THROUGH A NEW LENS

Students raise the profile of radiography, page 7
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• Student (year 1 fees) £45

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MAY 2021

Haymarket is certified by BSI to environmental standard ISO14001 and
energy management standard ISO5001.
New editor-in-chief appointed to Radiography journal

The SCoR is thrilled to announce the appointment of Dr Jonathan McNulty as editor-in-chief of the Society’s prestigious international journal Radiography.

Dr McNulty will shadow the current editor-in-chief, Professor Julie Nightingale, for six months before taking up the three-year post in January.

He will work with the Council of the Society of Radiographers, the trustees of the College of Radiographers and the publisher, Elsevier, to set out a vision and strategy for the journal for its next publishing term.

Dr McNulty is the associate professor/associate dean for graduate taught studies in the School of Medicine, University College Dublin, where he also coordinates the BSc (Hons) diagnostic radiography (graduate entry) programme. He was head of subject radiography (2016-2019) and has also coordinated the subject radiography (2016-2019) and diagnostic radiography (graduate entry) programme. He was head of subject radiography (2016-2019) and has also coordinated the subject radiography (2016-2019) and diagnostic radiography (graduate entry) programme.

Dr McNulty oversees 60 postgraduate programmes as associate dean. He is a university fellow in teaching and academic development and his research interests include healthcare education research, optimisation, neuroimaging and forensic imaging.

International research
Dr McNulty has delivered more than 150 conference presentations, contributed to more than 80 journal articles and has held significant national and international research grants. He is former chairman of the Erasmus Radiography Group, a consortium of 16 academic institutions from across Europe, and former chairman of the Radiographers’ Scientific Subcommittee for European Congress of Radiology.

He was elected to the board of the European Federation of Radiographer Societies (EFRS), representing more than 110,000 radiographers across Europe, in November 2014. He was President from 2017 to 2021.

Dr McNulty is currently associate editor of Radiography.

SCoR President Chris Kalinka welcomed him in a letter confirming the post: ‘We are truly delighted to have your considerable expertise, impressive editorial experience and forward-thinking approach.

From your role as EFRS President, we have seen first-hand your ability to work collaboratively and strategically when reaching important goals.

Excellent work
‘All of the above means the future of the Radiography journal is in very safe hands. We know that you will continue the excellent work of Professor Julie Nightingale to ensure the journal provides the highest quality, peer-reviewed content, and best meets the educational and research needs of the profession.’

Professor Nightingale said: ‘Jonathan has extensive experience and his international expertise and contacts gained through his roles within the EFRS will be helpful in driving our journal forwards into the next phase. I am looking forward to working with Jonathan and the team in our handover period and wish him every success.’

Nejc Mekiš, a member of the journal’s editorial board from the University of Ljubljana, Slovenia, said: ‘This is excellent news. I want to congratulate Jonathan on being selected for such a significant and essential role. ‘Radiography is one of the best journals for radiographers in the world. It is an essential journal and I don’t doubt this will continue in the future with Jonathan as editor-in-chief.’

‘It is essential we actively engage with the evidence base’

It is an honour to be trusted with the role of editor-in-chief of Radiography. For the past six years, I have been an associate editor of the journal and it has been great to see the growth during this period in terms of the quality and number of submissions; the efficacy and quality of the peer review process; contributions from authors and reviewers from a growing number of countries; efforts to better engage with the profession; our readership; our journal metrics; and of the profile of our journal.

Strong teams in place
We have a strong leadership team, editorial board and International Advisory Group in place for the journal, and I look forward to working with them as editor-in-chief, along with the Elsevier team, led by the executive publisher, Gathi O’Hara, and the team at the Society and College of Radiographers.

It will be important to make sure that the strategy for Radiography is aligned with the new SCoR research strategy and also looks to the research strategy of the EFRS.

Important contributions
As a profession, whether we work in medical imaging or radiation therapy, in clinical practice, academia or in industry, it is essential that we are actively engaged with the evidence base underpinning our profession. We can do this through contributing to research as researchers, authors, reviewers, or critical readers.

We can do this as students looking toward entering our profession and we should continue to do this until the end of our professional careers. The Radiography journal is one of the main vehicles to facilitate this and it is, therefore, of significant importance to our profession as a whole.

I am humbled by the messages from around the world that I have received since the announcement of my appointment, and I look forward to working for our profession, and radiographers around the world, in this role.

Dr Jonathan McNulty, incoming editor-in-chief, Radiography

Dr Jonathan McNulty

sor.org  MAY 2021
Help build the next AHP strategy for England

RADIOPHGRAPHERS will soon be able to take part in a national crowdsourcing exercise to help develop the next five-year strategy for NHS England.

The AHPs Listen project is being led by Janice St. John-Matthews, the first radiographer to be appointed clinical fellow to the chief allied health professions officer (England).

Radiographers will be able to join the online conversation between 10 and 24 May and share their views to inform the AHPs into Action strategy, which will be implemented from 2022.

The topics for discussion were formed from the analysis of a first conversation with citizens in March, alongside key health and social care strategies and policies.

More than 1,000 people from more than 500 postcode areas made more than 4,000 contributions to the project.

They described what was important to them in how they receive help with their health and social care, how AHPs can support them to stay well and how technology might help in the future.

Janice said the strategy development project was unique in seeking the views of the public first, and she was now looking forward to hearing from fellow radiographers among the AHP community.

‘We need to be in this space. I really want to hear the voice from radiography. We do so many brilliant things in the profession but we do not often shout about them,’ Janice said.

The strategy comes at a significant time for the profession, with the Richards report recommending a complete overhaul of imaging services in England, major investment in equipment and the planned recruitment of 4,000 more radiographers.

The AHPs Listen online workshop is a safe and anonymous space. It is designed to be similar to a physical workshop but more flexible and inclusive to gather honest views from everyone involved.

You can join from any computer or mobile device and visit as many times as you like, 24 hours a day, seven days a week. Users can read, rate and comment upon the ideas of others.

Janice was speaking at a webinar organised by the SoR as part of the Radiate series of radiography wellbeing events.

You can watch the full recording at www.sor.org/radiate.

To register your interest in the AHPs Listen project, visit https://ahpslisten.org/en/signUp

SoR backs poster campaign on NHS pay

THE SOCIETY of Radiographers joined a public poster campaign last month in support of a proper pay rise for NHS workers in England.

Fourteen health unions across the country asked households to colour in or create their own bright posters to display in their windows on 1 April.

Special designs

The Society had a special selection of radiography-themed posters created for people to download and colour in.

The move followed the government in England recommending a pay rise of only 1% for 2021-22, while in March Scotland announced that NHS workers would receive a 4% increase. Northern Ireland has also given £2,000 “thank you” payments to students and £500 to healthcare workers, while Wales has offered all staff a £735 bonus (see opposite page).

Meanwhile, there are more than 100,000 vacant NHS posts and four out of 10 NHS workers are receiving a state benefit while feeling burnt out, demoralised and underpaid during the pandemic, according to the campaign.

Other ways to support the campaign include writing to your MP and you can also tweet your support using the hashtag #WithNHSStaff.
SoR consults members on Scotland’s 4% pay offer

THE SOCIETY of Radiographers is consulting members working in Scotland on a pay offer that the Scottish government has said would ensure staff on pay bands 1 to 7 would receive at least a 4% pay rise compared with 2020/21.

Staff who earned less than £25,000 in 2020/21 would receive a guaranteed minimum increase of more than £1,000 in 2021/22, the government said.

This means that staff on the lowest Agenda for Change pay point would receive a 5.4% increase. Those on the highest pay points would receive uplifts of £800.

The Scottish government made its final pay offer to Agenda for Change employees on 24 March, having chosen not to participate in the UK Pay Review Body process.

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The offer is in stark contrast to the UK government’s submission to the NHS Pay Review Body, which provided for a £250 uplift for staff earning less than £24,000 and 1% for all other NHS Agenda for Change staff.

Yvonne Stewart, who was part of the negotiation team – for forcing the issue when they saw an opportunity to get some concession ahead of the Scottish elections.

‘The offer is a reasonable one and we will now be consulting fully with Scottish members over the detail during the coming weeks’.

What do you think? Email your comments to editorial@synergymagazine.co.uk

SoR welcomes £735 bonus for ‘courageous’ staff in Wales

THE SoR has warmly welcomed the Welsh government’s pay bonus, announced on 17 March.

The bonus will be worth £735 and will be given to all health and social care staff. It also recognises the work of students, who came forward to work on the front line. Private contractor staff working in the NHS are also included in the same award.

The bonus means staff on the basic rate of tax will receive a payment of approximately £500 after deductions.

The move comes after significant lobbying from all of the 14 trade unions representing NHS staff across Wales, including the SoR.

In January, with the national government in Westminster still failing to seriously engage, Welsh

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The offer is a reasonable one and we will now be consulting fully with our members’

Dean Rogers

Final reforms to Agenda for Change pay

STRUCTURAL REFORM of all pay bands was completed on 1 April and each pay band has a two- or three-pay-step structure.

The pay structure is underpinned by the Job Evaluation Scheme, which enables employers to determine which pay band a post should sit in and the pay progression arrangements. It ensures staff have the appropriate knowledge and skills to carry out their roles.

There has not yet been an announcement on NHS pay rates for 2021/22. The Secretary of State for Health and Social Care issued a remit to the NHS Pay Review Body on 18 December outlining his expectation that the report would be completed by May 2021. The government will make its announcement on pay following the report’s publication.
Radiography census highlights staff bravery amid workforce shortages

**BETWEEN NOVEMBER 2020 and January 2021,** the College of Radiographers carried out a census of the diagnostic radiography workforce in the UK.

The objectives were to establish the size, structure, nature and vacancy rate of the workforce as part of an annual survey to inform future policy development.

Sixty-five providers of medical imaging responded to an online questionnaire. This was at a time when imaging services were making inroads into the backlog of imaging referrals from the first wave of the pandemic and were facing the prospect of a second surge.

SCoR President Chris Kalinka said the pandemic had highlighted the vital role that imaging services play in healthcare services and the need for a well resourced and well balanced imaging workforce.

He said: ‘A few respondents took the opportunity to comment on the increased workload and impact from Covid-19 on services and staff, expressing praise for their responsiveness but also alluding to the physical and mental impact on staff. ‘Once again, we would like to thank our service managers for submitting figures for the 2020 diagnostic workforce census. I would personally like to thank all members of the radiographic workforce for your bravery, care, strength, professionalism and stoicism during the ongoing pandemic.’

To download the full report, [Diagnostic Radiography Workforce UK Census 2020](https://www.sor.org), visit [www.sor.org](https://www.sor.org)

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**SoR officer tackles ultrasound row on Radio 4**

**GILL HARRISON,** SoR professional officer for ultrasound, has spoken on BBC Radio 4’s *Woman’s Hour* about the #butnotmaternity campaigners’ demands that partners be allowed into obstetric scans.

During the interview, Gill spoke about the many clinical demands and poor physical conditions sonographers have to deal with while conducting complex examinations under Covid-19 restrictions.

