

**SCoR Diagnostic Imaging ADVISORY GROUP (DIAG)  
TERMS OF REFERENCE**

**1. INTRODUCTION**

- 1.1 Diagnostic imaging is a vital part of the patient pathway for many conditions including acute injury/illness and ongoing treatment; cancer diagnosis and follow up; long term conditions such as vascular disease or arthritis. Improving access to rapid diagnosis is a priority for the patients, the NHS and the wider public health agenda.
- 1.2 A significant component of the modernisation agenda for healthcare focuses on earlier diagnosis for patients with cancer which places further importance on the role of diagnostic radiographers and associated diagnostic imaging professionals in the pathway. A rising focus on productivity has combined with workforce efficiency, improving access and increasing consumer expectations to create an urgency to review patterns of practice.
- 1.3 Diagnostic radiographers and the wider diagnostic workforce working within this technologically sophisticated care environment must be supported and developed to be able to maximise their individual and collective potential in delivering the best care for people using their services.
- 1.4 The DIAG aims to make a significant contribution to the development of the profession and in raising its profile nationally. It will be an effective voice for the community of diagnostic radiographers and the wider diagnostic imaging nonmedical workforce within the Society of Radiographers.

**2. PURPOSE**

- 2.1 The role of this advisory group is to provide The Society and College of Radiographers with advice and expert analysis regarding strategic direction for the profession and appropriate support to deliver service improvements within the interprofessional environment of diagnostic imaging.
- 2.2 This is an advisory group not a policy setting group, although it may influence strategic direction through UK Council.

**3. REMIT**

- 3.1 To provide advice and information relating to:
- the continuing education and professional development needs of diagnostic radiographers and the wider diagnostic imaging workforce.
  - the development needs of the service to provide patient centred care.

- 3.2 To promote explicit career development pathways, in line with organisation policy, for diagnostic radiographers and the wider diagnostic imaging workforce across all aspects of the profession.
- 3.3 To facilitate research and guideline development for the benefit of patients and for publication by The Society and College of Radiographers.
- 3.4 To represent the organisation in relevant interprofessional forums.
- 3.5 To develop, respond to and comment upon documents as requested by the organisation and its officers.
- 3.6 To debate policy and evaluate its impact on the profession making representation as necessary.
- 3.7 To promote and support the policy decisions of the organisation.
- 3.8 To undertake projects/pieces of work on behalf of the organisation and profession as agreed.
- 3.9 To communicate effectively and to share information among the members of the profession at all times.
- 3.10 To provide regular updates and briefings to SCoR on the work of the DIAG.

#### **4 ACTION PLAN**

- 4.1 The group is expected to formulate an action plan with an indicative budget annually, agreeing its priorities and recognising the need to respond flexibly to external pressures.
- 4.2 The group is responsible for ensuring that the action plan is evaluated regularly.

#### **5 MEETING FREQUENCY**

- 5.1 The group will meet face to face up to two times per year.
- 5.2 To be quorate meetings must have at least 5 members present.
- 5.3 Additional meetings may be necessary for specific elements of work and can be facilitated as face to face meetings or as a telephone conference/web conference meeting. Much business will be conducted in the virtual environment through a SCoR defined on line platform
- 5.4 Small project groups may be constituted to progress work; membership to be determined by the group.

## **6 MEMBERSHIP**

- 6.1 Membership of the group will not normally exceed 15 and will be subject to annual review.
- 6.2 All members of DIAG must be members of the SCoR.
- 6.3 Members will be expected to demonstrate a commitment to the work of the group through attendance at meetings and participation in relevant working groups.
- 6.4 Membership will be drawn from all areas of practice to include clinical practitioners, managers, educationalists and researchers. Additionally, where possible the four UK countries should be represented.
- 6.5 Existing SCoR Advisory Groups related to Diagnostic imaging (nuclear medicine, ultrasound and magnetic resonance imaging advisory groups) will be invited to nominate a representative to sit on the DIAG. Where no such nomination is received an alternative member will be sought. The representatives from these groups are included in the 15 members.
- 6.6 The Heads of Radiography Education (HRE) will be invited to nominate a representative NB (this will be in addition to the group membership of 15).
- 6.7 A representative will be sought from the Patient and Public Liaison Group PPLG. NB (this will be in addition to the group membership of 15).
- 6.8 Advice and attendance may be sought from non member experts where appropriate.
- 6.9 All DIAG members will usually serve a fixed term of 4 years. Current members are eligible to apply for a second term.

## **7 OFFICERS**

- 7.1 UK Council reserves the right to appoint the Chair. Where Council chooses not to appoint the Chair the group shall select its own Chair by ballot at the first meeting of the group after the 1<sup>st</sup> July each year.
- 7.2 The group will elect an appropriate Vice-chair by ballot every year at the first meeting of the year after 1<sup>st</sup> July, as above.
- 7.3 An Officer or Officers, as appropriate, of The Society and College of Radiographers will attend meetings in an advisory capacity.
- 7.4 The College of Radiographers will provide administrative support.

## **8 DECISION MAKING**

- 8.1 Where a decision or agreement is required within the remit of the DIAG those present are expected to make decisions by consensus.

8.2 In the event of a vote being necessary the decision will be reached by a simple majority of members present, in person or by telephone.

## **9 ACCOUNTABILITY**

9.1 The group will be accountable for all its actions to the UK Council of The Society of Radiographers and the Board of Trustees of The College of Radiographers, through the Director of Professional Policy.

9.2 Individual members of the group must sign up to the principles outlined within the document entitled *Representing The Society and College of Radiographers: Terms of Reference* (2013) and adhere to the SCoR Data Protection Act principles.



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## **10 EXPENSES**

10.1 Travelling expenses and subsistence costs for attending meetings will be paid in accordance with the Expenses Policy of The Society of Radiographers.

10.2 Any additional expenses in relation to the work of the group should be agreed in advance with the Director of Professional Policy.

## **11 GROUP MEMBERSHIP:**

UK Council member  
Director of Professional Practice  
Lead officer – Professional Officer for clinical imaging

Roles to be represented:  
Accredited assistant practitioner  
Registered clinical practitioner  
Accredited advanced practitioner  
Accredited consultant practitioner  
Manager  
Educator (via HRE)  
Student/Newly Qualified  
Patient rep from PPLG  
Rep from HRE

Notes:

- It is important to ensure that the NHS and independent sector are represented
- 4 country representation is desirable
- A mix of members across modalities and patient pathways will be selected to represent the broad discipline of diagnostic radiography
- Associated SCoR officers will be invited to attend as and when required