.

There are some extremely important additions to the document relating to parent-centred care and choice in the 'Overview', section 3, in light of the Mordel v Royal Berkshire NHS Foundation Trust case in 2019.

It clarifies the role of the midwife and sonographer in the consent process, while also highlighting that consent is not a

static decision but can change throughout the screening pathway.

There is a new quality-assurance tool, information to help departments to improve standards through shared learning and image review, and an associated spreadsheet for logging findings of the image review. Additional information on prenatal diagnosis has been included within the handbook.

Patient information has also been revised and now includes more information about having a support person present in the ultrasound room.

To read the guidance, visit www.gov.uk/government/publications/fetal-anomaly-screening-programme-handbook

Updates on NHS obstetric ultrasound examinations

THE NHS has issued revised guidance on the sale of images, fetal sexing, commercial considerations and requests to record.

Previous guidance, published in January 2019, was withdrawn pending review in February this year. The revised version has been co-written with input from the CoR Patient Advisory Group, the advocacy group Antenatal Results and Choices, and the Ultrasound Advisory Group.

Changes include explanation of the unique nature of obstetric ultrasound, and the differences between the NHS screening clinical examinations and private parent-experience scans.

Suggested wording relating to consent and explanations about having a picture and an opinion on the fetal sex have been added.

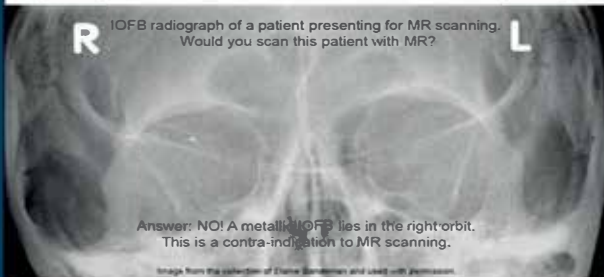
Previous guidance, published in 2019, was withdrawn pending review in February

Case studies have been included to demonstrate how some services have managed communication to provide additional support and reference has been made to the recent sonographer survey by the SoR.

The SoR works with external organisations to explain the differences between the various types of ultrasound examinations and to help pregnant people to make informed decisions about their care.

Visit www.sor.org/guidance

Intra-orbital Foreign Body Review Course



- Establish a programme & protocols for radiographer review of orbital radiographs for metallic IOFBs.
- Develop competency in metallic IOFB identification on orbital radiographs.
- Learn by online distance education, which allows you to study at home, in your own time.
- Suitable for CPD.

Registration deadline: 28 Oct 2021

Start date: 01 Nov 2021

Fees: £126 per person

Visit www.ed.ac.uk/edinburgh-imaging/iofb-review for our learning objectives & information about how to register.

Edinburgh Imaging Academy
www.ed.ac.uk/edinburgh-imaging/academy

Short courses and study days

ONCOLOGICAL IMAGING COURSE 2021

Join us for our virtual multidisciplinary oncology-focused imaging course, showcasing the very best in cancer imaging from the Paul Strickland Scanner Centre and Mount Vernon Cancer Centre, sponsored by Roche Products Ltd and Guerbet.

When Wednesday 17 November and Thursday 18 November.

Where Online.

Booking www.sor.org/courses

Programme

Day 1 Delegates will learn how close collaboration between radiologists and oncologists can optimise management for cancer patients. They can then take part in a Q&A session with speakers.

Day 2 The day will be delivered by a mix of Mount Vernon Cancer Centre radiotherapy staff

and Paul Strickland Scanner Centre diagnostic radiographers, who will showcase our unique relationship and collaborative approach.

Course cost (two days)

Trainees, radiographers and others: £40; consultants: £60. We have an 'early bird' offer of 10% off until 17 September. Trainees, radiographers and others: £36; consultants: £54.

Contact

Email appeals@stricklandscanner.org.uk

stricklandscanner.org.uk

Telephone 01923 886 315

Online www.stricklandscanner.org.uk/for-health-professionals/oncological-imaging-course

Roche Products Ltd and Guerbet provide financial support for the organisation of this meeting and have no control over the educational content.

Updated guidance for image-guided radiotherapy

THE RADIOTHERAPY Board has published new guidance to support the continued application of image-guided radiotherapy (IGRT) and enable the future implementation of four-dimensional adaptive radiotherapy (ART).

On Target 2: Updated Guidance for Image-Guided Radiotherapy supersedes the 2008 report *On Target: Ensuring Geometric Accuracy in Radiotherapy* and a later report produced in 2012 by the National Radiotherapy Implementation Group, entitled *IGRT: Guidance for Implementation and Use*.

Image guidance (including ART) is an essential component of radiotherapy, ensuring treatment delivery uncertainties are minimised. However, there are remaining uncertainties that should be assessed to ensure the clinical target volume receives the intended dose.

On Target 2 recommends the best evidence-based practices for IGRT and provides guidelines on how individual centres can



'On Target 2 has been a very collaborative piece of work'

Dr Helen McNair

implement and/or optimise image-guidance processes locally.

Key recommendations

- When establishing an IGRT service development strategy,

the entire patient pathway should be considered from the time of radiotherapy consent to radiotherapy planning, continuing throughout treatment, for every patient receiving IGRT. Frequency, imaging dose and complexity of the IGRT process should reflect the treatment intent, anatomical site and fractionation.

- Effective immobilisation is critical. Achieving reproducibility during radiotherapy planning and treatment involves reducing both patient bony anatomy motion and internal organ motion. This may complement or even reduce the need for intensive IGRT techniques.

- Each radiotherapy centre should have in place site-specific IGRT protocols tailored to the needs of that site and take into account the factors affecting the accuracy of set-up.

- Routine prospective IGRT data collection for the individual patient, individual treatment protocol and anatomical sites is essential to calculate systematic and random errors and inform

local margins. Data collection and analysis is one of the most critical aspects of IGRT to ensure and maintain safe implementation and use. Once the accuracy of dose delivered to a target volume is established, IGRT – through research studies or prospective audit – may enable margin reduction and/or facilitate dose escalation to further improve outcomes.

The report states: 'Only by including these principles in routine clinical practice can we ensure that patients receive high-quality and effective radiotherapy treatments.'

On Target 2 was produced by a multi-professional team led by Dr Kevin Franks, Dr Helen McNair and Professor Marcel van Herk.

Dr McNair, lead research radiographer at the Royal Marsden NHS Foundation Trust, who co-chaired the group, said: 'It is great to see *On Target 2* in print. It has been a very collaborative piece of work and many people have contributed. Thank you to all who have done so. We very much hope the document is helpful to radiotherapy departments now and in the future'.

To download *On Target 2*, visit www.sor.org/guidance

Self-referral for MRI scans

THE CLINICAL Imaging Board (CIB) has issued a position statement making clear that it does not support self-referral for MRI examination.

In the position statement, it said: 'Any imaging study forms part of the overall diagnostic jigsaw that includes a history, examination and appropriate additional studies. It is necessary that an appropriate formal referral is generated by a registered healthcare professional following the appropriate clinical assessment.'

'The result of the study, following its radiological interpretation, is then sent to the

referring professional so the result can be interpreted in the context of the overall clinical assessment. This is particularly important as any imaging study can give rise to unexpected findings, which may be of no consequence or may have serious implications.'

The board concluded: 'Therefore, the CIB does not support the self-referral by the patient for MRI or any diagnostic imaging study.'

Visit www.rcr.ac.uk/clinical-radiology/service-delivery/clinical-imaging-board/cib-statements/self-referral-mri



SoR 100 YEARS
THE SOCIETY OF RADIOGRAPHERS

REDUCED RATE MEMBERSHIP RENEWAL

To renew your annual reduced-rate subscription from **1 October 2021 to 30 September 2022**, please email the membership department at membership@sor.org for further information.

Applications for the reduced-rate subscription must be received by 1 October.

A new deal for radiographers: what would work for you?

Dean Rogers, the SoR's director of industrial strategy and member relations, considers what pay and reward package could help to recruit and retain radiographers

THERE WAS an NHS recruitment and retention crisis long before the pandemic. While politicians of most shades repeated mantra-like lines relating to 'more nurses', the crisis was increasingly evident among allied health professions and, as the Richards report last November confirmed, at its most grave in imaging.

This crisis was at the root of why the NHS Pay Review Body recommended an increase for staff in England and Wales that was three times the government's recommendation. The argument that there is a crisis has been won. Now the discussion needs to move on to what needs to happen to address the crisis.

There will be two strands to tackling the crisis. The first is securing commitment to adequate levels of investment in the NHS. Again, the argument to prioritise the NHS has already been won. At the 2019 general election, politicians competed over who loved the NHS most. However, there was, and is, no national consensus about how much extra investment is needed.

Finding the money

Since 1997, when the Blair government committed to match Germany and France in spending around 9% of GDP on health and social care, every government has been spending more on the NHS.

By 2010, the government hit the target – only to still be behind Germany and France, sixth out of the G7 and below the EU15 average. Based on OECD figures, at the end of 2019 the UK was



Dean Rogers

'The argument that there is a crisis has been won. Now the discussion needs to move on to what needs to happen'

spending £674 pp less than the EU15 average and would have needed to spend £44.4bn more to catch up. The extra money promised by the Johnson government in the 2019 election came to around half this figure.