She acknowledged the importance of having partners and support people present, and the efforts being made to achieve that, but made clear the equally important issues for sonographers, including:

- Risk to other patients, such as cancer patients.
- Preparing the patient for the scan and cleaning the room after each patient.
- Focusing on the ultrasound to report any finding accurately, which could have life-changing effects.
- The health of sonographers and their families and how contracting Covid could affect them.

The invitation to speak on *Woman’s Hour* followed months of controversy and increasingly low morale among sonographers facing the daily impact of Covid-19 as well as abuse from angry partners in hospitals and on social media.

You can listen to Gill’s interview on the BBC website. Search for the 21 March edition of *Woman’s Hour* and listen from 30 minutes in.

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Save the date

**The National Conference for Radiology Managers 2021**

11-13 May 6pm-8.15pm

To register your interest, visit [sor.org/news](https://www.sor.org)

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**Census facts and figures**

- The average number of diagnostic radiography establishment staff by whole-time equivalent (WTE) per respondent is 109.1.
- Of the 62 respondents, 57 (92%) report vacant posts in the diagnostic radiography workforce.
- The average current UK vacancy rate across respondents was 10.5% at the census date of 1 November 2020.
- The rate varies by UK country, with England at 10%, Northern Ireland at 7.1% and Scotland at 8%. No responses were received from providers in Wales this year.
- The average three-month vacancy rate across all respondents is 6.6%.
- On average, respondents in NHS England report that 1.7 posts are apprenticeships (by headcount).
- By headcount, 12% of practitioners at the respondents’ organisations are in advanced practice.

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‘I would personally like to thank all members of the radiographic workforce for your bravery, care, strength, professionalism and stoicism’

Chris Kalinka
Revealing the world of radiography

Radiography students create a virtual careers fair to promote the profession at its best

RADIOGRAPHY students have provided a unique insight to the world of medical imaging by creating a virtual careers workshop for prospective recruits.

Inside Out is an outreach project to raise the profile of diagnostic radiography, led by Ismat Khan, a third-year diagnostic radiography student at the University of Cumbria.

Ismat came up with the idea early last year after winning a place on the Student Leadership Programme, known as the #150leaders scheme, run by the Council of Deans of Health.

The project went through several format changes over the year due to Covid-19 restrictions, finally coming to fruition in March as a series of filmed workshop-like sessions that will now be collated as an online module.

Ismat said: ‘Hopefully it will all come together like an e-learning module, which will feel as if you are experiencing a virtual careers fair. When the website goes live we will send it out to schools and also plan some actual in-person sessions at the university.’

In partnership with the Lancashire Teaching Hospitals Blended Learning Team, Ismat led and directed the filming day with Catherine Lamoon, the trust’s medical photographer/videographer.

They worked with three groups of up to four student volunteers, who were filmed presenting different aspects of diagnostic radiography, discussing their own student journeys into the degree and their progression since embarking on the course.

Variety of work

Ismat’s aim was to show all aspects of radiography from the inside out and to raise awareness of the huge variety of work within the profession.

‘There is so much evolution going on and no limit to what you can do. It’s so exciting, there’s just so much in this role,’ she explained.

Ismat said her clinical tutor, Thomas Welton, and her leadership coach, SoR officer Gill Harrison, had been instrumental in enabling her to complete the project during the pandemic.

‘I could not have done it without them,’ she said. ‘Now I would like to make it a national resource that is shared with other universities. I’d like it to be something that the next students coming through can take forward.’

Shaheeen Cassamoai and Rebecca Dryland (L-R) Neve Johnson and Erin Wilson (L-R) Chest X-ray demonstration Ismat Khan (centre) with students from the University of Cumbria
New pressure to prioritise good ventilation

FOLLOWING THE government’s latest coronavirus slogan “Hands, face, space and fresh air”, the SoR and other unions are pressing NHS trusts and boards to do more to make sure these principles apply in workplaces at the Covid-19 frontline.

A recent Health and Safety Executive (HSE) inspection found serious problems and made recommendations that trusts and boards should be prioritising.

In particular, the HSE’s website states: ‘The priority for your risk assessment is to identify areas of your workplace that are usually occupied and are poorly ventilated. You should prioritise those areas for improvement to reduce the risk of aerosol transmission.’

Ian Cloke, SoR national health and safety officer, said the new government advice applied everywhere, including – and especially – in workplaces.

‘Long before Covid, our health and safety reps were raising concerns about poor ventilation,’ he said. ‘In old buildings this can be a real problem but it’s also happening in so-called hi-tech newer hospitals, where many screening services are being provided in cramped, airless, windowless rooms.’

Ian continued: ‘It has been a long-running and inconvenient truth for trusts. Some are now acting and we’re seeing encouraging signs of progress but we are also hearing reports of others still trying to avoid their responsibilities to staff and patients.

‘There should be no excuse or hiding place for employers who refuse to address this problem’

Ian Cloke

‘Any employer arguing the government’s advice is aimed at households needs to accept the time for excuses is over. One of the positives from Covid-19 has to be good ventilation being given the priority it deserves. After the HSE report there should be no excuse or hiding place for employers who refuse to address the problem.’

All health and safety reps are encouraged to raise the HSE report at trust and board consultation level to make sure the issue is recognised as the priority it needs to be.

What the HSE says

The HSE report makes a number of recommendations for where good practice could be improved, including a particular focus on ventilation. The importance of good ventilation in the workplace was clearly highlighted in the HSE’s inspections (see box).

Examples where improvement was required included:

• Ventilation not being considered when the risk assessment was carried out.
• A room repurposed as a rest facility without windows or other means of ventilation.
• Non-clinical rooms identified with no forced/mechanical ventilation and windows secured shut.
• Areas where AGPs were carried out where the clearance time was not available.
• Not all opportunities to open doors and windows being taken.

The importance of good ventilation was given the priority it needs to be.

HSE examples of good practice

• Maxillofacial department in the outpatient department engaged a ventilation contractor to assess air changes in each treatment room. It implemented a system to ensure rooms with the greatest number of air changes were used for AGPs because their clearance time was shorter.
• Modifications carried out to a ventilation system to increase airflow in theatres and ICU.
• Ventilation checked regularly including velocity, dilution and dwell times.
• Survey of all mechanically ventilated wards to identify any issues and rebalance the ventilation systems.
• Management regularly communicated the need to open windows to introduce fresh air into areas without mechanical ventilation.

RadTalk podcast promotes therapeutic radiography

NAMAN JULKA-ANDERSON and Jodie Thompson, two therapeutic radiographers, set up the RadTalk: Making Waves podcast to create conversation and share views on key issues. Launched in November 2019, topics have so far included improving key issues. Launched in November 2019, topics have so far included improving

The bulk of the listeners are from the UK, US, Canada and Australia, and one of the benefits has been the networking.

‘Meeting professionals within radiotherapy to discuss exciting work and ideas has been motivating,’ said Naman. ‘Sometimes just taking a step back and reviewing different aspects of our profession helps remind you of what you can achieve as a therapeutic radiographer and as a healthcare professional.’

Next steps include expanding to other platforms such as YouTube, adding visuals and subtitles and monetising the content to allow for ‘investment into the podcast and charitable causes in therapeutic radiography’.

Naman is an ambassador for charities Action Radiotherapy and 5K Your Way.

You can catch up on their latest podcasts by searching for RadTalk: Making Waves at soundcloud.com. Follow the team on Twitter @radtalkMW and Instagram at radtalkmakingwaves
A big welcome to three new members of the SoR team

The Society of Radiographers is pleased to announce the appointment of three officers, who took up their roles in April

Caroline Hurley
National officer for Wales

Caroline Hurley joins as one of our national officers for Wales in a job-share position with Kevin Tucker. Of her background, Caroline says: ‘I graduated from Cardiff School of Medicine with a BSc (Hons) in diagnostic radiography and imaging in June 2004. On graduating, I worked at Morriston Hospital in Swansea for just under two years before travelling to Gibraltar and working as a radiographer at St Bernard’s Hospital for 18 months. I returned to Wales and worked as a locum for four months at Llandough Hospital in Cardiff before taking a full-time role at Morriston Hospital as a senior radiographer, where I continue to work today. I have experience in plain film, nuclear medicine, CT, DSA and, most recently, cardiac radiography.

‘I have been a local SoR industrial relations representative for almost seven years and have attended the level 1 and 2 reps courses organised by the SoR and the employment law away day. I am passionate about equality and fairness in the workplace and hope to continue being an advocate for this in my new role.

‘I am a fluent Welsh speaker, having been raised in a bilingual household in a small welsh-speaking village outside Swansea. I live with my husband and two dogs in South Wales.’

‘I am passionate about equality and fairness in the workplace’

Rhys Martin
Health and safety policy officer

Rhys Martin, our new health and safety policy officer, comes to the SoR from Unison, where he was a regional organiser. Before Unison, Rhys spent seven-and-a-half years at the National Education Union (formerly The Association of Teachers and Lecturers) as an organiser. In that role he helped set up the first eastern regional organising team for ATL and undertook rep training, recruitment, campaigns, rep mentoring and branch support.

‘I’ve heard great things and was impressed with the vision for the union’

The first part of his career was as a civil servant, where Rhys was elected as a lead health and safety rep for the Public and Commercial Services Union (PCS) covering all London courts. He was subsequently elected to the group executive committee of the PCS.

Rhys says: ‘I’m thrilled and thankful to be given the opportunity to join the Society of Radiographers as health and safety policy officer. I’ve heard many great things about the union, its staff and members and was impressed with vision for the union going forward. I look forward to focusing on my union passion of health and safety.

‘I am also looking forward to supporting our representatives to ensure workplaces are safe, providing training in the face of new legislation and creating campaigns that resonate with our membership.’

Nichola Jamison
Students and new professionals officer

Nichola Jamison becomes students and new professionals officer after holding the role of interim student support officer since last August. A therapeutic radiographer, Nichola is also the immediate past chairperson of the SoR UK Student Representative Forum and an alumnus of the Council of Deans of Health student leadership programme.

Before graduating from Ulster University in 2020, she served as academic representative for the School of Health Sciences and was President/founder of Ulster University Radiography Society. Outside university, Nichola contributed to the drafting of the NI Cancer Strategy and was also a member of the Northern Ireland Healthcare Leadership Forum.

She believes strongly in improving engagement and wellbeing for students

Nichola’s parents, professional foster carers, instilled a passion in her for pastoral care. She is a mental health first- aider and threads this training through each aspect of her practice.

Nichola believes strongly in improving engagement, experience and wellbeing for the student workforce, while encouraging leadership in all she meets.

When not at work, she can usually be found in her local Mourne Mountains in County Down with her three children.
Groundbreaking CPD module makes MRI training accessible

A PIONEERING postgraduate CPD module is aiming to turn radiographers with minimal knowledge of MRI into valuable members of the team in just 15 weeks.

The University of Liverpool course is a mix of online and face-to-face learning designed to fit around the busy working lives of radiographers. A similar course in CT is planned for 2022.

The first module starts in September, taking participants through MRI safety, physics, scanner technology, anatomy and pathology, commonly encountered clinical techniques, workflow in an MRI department and caring for patients.

Dr Stuart Mackay, the university’s senior lecturer and head of programme (diagnostic radiography), said the course had resulted from a new region-wide approach to the educational needs of the workforce.

