SoR 100 YEARS
THE SOCIETY OF RADIOGRAPHERS

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Caring for you, so you can care for others

We know that many of you are suffering from fatigue and burnout after the challenges of the past year. Throughout April we will be offering all members free online workshops and resources to help you look after your wellbeing, so that you can continue to care for others.

Find out more at www.sor.org/radiate

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Charlotte Beardmore to lead European radiography federation

CHARLOTTE BEARDMORE, the director of professional policy for the Society and College of Radiographers, has been named President of the European Federation of Radiography Societies (EFRS).

The federation's annual general meeting took place last month. More than 70 delegates, representing professional societies and educational bodies across Europe, joined the meeting to hear about the work of the EFRS in 2020 and to look forward to the year ahead.

The outgoing President of the EFRS, Jonathan McNulty of University College Dublin, led the first session of the meeting. He celebrated the work of radiographers during the pandemic and presented reports on the work of the federation over the past year.

His final duty was to formally hand over the Presidency to Charlotte Beardmore, a past President of the SoR.

Charlotte has served on the EFRS board for a number of years and will take on the Presidency alongside her role as representative for the SCoR.

Charlotte led the afternoon session of the AGM, presenting reports on current projects and looking ahead to future work.

Gareth Thomas of the SCoR's Council represented UK radiographers at the meeting while Richard Evans, CEO of the SCoR, attended as an observer national representative.

Richard said: 'The EFRS has been growing in influence within Europe and internationally for 13 years. It is great to see the organisation flourishing and providing the home for so much great work that will shape practice in radiography into the future.'

He added: 'The SoR is a prominent member of the federation and it is great that Charlotte is to be President this year. She is very highly respected in the European radiography community and works very hard for our profession on the international stage. Radiographers in the UK can be very proud that Charlotte has been elected President of the EFRS.'

'The motto of the EFRS is "we are stronger together" and this has never been more apt'

Charlotte Beardmore. President, European Federation of Radiography Societies

'Our role is critical to patient care'

I FEEL very privileged and excited to be taking on the role of President of the EFRS, and I thank the radiography community across Europe for their support and this honour.

The EFRS represents more than 100,000 radiographers across Europe, more than 40 national societies and more than 60 education institutions. It collaborates with a wide number of European organisations and is in a good position to build on the firm foundations it has in place.

More radiographers are needed to support growing demand across Europe and our role is critical to patient care. As a profession we must further develop our skills to capitalise upon the exciting technological opportunities emerging, and continue to develop our profession to support delivery of evidence-based, personalised care for patients. The work of the federation is key in driving this forward.

With colleagues on the board and the wider EFRS radiography networks, we will continue this work and I'll continue to represent, promote and support development of the profession – a profession I'm very proud of – across medical imaging, nuclear medicine and radiotherapy. Of importance to me is encouraging all UK radiographers to follow the work of the EFRS via Twitter and Facebook and to look for opportunities to get involved.

The EFRS offers affiliate membership to education providers and it's fantastic that seven UK higher education institutions are already affiliated. I'd like to encourage all UK education institutions offering radiography programmes to consider affiliation to the EFRS and, through this, to engage in the work in shaping the profession, together with radiography education providers from across Europe.

Dr Andew England from the UK is currently chair of the Management Team Educational Wing, and is leading this work for the board. The motto of the EFRS is 'we are stronger together' and has never been more apt. I look forward to leading the federation through this next chapter of its work.

Charlotte Beardmore, President, the EFRS

Find out more about the EFRS at www.efrs.eu/about and affiliation at www.efrs.eu/educational-wing

EFRS | EUROPEAN FEDERATION OF RADIOGRAPHER SOCIETIES

Oxford Road Campus, Manchester University NHS Foundation Trust

The deal in numbers

15-year partnership

£125m investment

350+ installations

200+ critical imaging systems

Eight hospital sites

Manchester signs £125m imaging equipment deal to run for 15 years

THE MANCHESTER University NHS Foundation Trust has announced a 15-year partnership with Siemens Healthineers to provide critical imaging equipment to the city's radiology departments.

