MINUTES OF A MEETING OF THE MAGNETIC RESONANCE ADVISORY GROUP (MRAG)
HELD ON TUESDAY 11TH OCTOBER 2011,
AT THE OFFICES OF THE SOCIETY OF RADIOGRAPHERS, 207 PROVIDENCE SQUARE

PRESENT: Erica Scurr
Kim Mawhinney
Muriel Cockburn
Steve Harris (Chair)
Jennifer Jones
Sandra Conn
Carolyn Graham (BAMRR)
Susan White
Gill Winter
Rachel Watt
Christine Heales
Sharon Burton

IN ATTENDANCE: Alex Lipton
Audrey Paterson
Liz Robinson (Minutes)

1. WELCOME AND INTRODUCTION
1.1 SH welcomed everyone to the meeting and brief introductions were made.

2. APOLOGIES FOR ABSENCE
2.1 Rebecca Vosper

3. MINUTES OF THE LAST MEETING HELD ON 1ST MARCH 2011
3.1 The minutes of the last meeting were agreed as a correct record.

4. MATTERS ARISING FROM THE MINUTES NOT OTHERWISE ON THE AGENDA
4.1 Item 6 – MR Safety
AL reported that David Grainger from MHRA is planning to attend the next meeting of MRAG.

4.2 Item 5.1.1
AL reported that, as yet, there is no news on the BIR MR Safety Group meeting brochure for patients.
4a LIAISON WITH BRITISH ASSOCIATION OF MAGNETIC RESONANCE RADIOGRAPHERS (BAMRR) – NEW ITEM

4a.1 CG gave an update to this item, which was on the last agenda. There have been two policy board meetings since the last meeting, and although feedback had been limited at the first, the more recent meeting was more positive. Option ii – to explore creating an accredited or certificated MR Safety qualification aimed at visiting and support workers within MR units was the more popular. The third option regarding planning for radiotherapy was also well received. Both issues were on the agenda for more full discussion.

5. WORKPLAN FOR GROUP

5.1 AL suggested an update to replace the last MR publication Safety in MR, as it was released in February 2007 and was now out of date. The following topics were identified for inclusion:

- **EU pad** – Lyn Wigley and AL are already involved in looking at this.
- **Consent** – Matters raised in discussion included:
  * Guidance should focus on supporting appropriate local practice
  * Any guidance should encompass information given to the referral source
  * There is evidence of confusion surrounding MR of pregnant patients that needs clarification
  * Collaboration with sonographers would be useful
- **Manual Handling** – Lyn Wigley and AL visited Croydon to see the process for bariatric patients and Lyn will report back to the next meeting.
- **Contrast** – It was felt that this should be expanded to ‘Contrast agents and other drugs’ and encompass IV injecting guidance and PEGs.
- **3T Issues** – It was suggested that this be 3+.
- **MRI conditional pacemakers** – ES reported that she has just undertaken putting together a safe operating procedure for this. CG reported that BAMRR are also undertaking work on this. Matters raised in discussion included:
  * AP said any guidance needs to bear in mind the impact of commissioning – for example, a large GP practice could set up their own scanner
  * Any guidance needs to focus on safe operating guidance and be change resistant
  * Guidance should encompass implanted devices/chips
  * Should make the skill of MR staff explicit and point out that they have a professional duty to refuse to scan a patient if they believe it is unsafe

5.2 AL asked for any other suggestions or comments. Feedback included:

- AL asked about policies for pregnant staff. She will research and report back
- AL asked about the need for particular guidance for mobile unit staff. Lyn Wigley is soon to visit a mobile unit and will report back on patient transfer and manual handling issues
- It was suggested that guidance should be transferable. AP suggested a pre-amble to make it clear that the guidance relates to MRI scanning at various sites with specific issues for mobile units addressed under generic headings
- Guidance on design and planning of units needed as old examples are now out of date
- Safety training for different levels – for fire, emergency and care of prisoners for example
- Sedation for claustrophobic patients was raised as an issue – it was felt that this might be addressed under contrast and other drugs, and also consent, but that it didn’t really come under the safety banner. To be on next agenda and AL to liaise with Christina Freeman