‘We realised the workforce of the next five to 10 years will need to be better equipped in CT and MRI due to workforce changes and strategic needs. CT and MRI scanning is going to increase and there will be a massive need for more radiographers with higher-level CT and MRI skills than they currently have,’ he said.

Clinical lead radiographer Helen Anderson was seconded to the team in February to help develop the courses in a way that responded to needs of radiology services.

She said: ‘As CT and MRI are not taught in depth at undergraduate level – and training new staff cross-sectional imaging in the clinical environment from scratch can be very challenging due to clinical pressures – these modules aim to arm radiographers new to cross-sectional imaging with the skills needed for a first post.’

The module is worth 30 CPD credits and participants must be able to spend the equivalent of 10 weeks in a designated MRI department.

The theory is delivered in an initial three-day block at the university, followed by three hours a week of online teaching sessions, both live and recorded.

To find out more about MRI and CT modules, email helen.anderson@liverpool.ac.uk or s.mackay@liverpool.ac.uk. To apply, email allans@liverpool.ac.uk

Radiographers needed for breast screening recovery

THE NHS Breast Screening Programme was hit hard by the Covid-19 pandemic, with the additional safety measures reducing service capacity and creating a backlog.

The London Breast Screening Recovery Programme was created to enable different areas to work collaboratively to develop and implement innovative ways of working to support the recovery.

The programme is keen to hear from members with training in radiography, experience in breast screening or mammography, who are able to offer flexible or fixed hours to support the recovery of services in London.

In addition to competitive pay rates, staff will be supported with accommodation and travel costs if they live outside London. The programme will also offer support to renew lapsed HCPC registrations.

To find out more, read the full story online at www.sor.org/news. To apply, complete the form at https://forms.office.com/r/yRcVu6Fw9. To discuss in more detail, email Yvonne Damanhuri at y.damanhuri1@nhs.net

Therapeutic radiographer wins doctoral research fellowship

THERAPEUTIC radiographer Matt Beasley has been awarded a Clinical Doctoral Research Fellowship from Health Education England/National Institute of Health Research (HEE/NIHR).

The fellowship will provide him with the funding to undertake a PhD by research while continuing to develop his professional and clinical practice at Leeds Cancer Centre.

Starting in July, Matt will work closely with the clinical and radiotherapy research teams at the centre and the University of Leeds. He will address whether it is possible to increase the accuracy of liver stereotactic ablative body radiotherapy by improving the visualisation of normal and abnormal tissues in the upper-abdomen, using imaging and motion management techniques in ways clinically acceptable and practicable to patients.

Matt completed his MSc in radiotherapy and oncology in

2015. He gained an HEE/NIHR Bridging Award in 2019, which enables non-medics to build on previous academic training to develop a fellowship proposal.

Matt believes the bridging scheme was instrumental to the success of his fellowship application in that it provided funding for time, courses and patient and public involvement to support his proposal.

For further information on the HEE/NIHR awards, visit www.nihr.ac.uk/explore-nihr
Introducing our RePAIR Champions

IN EARLY March, the Society of Radiographers welcomed Nicky Hutton and Mandy Tuckey as RePAIR Champions on a six-month secondment.

By working on this project, funded by Health Education England (HEE), they are playing a key role in mapping and implementing the recommendations from the Reducing Pre-registration Attrition and Improving Retention (RePAIR) programme through the 11 England Operational Delivery Networks.

Nicky works as a clinical team leader and treatment delivery advanced practitioner at Clatterbridge Cancer Centre in Liverpool. She is seconded to the Society on Wednesdays and Thursdays each week.

Mandy is the programme lead and admissions tutor for the BSc (Hons) radiotherapy and oncology course at the University of the West of England’s Faculty of Health and Life Sciences. She is seconded to the Society every Thursday and Friday.

They are responsible for identifying good practice, seeking out opportunities, identifying challenges and developing online resources together with our key stakeholders.

In particular, Mandy and Nicky will be looking to understand the relevance of the RePAIR findings to the new models of pre-registration education and training being implemented in therapeutic radiography, with reference to the innovation required as a result of the impact of Covid-19.

Charlotte Beardmore, SCoR director of professional policy, said: ‘It is pleasing that the Society has received funding from HEE to support this important work, which follows the national RePAIR programme, funded by HEE.

‘The project offers an opportunity to learn and share the good practice across the radiotherapy networks in order to support and grow the expansion of the therapeutic radiography workforce. We welcome Nicky and Mandy, who are both experienced therapeutic radiographers, to lead this exciting project.’

Most recently, Nicky and Mandy produced a survey for radiotherapy education and clinical education leads to understand what is important in their practice area in relation to the 15 recommendations from the RePAIR project.

They are now collating the responses to help them inform discussions with advocacy groups, professional bodies and HEE, and will be publishing the anonymised results soon.

If you have any questions about their work, you can contact Nicky and Mandy at repair@sor.org

Research grants available on the role of the radiographer

THE ROLE of the radiographer in patient care is the theme of research grants now available from the International Society of Radiographers and Radiological Technologists (ISRRT).

One-year and two-year grants worth up to £1,500 a year are offered for projects that help improve the standards of delivery and practice in either or both medical imaging and therapeutic radiography.

Priority will be given to projects that meet the theme but others will be considered. The deadline for applications is 30 July. Decisions on the awarding of funding will be announced by late October.

The ISRRT represents more than 65 member countries.

To find out more and download an application form, visit the ISRRT website at www.isrrt.org/guidlines

Have your say on a national NHS uniform for England

UK Council vacancies: apply by 12 May

SoR MEMBERS are advised that the opportunity to apply to become a regional representative to UK Council has arisen as the following Council members will complete their term of office on 9 July:

- Chris Kalinka for Wales
- Vas Nevrides for London
- Ross McGhee for Scotland
- Tom Welton for North West

All four are planning to stand for re-election. Nominations are sought for a three-year term, starting on 9 July, for the above regions. To represent a region, you must be from that region and your membership must be up to date.

If you are a member from one of the named regions and would like to apply, please contact the executive secretary, Liz Robinson, to request a nomination pack.

Please email liz@sor.org or telephone 020 7740 7236. Completed nomination forms must be returned by email by 12 May.

AN NHS consultation is open to gather views on a new standardised national healthcare uniform for England.

The National Healthcare Uniform – Workforce Consultation wants to know the benefits of a single uniform and the best style and fit. Wales and Scotland already have national uniforms.

The new uniform has been proposed by NHS Supply Chain ‘to offer a strong national identity and use the buying power of the NHS by delivering cost savings’. UK Council representatives Tom Welton and Sue Webb were involved in the NHS Supply Chain project meetings, taking part in an initial survey with results that fed into the wider consultation.

The consultation closes at 5pm on 31 May.

To complete the survey, visit bit.ly/nhsuniform
New imaging strategy launches in Northern Ireland

FOLLOWING THE publication of the Department of Health’s Strategic Imaging Framework in Northern Ireland, a Strategic Imaging Board has been set up to implement the 19 recommendations.

The strategic framework aims to further modernise imaging services over the next 10 years to ensure that Northern Ireland continues to deliver high-quality healthcare services and stays at the forefront of technological advances.

The SoR’s national officer for Northern Ireland, Leandre Archer, has welcomed an invitation to sit on the board. She said its formation was an important step towards ensuring that imaging services are safe, effective and sustainable in the long term. ‘There is a considerable requirement for both the transformation and rebuilding of services in line with the Delivering Together 2026 agenda and following the Covid-19 pandemic. ‘Advancing the skills of the workforce, introducing new ways of working and the integration of new technologies and equipment will need to take centre stage to ensure the sustained delivery of imaging services.’

Leandre added: ‘I would hope as the SoR representative to be the voice for our members, ensuring that glass ceilings are dismantled and that radiographers in Northern Ireland are empowered to increase their skills and expertise. ‘Radiographers are ready, willing and able to provide the solutions to waiting lists and barriers to patient flow through the system. By being represented at this strategic level, I hope they will be given more opportunities to showcase their unique potential.’

Members’ pensions briefing: 31 March 2021

The following is a briefing for all SoR members, outlining the government’s proposed remedy for the discrimination identified in the CARE NHS pension scheme as a result of the McCloud judgment.

This advice will impact directly upon the majority of SoR members.

It will also be of particularly immediate concern to members (and their representatives) who:

- Are looking to retire imminently, including those currently applying for ill-health early retirement.
- Have recently returned to the NHS.

The SoR is engaged with the 14 NHS unions, and directly as part of the Scheme Advisory Board (SAB), in how these remedies are implemented and communicated. We expect joint communications to be available as soon as practical – probably later this summer. We are currently planning how we can support this roll-out. The delay is, in part, due to some of the ‘how to implement’ remedies not being clear or ready as yet. This briefing aims to provide as much clarity as possible at this point and to alert those with particularly imminent concerns to contact the SoR.

Remedy summary

The government has decided that all qualifying members of the pension scheme will have a choice of the benefits afforded in either the 2015 or CARE scheme for the period between 1 April 2015 and 31 March 2022. This is known as the ‘remedy period’. The choice comes at the point of retirement.

This will be a single choice between taking all of the benefits in one scheme or the other – there will be no mixing or matching.

From 1 April 2022, all future pension benefits will be based solely on the CARE scheme. All past pension benefits accrued remain safe but future benefits will all be linked to the CARE scheme – with a choice for the period between 2015 and 2022.

Immediate complex cases

For most people, this will be a reasonably clear process. However, because of the need to secure primary legislation to implement the remedy, it is not easily possible to apply the remedy immediately when someone is in the process of retiring or has recently retired.

The government currently estimates that some who have retired or are retiring at present will not get to exercise this choice until October 2023 – therefore introducing additional elements of back payment and/or adjustment that will need to be calculated and explained in the choice exercise.

The position is especially complex for those who have or are seeking ill-health early retirement in the remedy period or where their choice is especially guided by the impact upon dependents.

In both these examples, early guidance, interpretation and provisional application of the remedy are being sought to prevent further risk of discrimination.

Anyone in this position is asked to email TUIR@sor.org, marking the email PENSION SCHEME REMEDY ISSUE. Please provide your name, trust/board, contact details and a short explanation of the concern and any urgent timings and someone will contact you as soon as possible to offer support.

Covid-19 returners

Those who had retired and returned to the NHS during Covid-19 saw some of the pension scheme regulations relaxed to support a return during the crisis. These changes remain in place but the unions have been told it remains the intention that these relaxations will at some point be removed.

However, we have no clear indication of when this is intended to happen. Any members in this position, who would want to continue in service and have their career cut-off periods relaxed, are also asked to contact the SoR directly via TUIR@sor.org and marking their emails PENSION RETURNEE SUPPORT.

Dean Rogers, director of industrial strategy and member relations and member of the NHS Pension Scheme Advisory Board

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Dean Rogers, director of industrial strategy and member relations and member of the NHS Pension Scheme Advisory Board
Radiography is a fascinating and varied career. Enjoy the ride!

Experienced radiographers Emily Faircloth and Donna Holdcroft respond to students’ concerns about their future career prospects

YOU’RE ENTERING a profession with wide-ranging possibilities. Our life and work often take us in unexpected directions. For me, having a career plan was a bit like having a birth plan before the arrival of my daughter: great to have but, when the time came, what happened looked nothing like the plan!

