

**Institute of Physics and Engineering in Medicine**  
**63<sup>rd</sup> RCT Management Board**  
**Held Via Video Conference**  
**On Thursday 11 March 2021**

<b>Present</b>		
Iain Threlkeld	IT	Registrar
Paul Blackett	PB	Assistant Registrar
Kevin Gibbs	KG	ART Representative
Carolina Rodrigues	CR	Registrant Representative
Rosemary Anderton	RA	Lay Member
Paula Todd	PT	IPEM Representative
Lizzy Crawford	LC	IPEM Representative
Shaun Lundy	SL	IHEEM Representative
Phil Morgan	PM	IPEM CEO
Gill Harrison	GH	Society of Radiographers - Observer
Steve Mattin	SM	IPEM Membership Development Manager

<b>Apologies</b>		
Peter Jones	PJ	ART Representative
Sue Bentley	SB	Lay Member

Ref	Detail	Action
<b>1.1</b>	<b>Apologies for absence</b> Apologies were received from Peter Jones and Sue Bentley.	
<b>1.2</b>	<b>Introductions</b> The Registrar introduced Gill Harrison (GH), Professional Officer (Ultrasound) at the Society of Radiographers (SOR) to the Board, GH is a key member of the Task & Finish Group driving the transfer of sonographers from the SOR's PVRs to the RCT as well as an SOR Panel Review member and was attending the meeting to update on item 5 and as an interested observer. Lizzy Crawford (LC) was then introduced as the newly selected IPEM Representative, replacing Paul Blackett (PB), who in turn had replaced Andy Mossen as Assistant Registrar. This means that LC's former role, one of two Registrant Representatives, is now vacant. Steve Mattin (SM) confirmed that the IPEM office would be advertising the vacancy and short-listed applicants would then go forward for selection by the Board. Talks with IHEEM regarding the vacant representative role were ongoing, with Phil Morgan (PM) confirming their good intention of ongoing participation with the RCT and that news of a selection would be with us soon. PM agreed to update the Registrar on progress.	
<b>2.0</b>	<b>Declaration of interest</b> Whilst the Registrar reiterated his interest in the proposal for Item 12, the Bone Densitometry new Scope of Practice, as this had been proposed by his wife, he felt he was able to give a brief verbal update.	
<b>3.0</b>	<b>Minutes of the last meeting</b>	

Ref	Detail	Action
	The minutes of the meeting dated 1 October 2020 were discussed and <b>accepted</b> as a true record.	
<b>3.0 / 4.0</b>	<b>Matters arising / Actions from the last meeting</b>	
	<p><b>a) Annual Declaration of Interest form to be sent out</b> SM noted that all assessors' forms had been received by the IPEM office.</p>	
	<p><b>b) Accredited Register Cluster</b> SM noted that there was no update to report on the progress on the cluster of Accredited Registrars comprising of the The Registration Council for Clinical Physiologists (RCCP), the Academy of Health Care Science (AHCS). PM was due to meet the new CEO of the RCCP and SM will ask for an update on restarting the cluster discussions and will circulate to the Board in due course.</p>	SM
	<p><b>c) RCT PCC update on training and terms of office</b> PM noted that the PCC was meeting later that day and the training would focus on legal cases and tests and how to apply them. This was due to be led by Dr John Unsworth, practitioner in dispute resolution and Chair of IPEM PCC. PM also confirmed that the PCC term of office was 3 years, with proviso to renew for a further 2 years, provided members looking to extend their term of office continued to meet the standards required. Two current members' terms are due to expire in September 2021, with one already accruing the maximum period in office, so recruitment of at least one PCC member will be required. PM updated that it was essential for PCC membership to be at the correct level to ensure due process of investigations and handling of complaints, although these continued to be low in number thankfully. Numbers of PCC membership were due to be discussed at their meeting later that day.</p>	PM/SM
	<p><b>RCT Registrar's message of thanks to the DXA Task and Finish Group; approval to proceed with pilot stage.</b> The Registrar confirmed that the thanks of the Board had been passed on to the group, and that the pilot stage is underway with the help of a volunteer whose sample report will be invaluable to future applicants to the RCT via this new scope of practice. Whilst no deadline has been set it is understood by the Task and Finish group and the volunteer that the new scope can only be launched once this vital stage has been completed.</p>	IT
<b>5.0</b>	<p><b>Transition of Sonographers from the PVRs to the RCT</b> The Registrar introduced GH and gave some background on what had been done by the Task and Finish group set up to steer the progress of obtaining approval from the PSA, create transfer application forms and guidance as well as embed future processes for the application and assessment of future applications from Sonographers seeking to join the RCT. The Registrar wished to pass on formal thanks to GH and her colleague Nigel Thomson from the SCoR for the proactive support and guidance given so far. The transfer process involved frequent communications from the SCoR to Sonographers listed on their Public Voluntary Register of Sonographers (PVRs), with a transfer window opening in February and due to close on 30 April. During this time those listed could transfer to the RCT via the completion of a short transfer application form found alongside guidance on the RCT website, and a direct debit instruction for the payment of an administrative fee and future annual renewal fee of £26.00. SM confirmed that a total of 218 former PVRs registrants had applied to transfer to the RCT, with another 150 or so expected by the end of the transfer window. The IPEM office staff were processing application forms and</p>	IT/GH/SM