The partnership will cover the installation and ongoing replacement of 222 pieces of critical imaging equipment, including MRI, CT, ultrasound, X-ray, nuclear medicine, advanced visualisation software and mammography.

The service agreement, which begins this month, aims to address the challenges outlined in the city's population health plan by improving health outcomes and reducing variation in healthcare delivery across Greater Manchester.

Catherine Walsh, divisional director of imaging at the trust, said: 'This is so much more than a transaction. It's a 15-year value partnership, a relationship enabling us to provide the very best in care delivery for the people of Greater Manchester.

'Having the peace of mind in the provision of replacement, maintenance and repair of imaging equipment, which is crucial to the running of any imaging service, is extremely reassuring.

'Our trust needs the right equipment, which is modern and reliable with the maximum uptime while being fit for purpose and affordable. This, in turn, enables best clinical and operational practice.'

A spokesperson for the trust said the benefits of the deal for radiographers would help the trust to attract and retain staff, providing further career development opportunities with a new programme of 'education, collaboration and innovation'.

Nancy West, head of enterprise services for Great Britain and Ireland at Siemens Healthineers, said: 'The trust faces continued growth in demand for its imaging services, increasing by 5 to 10 per cent each year. This, combined with the region's rapidly growing population – plus the inconsistencies in health outcomes – meant that a strategic imaging partnership made perfect sense.

'The partnership we have created provides the solutions the trust was seeking – innovative technology, a structured replacement plan, responsive equipment support, and a partner to help the trust provide excellent patient care continuously.'

The partnership has been four years in the making, involving radiographers at each stage of the process and in developing the specifications for their equipment for each modality area.

Ageing equipment is one of the urgent issues facing radiography departments, cited by the Richards report for NHS England last year, which recommended that 'all imaging equipment older than 10 years should be replaced'.

The government earmarked £325m for the NHS to invest in new diagnostic imaging equipment as part of its latest spending review (*Synergy News*, January 2021). Chancellor Rishi Sunak said this money would be enough 'to replace over two thirds of imaging equipment that is over 10 years old'.

SCoR responds to plans for new NHS reforms

THE GOVERNMENT has announced plans to reform the NHS and social care, designed to cut bureaucracy and learn from the lessons of the Covid-19 pandemic.

The new proposals will aim to join up health and care services and support recovery from the pandemic by stripping away unnecessary legislative bureaucracy, empowering local leaders and services, and tackling health inequalities, from 2022.

The government said the reforms would build on the NHS Long-Term Plan proposals and a bill would be laid before parliament, when parliamentary time allows, to carry the proposals into law.

The chief executive of the NHS, Sir Simon Stevens, said the proposals for legislation would 'go with the grain of what patients and staff across the health service all want to see – more joined-up care, less legal bureaucracy and a sharper focus on prevention, inequality and social care'.

The SCoR chief executive, Richard Evans, said major reorganisations of health and social care carried implications for patients and employees and it would be important to understand the detail of the proposals in the white paper.


Richard Evans

'We note that the proposals promise to reduce some of the frustrations and burdens on systems'

Richard Evans, chief executive, SCoR

'The health and social care workforce has shown enormous resilience, dedication and professionalism in response to the pandemic and, of course, we all continue to rely on each and every member to continue this amazing effort for the foreseeable future,' he commented.

'It is good that the innovations and lessons learned during the Coronavirus emergency are reported to be behind some of the changes in the white paper. We also note that the proposals promise to reduce some of the frustrations and burdens on systems that came as a result of the last reforms in 2012.

'The SoR will look carefully at the detail in the white paper and we look forward to the opportunity to comment on behalf of members and the public.'

How will the NHS change from 2022?

The white paper sets out plans for legislation to create Integrated Care Systems (ICS) covering all of England.

There are currently 41 ICS or strategic health partnership areas across England. However, these are currently not underpinned by legislation to allow formal collaboration between providers and the Clinical Commissioning Groups (CCGs), which commission hospital and primary care services.