Diagnostic radiography as a career suits the both creative and analytically minded. I remain amazed at both the technical or clinical developments and the art of diagnostic imaging.

While some of the ‘politics’ and misguided perceptions of the profession have, at times, been a frustration, they too are valuable lessons in working collaboratively to deliver a high-quality service.

As healthcare professionals we have experienced many changes. My career has flowed in interesting directions, taking me across the UK and the world, working with extraordinary people, within and outside of the radiology department and hospital environment. It has included:

Clinical practice
Early on I chose to specialise in trauma and dental radiography after an impulsive decision to apply for a job at the Royal London Hospital, a specialist trauma/training site. This turned out to be one of my best decisions, with many happy memories and invaluable lessons.

Teaching and learning
As a lecturer and practice educator, I discovered the value of working with others to share best practice, write online learning content and research the role of radiographers in care, quality, clinical settings and forensic investigation.

Forensic imaging
Six months after qualification, I was asked to attend the mortuary to X-ray an unknown body. At that time, forensic radiography didn’t exist as a specialty. I was fortunate to be involved in the development of this now internationally recognised field and to witness to the growing value of diagnostic imaging in forensic investigations, such as reuniting a family with the unidentified deceased.

Promotion
I developed public-speaking and presentation skills through speaking about radiography practice at training events and conferences.

Medico-legal casework
From my experience as a forensic radiographer, I was invited by the SCoR to develop report writing and courtroom skills as an expert witness.

Commissioning
My role now involves the oversight and transformation of regional health and care services, previously in mental health crisis and currently in children’s and adolescent mental health services (CAMHS). This is a complex area and it has also led me to explore the psychological impact of trauma and moral injury on radiographers.

My advice is simple, keep doing what you’re doing: asking questions, considering your options. Be led by what you’re inspired by and you’ll discover your own contribution as a radiographer. As you begin a remarkable career, be sure to enjoy the ride.

Emily Faircloth, CAMHS programme manager, South East region. Specialised Commissioning, NHS England and NHS Improvement

Don’t be deterred – this is an amazing career
I would like to comment on the article by first-year student Chris Gibson in last month’s Synergy News (pictured), who was told that a radiography career would be ‘boring’. I have heard similar stories from my students and it makes me so sad.

I have had an amazing career as a radiographer with so many wonderful experiences. I have had the opportunity to work in the NHS and the private sector, in the medical devices industry and now academia. I have laughed, cried, worked with elite athletes and film stars, travelled the world with expenses paid and even starred in a film as a sonographer!

I fear these comments reflect low morale due to pay and conditions. However, I would like to reassure all students that they have chosen an amazing career with many pathways to follow. Keep positive and look forward to the day you qualify – the world will be your oyster.

I don’t regret a single day of my working life and would recommend radiography to anyone.

Donna Holdcroft, lecturer in diagnostic radiography, School of Allied Health Professions, Keele University
Investigating the impact of artificial intelligence

A SCoR working party has been developing guidance to ensure the profession keeps up with new technology

**FOLLOWING THE** publication of a Society of Radiographers policy statement for artificial intelligence by the UK Council in January last year, a working party on the subject of AI was established in late September.

It was planned that the working party would be in place until April this year. The members of the working party are volunteers, who submitted an expression of interest following a call in Synergy News and via SCoR social media platforms.

**Varied perspectives**

The members of the working party were subsequently selected to represent a range of clinical modalities, all four nations of the UK, and were drawn from clinical practice, research and academia, and wider stakeholders, including industry.

The working party members are: President of the SCoR Chris Kalinka; Dr Christina Malamateniou (chair); Jackie Matthew (vice-chair); Dr Sonyia McFadden; Dr Nick Wozniiza; Dr Andrew England; Wendy Town; Claire Currie; Yasmin McQuinlan; Emily Skelton, Simon Goldsworthy; Paul Matthews; Rebecca Hawkesford; Yasin McQuinlan and Richard Tucker. Dr Tracy O’Regan is the professional officer appointed to the group.

The broad purpose of convening the working party was to represent the voices of the radiographic workforce in the developing field of AI technology, with aims to strengthen or improve care in clinical imaging and radiotherapy.

**Baseline guidance**

The working party plans to provide baseline guidance for education, research, clinical practice and partnership working. The guidance will be reviewed by the SCoR Informatics Group and SCoR Patient Advisory Group with further comments sought from SCoR Clinical Advisory Groups via Synapse workspaces.

The resulting recommendations are intended to be for all individuals working within the radiographic workforce, service managers, academic institutions and the SCoR.

It is expected that the AI guidance will require regular updating, given the fast-paced and evolving nature of the field. There is currently extensive philosophical, ethical, professional and legal debate across a range of fields.

The first edition of the SCoR guidance for AI is in preparation and it is expected that the outputs of the working party will inform a number of documents that the SCoR currently has in the process of review this year. These are the SCoR Education and Career Framework, the SCoR Research Strategy for 2021-2025 and the joint SCoR/Royal College of Radiologists Quality Standards for Imaging.

‘There is extensive philosophical, ethical, professional and legal debate across a range of fields’
First radiographer joins NHS digital fellowship scheme

The Topol fellowship funding will support Martin Sykes’ work in cancer care

MARTIN SYKES, a therapeutic radiographer at Hull University Teaching Hospitals NHS Trust, has become the first radiographer to win a Topol Digital Fellowship, which he started in February.

The scheme provides health professionals with time, support and training to lead digital health transformations and innovations in their organisations. It was set up in response to the independent review led by Dr Eric Topol and his 2019 report, Preparing the Healthcare Workforce to Deliver the Digital Future.

The fellowship means that NHS Health Education England will fund two days a week of Martin’s time for a year.

Better communication

Martin’s project addresses the lack of communication between, and follow-up opportunities for, patients and their healthcare professionals. For example, it will enable patients receiving radiotherapy to contact their hospital department if they have any concerns rather than waiting until the next appointment.

Martin says: ‘The intention isn’t to replace face-to-face consultation with doctors and healthcare professionals, it’s to supplement that – so it’ll give patients effectively 24/7 access to the service.

‘If patients have any concern or if they start to develop symptoms, they don’t need to wait till the next appointment to ask that question. They can put a note or question on the online board to say, “I’m starting to get this, do I need to worry?”’

The new digital communication route also addresses a vital gap in the cancer service because once a patient has received treatment, they go back to the referring service.

‘From a radiotherapy service point of view, we don’t find out what happened to the patient, we don’t get to know what their outcomes were, so this will give us that knowledge,’ Martin explains.

‘It will enable radiotherapy services to focus on where our improvement needs are, rather than effectively taking a “shot in the dark” at where we think we can improve this treatment by doing X, Y and Z.

‘We can look at where patient outcomes aren’t so great and see where we can focus our patient improvement projects.’

Martin’s idea was inspired by his background in health informatics, in which he gained a masters degree from the University of Sheffield.

‘The point of my project is to get a template together so that whenever a service wants to go digital, it has a template of the things that it has to include in its digital service. That way the patients get out of it what they want and each healthcare professional on a patient’s pathway gets what they need.’

Patient portal

‘Our trust has bought into a service called Patient Knows Best, which is an online patient portal. Our neighbouring trusts have bought into it as well. I’m trying to look at this from a network point of view, across the whole of the Humber and Yorkshire coast network, so all cancer patients that are diagnosed in this area get an equitable digital service.’

A team of clinical nurse specialists working within the Macmillan Living With and Beyond Cancer Team will respond to the questions from patients or forward those that need a specialist response to the appropriate professional.

Martin adds: ‘We hope we’ll gain more effective face-to-face reviews so that when the patient comes in, we will know before they walk through the door what’s concerning them.

‘It will mean the healthcare professional looking at the patient can focus straight away on the problem, rather than having to do that digging to start with.’

Follow Martin’s journey on his blog, Digital Oncology, at https://digitaloncology.wordpress.com/
How will AI influence the decisions of radiographers?

Clare Rainey’s research is examining the impact of an AI algorithm on decision making

‘HOW WILL we interact with AI in the future?’ asks Clare Rainey, a lecturer in diagnostic radiography at Ulster University. ‘We need to know how to be ready for a digital future in a safe, responsible and informed way.’

Clare was awarded £10,000 last August through the College of Radiographers’ Industry Partnership Scheme (CoRIPS) to research how AI influences radiographers’ reporting decisions. While AI has the potential to open up many opportunities in radiography and healthcare, caution is required to ensure it works for radiographers and, in turn, for patients.

‘A lot of my focus is on how humans do interact or will interact with artificial intelligence, and what are the best ways in which humans will interact with it,’ says Clare.

Demand for radiography services is increasing and will continue to increase as highlighted in the Richards report for NHS England last year – and increasing demand drives the adoption of new technologies and equipment.

Machine learning

‘We need to be aware of the potential opportunities and pitfalls of AI and the implementation phase of the NHS Long Term Plan, which states that we will be leaders in machine learning in the UK in the near future,’ Clare adds.

‘The implementation phase of some of these technologies is coming. We need to know now how to approach any AI implementation critically and realistically.’

Clare’s study will involve asking radiographers to review an X-ray and decide whether they agree with a diagnosis provided via an AI algorithm built specifically for the project.

Two important features of her research are binary feedback and decision switching. Clare explains: ‘Binary feedback means the AI will tell you “fracture or no fracture”. Decision switching is if the AI makes someone change their mind.

For example, I’m presenting a radiograph of a wrist and the radiographer interpreting the image says there is no fracture on the image. But then the AI produces a heat map – or a decision or a percentage confidence or any other type of AI feedback based on that radiograph – and says that there is a fracture on that image. Does that then cause the user to change their mind about their initial decision or, if it doesn’t, does it make them unsure of their initial decision as well?’

By understanding decision switching, Clare hopes that radiographers can use AI to provide ‘optimum value in terms of accuracy and patient interaction’. In other words, rather than relying on AI to provide accuracy and patient interaction, AI would be engineered to work with radiographers to provide the optimum level of accuracy and to improve interaction with patients.

Automation bias

Another way to look at this is through ‘automation bias’, which refers to how reliant we are on machines. There could be a problem if users place too much trust in AI, so understanding the influence of decision switching on radiographers’ reporting of X-rays is also about developing an appropriate level of trust in AI.

While Clare is cautious about the developments coming with AI, she is also optimistic.

‘The 21st century skills that radiographers and radiologists have are not replaceable by machines,’ she says. Rather, she hopes ‘it will help to free up our time in those important avenues rather than spending time on mundane tasks.’

Indeed, Clare expects radiographers to adopt AI in the same way that the profession adopted PACS: ‘As radiographers we’re good at adopting technology and we’re good at understanding it.’

To find out more about the study and take part, see the version of this article at www.sor.org/news

sor.org

MAY 2021
Why the SoR has launched the New Professionals Forum

Dean Rogers, director of industrial strategy and member relations, introduces the Society’s new support network

‘Those at the start of their careers bring pride, enthusiasm and energy – we want to harness this and encourage ambassadors for the profession’

Dean Rogers

ON 1 MARCH, the Society of Radiographers held the first meeting of our New Professionals Forum. Those who joined were a mix of final-year students, about to take their first giant steps to becoming working professionals, and members who have already made that leap and were looking to share their experience and stay connected with others at the start of their careers.