Before the pandemic, the argument was about how much more the taxpayer was willing to pay and how quickly we could catch up, while politicians masked how we were falling further behind in critical areas – the Richards report highlighted that we are not even in the top 30 when it comes to accessing MRI or CT scanners.

However, the pandemic should have changed the context of the investment argument. Having preached austerity for a decade, the government found whatever monies were needed. How much it spent on track and trace and securing PPE showed all of us that when governments want to really prioritise spending more on a national priority, they can and will. Continuing with some of this extra spending and directing it towards the continued catch up by investing more in people and equipment is now clearly an available choice.

Winning the argument for this continued higher investment over the next decade to tackle the recruitment and retention crisis is the first strand of SoR and TUC campaigning.

What to spend it on

Persuading the government to find the extra investment the NHS needs to match other leading world economies is the politically difficult step toward securing a new deal for radiographers and AHPs. Deciding how and what to spend the extra investment on may be even more difficult.

However, now we have won the argument for the principle of recruiting and retaining more radiographers, any success we have in identifying what would make the real difference for members could also be the key that unlocks the investment.

We need a clear understanding of what would make the critical difference for members. What pay and reward offer would

attract more to choose a career in radiography? What support would retain those thinking of leaving? This is why the SoR is starting a national pay and reward conversation with members to understand what would make the difference for you.

It is unlikely there will be any easy answers. While unions are divided about how much would constitute a fair and sustainable pay award, we would probably all agree that even 12.5% would not solve the issue on its own – though it would certainly help!

The answers will be more complex than a magic, single number because in a workforce as large and diverse as the NHS, the needs of staff will also be diverse. A single person needing to move to a new city for their first post will have different financial pressures to someone 10 years into their career, who's looking for a bigger home for their new family.

Likewise, what attracts people to a career in the first place and their starting point will vary. Someone at 16 choosing their A' level subjects with a view to a career in radiography will have a different perspective and priorities about future pay and reward to someone who graduated 15 years earlier and wants to retrain for a second career in radiography after being made redundant. Radiography needs all these people.

Differing needs

We need to start by understanding what is working and what the NHS cannot afford to lose from its pay and reward package, then look for

Tell us your views

‘All those considering a career in radiography need to know the basic pay they can expect, and this needs to be competitive’

what flexibility can be built in and around the package so it meets the varying needs and priorities of the diverse workforce.

One thing that works well is a clear single national set of pay ranges. Whatever other variation and flexibility is considered, it must not undermine this foundation. To introduce local competition would cause chaos, confusion and waste – introducing greater turnover when the problem is needing a more stable workforce. All those considering a career in radiography need to know the basic pay they can expect. This needs to be competitive with alternative careers available with the same qualifications.

Consideration also needs to be given to support and reward before qualification. Scrapping bursaries and including AHP students in the 'loan' system had a measurably disastrous and immediate impact on AHP student recruitment and retention.

Does a serious strategy have scope to look at greater incentives to choose AHP courses? If so, what would these look like? Similarly, other parts of the public sector now have long-established earn-to-train courses for mature students. The NHS is a decade at least behind social work and teaching. Degree apprenticeships are in their pilot phase but the opportunities to expand these seem huge.

What would a good earn-to-train package look like and who would qualify? What additional resources would be needed to support this in trusts?



How the SoR lobbied for higher pay in Wales

‘Sharing your stories will greatly help us to win the argument for the investment necessary’

Housing and pensions

Wider pay and reward questions reflect the status and standing of radiographers and AHPs. Not long ago, any new hospital was built with assisted housing places for new professionals to help them relocate. It was literally an inbuilt NHS cost.

Relocation and recruitment packages for hard-to-find professional posts are a norm for any private sector company recruiting in a global marketplace. However, this was lost in the NHS. When, in 2015, NHS employers requested permission to borrow to invest in a staff housing

programme, the government blocked the request. This seems like the definition of false economy. We need to explore if subsidised housing would make a difference to recruitment and retention. If members say yes, we can develop the case for a competitive public sector package.

Pensions is another area where flexibility could be considered but where there is currently little scope. The NHS pension scheme is undoubtedly competitive against most private sector schemes. However, it is also complex. Pensions as a concept have had a difficult press and have also been allowed to become more complex since 2010. Evidence shows that younger members are less likely to fully engage with the scheme and its real value is more appreciated by those over 50.

Is there an opportunity, in creating a new deal for radiographers and AHPs, to increase engagement and

understanding of the scheme by introducing creative flexibilities tailored to different stages of people's careers?

For example, contribution subsidies for those who start off and/or work in geographic areas with acute recruitment and retention challenges? Or what additional role and pension flexibilities might encourage people to work for longer and phase down to retirement rather than leave as soon as they can afford to?

Now seems the perfect time to seriously explore these issues and build the case for greater flexibility but we need to know what would make the difference.

Then there is identifying the wider workload pressures that wrap around any pay and reward package. These demonstrate a wider social value and reflect the social status of radiographers and AHPs. We know instinctively that investment in new equipment, more support staff, genuine access to CPD time and space for professional reflection, access to flexible working on the radiographers' terms as opposed to bending to breaking point to meet demand – all these make a huge difference to recruitment and retention.

The recent parliamentary report into burnout caused by Covid recognised this and offers a clear approach. However, consultation with SoR members – where you share your stories and capture why this makes the difference – will help us win the argument for the investment necessary.

We're starting this conversation by inviting members in England and Wales to use the text box in the pay award consultation (see *page 3*). We will be extending this to members in Scotland and Northern Ireland (where we are continuing to press for a pay settlement) in the coming weeks.

We look forward to members sharing ideas about what will make the difference.

A man with glasses and a blue vest stands on a cobblestone street, smiling. He is wearing a blue short-sleeved shirt, a blue vest, and a large gold medal. The background shows a street with a bridge and buildings.

Diversity will make the SoR stronger

Claire Donaldson's inaugural speech as President focused on the growth of equality, diversity and inclusivity within the Society

IN 2019, when I was elected Vice-President, it was an incredible achievement but my happiness was mixed with sadness as, just a few weeks before, my dad had passed away suddenly and unexpectedly.

Dad and I were both union reps but I always think of him as more of a proper trade unionist because he was a shop steward at a foundry. My representing members in my cosy wee hospital job seemed to pale in comparison to his more traditional 'union' activities in a heavy-industry setting, where workers were regularly injured and their jobs were often dependent on the next contract coming in.

It is hard that he is not here to see this today but I know what he would say if he were here. It's the same advice he always had for me when things were difficult: just be yourself.

That hasn't always been easy. From a young age, even though I didn't have the words to describe it, I knew I was 'other'. When I

came out in my late teens, even though I was loved and supported by my family, it was still very difficult to be my true, authentic self.

Like a lot of queer kids, I had experienced my fair share of bullying even before I came out, dealing with a lot of homophobic insults. Once I came out, on top of this I had to deal with more casual homophobia, such as comments like 'It's OK to be gay but why do you have to look like that?' or 'I don't mind what you do behind closed doors.'

Pride and confidence

I struggled in the first few years to feel like I really had the right to take up space and I often masked these experiences with self-deprecating humour and I kept parts of my true self hidden.

When I was 21, in the summer break between my second and third year at uni, I attended London Pride. I remember it clearly as the first time I really felt like I could be just me. Seeing a diverse group of people representing different sexualities and genders, as well as body types, gave me real confidence. I realised I didn't have to be more or less of anything to stand up and fight for what I believed in.

After that summer, I started to allow myself to take up space unapologetically. I got more involved in LGBTQ activism, both in and out of uni. This, coupled with the inspiration of my dad and his trade union activities, made getting involved with the Society of Radiographers seem like a logical step when I qualified.

During the time I have been involved with the SoR, there has been a focus on LGBTQ experiences, with motions at the Annual Delegates Conference covering things like LGBTQ bullying in schools, gender-neutral uniforms and even pushing for male mammographers.

This work really resonated with me and feeling like the members and the organisation had my

back really helped when deciding to take on the more senior roles. Today I am so happy to be able to wear the Presidential chain and I am proud that I get to do it as my authentically queer and non-binary self.

When I put myself forward to be President, it was with the intention of focusing on equalities. As a member of a minority group and having grown up between Leeds and Bradford in a very multicultural area, I was sure that I wasn't a racist and I thought that this was enough.

This passive attitude led to one of the worst mistakes I have made as a UK Council member. Last year, following the murder of George Floyd and the resurgence of the Black Lives Matter movement, Equalise, our equalities advisory group, released a short statement in support of the movement. There was some discussion among council members as to whether UK Council needed to put out a statement. I was part of the majority who thought that, as an equalities issue, 'it was for Equalise to comment on'.

I then went to an Equalise meeting and listened to how UK Council's silence had made black and Asian members feel ignored and unrepresented – and how it had compounded their negative experiences of our organisation.

'If you don't see yourself represented right now, please come and get involved to change that'

For all my talk of not seeing my queerness represented, it took hearing these members' stories for me to realise that the organisation was failing in a much more fundamental way. My own unconscious bias had led me to completely overlook this and

be complacent about the lack of representation at every level.