The white paper – which forms the basis for a health bill that will go through parliament later this year – proposes 'a statutory ICS in each ICS area ... which will be made up of an ICS NHS Body and a separate ICS Health and Care Partnership, bringing together the NHS, local government and partners.

'The ICS NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health and social care needs.'

CCGs will become part of ICSs and the ICS NHS Body in each area will take on the commissioning functions of the CCGs.

Download the white paper, 'Integration and innovation: working together to improve health and social care for all', at http://bit.ly/NHSwhite20

US follows UK on patient contact shielding

THE US radiological protection authority has followed the UK in ruling that patient contact shielding is no longer required in routine practice.

Last March, the SCoR produced a joint report with the British Institute of Radiology, Institute of Physics and Engineering in Medicine, Public Health England, Royal College of Radiologists and the Society for Radiological Protection. It offered evidence-based guidance on why shielding was unnecessary in most X-rays, CT scans and interventional radiology.

The UK report had pointed to an increasing number of studies that raised concerns regarding the efficacy and effectiveness of such contact shielding.

This, in turn, had led to inconsistency in application and, in some cases, friction between patients demanding shielding and professionals judging it was unnecessary or even potentially harmful.

Now the National Council on Radiation Protection and Measurements (NCRP) in the US has published a statement.

It concluded: 'NCRP now recommends that gonadal shielding not be used routinely during abdominal and pelvic radiography, and that federal, state, and local regulations and guidance should be revised to remove any actual or implied requirement for routine gonadal shielding.'

Access the joint UK report at www.bir.org.uk/education-and-events/patient-shielding-guidance.aspx

Guidance updated on support persons attending scans

FOLLOWING THE publication of the NHS England and NHS Improvement document *Supporting Pregnant Women Using Maternity Services During the Coronavirus Pandemic: Actions for NHS Providers* on 14 December, the SoR archived the joint statement 'Obstetric ultrasound examinations during the Covid-19 pandemic' on 16 December.

This guidance was always intended as an interim measure during the pandemic. The SoR has worked with the RCOG, RCM and NHS England and NHS Improvement colleagues to provide support for clinical departments to ensure the safe reintroduction of a support person for obstetric ultrasound examinations for departments previously unable to accommodate this.

To this effect, the SoR held a joint webinar with the chief allied health professions officer for England on 16 December. This was to help trusts and clinical departments find innovative solutions to enable a support person to be present, negating the need to put alternative arrangements in place.

Jim Craigmyle/Stone/via Getty Images

The SoR will begin a process to develop new guidance on support during obstetric scanning. It will build on the best practice during the pandemic for those times when support persons are not able to be present for critical scan appointments.

'We continue to support local decisions and arrangements for communicating with partners'

While this proceeds and while the pandemic measures continue, we have archived the document *NHS Obstetric Ultrasound Examinations. Guidance on Sale of Images, Fetal Sexing, Commercial Considerations and Requests to Record*.

The SoR and the British Medical Ultrasound Society's Covid-19 frequently-asked-questions web page has also been updated to remove the links to the now archived joint statement (*https://covid19.sor.org/diagnostic-radiography-faqs/ultrasound/*).

In the meantime, if a support person is unable to attend ultrasound examinations due to Covid-19 restrictions, we continue to support local decisions and arrangements being in place for communicating with partners and/or other family members in the event of unexpected findings being detected during an ultrasound examination or additional support being required.

Notes from the 16 December meeting are available at https://covid19.sor.org/diagnostic-radiography-faqs/ultrasound/

Could you be a College of Radiographers assessor?

HIGHLY EXPERIENCED society members working in clinical practice and education are needed to work as assessors for the College of Radiographers.

The role is to evaluate course submissions, education providers (academic or clinical departments), practice placements and applications from individuals for accreditation.

Jacquie Vallis, SCoR professional officer responsible for education and accreditation, said: 'Assessors are radiographers who are leading the service in their specific areas of practice.