This is an important and exciting strategic initiative for the Society. We have restructured our national student officer role to provide continuous leadership and support and we think we are the first union in the UK to have a dedicated officer covering both groups.

The strategy behind this focus covers all the reasons why the SoR is important and all the key areas of our work. The future of the profession depends upon those now entering it staying and helping shape the direction of the profession as they grow into tomorrow’s leaders.

Typically, those entering their profession at the start of their careers come with enormous pride, enthusiasm and energy – we want to harness this and help find and encourage ambassadors for the profession.

Financial pressures

However, the early years of any professional’s career can also bring unique pressures and challenges. The economic pressures and costs are especially significant for this cohort. They are burdened by student debt and some missed out on bursaries.

These pressures are amplified for mature students and those who have to move to secure their first job. We want to use the forum to gather a deeper understanding of these pressures and make sure addressing them is central to our wider campaigning on pay, reward, and terms and conditions. There can also be professional challenges – being taken seriously as the youngest on a team, accessing CPD and support in pressured workplaces, bullying and sexism, etc. These are not universal problems but where they do arise they can be devastating.

The SoR can help people challenge and overcome these problems directly, through representation, but also emotionally, by providing a safe space where they can come together and share experience. This can help someone realise they’re not alone and that what they are experiencing is ‘not OK’.

Starting out in your career can also be emotionally challenging – especially if people are away from home. While experience has shown people tend to quickly settle around their NHS trust, we have also learned that staying in touch with and sharing with other radiography professionals at the same stage of your career is hugely important to help you stay positive. We want the New Professionals Forum to help members on all of these fronts.

Access to officers

At all stages, the forum will have access not just to our national student and new professionals officer but all of the national and regional officers in the Trade Union and Industrial Relations team and our officers in the Professional and Education team. Members with employment problems will be guided towards their local representatives while also having the chance to help shape and develop our Professional Development and Future Leadership Development programmes.

Moreover, one of the reasons why this is an exciting initiative is linked to how we do this, reflecting emerging practice across the Society. This will be an active pilot for how we engage with members across the country. The focus of our activity will be shaped and developed directly by forum members joining the discussions. Activities already being planned in response to requests include how to make the most of CPD Now; coaching in interview preparation; how to understand and what to expect on your payslip; and a basic introduction to pensions.

A safe space

In addition, this will be a unique safe space for members at a similar stage and point in their careers to come together and share experiences – the successes and the challenges. From this we hope that lifelong self-support groups will take root, embedding the SoR as the place for professionals from across all of the different modalities to come together – putting the ‘society’ into the SoR.

If you are a new professional or expecting to start your professional journey soon and want to find out more about the New Professionals Forum, please get in touch by emailing students@sor.org
Q&A: Teresa Cope, chief executive, Manx Care

The healthcare manager with a background in radiography looks ahead to new challenges on the Isle of Man

TERESA COPE is the chief executive of Manx Care, a new organisation that took over responsibility for the delivery of health and care services on the Isle of Man in April.

She began her career as a diagnostic radiographer in 1993 and since then has held various positions in healthcare management and senior management across different health sectors, becoming the chief operating officer of Hull and East Yorkshire Hospitals NHS Trust in 2019.

Manx Care was created in response to an independent review in 2018 that called for a complete overhaul of the healthcare system on the island, which sits in the northern Irish Sea and has a population of approximately 84,000.

Q: What are the most important skills you’ve used as a chief executive? 
A: Listening! It’s really important that as a CEO you take the time to listen to your staff, patients, service users and other partner stakeholders. It’s important that you always remain connected to staff, are accessible to them and have visibility across all services. It’s a significant time commitment to do this well but it is one of the most important aspects of any senior leadership role.

Q: A CEO I worked for and greatly admired ‘walked the floor’ every day and staff really valued his visibility and interest. He was authentic and genuinely cared about staff wellbeing and I saw the positive impact that had on staff morale. As CEO for Manx Care, I am committed to ensuring we are constantly listening and acting on what we hear.

Q: Has your background in radiography helped you and, if so, how?
A: Yes. I am hugely proud of my professional background and what I achieved as a radiographer. I was a qualified reporting radiographer and taught on a number of undergraduate and postgraduate programmes. I have found it a real advantage to be able to ‘talk clinical’ as a manager with clinical colleagues – it tends to break down some of the manager-to-clinician barriers that can sometimes exist.

Q: What is your biggest challenge as CEO?
A: The step up from executive director to CEO is a big one. I am very new to this role so am no expert, but one of the biggest challenges has been ensuring I don’t get too immersed in the operational detail. As a former chief operating officer, that has been quite hard. You must be disciplined and ensure you delegate appropriately and hold people to account for delivery. You have to set clear direction across your executive team.

Q: How would you advise other radiographers who are interested in reaching a senior position?
A: Don’t be afraid to take a sideways move to gain experience outside of imaging and radiography and don’t fear taking what you think may be a career risk. The chances are it will work out really well. Equally, don’t believe in glass ceilings, in my experience there genuinely aren’t any.

Q: If you could go back to your early days as a radiographer, what would your advice be?
A: ‘Anyone from any professional background can be a chief executive and I would particularly like to see more individuals from AHP backgrounds become CEOs.’

Teresa Cope

Enjoy it and value the sense of teamwork that often exists when you are working clinically – that will erode as you climb the ladder and senior management can be lonely at times.

Who has inspired you in your life and career?
I have had the benefit of working with some truly inspirational leaders, who I have learned a huge amount from. Those who have inspired me the most have been those who have great authenticity and integrity, who will make a clear stand in the best interests of patient care and patient safety, putting their head above the parapet when necessary.

Being a CEO is a highly privileged position where you can have great influence. It’s important you use that positively and wisely. Many of the leaders who have inspired me have used their influence to shift thinking, which has led to positive and lasting change for patients and service users.

Does it still seem significant to be a woman in a senior position?
It shouldn’t – I should be judged on my ability to do the job – but I hope it continues to demonstrate that a woman can be a CEO, a wife and a mother successfully.

What do you like to do outside work?
It’s all about family life, having quality time together and getting out in the fresh air, either cycling or walking. I love having a goal and have cycled the Coast to Coast three times but I am not sure there will be a fourth.

‘Anyone from any professional background can be a chief executive and I would particularly like to see more individuals from AHP backgrounds become CEOs’

Teresa Cope
Covid-19 and the enforcement of IR(ME)R

The Care Quality Commission’s Rachael Ward and Holly Warriner give an update on incidents during the pandemic

YOU CAN probably imagine that the pandemic has affected the way in which we work as regulators and, like all of you in clinical practice, we have had to adapt our methodologies and ways of working.

It has been a testing time for us all. We thought it timely to let you know about some of the incidents and themes that we have been seeing through statutory notifications and how we have responded.

A statutory notification is a legal responsibility on an employer to inform the regulator when there has been a significant accidental or unintended exposure to radiation and falls under the remit of Regulation 8(4) of IR(ME)R.

As the enforcement authority, it falls to us to investigate these notifications through a process of risk-based triage and root cause analysis. IR(ME)R also places responsibility on the regulator to communicate with employers about these incidents under Regulation 9.

Since the start of the pandemic we have seen a discernible pattern in the types of incident notifications received. Themes we have seen have largely involved changes to the patient pathway. This has been where either new protocols have been implemented, there has been increased outsourcing from NHS trusts to the independent sector, or where practices have had to adapt to ensure infection control.

Changing pathways During the height of the pandemic we have learned that many routine CT scans have been outsourced to independent hospitals. Some of these pathways had been set up rapidly, and this had implications on the administrative side. We received a number of notifications where patients had received a scan either as a duplicate of a previous scan carried out at another provider or where a cancellation message had failed to reach the hospital.

Investigations demonstrated these errors were mainly due to processes not being formalised through expected governance channels. Some of these have been remedied in a timely manner, however it is apparent that not all changes to procedures, policies and protocols are being considered in the overarching and more formal sign-off we would expect to see.

Innovation needed Many innovations were required in a short period, such as processes for identifying patients to reduce cross-contamination by having one radiographer in the room in PPE and the other operating the controls.

We also saw rapid roll-out of new equipment, which required quick turnaround for training and, at times, this led to errors. However, in the main, the cascade of training has been successful and radiographers should be commended for how they have adapted.

Employers who we saw to have effective communication with staff and senior leaders were able to innovate in a more robust manner. Regular staff huddles, Microsoft Teams channels and a culture open to raising concerns, discussing ideas and potential solutions, gave these sites the ability to implement change and novel ways to adapt practice.

Overall, we did not see a dramatic change in the number of notifications received. There remained a good reporting culture and actions were generally put in place quickly where possible and gaps were quickly rectified.

The IR(ME)R team fully appreciates the extremely stressful circumstances you have all been working in since last March and we have attempted to be more flexible in our approach. Patient safety must never be compromised – however, we understand that in unprecedented times fast-paced decision making is often required and we have been working with employers and staff to try to ensure this is achieved with minimal impact on radiographers and patients.

Holly Warriner is IR(ME)R clinical specialist inspector and Rachael Ward is inspection manager IR(ME)R at the Care Quality Commission (CQC)

The CQC and the devolved administrations have published Covid IR(ME)R guidance, which is available on the CQC website at www.cqc.org.uk/guidance-providers/ionising-radiation/ionising-radiation-medical-exposure-regulationsIRMER

CQC recommendations

- Changes to protocols should be carefully managed and good governance should remain a priority.
- Effective communication across all staff groups is key to ensuring patient safety is not compromised.
- It is important to ensure that when protocols are changed these are clearly displayed, particularly in areas where practice was taking place.
- Review service-level agreements with third-party providers to ensure roles and responsibilities and policy and procedure are clear.
- Radiographers should be an integral part of decision making when changes to clinical work will be affected.
- Ensure that all IR(ME)R duty holders are trained and entitled to undertake the task and that this is written in employer’s procedures.
Tracy O'Regan is SCoR professional officer for clinical imaging and research, and a member of the CPD Now Enhancement Team. She tells us about her work and how she likes to relax

What is CPD Now and why is it changing?
Developed by the College of Radiographers, CPD Now helps radiography professionals to identify areas for focus, to follow planned pathways and to undertake reflection exercises. Following feedback from members, we have been working on enhancing the tool to make it simpler and more user friendly. The final testing is taking place now, with the aim of relaunching it later in the summer.

Tell us about yourself
I’m a member of the professional officer team at the SCoR as professional officer for clinical imaging and research. Before that, my professional background was diagnostic radiography. I trained at Rochdale Infirmary and then worked at The Royal Oldham Hospital for 24 years. I still miss everyone there. I did a PGC in teaching and learning and worked as a clinical tutor. I also did an MSc in advanced practice medical imaging to work as a reporting radiographer for the other half of my role. I then completed a professional doctorate in health and social care.

When your alarm goes off...
I get up and help my daughters with their two horses. During lockdown that’s been at around 7am but we’ve returned to earlier starts again now that they’re back at school. While my daughters get ready for school I take the dog for a walk. Then I drop my girls at school and start my working day.