The SoR's BLM statement was published in June 2020 and in it there was a commitment to the work required to transform our organisation into one that is truly representative and anti-racist. This work started with the Race Matters virtual events. Suggested by one of the Equalise members, Ashleigh Carter, the events were designed to allow members to meet with the Presidential and senior leadership team to discuss their experiences and suggest ways to move forward with the work on anti-racism.

The events are still ongoing and a work in progress but I want to thank those members who have committed to attending in their own time after finishing long and busy shifts during the pandemic. Their willingness to engage and share their experiences has had a profound effect on me as an activist and as a person.

Commitment to change

There may be scepticism about the commitments we have made, quite rightly some will say these things have been said before and, ultimately, no real change has happened. To avoid falling into old, apathetic ways, we have engaged an external company to undertake an equality, diversity and inclusion audit. This has recently started and will take place throughout the majority of my Presidential year. This will result in a report with recommendations for improvement. I want to work with the senior leadership team to ensure that these are implemented and to hold them accountable for demonstrating real change.

Some might wonder why equality, diversity and inclusion is important, not just for people who are part of minority groups but for everyone. I have spoken about being made to feel 'other' – the definition of 'othering' is to view or treat someone or a group of people as intrinsically

different or alien to an accepted norm. In our society, this is being weaponised by those in power. In a world of 'look over there' politics, othering is used to divide and conquer and as a trade union we cannot hope to be effective in counteracting this until we are truly representative of all our members.

Professionally we care for and treat a diverse population and as a professional body we need representation of this diversity at all levels to ensure that the policy and guidance that we publish reflects that.

Better for all

Equality and diversity is not a separate piece of work from the traditional trade union or professional work but rather an intrinsic part of ensuring that it is done right for everyone.

Finally, and most importantly, equality is not like pie. You don't get less if others get their share.

As an organisation we have excellent and dedicated groups of volunteers that support the work of the TUIR and professional team. I want to use this address today to reach out to those members who feel like they have something to add to this work but, for whatever reason, have not felt able to do so yet.

The emphasis to make meaningful change in the organisation lies with the Society, but true transformation will only happen with the help of those members who are willing to get involved and share their otherness, just as I have.

If you don't see yourself represented right now, please come and get involved to change that. I need your help to make the Society of Radiographers better for all its members, to make us stronger as a trade union and better as a professional body. #IfIcanyoucan

This was the original script for Claire's inaugural speech on 4 August, which may have differed on delivery.

New professionals: becoming a health and safety rep

Nichola Jamison and Rhys Martin explain the benefits of taking up a union health and safety role

SO YOU'VE finished your radiography studies and are settling into your new Band 5 post at last – what's next for you?

Many new professionals feel they need to be in their first posts for a prolonged period of time before they can take on additional responsibilities, but this is simply not the case. Perhaps you were a student representative pre-registration, or perhaps you are interested in advocating for safe working or mental health while being given fully accredited training to compliment your role? You are? Well, the SoR is always looking for personable and attentive professionals to join our representative team.

The health and safety representative's role is fully supported in terms of the statutory right to take time off to undertake training and duties, and it is perfect for those new professionals who are keen to improve the workplace for those around them. Plus, you will be part of a wider, active and enthusiastic representative committee within the SoR network.

Intrigued? Well, don't just take our word for it. Let's hear from Kate Shrewsbury-Gee, a recently qualified therapeutic radiographer and newly appointed health and safety rep at Clatterbridge Cancer Centre in Liverpool.

What is a health and safety rep?

SoR union health and safety reps make a huge difference.

Kate's story

My journey as a rep began in the SoR Student Rep Forum. This gave me the opportunity to provide a voice for my fellow students and represent their concerns, which, in turn, led me to writing and presenting a motion at the SoR's Annual Delegates Conference to streamline and standardise course-associated costs.

The motion was carried and, therefore, taken to UK Council to be actioned. This process opened my eyes to how union activity can make a difference and, when I qualified, I wanted to continue this action.

We all like to have a good grumble at work – break times wouldn't be the same without it – but the more I vented with my colleagues, the more I realised there were common themes and issues. I knew that, by becoming a rep, I could raise these concerns and help to make work a safer and happier place.

Becoming a rep felt quite daunting at first, particularly being newly qualified and unfamiliar with the management structure of the hospital and the important people to know.

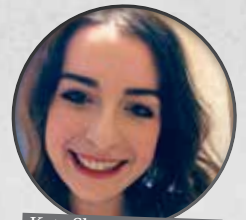
My first port of call was to contact the other reps in my department. This felt comfortable as they

were people I worked with so I could ask any silly questions. I then got in touch with my regional officer, who offered lots of reassurance and information.

Attending meetings has enabled me to connect with other reps in the hospital and SoR reps in the region. Completing the TUC Health and Safety Stage 1 training course has also linked me with reps from other types of workplaces and helped to give me perspective and fresh ideas on how to approach situations.

Suddenly, I had gone from a nervous new rep feeling completely lost to a (still slightly scared) active rep with a wide network of people to turn to for support and advice.

Getting involved as a rep has given me a great insight into the structure of the workplace, how decisions are made, and how policies and protocols are reviewed and agreed upon. It's been fantastic to see what goes on behind the scenes, to contribute to making work a safer place and, of course, to meet lots of new people!



Kate Shrewsbury-Gee

Research has shown that workplaces with health and safety reps experience about half the number of serious injuries of those that do not have reps.

This is because health and safety reps know the workplace, are supported by their union and are better trained. Union health and safety reps help to promote a good safety culture and enable

employees to raise issues that concern them.

Being a health and safety rep can be a very rewarding experience, and they will be offered high-quality training and support by their union.

Perhaps the most important role that a rep plays (other than the legal functions – see opposite) is simply being there

and talking to members regularly about their concerns.

Most employers value the work done by health and safety reps. Good employers encourage their employees to take on the role and they recognise the work reps do by taking it into account during their performance appraisals and when considering promotions.



Legal functions of reps

If you are a trade union health and safety rep then, by law, you can perform certain functions (these are not legal duties):

- Investigate potential hazards and dangerous occurrences in the workplace and examine the causes of accidents in the workplace.
- Investigate complaints by any employee relating to health, safety or welfare at work.
- Take up health, safety or welfare issues with the employer.
- Carry out inspections at least four times a year or following any substantial change.
- Represent workers in talks with the employer or the Health and Safety Executive (HSE) or other safety enforcement agencies and get information from them.
- Attend meetings of safety committees. The rep attends in their capacity as a safety rep in connection with any of the above functions.
- If at least two health and safety reps request in writing that they want a safety committee to be set up, the employer must do so within three months of the request.

- Give reps the information necessary to enable them to fulfil their functions or to respond to any consultation. This should include the risks arising from their work, the measures in place or proposals to control these risks, and what they should do if they are exposed to a risk, including emergency procedures.
- Give health and safety reps the paid time they need to carry out their functions and to undergo training in those functions and pay any reasonable costs to do with that training, including travel and subsistence costs.
- Provide any facilities and assistance that health and safety reps will need to carry out their role – this may include access to a telephone and a quiet area, a lockable cabinet or desk, intranet facilities, a photocopier and a notice board.



Rep liabilities

It is important to know that the law says it is the employer who is responsible for health and safety, not the health and safety rep, who has no legal duties placed upon them. This means that a health and safety rep has no greater liability in law for health and safety breaches than any other employee.

The role of the union health and safety rep and the duties of the employer are laid down in law and in guidance produced by the HSE. These can be found at www.tuc.org.uk/extras/brownbook.pdf

If your employer does not comply with its health and safety duties or its duties to reps, it will be committing an offence. Health

and safety inspectors from the HSE or the local authority may enforce the regulations. If the employer fails in its duties to you as a rep, you should approach your union for support and advice, because most of these issues are best resolved through discussion between the employer and the union. However, an employment tribunal can provide legal redress if discussions between the rep and the employer break down.



Interested in taking the next step?

If you think the health and safety role could be for you, why not drop an email to Rhys Martin, the SoR health and safety officer, at rhysm@sor.org? There are many roles available, and we would be more than happy to chat with you about these. Alternatively, you can speak to your local SoR rep for more information.

For more information on being a union health and safety rep, visit www.tuc.org.uk/sites/default/files/BrownBook2015.pdf or the HSE website www.hse.gov.uk/involvement/hsrepresentatives.htm



New Professionals Forum

For additional information and support as a newly qualified radiographer, why not join our New Professionals Forum? Here you will have access to peer support from fellow new graduates, professional

support from our dedicated new professionals officer, regular catch-ups and information on the issues that matter to you – such as pay, pensions, preceptorship, CPD, careers and wellbeing – as well as a safe space to chat through all of your challenges and opportunities. It is completely free for all SoR members, from students in their final year through to those in their first few years post-registration.

For more information or to join the forum, email Nichola Jamison, students and new professionals officer, at nicholaj@sor.org



Are your membership details up to date?