Ref	Detail	Action
	<p>the online RCT Register would be updated periodically with all transferees being formally welcomed on to the RCT in writing and with formal certification.</p> <p>The Registrar reiterated the importance of joining a PSA accredited register like the RCT and how Sonographers listed on the PVRS but not statutory regulated by either the Health and Care Professions Council, the Nursing and Midwifery Council or the General Chiropractic Council would value joining the RCT.</p> <p>For future new applications, Sonographers with a CASE accredited award would follow the RCT's Primary route, those without, including those that had trained overseas but were now working in the UK, would follow an Equivalence route along the same lines as the SCoR's Non-Standard route. The Registrar recognised that this was a work in progress, given the time and effort required to pave the way for the transfer from PVRS to the RCT, but that this would be progressed soon. GH mentioned that the current members on the SCoR's Review Group would be happy to continue offering their support in an assessor role to help the transition in what could be a complex process.</p> <p>The Registrar mentioned that whilst the RCT had had several applicants who were overseas' trained the experience of the former PVRS Review Group would be invaluable, and measures that had been adopted to measure the level of English language proficiency could also be developed to be included in Equivalence route applications to other RCT scopes of practice. The former PVRS adherence to the International English language Test (IELT) and the Occupational English Test (OET) rather than the National Academic Recognition Centre (NARIC) would be incorporated into the RCT's Equivalence route for new applications to the Sonography scope of practice.</p>	
6.0	<p><b>Policies to review:</b></p> <p><b>6.1 Fitness to Practice policy</b></p> <p>The Registrar mentioned that due to its nature any amendments to this policy would need to be approved by the RCT PCC, so it was thought best to review this after the PCC had examined this later that day. PM mentioned that the RCT Fitness to Practice closely followed the same process as IPEM's disciplinary proceedings, which was under review with a paper due to go to IPEM's Board of Trustees in July. Therefore, it was agreed to review this policy in the October Board meeting, although the Board were invited to contact SM with any comments by Friday 26 March.</p> <p><b>6.2 RCT Code of Professional Conduct</b></p> <p>The Registrar wanted to bring to attention item 4 on the Code, relating to CPD policy, and suggested amending to "maintain a CPD record and submit for audit if requested to do so". The Assistant Registrar, echoed by LC, also wanted recognition that the onus was also on RCT registrants who were managers to ensure that those reporting to them were undertaking adequate CPD. This was felt to be an unduly heavy burden, in that it would perhaps reflect on their management style rather than their competence as an RCT registrant. Therefore, changing the word "ensure" to "encourage" could help here. PM wondered if "encourage" was enforceable though, and this was the main purpose of a code of conduct. SL further agreed that this would also have to be demonstrable which would be too problematic, so a removal of this proviso would better suit the spirit of professional and personal conduct.</p> <p>PM suggested that the PCC could discuss this at their meeting later in the day and any suggestions could be put to the Board at a later date.</p> <p>Also discussed were measures adopted under the RCT's CPD policy towards those that refuse or fail to submit CPD records for audit. The Registrar confirmed the policy of removal from the register unless a request for a deferral to the following year was presented. This was agreed as being far better than escalation to the RCT PCC.</p>	ALL