When did you start working for the Society?
It will be five years in December.

I joined the SCoR on the same day as my now friend and fellow professional officer Lynda Johnson.

What does your role involve?
I look after our CPD Now endorsement of resources at the SCoR, hence my involvement with the CPD Now Enhancement Project, but that is only a small part of my role.

I’m one of the officers for clinical imaging and also for research. My role covers a huge range of topics and tasks – that’s what I like about it. I’m particularly proud to have worked on our dementia guidance, which was endorsed by NICE, and I’m now starting to look at care for people with learning disabilities and autism.

Officers support a range of our SCoR specialist interest groups, which are set up by members, and we also work alongside more formal SCoR advisory groups. I work with the Research Advisory Group and the Consultant Radiographer Advisory Group and also, more recently, a working party for artificial intelligence, which has been a pleasure. I like working as a team with SCoR members.

What is your role in the CPD Now Enhancement Project?
I’ve worked alongside the team from the Society and Axia Digital to discuss and test improvements to the CPD Now Accreditation and Endorsement software.

What improvements can members look forward to?
The same basic functions of CPD Now are still there but it feels simpler and easier to use. I’ve been a member of the SCoR since 1993 – I have filed my CPD on the software since the SCoR first provided it – but I think it’s more streamlined now. I’m happy that it’s pretty straightforward and doesn’t take long to set up. It’s a reminder of the CPD work that people have done and can help members to be ready for HCPC audit. Applications for the CoR accreditation schemes are straightforward and I like that people can upload documents for that.

How do you like to unwind?
I did my doctorate while I worked full time so didn’t watch much TV – now I have years of box sets to catch up on!

‘I did my doctorate while I worked full time so didn’t watch much TV – now I have years of box sets to catch up on’
Tracy O’Regan

My guilty pleasure is Say Yes to the Dress. The rest of the time I’ll be walking the dog, tidying up the stables, trying to fix broken bits of electric fence and fending off the cows from next door’s farm (they are very cute though).

What was the last music you bought?
I don’t get much chance to take over Alexa with two teenagers in the house but I like to clean my windows to Zac Brown Band.
INTRODUCTION TO ULTRASOUND
This course provides knowledge of the application of ultrasound and its use within multiple specialties, including: MSK, breast, obstetrics, gynaecology, interventional gynaecology and soft tissue.

This CPD seminar is open to all healthcare professionals and students, chiropractors, radiographers, midwives and doctors.

Registration is from 9.15.
Cost £70.

For more information and to register, please see the AECC University College website at https://www.aecc.ac.uk/study/our-courses/short-courses-and-cpdcpd-seminars/introduction-to-ultrasound-cpd/

CLINICAL OPTIMISATION IN PAEDIATRIC AND FETAL MRI REFRESHER COURSE
This refresher course from the European Society for Magnetic Resonance in Medicine and Biology (ESMRMB) brings together expert speakers from across Europe. They will provide a comprehensive update on key areas under the clinical optimisation theme.

When Wednesday 12 May: 14.00–16.45 CET.
Where Online.
Cost Free to ESMRMB members.

Target group
All with an interest in clinical MRI optimisation, including MRI radiographers/MRI technologists, radiologists, medical physicists and researchers.

Aim
The aim of the full refresher course (to include both the introductory webinar and subsequent refresher course) is to provide participants with a comprehensive overview of the essential considerations and strategies to establish or to optimise paediatric and fetal clinical MRI examinations and services.

Learning objectives
• To gain or advance your knowledge and skills on how to effectively optimise paediatric and fetal MRI examinations.
• To learn about current best practice in the contexts of both paediatric and fetal MRI.
• To recognise the importance of a patient-centred approach within the context of clinical examination optimisation.
• To explore expert tips and tricks in paediatric and fetal MRI optimisation.
• To discuss the impact of a high-quality service, with optimised protocols, on diagnosis and clinical findings.

For more information and to register, please visit the ESMRMB website at https://www.aanmelder.nl/124631/subscribe

FLUG MASTERCLASS WEBINAR SERIES
The Fluoroscopy Users’ Group (FLUG) will be running a webinar series with world-leading speakers throughout May. Attendance is free, though there will be a small charge for a certificate of attendance if required.

Webinar An approach to fluoroscopic imaging protocol optimisation.
When 2 May.
Speaker Dr Kevin Wunderle.

Webinar Radiation tracking and feedback.
When 5 May.
Speaker Professor Steve Balter.

Webinar Streamlining video-fluoroscopy – joint radiographer/speech therapist clinic.
When 13 May.
Speakers Katherine Deaney and Zoe Knight.

Webinar How should low-contrast detectability be measured in fluoroscopy for quality control.
When 26 May.
Speaker Dr Michael Sandborg.

To book, visit the FLUG website at https://www.flug.org.uk

THE RED DOT TRAUMA COURSE (ONLINE)
This course adopts the teaching approach of the courses held at Northwick Park before the virus lockdowns. Brief lectures are followed by registrants analysing cases anonymously.

The subsequent answer sessions are treated as additional tutorials. Chatroom queries are welcomed. An extended Q&A session completes the day.

This course is for those who wish to learn how to identify and signal abnormalities on trauma radiographs. It is not designed for fully fledged and experienced reporting radiographers.

Teachers Drs Morley, Berman and de Lacey.

When 12 June: 9.00–13.45.
Course fee £115.00.
Contact sandra.feldman@radiology-courses.com
Visit www.radiology-courses.com to view the programme for this course and the one below.

THE RED DOT CHEST X-RAY COURSE (ONLINE)
The teaching style mirrors and complements that of the Red Dot Trauma Course (above). Learning is enhanced by the registrants (anonymously) evaluating a selection of CXRs. The subsequent answer periods are, in effect, tutorial sessions.

Teachers Drs Morley, Berman and de Lacey.
When Sunday 13 June: 9.00–13.45.
Course fee £115.00.
Contact sandra.feldman@radiology-courses.com

Vacancies on SCoR groups

EXPRESSIONS OF INTEREST are invited from Society of Radiographers members who would like to be considered for appointment to the Society’s advisory groups.

Applications are invited from all sections of the radiography community and from all four countries of the UK. The advisory groups range from the editorial board of Imaging & Therapy Practice magazine to the Consultant Radiographers Advisory Group.

Current vacancies on SCoR groups
• Consultant Radiographers Advisory Group (CRAG) – 11 vacancies.
• Diagnostic Imaging Advisory Group (DIAG) – 10 vacancies.
• Imaging & Therapy Practice Editorial Board (IT&P) – there are two vacancies on this board, therapeutic or diagnostic with a paediatric element.
• Magnetic Resonance Advisory Group (MRAG) – four vacancies.
• Nuclear Medicine and Molecular Advisory Group (NMMAG) – two vacancies.
• Radiotherapy Advisory Group (RAG) – three vacancies.
• Research Group – three vacancies.
• Ultrasound Advisory Group (UAG) – six vacancies.

Those wishing to apply should submit a short CV (no longer than two sides of A4). It should include their SCoR membership number, length of membership and HCPC registration number (if applicable) and identify clearly the nature of the expertise they would bring to the group.

Email your application to valeriea@sor.org by midday on Friday 11 June.
New trustee for College of Radiographers

Dr Marcus Jackson has been recruited for his expertise in higher education and student wellbeing

‘IT’S AN honour and a pleasure to be able to contribute to the strategy and direction of the College of Radiographers,’ says Dr Marcus Jackson, a newly appointed trustee for the College.

The Board of Trustees governs the College of Radiographers and comprises six external appointed trustees, up to six trustees nominated by the UK Council of the Society, along with the President and the Chair.

Dr Jackson holds multiple roles at St George’s, University of London, where he is associate professor and professional lead for diagnostic radiography and associate dean for student experience.

Becoming a diagnostic radiographer in 1986, Dr Jackson has been a member of the Society of Radiographers since qualifying. He has assessed for the Approval and Accreditation Board and made contributions to the editorial panel of the Society’s journal Imaging & Therapy Practice.

Educational expertise

While Dr Jackson is based at St George’s University, he is employed by Kingston University because the two institutions share the Faculty of Health, Social Care and Education, in which he works.

Dr Jackson hopes to put his experience in the world of radiography education to good use as a trustee, having been recruited to the role through an advert in Synergy News.

Dr Jackson adds: ‘One of the important skills is being able to understand sometimes complex and multi-layered issues and presenting those to colleagues, who perhaps don’t have that experience, in a way that’s accessible and that they can understand in order to make informed decisions.’

On being a trustee, he says: ‘My role on the Board of Trustees for the College is to be supportive, but it’s also to be critical and questioning of decisions made.

‘Sometimes that means delivering views and opinions that might not be well received but might be in the best interest of the College. It’s having a balance, using your knowledge and experience to critique decisions and strategic directions with the overall aim of ensuring the continued success of the College.’

His reasons for applying were, he says, ‘to give back and to be part of the wonderful institution’ of the College of Radiographers. ‘I think my experience and skill set can be of use to the College and it’s really exciting to be part of its future.’

Every day’s a school day

When asked how he will manage his multiple work commitments, Dr Jackson says: ‘I think if you’re interested in something you make the time’.

He adds: ‘Every day is a school day. I think someone’s very foolish if they think they can’t learn from experiences and interactions. I know I can learn a tremendous amount from colleagues on the board but also from interactions with colleagues who don’t sit on the board.’
Reflection means more than keeping a diary

Student Chris Gibson reveals why reflection should be a part of a radiographer’s toolkit

I HAVE recently been reading and enjoying stoic philosophy. There is a quote attributed to Marcus Aurelius, found readily online and supposedly taken from his Meditations: ‘Look well into thyself; there is a source of strength which will always spring up if thou will always look.’

However, when I looked through my copy of the book and tried to locate the passage, I was unable to find it. Whether or not the quote is from Marcus Aurelius, it caused me to think about reflective practice in my clinical placement. Consequently, I dived into my notebooks and revisited scribbled notations about how I’d ‘messed up a knee’ or ‘over rotated the wrist’.

Positive focus
A lot of these notes are underlined several times and, at the start of my placement, quite negative in their nature. As I flipped through the notebooks, they became more positive, focusing on improvements I had made or helpful tips that radiographers had shared, such as ‘ankles away, like anchors away for lateral’ or ‘consultant thanked us at the end of surgery away for lateral’.

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My formal reflections in my record handbook, though, are more a record of what I did in each modality. It turns out they are not reflective at all, or any reflection that is present is superficial at best. As a former teacher who is well used to a reflective cycle in practice – and having completed a module where the main assessment was a reflective essay – this gave me pause to stop and consider reflection in more detail. Whereas I thought I had been reflecting effectively, in actual fact I’d mostly just been keeping a diary.

Reflection should be part of our toolkit as practitioners. The Society of Radiographers’ Code of Conduct (2013) states that individuals should become reflective practitioners as part of their development. In fact, there is literature suggesting that embracing reflective practice has been shown to improve competence in healthcare students (McLeod et al 2020) and enable qualified practitioners to keep up with changing fields (Mantzourani et al 2019).

It has also been shown to help maintain professional competence throughout a professional’s career (McIntyre, Lathlean and Esteves 2019). All this suggests reflection is something that will help me improve so I should strive to do better with it.