'Their work is vital to ensure that programmes being developed by education providers and approved by the CoR meet the developing needs of the service at all levels of practice.'

Applications are invited from members from clinical practice and university environments, who would be interested in assessing:

- Individual accreditation applications for assistant practitioners, advanced practitioners, consultant practitioners and practice educators.
- Pre-registration and postgraduate education programmes.
- Individual modules.
- Short courses that confer competence.

'We especially need those who have strong experience in reporting images or running reporting programmes,' Jacquie added.

The benefits of becoming an assessor include the opportunity to raise your personal profile and acquire an element of non-clinical CPD as evidence for accreditation.

To find out more about the work of assessors, the required criteria and to apply, please visit the website at www.sor.org
The deadline for applications is noon on Friday 26 March.

Mark Kostich/E+/via Getty Images

Covid-19 brings dramatic changes to UK radiotherapy

SIGNIFICANT CHANGES to the delivery of radiotherapy cancer treatments took place during the first wave of the Coronavirus pandemic in England.

Much shorter radiotherapy courses were delivered, treatments were delayed where it was safe to do so and some increases were made to compensate for reduced surgical capacity, according to new research.

The research, led by the University of Leeds with Public Health England and the Royal College of Radiologists, revealed a decrease in radiotherapy treatment courses of 19.9% in April, 6.2% in May and 11.6% in June 2020, compared with the same months the previous year.

These decreases equated to more than 3,000 fewer courses of radiotherapy being delivered between 23 March and 28 June 2020 than would have been expected. The missed courses were likely due to postponement, where the risk of doing so was deemed low. However, in June it appears that the reduced number of courses may reflect a fall in the number of patients being diagnosed with cancer.

The study was published in *The Lancet Oncology* and is the first to assess the impact of the pandemic on radiotherapy services in England.

A rapid change in practice occurred for breast cancer treatments, enabled, in part, by the results of a UK trial published as the pandemic struck. This showed a one-week course to be just as effective as a three-week course for many patients.

The use of the shorter course increased from just 0.2% of all breast cancer radiotherapy courses in April 2019 to 60.0% of all courses in April 2020. The switch to shorter courses of treatment was also seen for other types of cancer.

For some cancer types there was a significant increase in the use of radiotherapy courses compared with the previous year. There was an increase of 143.3% in curative radiotherapy for bladder cancer and 71.3% for oesophageal cancer in May, and 36.3% for bowel cancer in April. It is likely these timely increases were delivered to keep patients safe when surgery was not possible due to the pandemic.

The researchers looked at the number of radiotherapy treatments between February and June 2020 within the English NHS, taken from Public Health England's National Radiotherapy Dataset. They compared the number of radiotherapy courses, and their length, with the same time period in 2019 to look at the effects of the pandemic and lockdown.

The largest reduction in treatments was for patients aged 70 and above (34.4% reduction in April 2020). This likely reflects concern where patient vulnerability to the risks of coronavirus outweighed the low risk expected from delaying treatment in some settings. For example, treatment for prostate cancer fell by 77.0% in April 2020 compared with the previous year, and treatments for non-melanoma skin cancer fell by 72.4% the same month.

Access the study at https://doi.org/10.1016/S1470-2045(20)30743-9

Lung cancer X-ray referrals miss target

NATIONAL CANCER guidelines in England recommend that patients presenting with symptoms of possible lung cancer have a chest X-ray within 14 days – but only 35% of lung cancer patients are investigated in that time, according to new research.

Lung cancer is the leading cause of cancer-related deaths in the UK, with most patients presenting with late-stage disease when treatment outcomes are largely unsuccessful.

GPs face a diagnostic challenge with lung cancer because most patients present to general practice months before diagnosis with common, non-specific symptoms, such as a persistent cough, shortness of breath and weight loss.

A better understanding of how these guidelines are used in primary care is needed to determine their feasibility, said the researchers. The study, published in the *British Journal of General Practice*, evaluated 2,102 lung cancer patients in England and how long they waited for a chest X-ray after first presenting to a GP with symptoms.