Ref	Detail	Action
	<p><b>6.3 Policy on Naming on the RCT</b>  The Registrar suggested that the approximate number of 2,500 registrants given in the policy was outdated and as RCT numbers was fairly fluid it was suggested that this would be less prescriptive in order to futureproof the policy.  The Registrar also brought to the Board's attention the content regarding the searchable element of the online register and the status of "Inactive".  Conversations within the PVRs transfer Task and Finish Group brought this into question; it was mentioned that registrants could leave the HCPC but would have to remain on the RCT. It was also suggested that data protection issues, in particular the clause concerning the Right to be Forgotten, should be considered fully before a decision on whether to keep the policy of ensuring all past and present registrants are included or to develop a method which they can request to be removed from the publicly viewable online register.  The Board were invited to contact SM with any other comments on the policy by Friday 26 March.</p> <p><b>6.4 Process to appoint Registrants' representative to the RCT.</b>  The Registrar mentioned that although this wasn't due for review a new RCT Registrant representative was needed to fill the vacancy created by LC's selection as IPEM representative. No amendments were suggested but the Board were invited to contact SM with any comments on the policy by Friday 19 March, so recruitment can progress.</p> <p><b>6.5 RCT Registration Assessor role profile.</b>  This has been in place for some while and was thought to be fully fit for purpose but with former PVRs assessors' expertise and experience required for assessment of new applications following the RCT Equivalence route it was felt that this was the right time to closely review this profile. The Registrar also mentioned that one of the former PVRs Review Panel was retired and not wishing to transfer to the RCT, so provision for their ongoing valued inclusion was necessary. Therefore, it was suggested and agreed that an interim period of 12 months with an option to extend could be put in place in order to accommodate an experienced assessor. The Board were invited to contact SM with any other comments on the policy by Friday 26 March.</p>	
7.1	<p><b>RCT Risk Register</b>  The current Risk Register was discussed, with Covid risks still seen to be valid and those relating to Sonographers should be added. SM agreed to update the Risk Register following discussions on items relating to CPD and the introduction of new scopes of practice and bring to the next Board meeting for review in May.</p>	SM
7.2	<p><b>Report on Registrant Numbers</b>  The Registrar explained that this item was included so that the Board members could ask questions about registrant numbers throughout the year and look at possible trends and generate discussion on how to promote the register.  SM asked if more information could be added to the numbers, such as numbers of RCT registrants by scope of practice, and this was felt would be an interesting addition to the data supplied. SM agreed to include this in the report at May's meeting.</p>	SM
8.0	<p><b>Public safety considerations</b>  Although no board members again had anything to report under this item, it was agreed that this should continue to be a Standing Item.</p>	RA
9.0	<p><b>Fitness to practice issues</b>  The Registrar mentioned that a formal complaint had been received by the RCT in relation to the process for new admissions RCT and appeals. Due to the complexity of the case this will now be referred to the RCT PCC. Information on other RCT</p>	PM

Ref	Detail	Action
	<p>applicants was requested and a Freedom of Information request has been received, but PM confirmed that IPEM is not subject to those, and whilst the PSA is, it's not thought that the RCT and other Accredited Registers are either. Confirmation from the PSA will be sought in the process followed by the PCC in response to this case.</p> <p>PM also mentioned that there was a current Fitness to Practice case in progress. This was made by the former employer of a registrant. An investigatory panel has been brought together and the procedure is paused whilst the outcome of an Employment Tribunal, due for the middle of the year, is determined.</p>	
<b>10.0</b>	<p><b>Update on the campaign for statutory registration of RCT in Nuclear Medicine</b></p> <p>This lobbying campaign is still ongoing with the objective of statutory regulation of some clinical technologists' disciplines. With guidance from a freelance lobbyist questions have been tabled in the House of Commons by Damien Green MP. The response from those was promising but at present there are no clear plans to adopt this by the government. PM felt this was the time to decide whether this was worth pursuing, given the contradictory signs coming from a recent NHS whitepaper indicating that the direction of travel was away from statutory regulation of the healthcare professions to a lighter touch approach. PM agreed to keep the Registrar updated on this and to report back at subsequent Board meetings in May and October.</p>	PM
<b>11.0</b>	<p><b>RCT Social Media policy</b></p> <p>SM mentioned that the RCT's LinkedIn profile needed updating and that a general policy on Social Media, and a process for the IPEM office to follow would be developed and brought for discussion at the next Board meeting in June.</p>	SM
<b>12.0</b>	<p><b>AOB</b></p> <p>LC mentioned that she had received anecdotal information that PTP degrees were not accessible across borders – e.g. technologists based in Wales getting NHS funding for a course in Bristol, and unable to get either degree funding or the apprenticeship scheme levy. This was severely limiting access to RCT Primary routes of application for some technologists. SM agreed to broach this with the IPEM Head of Workforce, Intelligence and Training and ask whether this could be discussed at the Clinical Technologists Training Panel. The Registrar stated that he would be happy to sign off a letter in support of cross-border funding.</p> <p>The Registrar concluded the meeting with confirmation of the next meeting as being on Thursday 27 May at 9.30-11.30am, followed by the last one of 2021 on Friday 8 October, same time.</p>	SM

**Steve Mattin**  
**IPEM Membership Development Manager**  
**24 March 2021**