Nurturing skills
Unfortunately, it has been suggested that forcing reflection on individuals will just lead to them producing a ‘desired’ reflection for an assignment, which negate the point and lessens its impact (Hobbs 2007). A way through this is to have reflective practice gradually introduced over time, to students or practitioners, enabling their confidence and skill at reflection to be nurtured (Kelsey and Hayes 2015 and Hobbs 2007). This will require a successful

‘In short, learning to reflect on your practice effectively can help you to be a better radiographer by focusing on how you can best help patients’

Chris Gibson

thought process when I consider my performance.

In other words, I can start small and gradually work on my reflective skills during my course, checking with mentors and lecturers to ensure that I am using reflective models correctly and self-assessing what I am getting out of the process.

I have mentioned my assignment a few times already and, in researching that, I came across something with regard to reflection that I had not previously considered – its potential to help deal with the anxiety felt around placement.

Mental health
You see, there is an increase in both the rates and the severity of mental health disorders among university students, and this is specifically higher in healthcare students (Macauley et al 2018). This is probably because healthcare professionals experience higher levels of stress than those in non-medical environments (Newdrow, Steckler and Hardman 2013).

The reason for these stresses is most likely due to witnessing the tragedy, suffering and distress of people at first hand, which is something students are exposed to early on in their studies and training (Taylor 2019).

This is supported by the fact that students feel the highest stress levels due to clinical practice (Wang, Lee and Espin 2019). Much of this stress is potentially ‘state anxiety’ (Cassady and Johnson 2002), which is the same kind of feeling that one might have

Student Chris Gibson reveals why reflection should be a part of a radiographer’s toolkit

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This is supported by the fact that students feel the highest stress levels due to clinical practice (Wang, Lee and Espin 2019). Much of this stress is potentially ‘state anxiety’ (Cassady and Johnson 2002), which is the same kind of feeling that one might have
As anxiety is shown to affect working memory, causing issues with cognition, memory and processing capacity, this is a serious problem (Al-Ghareeb, McKenna and Cooper 2019). There is evidence of strong links between anxiety and other conditions such as burnout and depression (Nedrow et al 2020). Reflective practice is a metacognitive exercise designed to enable individuals to address gaps in their knowledge and skills and even to reshape attitudes (Kanofsky 2020), yet it is even more powerful than that. Guided reflection has been shown to help reduce anxiety in students (Sharif et al 2013) and reflection can be used to enable individuals to look beyond just the good and bad for their practice and focus more on improving their patient-centred care (Joyce-McCoach and Smith 2016).

**Realise potential**
This can lead to a higher level of self-esteem in an individual and towards self-actualisation, which is the path for realisation of potential in Maslow’s hierarchy of needs (Sharma and Chaturvedi 2020). As a result, the ability to reflect accurately while balancing the emotions that might bring about is very important.

A deep study into reflection in nursing practice listed empathy and self-awareness as two of the 11 essential ingredients for successful reflection (Clarke 2014). This means that by developing a good, strong reflective process a student or practitioner can improve their patient-centred care by improving their empathy, technical abilities and knowledge. They can also improve their own feeling of self-esteem and confidence by being able to see their improvements and experience individual growth. This has to be seen as a positive impact on a student’s anxiety towards placement.

There are many models of reflection, with Kolb (1984), Gibbs (1988) and Rolfe et al (2001) being some of the main ones. Most deal in similar themes of ‘experience’, followed by ‘what happened?’ and finally ‘what will you do?’. The Rolfe model is one of the simpler versions of this, with its ‘What?’, ‘So what?’ and ‘What next?’ questions.

Gibbs’ model of reflection (pictured below) is more detailed and includes focusing on the emotions felt at the time. This, I feel, gives an important extra layer to the reflection when applied to a healthcare environment (for the reasons listed above). I used the Gibbs model in my assignment and it is the one I aim to use more in the future.

However, reflection is a very personal process. It does not need to be done all the time and you do not have to follow one model (or any) of reflection. What is important, however, is that you engage with reflection voluntarily and wholeheartedly. As Kelsey and Hayes (2015) suggest, there is a possibility that forcing practitioners to reflect using a model could cause them to reject the notion of reflection totally, which is not what we want to happen at all.

**Self improvement**
In short, learning to reflect on your practice effectively can help you to be a better radiographer by focusing on how you can best help patients. This is done not by thinking about what you did wrong but about how you might improve on what you previously did in a constant, non-judgmental, self-improvement cycle.

In turn, this can make you feel like your role within a patient’s healthcare pathway is done to the best of your abilities, which can improve how you feel and help reduce the stress and anxiety around placement.

Personally, I’m willing to invest in reflective practice in order to be less anxious and more confident about my placement. I want to develop reflection as a tool so that I can gain the most from my practice and become the best I can be. Whether or not the words quoted at the start of this article are truly his, I would like to think Marcus Aurelius would be pleased by that thought.

**Conclusion**
What else could you have done?

**Analysis**
What sense can you make of a situation?

**Description**
What happened?

**Feelings**
What were you thinking and feeling?

**Evaluation**
What was good and bad about the experience?

**Action plan**
If it arose again, what would you do?
Cyber security: staying safe from viruses

Alexander Peck explains the threat to radiology departments from cyber attacks, how to avoid them and what you can do to limit their potential impact

The last major cyber attack to widely affect the NHS was the Wannacry ransomware outbreak in 2017. It spread across more than 80 NHS trusts (of 236 trusts at the time) within a few hours on the morning of 12 May.

A further 595 GP practices and 603 other NHS organisations were also affected. At an estimated cost to the NHS of £92m, and disruption to 19,000 patient appointments, Wannacry made a huge impact on the NHS and the wider healthcare services in the UK and other countries.

With attention rightly focused on the Covid situation, succumbing to a further attack would waste valuable resources required for the recovery efforts. That said, criminals never sleep and, towards the end of 2020, national cyber security agencies around the world plus NHS Digital began to warn of increased criminal activities targeting schools, government facilities and hospitals.

What we can do

There are many tips for staying safe from a cyber attack but specifically for radiology departments:

• Be careful when opening emails, including work emails and those via NHS.net services. Stop and think before opening attachments – you may be targeted with very specific attachments. Some sites dedicate PCs or workstations for the opening of emails and browsing the web – avoid using crucial ‘clinical’ PCs for this purpose if at all possible.
• Never browse the internet or open external files on a modality. Be aware that modalities do, by necessity, run older operating systems (sometimes still Windows XP) and are far more vulnerable to exploits already in the public domain than, for example, domestic PCs with their weekly updates installed. Anti-virus software is also sometimes disabled, again by necessity, on modalities.
• Be aware of what websites you are visiting on hospital computers. There is sometimes a delay in applying security patches and updates to hospital machines, and also in general commercial settings, due to the need to run extensive compatibility testing with all other applications and services that need to be run normally.
• If you use external or portable hard drives, perhaps for teaching purposes, be careful they do not turn into a conduit for bringing in malicious software from your domestic appliances.
• Never plug a personal mobile telephone into a PC USB socket to charge. Use a correct USB charging device instead or a ‘USB power condom’ device (this is the correct term for this purpose if at all possible).
• Physically disconnect CT scanners, MRI, NM, ultrasound machines and digital radiograph modalities from the hospital network by unplugging the network cable from the wall jack. Anyone can do this. In almost all cases, the machines can still be used to acquire images and only transfers to PACS, worklist updates, etc will stop. Imaging can be reviewed on the modality until the situation is contained. Monitor the modality to be sure it has not been affected by malicious software. If malicious software looks to be operating, or the device acts slowly or abnormally, stop using it immediately. Safely extricate any patients from enclosed machinery – this being particularly important in therapy settings.
• Although extremely unlikely, it would not be impossible to have a malicious program operate a CT scanner or therapy system at parameters that were not those selected by or shown to the operator (exactly this type of

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‘Something’s happening’

The first action after identifying that something strange, unexpected or alarming is happening with one or more machines in your department is to isolate and prevent collateral damage. Cyber attacks happen rapidly (Wannacry took over swathes of radiology resources in under 15 minutes as it spread on the local networks, freely in many cases).

Prompt action by local staff in the area is therefore required, and this swift action aids the PACS teams and IT departments in their later efforts in containment, damage assessment and recovery.

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Imaging informatics: your questions answered

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

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malicious behaviour was used in the Stuxnet computer worm that targeted nuclear facilities in Indonesia, India and Iran up to 2010. This type of cyber attack could have long-term damaging effects on patients if not noticed.

- Mobile devices should have their wireless network connections disabled. If this is tricky to do, power down the machine and allow your PACS team to perform the task. Again, powering off the device before infection allows for the machine to stay ‘clean’.
- Immediately inform your IT department, PACS team and lead of the radiology department. They may need to take rapid action to shut down the affected network or order the disconnection of all remaining machines in areas that are not currently affected but are likely to be.

Questions and answers

The member who submits our Question of the Month will receive a copy of the group’s textbook Clark’s Essential PACS, RIS and Imaging Informatics. Send your questions to synergy21@pacsgroup.org

QUESTION OF THE MONTH:
When does the group think the era of CDs will end and all images will exchange via IEP or another similar system? Is there a project to stop the still massive production of CDs for patients and encourage those on to nontangible media? I worked in two different companies in the private sector and, for MRI and CT, each patient receives a CD that most of the time they cannot pop into their laptop because they have no CD drive. As a profession we’re supposed to be cutting edge.

A: Many will remember the days of huge film printers taking up space in the corner of central viewing areas (or being used as clothing ‘storage’ racks!). Many trusts held on to these expensive but unwieldy pieces of equipment long after the specialist film cartridges they required had expired, in the fear that one day they would need to be called into service. CDs are now a depreciated medium as fewer people own the drives.

Today, the best, fastest and most secure option is to transfer imaging digitally. This can be achieved via IEP or similar image transfer systems. However, not everywhere is joined via a network, nor is the destination of the imaging always known at the time of export. For these particular cases there will always be a removable media component. Patients and solicitors would be best served by being given their images in a format they can ‘read’ and some may still need paper printouts if appropriate. Researchers obtaining images also tend to prefer USB copies for their versatility over several packs of CDs.

For patients who obtain private treatment (and automatically receive a copy of their imaging) and NHS patients who request it from Imaging departments, the ideal default should now be to provide this on USB sticks as they are the primary format patients will identify with. Branded 1Gb USB sticks cost around £1 each in bulk, slightly less than the total cost of a typical robot-printed CD (which includes the disc, one set of colour ink panels, a retransfer patch, printed instruction sheet and plastic slip case – a surprising number of components).

Q: Why can’t images or screenshots be attached to reports in most systems?
A: Assuming DICOM Structured Report functionality is available on your systems and supported by the vendors, DICOM SR does allow this. However, the onward distribution of these (to GPs or even printed to paper) is technically more difficult because interfaces at present do not typically process embedded images well (or at all).

Q: Should we depreciate the title ‘PACS manager’ because they manage more than PACS?
A: Not necessarily. Around 60% of PACS managers are still known as PACS managers in the NHS and, if taken literally, the name is no longer descriptive of the current role. But this is the same in other specialties. The term ‘systems manager’ also opens a whole new career path (potentially moving into pathology). There is a lot of focus on AHPs and informatics, particularly the sharing of skills between professions. Radiology experienced the NPfIT and has a rich legacy and experience. Supporting and assisting other professions developing their own pathways can be a benefit of ‘rebranding’ to systems managers. But just as AIC long since renamed the position of ‘superintendent radiographer’, it still very much remains.