Access the research at https://doi.org/10.3399/BJGP20X714077


Leandre Archer, national officer for Northern Ireland, SoR

Bonus for Northern Ireland radiographers and students

RADIOGRAPHERS COULD receive a £500 bonus from the Department of Health in Northern Ireland, and students up to £2,000, in recognition of their work during the pandemic.

Everyone on the Business Service Organisation payroll – including doctors and Agenda for Change staff – is potentially eligible, and staff working in primary care and the independent sector will also be included.

The automatic payment will apply to radiography students on clinical placement between 1 October 2020 and 31 March 2021. All staff and students will need to meet qualifying criteria.

The Department of Health has released FAQs on the special payments (*www.health-ni.gov.uk/news/hsc-staff-recognition-payment-faqs*).

The gesture has been particularly welcomed for recognising the work of students, who took on 'supernumerary clinical placements that have contributed to the delivery of health and social care during the unique and unprecedented challenges presented by the pandemic'.

The SoR national officer for Northern Ireland, Leandre Archer, said: 'This is a positive announcement from the health minister to aid our radiography students.

'Students have had to deal with the effects of Covid-19 on their academic studies, with the vast amount of teaching having gone virtual, and on clinical placements where they have been faced with having to wear PPE and deal with Covid-19 on the frontline.

'I would hope that this recognition payment goes some way to helping them to continue and complete their courses and become the workforce that will be so important in the future to ensure sustainability of radiography services.'

Nichola Jamison, SCoR interim student support officer, said: 'This is a welcome gesture in Northern Ireland, and a positive step towards recognising the efforts of our student workforce in challenging times.

'Students across all four nations have contributed above and beyond expectations during the pandemic, and it would be encouraging to see similar initiatives across the rest of the UK in due course. This is a very happy outcome for Northern Ireland students!'

> 'This is a positive announcement from the health minister'
>
> Leandre Archer

Radiography student numbers rise in 2020

UNIVERSITY ACCEPTANCES to study for the allied health professions rose by 17.5 per cent last year compared with 2019, latest figures for England reveal.

The numbers for diagnostic and therapeutic radiography increased as acceptances rose in all regions and for 13 of the 14 AHP subjects.

During 2020, there was a 48 per cent increase in traffic to information about AHP professions on the NHS Health Careers website. This included a 100 per cent increase in interest in careers in diagnostic radiography and a 77 per cent increase in interest in becoming a therapeutic radiographer.

Charlotte Beardmore, SCoR director of professional policy, said: 'A big thank to the profession for all the careers promotion they are doing.'

Scottish students set to work as NHS bank staff

ALL HEALTHCARE students in Scotland, including diagnostic and therapeutic radiographers, can now be employed as bank staff for their local NHS Board.

NHS Boards can offer a maximum of 15-hour fixed-term contracts to students who are able to commit once they have signed up. Work is not guaranteed and students should only take up this option if it does not affect their studies.

Students employed as bank staff will have access to the same resources as other staff, including PPE, vaccinations and testing.

The SoR professional officer for Scotland, Maria Murray, said: 'I welcome this opportunity for our students and am pleased that this potential employment will not impact upon their clinical learning experience.'

HCPC pledges to improve fitness to practise process

THE HEALTH and Care Professions Council (HCPC) has launched a new corporate strategy to help address the failings in its fitness to practise procedures identified by its own regulator.

The HCPC met only one of the five standards on fitness to practise regulation in the annual review by the Professional Standards Authority (PSA) for 2019/20.

The PSA said that its 'longstanding concerns' had not yet been fully addressed on the quality and timeliness of the HCPC's investigations, decision-making at all stages of the fitness to practise process, HCPC's compliance with its own policies, the quality and frequency of risk assessments completed by staff, record keeping and the customer service and support provided to those involved in fitness to practise proceedings.