Contact our Membership Team to let us know about any recent changes:

membership@sor.org
0207 740 7200



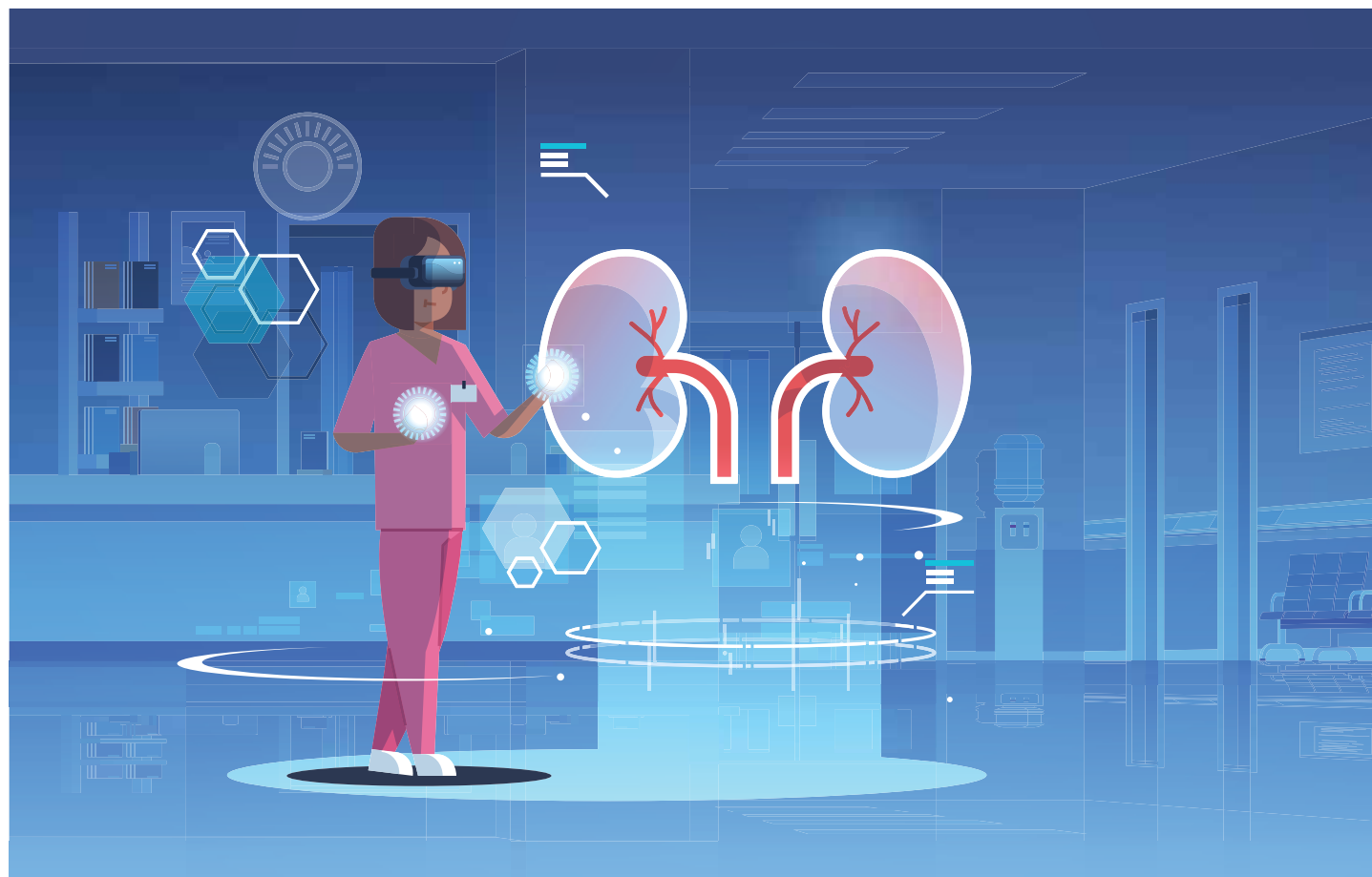
Employer's legal duties to reps

The employer also has certain legal duties. It must:

- Consult health and safety reps in good time on any health and safety matters, including any changes to the workplace or work organisation.

Working with AI for the benefit of patients

The key points from new guidance by the SoR's working group for AI



gmas3r/iStock/Getty Images Plus

ARTIFICIAL INTELLIGENCE

(AI), including its subsets of machine learning and deep learning, has the potential to make a profound impact on clinical practice and patient care.

Research is taking place across the world to investigate the use and development of AI, which is seen as a way of managing growing demand and activity in healthcare and also a means of improving patient outcomes.

It is important to consider how the clinical imaging and radiotherapy workforces will use AI and technology to provide better-quality services, while meeting the needs of those who use our services. It is crucial that patients and service users inform all development and are partners in research.

The SoR's working group for AI was established following the publication of an SCoR AI guidance statement in January last year. The broad purpose was to represent the voices of the radiographic workforce in the development of technology, with the aim of strengthening or improving care in clinical imaging and radiotherapy.

The group was also intended to act as a point of contact and to provide clinical, educational and research-related radiography advice and partnerships for stakeholders who sought collectively to develop healthcare technology.

Personalised care

Healthcare policy in the UK requires that all healthcare professionals, including those

AI has the potential to provide more time for practitioners to personalise care for patients in imaging and therapy services

in radiography, provide person-centred care. The publication of a values-based practice training template in diagnostic and therapeutic radiography has been used to highlight that each person brings unique values, preferences and opinions to clinical imaging and radiotherapy services.

The development of AI is important for radiography because it has the potential to further support clinical decision

making, enhance radiography education, extend the scope of radiography-led research and provide more time for practitioners to personalise care for patients in clinical imaging and radiotherapy services.

Implementing technology

Radiography has been at the forefront of the implementation of technological innovation for clinical imaging. The radiography workforce, including registered diagnostic and therapeutic radiographers, is among the most technology-enabled professions in healthcare. As a consequence, the workforce has learned to adapt to, and engage with, technological advancements.

It has been suggested that the disciplines of diagnostic

and therapeutic radiography are now poised to experience a groundbreaking transformation in clinical practice because of AI. The Topol Review has recommended the need for readiness and relevant training of all healthcare practitioners in AI technologies to be able to contribute to a digital future in healthcare.

AI in UK healthcare

The NICE Evidence Standards Framework for Digital Health Technologies states that digital healthcare technologies must meet the needs of the health and care system, patients and users. AI concept development, design, testing, implementation and governance must be designed in partnership with patients, radiographers, radiologists, oncologists and physicians.

AI is developing with the clear potential to aid people, healthcare and radiography services, across a range of areas, to support and improve systems. The use of AI will, therefore, necessitate new skill sets and teams with a range of stakeholders.

There are issues relating to the generalisability and external validity of the algorithms and ecosystems that enable AI – systems are generally proving to be limited (biased) by constraints of the data sets that are used in training them. Variations in local data, populations and imaging and radiotherapy equipment will be a key consideration and currently present challenges to the widespread implementation of AI in clinical practice.

NHSX was set up in July 2019 to lead digital transformation of the NHS as a whole. One such intended transformation includes the deployment of AI in clinical imaging and radiotherapy. NHSX has developed an online hub for clinicians, innovators and wider stakeholders to collaborate via discussion boards and learning resources. SoR members seeking further information are encouraged to access the FutureNHS collaboration platform that hosts the workspace for the NHS AI Virtual Hub.

Person-centred care and AI

To understand and work to mitigate risks for patients and staff, it is essential for radiography teams to understand key terminologies and issues around the use of AI, and the deployment of new tools should reflect the needs of patients. It is important to remember, though, that the needs of patients vary according to each individual person, with their unique values and preferences.

A number of radiology papers have considered the 'value chain' and 'radiology workflow', but authors must also consider the importance of person-centred, customised care in diagnostic and therapeutic radiography.

Patients, families and carers are at the centre of services.

Radiography has been at the forefront of the implementation of technological innovation in clinical imaging

They are supported by frontline radiographers and clinical imaging/radiotherapy workforces, including assistant practitioners, volunteers and students. Collectively, all of them care for, examine and treat thousands of people each day and millions of people each year.

Different applications of AI in radiography have been suggested, with authors outlining possibilities for the priority of clinical adoption. Accordingly, the role and functions of staff will need to evolve if they are to enable the delivery of immediate results, support and onward referral of patients to appropriate pathways and treatment.

This type of redesign requires enhanced teamwork between radiography, oncology and radiology teams. If the proposed use of technology to improve the time required to get diagnostic

results and commence treatment comes to fruition, then this could truly make a difference to the lives of all the people who use our collective services. It is the view of the SoR AI working party that AI has the potential to support radiographers to collectively transform and innovate those services.

Priorities for clinical practice

Clinicians need to be involved in the co-construction and development of AI. This will ensure the suitability and clinical relevance of AI solutions. Many AI tools have already been developed but the challenge is for them to be fully internally validated (do methods work?) and externally validated (do they work on unseen data?) to be able to implement these solutions in clinical practice.

Furthermore, standardisation of regulations and the creation of universally agreed auditable standards for AI healthcare solutions are vital for the safe integration of AI in clinical imaging and therapeutic radiography services.

Priorities for research

There is a lack of information on the impact of AI on the radiographer's role. As healthcare professionals, radiographers are accustomed to the development of evidence-based practice with increasing technological advances. However, AI is being rapidly integrated into imaging equipment with arguably little consideration as to how it influences radiography practice and frontline services. Current regulatory frameworks stipulate that all AI systems that are deployed clinically require human oversight of their implementation.

