

Institute of Physics and Engineering in Medicine
64th RCT Management Board
Held Via Video Conference
On Thursday 27 May 2021

Present		
Iain Threlkeld	IT	Registrar
Paul Blackett	PB	Assistant Registrar
Peter Jones	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

Apologies		
Kevin Gibbs	PJ	ART Representative
Sue Bentley	SB	Lay Member

Ref	Detail	Action
1.1	Apologies for absence Apologies were received from Kevin Gibbs and Sue Bentley.	
1.2	Introductions The Registrar introduced Gill Harrison (GH), Professional Officer (Ultrasound) at the Society of Radiographers (SOR) for the benefit of members of the Board not present at the last meeting, reiterating that GH was attending the meeting as an interested observer.	
2.0	Declaration of interest 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 again able to give a brief verbal update.	
3.0	Minutes of the last meeting The minutes of the meeting dated 11 March 2021 were discussed and accepted as a true record.	
3.0 / 4.0	Matters arising / Actions from the last meeting	
	a) Annual Declaration of Interest form to be sent out SM noted that all assessors' forms had been received by the IPEM office.	
	b) Accredited Register Cluster SM noted that there was again no update to report on the progress on the cluster of Accredited Registrars comprising of the The Registration	SM

Ref	Detail	Action
	<p>Council for Clinical Physiologists (RCCP), the Academy of Health Care Science (AHCS). There has been a high turnover of key staff at the RCCP and PM has so far been unable to meet with the CEO or Registrar. Any update on restarting the cluster discussions will be circulated to the Board in due course.</p>	
	<p>c) RCT PCC update on training and terms of office PM mentioned that immediately following the last board meeting the RCT PCC met and having discussed the RCT Fitness to Practice Policy and the RCT Code of Professional Conduct. No substantial changes were proposed for the former but for the latter the requirement in Article 4 where registrants are expected to ensure CPD compliance for staff working under them, the RCT PCC suggested that this be removed. This went further than the RCT board's suggestion that the word "ensured" was replaced with "encouraged". The board agreed with the RCT PCC's suggestion and the RCT Code of Professional Conduct will be amended in line with this as soon as possible.</p>	PM/SM
	<p>d) RCT Registrar's message of thanks to the DXA Task and Finish Group; approval to proceed with pilot stage. IT stated that a draft report on the pilot programme so far had just been received and that he'll check over to ensure this is along right lines of what was suggested by the DXA Task and Finish group before passing over to PT for her to review.</p>	IT/PT
5.0	<p>Transition of Sonographers from the PVRs to the RCT SM mentioned that following the closure of the transfer window on 30 April, 347 sonographers had applied to transfer to the RCT. All were now on the online register and were receiving formal certification and letters of admission, and all had paid the £26 administrative and future renewal fee. The impact of such a large influx of new admissions on the overall profile of RCT registrants is quite substantial and SM noted that this could be seen in detail in the agenda item 7.2. The IPEM Membership team were now focused on the new applications coming in from sonographers, the majority coming down the Primary route but a few where equivalence will need to be demonstrated. To assist with this, members from the former PVRs Review Panel have indicated their willingness to continue assessing, and an introductory meeting with IT and SM has been planned for June. GH mentioned that a few former PVRs registrants who had applied to transfer had initially not had confirmation that their application was progressing. SM confirmed that all outstanding queries had been answered and GH agreed that there hadn't been any queries recently. The Registrar mentioned that whilst the RCT had had several applicants who were overseas' trained the measures adopted by the PVRs 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>	SM
6.0	<p>Policies to review: 6.1 Policy on Continual Professional Development By way of context for this policy, SM mentioned that IPEM and RCT hadn't promoted the value of CPD as strongly as could have been done throughout the year, only mentioning CPD when it came time for members and registrants to</p>	SM

Ref	Detail	Action
	<p>submit CPD records for audit in March. This has resulted in a substantial number of submissions failing to meet the 5 standards, in particular, many registrants neglected to mention the benefits of a particular CPD activity had for their development, practice and service as a whole. Most also failed to show adequate reflection of what they'd learned during CPD activities. So whilst the CPD policy was sound, much more should be done to promote the value of recording CPD with the 5 standards in mind.</p> <p>The CPD audit process is also in need of review with a few registrants mentioning conflicting or contradictory feedback from auditors. SM mentioned that the current pool of auditors will need be refreshed with recruitment of new joiners and an upgrade to the MyCareerPath software by the Engineering Council should help improve registrants' experience of the audit process. SM will also discuss CPD auditing requirements with the PSA to fully ensure that the RCT's current process is in line with that, before discussing further with the Chair of the Audit Committee.</p> <p>The board was then invited to contact SM by 11 June if any changes were needed to the policy itself.</p> <p>6.2 Conflict of interest policy IT mentioned that the policy implies that Declarations of Interest are freely accessible but in reality that's not the case, so suggested that this be changed to "viewable upon request". Also, in order to help futureproof the policy, reference to specific dates of legislation (e.g. Data Protection) should be removed. The board was then invited to contact SM by 11 June if any further changes were needed to the policy.</p> <p>6.3 Policy on career break and career change The policy was discussed with no substantial changes proposed. The board was then invited to contact SM by 11 June if any further changes were needed to the policy.</p> <p>6.4 Criteria and mechanism for managing RCT registration while investigations ongoing The policy was discussed with no substantial changes proposed. The board was then invited to contact SM by 11 June if any further changes were needed to the policy.</p>	
7.1	<p>RCT Risk Register The current Risk Register was discussed, with PM mentioning the need to look at review dates for risk items in line with other registers managed by IPEM. Covid risks will need to be looked at regularly as the situation changes, many will have a Likelihood reduced to 1, but some risks might not need reviewing so frequently and perhaps to be discussed once a year. PB mentioned that the overall Red, Amber and Green marking for each could indicate the frequency of review, with Red risks reviewed each meeting, Orange at alternate meetings and Green risks where both the Likelihood and Impact were minimal to be looked at once a year. SM agreed to update the Risk Register following discussions on items relating to CPD and Covid and PM to further look at bringing the RCT Risk Register in line with IPEM registers and will confirm a timetable for review to the next Board meeting for review in October.</p>	SM
7.2	<p>Report on Registrant Numbers 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.</p>	SM