Tips for PACS teams

Keep a disaster plan and kit available. PACS teams will usually like to keep a set of equipment that enables them to create ‘miniature networks’ that are isolated from the main hospital network in critical areas such as A&E DR rooms, hot reporting and the main CT suite. These are primarily to cope with general severe network failures but they serve the same purpose in the event of a cyber attack.

- Create and test manual entry and ‘match-up’ processes (a way of working without network connections).
- Ensure a stock of CDs and paper is available to carry on operations if disrupted for a few days (some hospitals took several weeks to recover their network operations after Wannacy).
- Practise the sequence of cyber infections in conjunction with local IT departments by deploying a simulated attack on the radiology infrastructure.
- Remember that email communications are completely ineffective during a cyber attack. Digital phone or pager systems may also be affected if they use server-based technologies. Have a communications plan for cyber attacks based on departmental intercoms (tannoy), walkie-talkies or area ‘stewards’ (nominated staff wearing tabards and physically walking around to deliver updates and collect status information to and from each department lead).
- Consider your backup situation for PACS, RIS, rendered cases, teaching files and departmental documents, etc.
In memoriam: Orla Maginn

IT WAS with great sadness that the staff at the radiology department of the Royal Belfast Hospital for Sick Children learned of the death of their beloved colleague, Orla Maginn, on Tuesday 3 December 2019.

Orla studied at the School of Radiography at the Royal Victoria Hospital, Belfast. She qualified in October 1983 and took up her first post at St Vincent’s Hospital in Dublin before moving to Belfast City Hospital, where she worked for several years.

She broadened her experience by following this with posts in Harderwijk in the Netherlands and then in Whitechapel, London, before returning to Belfast to take up two part-time posts, one at the Royal Belfast Hospital for Sick Children and the other at the School of Dentistry. She continued in both these roles for the next 27 years until her death in 2019.

A talented radiographer and sonographer, Orla was very proud of her profession. Being part of those two wonderful teams meant a lot to her. She was a great colleague and organised a charity fun run for the staff of the School of Dentistry, with every participant taking part in fancy dress.

She was diagnosed with breast cancer herself in 1991. After having two recurrences, she recognised the importance of reducing the stress of the psychological and emotional impact of cancer and she trained in shiatsu and acupuncture in order to help others.

Orla noticed things, such as the anxious mother who just needed a bit of time out and a cup of tea. Or the stressed superintendent radiographer (me), who just needed a bit of help, which was always given without having to be asked for. She was a much-valued confidante for junior staff and often defused tricky situations with her calm, sensible advice.

She had a big, fun-loving personality and was much loved by her colleagues. One of the paediatric surgeons described Orla as a magical person. The world lost a gem but the children’s hospital lost a member of its family.

Orla (16 May 1963 to 3 December 2019) is survived by her husband, Niall, and her four children, Rory, Conor, Eimear and Meadbh, who were the lights of her life.

By Jenny McKinstry, retired superintendent radiographer, the Royal Belfast Hospital for Sick Children

Obituary: Sheila Smith

SHEILA SMITH died on 4 March 2021. She trained initially as a therapeutic radiographer at Weston Park Hospital in Sheffield. In the late 1970s, she joined Du Pont Health Imaging as mammography specialist for the UK and Scandinavia and was very involved in setting up the breast screening service and raising awareness of breast cancer.

Sheila was diagnosed with breast cancer herself in 1991. After having two recurrences, she recognised the importance of reducing the stress of the psychological and emotional impact of cancer and she trained in shiatsu and acupuncture in order to help others.

She took an avid interest in her patients, especially those with special needs, and gave them support by attending their sporting events. She loved to talk to the families.

When she moved to North Wales in 1997, she set up a one-stop shop and support group for people affected by cancer.

In 2000, Sheila joined the UK Breast Cancer Coalition Board and was involved in the ‘Westminster Fly-Ins’, discussing with politicians the need to improve breast cancer services.

She was later a patient representative for Macmillan on their Working with Doctors, Complementary Therapy and Side Effects of Radiotherapy groups.

She chaired the Sheffield Cancer Services Advisory Group and then North Wales Cancer Patient Forum.

In 2014, Sheila set up North Wales Cancer Care, along with a group of practitioners and forum members, building a network to support people in the rural communities.

Sheila, her husband, Terry, and their two dogs moved back to Yorkshire in 2019 to be closer to their daughter, son and five grandchildren. There she became a trustee for Yorkshire Cancer Community.

Sheila was passionate about the need to provide psychological and emotional help to people by signposting them to the right support and encouraging them to adopt self-help approaches and lifestyle changes to improve the quality of their lives.
WHY Fronts: challenging practices

Asking the question ‘why?’ to promote quality service provision

**IN 1854.** Florence Nightingale was sent to Turkey with a group of nurses to help care for soldiers in the Crimean War. Inadvertently, she invented quality improvement in healthcare. The death rate fell from 60% to 42.7% in the first six months and then went down to 2.2% after a year.

Considering that Nightingale had no knowledge of viruses or bacteria, let alone how they spread, makes her achievement all the more remarkable.

The history of our knowledge of disease is also the history of quality in healthcare. Since ancient times, humans have tried to win the battle against death through illness. The bubonic plague, or Black Death, blighted societies from around the 13th century. In the past year, we have been given a glimpse into how awful life must have been for those caught up in the pandemics that raged across Europe.

In the first five years of the plague, 20 million people died. The king of France asked the best minds in the country to work out what was spreading the disease. Their conclusion makes for bizarre reading today – the planets Jupiter, Mars and Saturn were aligned along with a lunar eclipse, which caused terrestrial winds to spread noxious air.

A few centuries later this noxious air was given a name: ‘miasma’. Miasma was blamed for infections of all kinds until the discovery of viruses in the late 1800s.

The methods that Nightingale implemented will be familiar to all of us in healthcare but also to everyone else since Covid-19. She distanced the soldiers’ beds three feet apart, ventilated all the wards, made everyone wash their hands, ensured the sewers were flushed and disinfected and she stopped the horses from being stabled in the hospital. Nightingale thought she was keeping out bad miasma but she was actually preventing viruses and bacteria from spreading.

Finally, and most importantly for quality improvement, she kept meticulous records. Not only do we know exactly what actions she took but so did the other nurses who came after her. They could replicate the measures she put in place to keep patients safe.

Nightingale loved statistical analysis and had a great aptitude for mathematics. While keeping records in the Crimea, she invented a graphical display to show her results, which she called a ‘coxcomb’ – today we know it as a pie chart. She kept those records even after she returned to London and used them to improve hospital care, even working with architects to improve hospital building design.

The essence of what she did is used in today’s quality improvement in healthcare. The Health Foundation’s guide to quality improvement outlines the following steps to improve quality:

- Understand the problem, with a particular emphasis on what the data tells you.
- Understand the processes and systems within the organisation – particularly the patient pathway – and whether these can be simplified to analyse the demand, capacity and flow of the service.
- Choose the tools to bring about change, including leadership and clinical engagement, skills development, and staff and patient participation.
- Evaluate and measure the impact of a change.

This is also the essence of the Quality Standard for Imaging (QSI).

‘Every nurse ought to be careful to wash her hands very frequently during the day. If her face too, so much the better’

Florence Nightingale

This monthly column is called Why Fronts because one of the most important ways to improve quality is to ask ‘why?’. The question should not just be applied to processes or outcomes that are not working but also to those that are successful. Asking ‘why?’ about everything we do shows that we are thinking and working consciously, which helps to prevent mistakes, especially during repetitive work.

Asking questions is a sign of a healthy working environment. You need to feel free to question what you are doing and why. Nobody should feel that opinions or concerns might be ignored or silenced. If questions are not asked, unsafe practices might be allowed to continue. It is also a chance to share knowledge and to collaborate.

Quality improvement requires skills such as perseverance, relationship skills, enthusiasm and optimism. But one of the most important skills is curiosity. Hari Srinivasan, who leads the Learning team at LinkedIn, says: ‘Curiosity, used strategically, can not only improve the way we work, it can also transform the way we think about problems and solutions that may be missed by others, make wiser decisions and increase our influence’.

So I encourage you to be curious and ask ‘why?’. This might improve not just your own practice but the treatment of your patients and their outcomes. Also remember to wash your hands frequently and please keep the horses out of the hospital. If you have any queries, please email me at the address below.

Katherine Jakeman, quality improvement partner, RCR/SCoR
qsi@rcr.ac.uk

‘Miss Nightingale and the Military in the East’ c1860. Getty Images | Print Collector/contributor
PREGNANT?
OR THINK THAT YOU COULD BE?

PLEASE INFORM YOUR RADIOGRAPHER
BEFORE YOUR X-RAY, SCAN OR TREATMENT

Os ydych chi’n feichio neu’n meddwyl y gallech fod, siaradwch â’ch radiograffydd cyn i chi gael pelydr-X, sgan neu driniaeth.

Veuillez informer le manipulateur en radiologie AVANT votre radiographie, échographie ou traitement si vous pensez être enceinte.

Falls Sie schwanger sind oder schwanger sein könnten, sprechen Sie bitte VOR der Röntgenaufnahme, dem Scan oder der Behandlung mit Ihrem röntgenologischen Untersucher.

Se è incinta o pensa di esserlo, consulti il Suo radiologo PRIMA di fare una radiografia, un’ecografia o un trattamento.

Jeśli jesteś lub podejrzewasz, że możesz być w ciąży, prosimy porozmawiać ze swoim elektrokrzepologiem PRZED przesiwietleniem, badaniem USG lub leczeniem.

Se está ou suspeita estar grávida, consulte o seu médico radiologista ANTES de fazer o exame de raios-X, scan ou tratamento.

Dacă sunteți însărcinată sau credeți că ați putea fi, vă rugăm să discutați cu radiologul ÎNAINTE de radiografie, scanare sau tratament.

Если Вы беременны или допускаете такую возможность, пожалуйста, проконсультируйтесь с Вашим радиографом ПЕРЕД рентгенограммой, сниманием или лечением.

如果您已怀孕或认为自己有机会怀孕，请在进行 X 光、扫描或治疗前向放射治疗师查询

यदि आप प्रभावी हैं या आप कोई संदेह है कि आप प्रभावी हो सकते हैं तो पहले, सही है इलाज को पहले अपने दूरबीन रेडियोग्राफ पर चर्चा करें।

আপনি মাত্র গর্ভধনী হন বা আপনি মনে করেন না, আপনি গর্ভধনী হতে পারেন, আপনার এক্স রেইন, স্ক্যান বা চিকিত্সা করার আগে আপনার রেডিয়োগ্রাফারকে জানান।

إذا كنت حاملًا أو تعتقد أنك ربما تكون حاملًا، تحدث من فضلك بشأن ذلك مع الطبيب الذي يقوم بفحصك قبل إجراء فحص الأشعة السينية أو السحاب أو العلاج الخاص بك.
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