This is adding to the radiographer's role and increasing the need for a high level of digital fluency among radiography staff as they must learn to evaluate, interact and oversee the actions of AI-driven tools in their workflow. It is recommended that research is required to investigate the impact of AI on the quality

of services, patient care and radiographers' roles and their working practices.

There is also a need for prospective high-quality 'real world' clinical validation of AI interventions, the reporting of which should adhere to the appropriate guidelines.

Priorities for education

The Topol Review has outlined the urgency for healthcare practitioner training to facilitate a safe and efficient digitalised healthcare system and enable improved patient outcomes and personalised care.

Organisations employing and retaining staff should ensure that clinical staff are supported to maintain an appropriate level of digital literacy. Programmes should be developed in collaboration with the CoR, SoR, education institute leaders and industry colleagues.

The radiography community and educators need to consider the required changes and new technological developments, and accordingly update the pre-registration and post-registration/postgraduate educational curricula to enable the safe and efficient contribution of the radiography workforce to the digital future. The CoR Education and Career Framework, currently under review, should also embrace these changing practice requirements.

Download the full guidance with references at www.sor.org/guidance





All images: Leslie Robinson / <https://blithedotart.wordpress.com/news>

The inner beauty of the human body

Artist and former radiographer Leslie Robinson reminds us there is more to the body than black-and-white images

WITH THE eight paintings I've created so far in this series, I wanted to abstract anatomy to remind us all of the body's wonder. Some of my pieces focus on the organs, such as the heart and the lungs, using saturated colours and imagery borrowed from nature to illustrate their beauty. Other pieces abstract the body as a whole, reminding us of the person behind the image.

For example, the hands playing the piano are a reminder that 'the wrist in the waiting room' belongs to someone whose life and identity may be severely affected by their condition, regardless of how innocuous it might appear in the image.

With the obstetric ultrasound

piece, I wanted to replicate the loving manner in which an expectant parent cradles her bump. In reality, she's not allowed to do this during a scan but in her mind that protective bond persists.

I have called my series 'Subjectify' as a plea for radiographers to remember the subjective qualities of the human form and condition – things that can become lost in their objective world of black-and-white uniformity.

If you would like to read more (and maybe even order a piece for your department or office), visit my website at <https://blithedotart.wordpress.com/news>

Opposite page: Oblique wrist.
This page: 1. Chest X-ray;
2. Obstetric ultrasound;
3. Coronary angiogram.



You can follow Leslie's creative journey on Facebook and Instagram using her handle [leslirob10](#)



Meet the artist

My name is Leslie Robinson and I live in the north west, just south of Manchester. Although I have been interested in painting for as long as I can remember, for most of my life I have been too busy working as a diagnostic radiographer – and, latterly, a lecturer and researcher in the same field – to create art on a regular basis.

After I retired in 2018, art called me back. Armed with my professional knowledge of the body I have a particular interest in the human form and portraits.

I paint with a joyful and colourful style, which is still evolving but I'm learning to take more risks and find myself moving away from rigidly copying to a freer and more abstract approach.

Imaging & Oncology 2021

Eighty pages of inspirational, educational and thought-provoking new writing on radiography

- **How artificial intelligence is changing radiography now and for the future**
In the fast-moving field of artificial intelligence, are radiographers ready to jump on the opportunity to become the front-runners?
- **Body image and head-and-neck radiotherapy**
Why the impact on patients of body dysmorphia now requires a more holistic approach to cancer treatment.
- **Looking after ourselves and our colleagues**
A practical guide to wellbeing for radiographers – and why caring for ourselves should be seen as a professional duty.
- **The impact of student leadership in radiography: a shared experience**
The Council of Deans of Health Student Leadership Programme is helping a new generation of radiographers to show their potential as leaders.
- **Sonography practice across Europe – are radiographers capable of the role?**
A debate is raging about whether sonographers have the skills required to provide independent ultrasound examinations and reports.
- **Motivations, process and aspirations for the future: a discussion to inform the ECF development**
Fast-changing technology and increasingly complex caseloads mean that radiographers need a new Education and Career Framework.
- **DXA in the diagnosis of osteoporosis and the role of the radiographer**
Why osteoporosis and fragility fracture do not receive the attention and investment they deserve.
- **Promoting the role of therapeutic radiographers: the value of Macmillan clinical fellows**
The number of therapeutic radiographers needs to increase by 45% but expansion will require a much greater understanding of the role.
- **Radiographer research: funding opportunities**
Research is not just for the elite – but radiographers need to give themselves permission to become the research-engaged clinicians they aspire to be.
- **New guidelines on contact shielding and radiation protection: teaching and implementation**
Why contact shielding for patients is no longer needed during most X-ray examinations.

Download
your copy now
[www.sor.org/
imaging-
oncology](http://www.sor.org/imaging-oncology)



For imaging and radiotherapy professionals

2021

Nichola Jannas

Where am I and what more can I do? Leadership is about constantly evaluating one's environment. Beyond this, it is being aware of your role within this environment and knowing what more you can contribute. This outlook empowers those at every level to reach their goals and set upon their goals.

Informatics beyond the image

Alexander Peck looks at three of the more unfamiliar or unnoticed applications of informatics in the radiology department



BBC TV drama *Casualty*

Film still | *Casualty* | BBC | BBC Pictures

Digital dosimetry

By measuring radiation exposure, dosimeters ensure workers receive doses that are as close as possible to natural background levels and below the proscribed legal limit. Dosimeters are a part of the uniform of all radiographers from when they begin training as students.

Film badges are the cheapest radiation monitoring devices. These consist of a thin plastic shell containing a piece of photographic film, sandwiched between various filters. The film is processed to reveal any exposed dose in a similar way to classic wet film radiograph processing.

In 2020, around half of NHS trusts continued to use classic film dosimeters (with cost cited as the main reason), with a further 35% preferring thermoluminescent dosimeters (TLDs). These use a similar process to CR cassettes: any radiation dose absorbed

by these kinds of badge is calculated by heating a crystal within the badge and measuring the quantity and wavelength of light emitted by this crystal.

These older technologies do not provide instant readings or offer a warning to staff who are being accidentally irradiated. This is where modern informatics begins to step in. Modern lithium battery technology and component miniaturisation have, in recent years, enabled processors and ion storage technologies to shrink to the size of a typical 'classic' dosimeter.

This has enabled companies to offer dosimetry badges that read continuously via Bluetooth links and produce daily reports, with a battery that only needs changing once a year or so.

These badges generate larger

amounts of data, which can be integrated into a staff personal record or into radiology management systems, or displayed on a 'live' departmental safety dashboard. Having used a digital dosimeter continuously for almost five years, the following advantages were found over classic film or TLD dosimetry:

- No need to remember to return/swap the badge every few months for reading (the badge wirelessly self-reads automatically to any compatible mobile phone or to a 'master' Bluetooth reader in the department staff room ceiling).
- Dose reports can be run on demand and analysed with AI applications to determine patterns and exact timings/instances of exposure.
- Badges, in theory, can be shared between users because the readings are frequent and the badges can be reassigned at will. For example if a person on the night shift forgets their badge, someone on the day

shift could read their badge and zero off before 'lending' it to the night staff.

- In the same way, badges can be transferred in minutes between staff leaving and joining.
- An alarm sounds almost instantly when an unexpected dose is received.
- Pregnant or other radiation-restricted staff can monitor their received doses hourly or more frequently.
- Not needing to change/swap/return badges (except for the annual battery charge) means fewer badges are lost.
- Reading of badges is fairly seamless and can be done while having lunch in the staffroom if no compatible mobile phone is nearby.
- Individual graphs of exposure (or no exposure!) are emailed to each staff member personally, and data mining of the collective department doses can take place, including breaking down according to the room worked (if the staff members input rooms worked on each shift).
- Badge reading, issue and administration can be carried out easily by the PACS teams in each department as if this were any other radiology system.

All of these advances on classic film/TLD dosimetry have only been possible due to the development of technology in recent years. As more departments reach their radiation monitoring contract renewal marks, the digital dosimeter is likely to become a more common sight in hospitals across the country.

Waiting room technologies

As Covid-19 restrictions continue to require some levels of distancing



Dosimetry badge

but department workloads begin to increase to pre-outbreak levels, a number of enquiries have been made regarding the safety of traditionally cramped or busy waiting rooms and how informatics can help with management.

Many departments throughout the social-distancing phase of the outbreak put interim methods in place to manage waiting patients while keeping waiting rooms clear. In practice, most departments used a 'we'll call/SMS you when we're ready' type of system, which, while appropriate at the time, would not be inclusive enough (for those who do not have mobile phones or do not wish to provide numbers) for more permanent use.

Some potential longer-term methods of managing the waiting room, used currently by various departments, are as follows:

- Several hospitals used a 'quick and easy' method to obtain multiple old standard desktop monitors, place them around the area and display a 'next-please' number or code from either a RIS connection (using a macro to trigger incrementation from the worklists for each room) or by manual incrementation by a receptionist to advise patients when to move closer to the main waiting room from a larger sub waiting area as their slot approached.
- The classic q-matic (delicatessen-ticket type) counters carry out the same function and can look more professional but will be needed for each room to divide up the queues because they are not as flexible in implementation as a PC/monitor-based system.
- Integrating with the existing bleep or pager system can give each waiting patient a washable unit. Stanley Blick (the main manufacturer of NHS bleeps) offers a module that prioritises staff calls and clinical emergency transmissions over others. It is easily integrated into existing hospital infrastructures for patient queue use but comes at a significant relative cost.