Ref	Detail	Action
	SM reported that the RCT now had 2,436 registrants, and has previously been mentioned, a total of 356 new joiners of which 347 were sonographers. This has resulted in a slight shift in the demographic of the register, with an increase of Females proportionately to 31% from 27% and an increase in registrants in the younger age range of 20-29. For the first time, numbers were broken down by individual scopes of practice, and SM hoped that further profiling in the IPEM CRM would lead to further analysis for future board meetings.	
8.0	<p>Public safety considerations</p> <p>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>Fitness to practice issues</p> <p>PM mentioned that, as with the last board meeting, a Fitness to Practice case was still outstanding, with the subject registrant contesting their dismissal through an Employment Tribunal, which is due to be held in June. Therefore it has been advised that the RCT keep their investigatory process in suspended animation until the hearing at the tribunal. PM will update the board at the next meeting in October.</p>	PM
10.0	<p>Update on the campaign for statutory registration of RCT in Nuclear Medicine</p> <p>PM mentioned that the IPEM Communications team had enlisted the help of a lobbyist to test whether there was any appetite for a change in policy and whilst some traction had been gained with parliamentarians there had been little to suggest that this would soon change. 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.</p> <p>A core group representing clinical technologists was convened to investigate how a stronger case could be made to push for statutory registration on the grounds of public assurance and workforce flexibility, this is comprised of IPEM, the British Nuclear Medicine Society, ART, IHEEM, RCCP. It was hoped that this would soon include other bodies such as the British Society of Echocardiography and the British Medical Ultrasound Society. GH mentioned that the Society of Radiologists might also consider joining the group.</p> <p>The core group's first aim is to draft a policy paper which will go to the board for review and then discuss tactics on how to continue pushing for statutory registration or at least ensure that clinical technologists are in the minds of government when any future changes to healthcare professions are being considered. The core group plan to meet in June and the Registrar and SL will also be attending.</p> <p>PM agreed to keep the Registrar updated on this and to report back at subsequent Board meetings in May and October.</p>	PM
11.0	<p>Appointments to the RCT Management Board</p> <p>The Registrar mentioned that Sue Bentley had recently decided to step down from her role as Lay Member. Rosemary Anderton notified the meeting that her term office as the other Lay Member expires in September.</p> <p>This now leaves the following vacancies on the Board that need to be filled:</p> <p>IHEEM Representative (vacancy following Dave Easton stepping down – talks with IHEEM for their suggested replacement are ongoing),</p> <p>RCT Registrant Representative (vacancy following Lizzie Crawford (LC) taking on the role of IPEM Representative),</p> <p>Lay Member x2 (vacancies to replace Sue Bentley and Rosemary Anderton).</p>	SM

Ref	Detail	Action
	<p>PB requested that the status of board members and their periods of office would become a standing item to be reviewed at each meeting from October onwards, to ensure adequate planning for any upcoming vacancies.</p> <p>SM confirmed that this would be the case and that the IPEM office would be advertising the vacancies and short-listed applicants would then go forward for selection by the Board.</p>	
12.0	<p>Update on the pilot programme for the new bone densitometry (DXA) scope of Practice</p> <p>IT reiterated that a draft report on the pilot programme so far had just been received and that he'll check over to ensure this is along right lines of what was suggested by the DXA Task and Finish group before passing over to PT for her to review.</p> <p>IT also mentioned that the recent work on a new scope of practice for clinical computing had been delayed by the lack of volunteers to pilot the work undertaken so far, and SM agreed that calls for volunteers would be included in the next Registrar's Update as well across IPEM's Communities of Interest platform.</p>	IT
13.0	<p>AOB</p> <p>IT and PM both mentioned that IPEM would be looking at ensuring that the right amount of support would be given to the RCT from the IPEM office.</p> <p>PT stated that her second 3 year term of office was coming to an end in September and she would update the Registrar on whether she could continue after discussing with her employer.</p> <p>RA mentioned that this would be her last meeting and the Registrar gave formal thanks for her past support and work on the board and wished her well for the future.</p> <p>SM confirmed the next meeting would be Friday 8 October 2021.</p>	IT

Steve Mattin
IPEM Membership Development Manager
3 June 2021