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Actions:
   a. Feedback to come to AL by early December in order for a draft to be prepared for next meeting – ALL
   b. Email reminder closer to the deadline date to be sent out – AL
   c. Topics with names of contributors to be sent out with Minutes – AL/ER
   d. Draft to be sent out 6 weeks before next meeting (7th February 2012) for comment by Members – AL
   e. AL to liaise with Christina Freeman on sedation for claustrophobic patients and report back to next meeting

6 EU PAD UPDATE

6.1 Revised procedure exempts MRI from exposure limits and is now to go through legislation procedure. There is a worry it may not meet its implementation date and it is unsure what will happen in this eventuality. The situation should be clearer in the New Year. In the meantime local and national responses need to be prepared. Advice and guidance needs to be considered and active participation in lobbying and meetings encouraged.

7. MR SAFETY

7.1 It is clear there is a demand for an accredited qualification. BAMRR have discussed this and are in favour of an online course that would cater for various levels of need – MR staff, referrers, visitors etc. The qualification could be part of departmental competence, and the ideal would be to have sponsorship of the four main vendor companies.

   AP reported on the possibility of exploring this with current e-learning partnerships currently in development, such as e-learning4healthcare, rcr/IPEM, and particularly ASRT. AP offered to take this forward once a small working party had put together a curriculum framework plus learning outcomes.

Actions:
   a. AL/AP to meet with John Totman to discuss and report to next meeting
   b. CG to raise at BAMRR

8 TO EXPLORE THE USE OF MR SAFETY CARDS FOR PATIENTS WITH IMPLANTS

8.1 SC asked if this was a useful idea. It was felt by Members that they could be of limited use as they would get lost etc. A central database would be more useful.

Actions:
   a. AL to follow up with Safety BIR MR Committee

9. PROVISION OF MRI SERVICES FOR RADIOThERAPY PLANNING

9.1 Needs involvement with radiotherapy managers. A core package of training needed for those involved either with their own, shared or commissioned scanners.

Actions:
   a. SH and ES to map out what is required and draft for next meeting
   b. SH to raise at Radiotherapy Advisory Group tomorrow
   c. AP to raise with Charlotte Beardmore and Sarah James

10 ANY OTHER BUSINESS

10.1 SMRT
    MC reported approaches made by Europe MR for educational resources in UK. Sean Kelly has been involved in this. SC encouraged colleagues to support European colleagues by sharing and collaboration.

11 DATES AND TIMES OF FUTURE MEETINGS

11.1 Tuesday 20th March 2012 commencing at 1.30pm (lunch available from 1pm)
      Tuesday 19th June 2012 commencing at 1.30pm (lunch available from 1pm)
## Workplan for MRAG to update SoR publication Safety in MRI – to be completed by early December 2011

<table>
<thead>
<tr>
<th>Subject</th>
<th>Group Member</th>
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<tbody>
<tr>
<td>EU pad</td>
<td>Alex Lipton/Lyn Wigley</td>
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<tr>
<td>Consent</td>
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<td>Contrast agents and other drugs</td>
<td>All</td>
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<tr>
<td>Reporting of incidents</td>
<td>All please submit comments but AL to liaise with MHRA prior to next meeting</td>
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<td>3+ issues</td>
<td>Sharon Burton/ Susan white</td>
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<td>MRI conditional pacemakers, implanted devices, clips</td>
<td>Erica Scurr/Carolyn Graham</td>
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<td>Pregnant staff</td>
<td>Alex Lipton</td>
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<td>Design and planning of units</td>
<td>Rachel Watt</td>
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<td>Lyn Wigley</td>
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All Members to contribute where they can and share examples of appropriate local practice