Looking at these solutions, it is clear that one size does not fit

all but sharing feedback and experiences will help departments to manage their patient load.

Radiology in film and TV

Many of us can remember the angst caused by the inaccurate portrayal of CT scans and other radiological studies in popular TV shows, such as *Casualty* and *Holby City*. The fallout from these incorrect depictions – notably in the imaging of children – has resulted in a greater awareness among TV producers and script writers of the need to involve members of the profession to ensure a more realistic portrayal while preserving the dramatic qualities of scripts.

In hospitals used for filming, PACS teams are increasingly being called upon to provide realistic cases for display on screen. Mindful of patient privacy and confidentiality, the following quick tips were collated from PACS teams involved in film or TV productions:

- Curate a small worklist of anonymised 'uninteresting' cases (examinations with no unusual or discernible features – the opposite of most other teaching worklists), covering each of the major body parts and modalities, which show anatomy clearly and obviously from a distance.
- Edit anonymised images with Adobe Photoshop to enhance the feature to be displayed (a hand, a thoracic cavity, a skull, etc) and remove all extraneous areas (crop the image and remove markers and unnecessary white space).
- Remember, the images are generally only used as props or are visible in the background – simply reversing or flipping an image to denote left to right is perfectly acceptable.
- Images showing injury are generally supplied by the production team – never offer or use cases where the nature of any injury is clear.

This seems an odd topic to end on but there is so much variety in our jobs!

Alexander Peck is chair of the SCoR IM+T Advisory Group



Imaging informatics: your questions answered

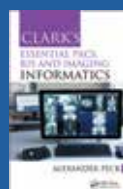
Each month the Society's IM+T Advisory Group explains key topics and answers your tech questions

Questions and answers

The member who submits our Question of the Month will receive a copy of the textbook, *Clark's*

Essential PACS, RIS and Imaging Informatics.

Send your questions to synergy21@pacsgroup.org



Question of the Month:

Q: I have heard about the 'PrintNightmare' bug from our IT department. What is it and how does it affect us in radiology and the scanners, etc?

A: This question was received (and the answer written for print publication) only a few days after the software vulnerability was announced to the public in July. As a result, more information may now be available now, in simple terms, in all common versions of the Windows operating system

(including those from decades ago) there is a common core operating system service that handles printing to paper printers or to digital output such as PDFs.

This core service can be 'broken' from a distance by an attacker to allow access to any file on that computer. The attacker can change or run almost anything without physically being at that computer or being noticed. This, and how common the problem is, together with the attack code being simple and available publicly is why it is an obvious high-risk and high-priority issue to mitigate until Microsoft provides an official fix (which it is developing).

PACS teams will be handling this with IT departments by temporarily closing printer services (which removes the buggy code from use) and applying network filters (to stop outside people from searching for access to this) on computers including modalities. It is important for all staff to stay vigilant for cyber attacks, which may start without warning.



SoR student placement inspires leaders of the future

Gill Harrison reveals how a pilot project at the SoR enabled four radiography students to learn valuable skills

THE IMPORTANCE of leadership at all levels of healthcare is emphasised in almost every publication relating to healthcare reforms and service improvement.

There are already many opportunities for radiography students to develop leadership skills, such as within their educational setting as course or school representatives, as student representatives for the Society of Radiographers (SoR) or gaining a place on the Council of Deans #150Leaders project.

In June this year, the SoR invited four third-year radiography students from two London universities to a pilot leadership placement, enabling them to learn more about the professional body's role in supporting members of the radiography and imaging workforce.

On the five-week placement,

the four students, Faith, Seynab, Wioletta and Zahra, undertook a project to develop their leadership, teamworking and communication skills. In addition, meetings were arranged with a number of internal SoR staff and external colleagues from Health Education England. The learners were invited to observe high-level external strategy meetings with SoR officers and directors and were also funded by the Society to attend the UKIO virtual conference.

Mentors assigned

As part of the project, the students were assigned a mentor/practice educator from the SoR, the students and new professionals office Nichola Jamison, who met them at least twice a week to discuss the project, update on progress and provide advice. A weekly coaching call with another

professional officer at the SoR – myself – pushed the learners to consider alternative strategies, clarify and set SMART (specific, measurable, achievable, realistic, time-bound) goals.

On the penultimate day, a debriefing was held to discuss the benefits and limitations of the placement and identify what could be changed or developed for future cohorts.

On the final day, the mentor met the learners one to one to discuss not only leadership and their personal development during the project but also their wider career aspirations.

The project aim was to devise a plan to engage students with the SoR. Within that were two main objectives: first, to investigate ways to engage students with the Society in a way that would add value to their student journey and prepare the foundations for – or develop – one of these ideas;

second, to develop a peer-support network for students.

The learners worked as a group, then in pairs, to brainstorm and develop their initial project ideas, consider the wider issues relating to their options (including the limitations and challenges and how these might be overcome), determine what support they required and, ultimately, to produce a piece of work.

We wanted to give the learners the opportunity to develop and take ownership of the project so co-development of initial objectives progressed to supporting their own development of ongoing plans.

Learning together

During the pilot project, we learned together and assessed progress on a bi-weekly basis. As the project discussions developed, the two groups felt that a detailed proposal for

consideration by the executive team would be the best way forward in the timeframe. The findings of their work were presented online to about 30 colleagues from the SoR and both universities.

Presentations can seem daunting at any time, but to be presenting online to three directors, senior academic staff and professional teams at the SoR, was a new experience for the students. Regardless, they gave a confident, professional and interesting overview of their work. The presentation included suggestions to meet both project outcomes, including consideration of the challenges, solutions and some examples, then ended with considered reflections on their experience during the placement.

Eleanor Roosevelt once said: 'You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You must do the thing you think you cannot do.' Faith, Seynab, Wioletta and Zahra definitely did that. Feedback from colleagues included:

- 'Truly spectacular student presentation today. The students shone through with their ambition and have grown so much in confidence.'
- 'I was blown away by such an amazing and inspirational group. It was great to hear the brilliant ideas proposed to us today.'
- 'Well done, so impressed with the student presentations.'

In the final week, we had a debrief to consider the learning that had taken place, the leadership skills the students had seen during the placement, what worked, what did not work so well and what could be changed for future leadership placements. All four had learned a huge amount, not only about

the SoR as an organisation but about their own leadership styles, strengths and abilities. Much of the learning from the placement – such as improving the placement experience for students, getting involved in new projects proactively and not being afraid to speak up – will be used by all four learners in their careers.

The group observed leaders in the profession (from the SoR and externally) putting their skills into practice. These included interpersonal skills, knowledge, confidence, listening skills, courteousness, networking and the ability to challenge others to think through issues or consider different perspectives.

Lastly, they recognised that many of the leaders they met had passion for what they do. This resonates with this quote from leadership expert John Maxwell: 'A great leader's courage to fulfill his vision comes from passion, not position.' When questioned further, it was evident that all four of our future radiography leaders had displayed this attribute themselves during the placement.

We are extremely grateful to our colleagues at London South Bank University and City, University of London for their support in this pilot project – and to the learners for engaging with such passion and enthusiasm for the placement and for providing candid feedback on the process, which will help to develop future proposals. The future of radiography is in good hands as so many radiography students engage in leadership learning opportunities.

Gill Harrison is the SCoR's professional officer for ultrasound

Reflections from the students



FAITH SHIRLEY

The placement gave me an invaluable learning experience and great insight into leadership as well as collaborative practice. I was introduced to passion-driven colleagues, who changed many of my preconceived ideas about the SoR through our various interactions.

On our first virtual meeting, I was introduced to Gill Harrison, Nichola Jamison and three co-participating students, who all appeared open, motivated and engaged.

We were set two student-orientated tasks, which were to be completed over five weeks.

Gill and Nichola provided mentoring and coaching sessions that fostered and encouraged collaborative working in the group, facilitating our growth as individuals.

As the oldest in the group, I was conscious of the generational gap but it inspired me to be open to learn from my peers. As a group we effectively defined our objectives and discussed how we should approach the set tasks. Our strongest attributes were recognising individual strengths, being respectful of our differences, cooperating as a team and demonstrating professionalism. We considered everyone's self-perceived strengths as well as any anticipated challenges, identifying time as the potential limitation for the project.

Initially, I had 'imposter syndrome' and wondered whether I would meet the SoR's expectations and, conversely, whether the Society would meet mine. My negative feelings were alleviated by the warm welcome and I grew in confidence.

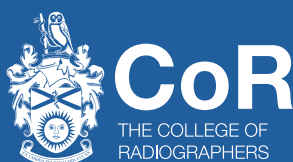
The open engagement with senior people was a great reassurance. I realised that, even as a student, I had something to contribute. The Society had actively sought out this engagement with students and was very receptive to what we had to say.

'The overall experience was equally daunting and exciting – however, it was very rewarding'

As a student, I can shy away from speaking to people with important titles. On this placement, I learned to appreciate that a title is more of a recognition of an individual's effort, it does not necessarily define them. Richard Evans, CEO of the SCoR, challenged me to consider my feelings of intimidation. I recognised that I now have a title – Band 5 diagnostic radiographer – which students, patients and colleagues might also find intimidating. It is worth bearing in mind that patients put their trust into all of our professional titles so I aspire to engage empathetically with my patients and put them at ease.

The overall experience was equally daunting and exciting, however, it was very rewarding. As I start my post, I can contribute to and communicate with my team confidently. With time, experience and continued development, I too can attain an 'important' title. >p27

CoRIPS Research Awards open – with a focus on AI



Students and members of the Society of Radiographers can apply for a CoRIPS (College of Radiographers Industry Partnership Scheme) Research Award grant.

Whether you have prior research experience or none at all, there is a CoRIPS award for you:

- **Student Research Award**
- **CoRIPS Research Grant**

Dr Rachel Harris, the College's professional and education manager and research lead, says: 'As usual we are looking for innovative and enterprising applications covering a wide range of research topics.'

Student CoRIPS Research Award

If you are thinking about a career in research and need some research experience, you can apply for a CoRIPS Student Research Award and receive a grant of up to £1,000.

Grants are available for projects by individuals or small groups. You must be registered on a College of Radiographers' approved pre-registration programme as well as being a student member of the SoR.

The deadline for applications is Monday 4 October at 5pm.

CoRIPS Research Grant

The CoRIPS Research Grant is designed to support radiographers who have very little or no research experience. Up to £5,000 is available for small projects and up to £10,000 for one larger project.

The awards form part of the CoR's commitment to implementing the SCoR's research strategy by funding small grants for projects related to any aspect of the science and practice of radiography.

The deadline for applications is Monday 4 October at 5pm.

Additional grant for AI

The College of Radiographers traditionally makes two sets of Research Awards each year through its Industry Partnership Scheme. This year, the CoR Board of Trustees has agreed that, in addition, there should also be a call for research proposals that focus on artificial intelligence (AI) and radiography.

This additional call is open to all members, preferably those with previous experience of leading research projects, and is open to previous CoRIPS awardees. There is up to £5,000 available for small projects and up to £10,000 for larger projects. This will be a competitive call for applications, as per the CoRIPS Research Awards.

The awards form part of the CoR's commitment to the implementation of the CoR research strategy 2021-2026. The AI focus of the round supports the SCoR Policy Statement for AI (2020) and the forthcoming strategic priorities and recommendations of the (SoR) working party for artificial intelligence: *Guidance for Clinical Imaging and Therapeutic Radiography Workforce Professionals* (publication pending).

The eligibility criteria state that applicants:

- Must be a members of the SoR.
- Must have been in continuous membership with the SoR for a minimum of one year if they are requesting up to £5,000.
- Must have been in continuous membership with the SoR for a minimum of two years if they are requesting more than £5,000.

Unlike the standard CoRIPS awards, previous recipients of other research grants will be eligible for this additional funding. Applications must be related to AI and radiography.

The deadline for applications is Monday 4 October at 5pm.

For further information about our grants and awards, please contact rachelh@sor.org



WEBINAR SERIES
20 Sept | 18 Oct

MAKING RESEARCH HAPPEN

www.sor.org/makingresearchhappen

SEYNAB ABDIRAHMAN

I have just completed my final year in radiotherapy at City, University of London. When I first began the leadership placement at the SoR, I had no idea what to expect. There were so many aspects that I had never experienced before, such as undertaking an open-ended project that we had the complete lead on, and taking part in coaching sessions.

Looking back, I was unaware that I would learn so much and gain so many skills in such a short time.

I worked and interacted with people, such as Nichola and Gill, who had a real passion for helping students in a more relaxed and slower-paced environment than our typical clinical placements. We were able to build a real connection with them, which can be pivotal as a student because it can be very easy to feel like you have no one to turn to.

Having additional professionals to talk to, I became aware of so many avenues within the Society that I could have used for help and guidance – it was eye-opening. I could have kicked myself at times when I learned of services and programmes that would have been useful to me as a student. So much of this knowledge was gained simply from off-topic group conversations, so I can only imagine how much a programme like this would benefit a student still undertaking clinical placement.

Leading a project with my student colleagues taught me so much about leadership and about myself. Every morning, it was up to us to determine what tasks had to be done, what had to be researched and who we had to contact to get the information we needed. We were made so welcome by the Society that we felt comfortable enough to reach out to anyone without having to go through Gill or Nichola to set up our meetings. Having this much free rein gave me a real insight into the various ways that I could begin to develop my career in the future.

Overall, I am amazed at how much I was able to gain from a non-clinical placement that was done completely remotely. I am confident that I will use everything that I learned in my career; my only regret is that I was not able to have such an amazing experience earlier in my student life.



WIOLETTA WERSZNER

I am a newly qualified diagnostic radiographer from London South Bank University. I would like to share some of the highlights of my leadership placement. I noticed that leaders never act alone. Decision-making at higher levels in healthcare is made in consultation with representatives from each profession. I learned that active listening and networking skills are crucial to share a vision. Meetings with Paul Chapman, the national AHP programme manager at Health Education England, and Richard Evans

at SCoR showed me how passion for the profession empowers their leadership style.

For many years, I believed that leaders just manage and have limited contact with the people who are affected by their decision-making. The digital era has changed this and now we are closer to our leaders than ever before. Therefore, reaching

‘I learned that active listening and networking skills are crucial for leaders to share their vision’

out to leaders with feedback about recently implemented changes is very important and is valued.

During the leadership placement, we had to request as well as analyse statistics and reports. I arranged multiple meetings with SoR members. Leadership is not easy and it takes time to implement any changes because it is essential to have a good understanding of benefits and risks.

At the end of placement, we presented our projects in front of many SoR members and I was terrified. Nevertheless, our presentation was strong and we received lots of positive comments. Thank you SoR for this excellent opportunity.

ZAHRA CHALOUACHE

I have now come to the end of my diagnostic radiography degree. My personal tutor emailed me on the final week of my clinical placement to offer an opportunity to take part in a pilot leadership programme with the SoR. I didn't know much about it but went in with an open mind.

When we were bombarded with meetings on our first day, there was still some uncertainty about what we were doing and what was expected of us. We had all kinds of

meetings but the one that really stood out was with Richard Evans. His CEO title was intimidating but his demeanour and banter challenged my assumptions – it was a great way to start the programme.

The lesson I learned that day is that the faceless organisation, filled with educated professionals with all sorts of titles, was not something to be afraid of. They were all people, passionate about

their jobs and truly eager to listen to my teammates and me. It was a lovely surprise and helped to build my confidence.

A common narrative on placement is the idea that you are ‘just a student’, which can create a lack of faith in yourself and authority. I am truly grateful for the warm yet professional way we were received by the SoR. As a non-member, I found it greatly beneficial to be introduced to the Society in this way.

Thanks to Gill and Nichola, an important part of leadership really started to stand out for me. It was pointed out that each student was unique, with their own strengths and weaknesses. I came to learn that the different leaders I had the honour of interacting with each had their own style, and that a leader is nothing without a team. Where one falls short, someone else is strong. This helped me to appreciate what I brought to the table while trusting my peers to bring their own valuable assets.

It was an amazing experience to have at the start of my career. I am grateful to my fellow students as well as my mentors and everyone who took time out of their schedules to meet us. ■



WHY Fronts: the QSI is changing

Asking the question 'why?' to promote quality service provision



THE QUALITY Standard for Imaging (QSI) is changing and, after a long process of consultation and review, The Royal College of Radiologists (RCR) and College of Radiographers (CoR) are almost ready to launch QSI 2021.

QSI was originally launched in 2009 as ISAS, the Imaging Services Accreditation Scheme. It is reviewed every four years, updated as appropriate and was relaunched as QSI in 2019.

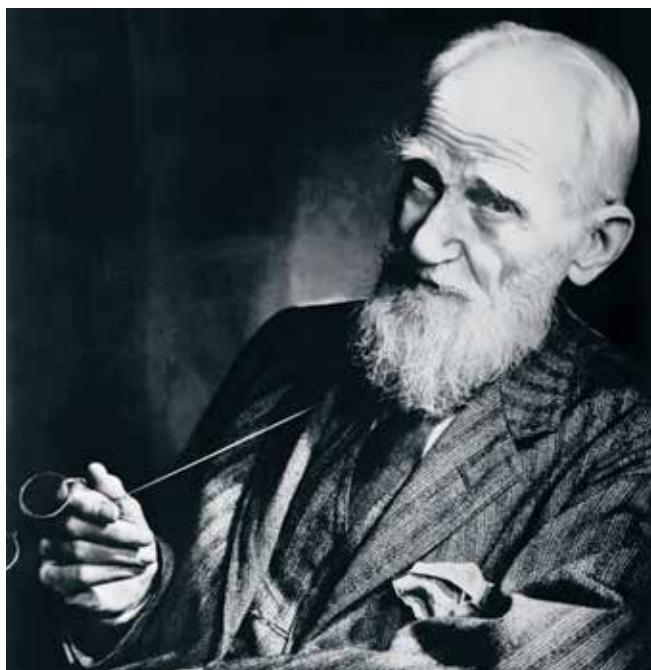
So why the changes?

QSI is a quality standard and to stay relevant in the ever-changing world of imaging, it needs to be regularly reviewed. Most of the time the changes are small tweaks but occasionally a more thorough overhaul is needed.

This review began in 2020 with an independent company, the Quality Review Service (QRS), given the tender to update QSI. It rewrote QSI with past expertise in quality and imaging but with fresh eyes. The new QSI standard then underwent months of rigorous scrutiny by various committees made up of QSI leads and experts in the field. There were also modality groups of specialists and sector experts, such as nuclear medical physicists and sonographers. The committees met regularly and worked really hard to create a working standard for all departments to use.

In March, the new standard went out online for consultation so comments could be received from as wide a group as possible. Radiographers, radiologists, sonographers and medical physicists from across the UK commented, as well as staff from CQC, NHS representatives, UKAS, IPeM and IR(ME)R experts. Everyone who took part gave us valuable opinions and input.

All the comments and updates



Bettmann/Getty Images

'Progress is impossible without change'

George Bernard Shaw (1856-1950), Irish playwright and critic

were collated and evaluated by QRS, which then finalised its version and handed the new standard over to the RCR and SoR.

It was then up to the QSI unit, which is made up of RCR and SoR staff, to finalise the new standard and write all the context documents and aids to enable QSI leads to implement the standard in their departments.

Implementing change

There are different models to use when implementing a change. One of these, outlined in 'How to begin a quality improvement project'¹, fits the model used by the colleges to improve QSI. The basic outline is:

- **Team lead.** The individual responsible for daily management of the quality improvement project, who is also part of the system that will undergo change.
- **Technical experts.** Individuals who understand different

components of the quality of care problem and are a major part of the system that needs to be improved.

- **Clinical/system leader.** A manager who understands the implications of changes on other parts of the system, with sufficient authority to test changes recommended by the team lead and technical experts.
- **Improvement adviser.** An expert in quality improvement methods to act as a resource for the team lead and technical experts.
- **Executive sponsor.** An individual with power in the organisation who can be approached to secure resources and remove barriers¹.

For QSI, the following groups fulfilled the roles outlined:

- **Team lead.** QRS.
- **Technical experts.** Members of the steering, operational and modality groups.

- **Clinical/system leader.** The QSI unit.
- **Improvement adviser.** UKAS, the RCR and SoR.
- **Executive sponsor.** The RCR and SoR.

John D Rockefeller said: 'Don't be afraid to give up the good to go for the great.' QSI has been working very well for years now so the decision to change it wasn't taken lightly. Although we knew QSI was good, we felt it could be better. The decision to bring in an outside organisation to work on the improvements allowed it to work on it without any vested interest in the old version.

I've been working with the new standard for a while now and I feel it will be clearer for departments to pick up and use, even if they have no background in quality improvement.

Many of the radiographers who are working in quality improvement in their departments have no formal qualifications in quality and, sometimes, nobody else in their departments to help them. We wanted to create a standard that is easy to understand and would help all departments, whether or not they are going to accreditation, to use as a guide to raise quality.

I am very much looking forward to the launch of the new QSI standard in October and I hope all departments will find it useful and helpful as we all work towards raising quality in imaging departments in the UK.

Katherine Jakeman
Quality improvement partner
qsi@rcr.ac.uk

Reference

1. Silver SA et al. 'How to begin a quality improvement project.' *Clin J Am Soc Nephrol* 2016 May; 11(5): 893-900.

Have you 'paused and checked'?

A clinical imaging examination IR(ME)R Operator checklist

P	Patient	<p>Check the exam is justified</p> <p>Check examination history for recent studies and duplication</p> <p>Confirm patient ID, always use unique identifiers</p> <p>Confirm pregnancy status</p> <p>Confirm the patient expected the exam</p> <p>Confirm patient has been given adequate information and understands and agrees to examination</p>
A	Anatomy	<p>Select the correct anatomical area</p> <p>Select the correct laterality</p> <p>Place the correct anatomical marker within the primary beam</p>
U	User checks	<p>Confirm the exam is being completed at the right date and time</p> <p>Confirm the exposure has been authorised</p> <p>Confirm the correct modality</p> <p>Check radiation safety measures for staff and/or carers</p> <p>Communicate appropriate instructions to patient, carer and team</p>
S	Systems & Settings	<p>Select correct patient (unique ID) and exam date/time</p> <p>Select correct imaging protocol / technique</p> <p>Select optimal exposure factors (ALARP) (and adjust if required)</p> <p>Select correct detector/bucky, AEC & grid as appropriate</p>
E	Exposure	<p>Confirm there is no clinical reason this exposure should not proceed</p> <p>Expose</p> <p>Record dose and reference DRL</p> <p>Evaluate images, confirm necessity for repeat or additional views</p>
D	Draw to a close	<p>Add image comments or flags as appropriate</p> <p>Complete RIS record</p> <p>Confirm PACS images are stored accurately</p> <p>Tell patient how to get results and where to go next</p>

HELP US TO PROTECT YOU AND YOUR BABY.

Wash hands or use gel

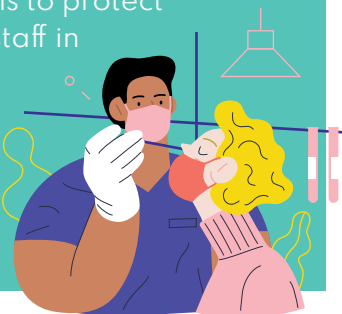
Please use the hand-gel provided before and after entering the scan room.



Covid-19 symptoms & tests (lateral flow test)

If asked to have a covid-19 test before the appointment this is to protect vulnerable patients/staff in the department.

If you have symptoms please do not attend the department.



Please treat staff with respect

Verbal and physical abuse is not acceptable.

An anxious sonographer will not be able to concentrate on scanning your baby.



We are here to carry out a complex clinical examination

- Please allow us to concentrate on scanning your baby
- Try not to distract the sonographer during the scan



Face coverings

- If you are pregnant, please wear a face covering at all times, unless exempt
- A support person must wear a face covering

Please bring a support person who can wear a face covering.



LET'S WORK TOGETHER TO KEEP **EVERYONE SAFE.**



NOW RECRUITING

Looking for a new challenge? Fancy a change of scenery?

Harrogate and District Foundation Trust have vacancies for Band 4 Assistant Practitioners plus Band 5 & 6 Radiographers. This is an excellent time to come and join the team; the department is undergoing some redesign, staff remodelling and modernisation. We have a bold capital replacement scheme underway; our ED has been remodelled and has two new DR rooms. Health planners have reviewed the main department and a schedule of work is eagerly awaited. As we expand our footprint, we need new dynamic team members to join us, is this you?

For more information or an informal visit please contact Gill Hicks, Radiology Services Manager at gill.hicks1@nhs.net or on **01423 553716**. To apply go to www.jobs.nhs.uk, Job Ref: 421-LTUC-2383C

Harrogate - One of Britain's happiest places to live, but don't just take our word for it...*

*Source - Rightmove UK



Harrogate and District
NHS Foundation Trust



Senior MRI Research Radiographer

Invicro is the world's leading translational imaging company. Based in London, Boston and New Haven. Invicro specialises in molecular and functional imaging studies to support medical and pharmaceutical research. The London site operates a unique clinical and pre-clinical imaging centre with state-of-the-art PET and MRI technology used to support clinical research.

The Candidate

We are seeking a dynamic, hardworking, and meticulous MRI Radiographer to join our team and assist in the day-to-day operation of our MRI imaging suite, which includes one 3 Tesla Siemens scanner and a 3 Tesla GE PET-MR.

- You will support all activities relating to Imaging and Experimental Medicine Studies in accordance with current Regulatory ICH GCP standards and requirements.
- Must be registered with the Health and Care Professions Council and have a relevant Radiography qualification.
- Experience in MRI scanning is essential
- Experience in carrying out research MRI scans would be advantageous

In addition, applicants will need to demonstrate the ability to make effective decisions under pressure and ideally have a working knowledge of the research environment.

The contracted working hours are 37.5 hours per week (part time applicants will also be considered) and we seek candidates who have the flexibility to work the hours required to meet operational needs.

Competitive Salary & Benefits

Contributory Pension, Bonus, Private Medical Insurance, Life Assurance & Flexible Benefits options.

Invicro is an equal opportunities employer and positively encourages applications from suitably qualified and eligible candidates regardless of sex, race, disability, age, sexual orientation, gender reassignment, religion or belief, marital status, or pregnancy and maternity.

<https://invicro.com/about/careers/#op-454043-senior-mri-research-radiographer>

Invicro's Privacy Policy <https://invicro.com/privacy-policy/>

MEDICAL IMAGING CONVENTION

15 & 16 SEPTEMBER | NEC BIRMINGHAM

EXPERIENCE THE FUTURE OF MEDICAL IMAGING

A COMPREHENSIVE SCIENTIFIC PROGRAMME FOR RADIOGRAPHERS AND RADIOLOGISTS



REGISTER FOR FREE





DO LESS. CARE MORE.

CE 2797 PP-M-CEN-GB-0052 August 2020

Learn more at:
radiology.bayer.co.uk



24-hour use



One-click
patient line



Touchscreen



Barcode reader

Clear Direction. ➤ From Diagnosis to Care.

MEDRAD® Centargo
CT Injection System