Ewan Shears

'This strategy will help to lock in new ways of working'

Christine Elliott, HCPC chair

Now the council plans to create a more compassionate and empathic culture towards fitness to practice investigations and a prevention-focused regulatory approach over the next five years.

Its focus will be to on six key areas of work:

- to continuously improve and innovate,
- to promote high-quality professional practice,
- to promote the value of regulation,
- to develop insight and exert influence,
- to build a resilient, healthy, capable and sustainable organisation, and
- to be visible, engaged and informed.

The HCPC said it would support quality practice by articulating expected standards and helping registrants overcome any barriers they face in meeting those standards.

'This will ultimately reduce the number of fitness to practise concerns, which can be stressful for all those involved,' it said.

It will also aim to incorporate the lessons learned from Covid-19: 'The HCPC aims to harness the flexible and agile approach it took in responding to the pandemic and embed this in its day-to-day work.'

Chair of the HCPC Christine Elliott said: 'This is an important moment on our journey to becoming a high-performing regulator. Tested by the pandemic, HCPC has stepped up and we have played our part in protecting the public throughout the crisis. This strategy will help us to lock in the new ways of working that we have developed and the rapid improvements we've made.'

Fitness to practise concerns about AHPs increased from 1,653 in 2012/13 to 2,424 in 2018/19. More than half of the concerns raised about radiographers (35 out of 69) in 2018/19 did not meet the requirements necessary to be considered by an Investigating Committee panel.

Therapeutic radiography webinar raises student interest in career

A STUDENT webinar to raise the profile of therapeutic radiography was held on World Cancer Day in February, hosted by Jo McNamara, national therapeutic radiography clinical fellow and senior lecturer at Sheffield Hallam University.

The aim was to explain the role and help students make informed career choices.

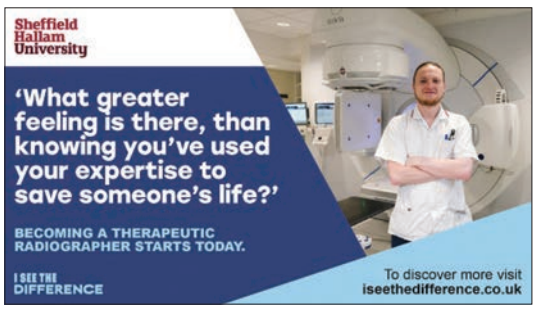
Jo said: 'They hear the word "cancer" and think it's going to be a depressing job, when it couldn't be further from the truth. It's our aim to dispel lots of those myths and increase people's knowledge of the profession.'

The hour-long webinar, entitled The Role of a Therapeutic Radiographer, featured speakers Hazel Pennington, national therapeutic radiography clinical fellow, and Michelle Simon, radiotherapy practice educator and RePAIR fellow.

Jo, Michelle and Hazel discussed all aspects of the profession, including its history, career opportunities, the routes and roles available, and ways to become a qualified therapeutic radiographer.

The webinar received 550 registrations and 102 people attended the live session. A live poll found 87% of attendees had not previously heard of therapeutic radiography.

One student said: 'The best aspect of the webinar was learning about the role and all the different types of technology and techniques that can be used in radiotherapy.'



Representing the imaging community

AN ARTICLE published in the February edition of *Synergy News* discussed the contributions of the SCoR and the Institute of Physics and Engineering in Medicine while representing the imaging community during the pandemic.

Collaboration with key stakeholders from the imaging community has always been, and will continue to be, core work for the Society and College of Radiographers.

We do have a seat at the table and continue to engage, contribute and be involved in decision making with colleagues to support both the imaging and cancer workforce and service development across all of the devolved nations.

Image Interpretation CPD renamed Clinical Imaging


Dorothy Keane, clinical lead, Clinical Imaging

HEALTH EDUCATION

England's e-Learning for Healthcare programme, Image Interpretation, has been renamed Clinical Imaging to reflect the scope and nature of the resource more accurately.

The programme has been developed in partnership with the Society of Radiographers

Dorothy Keane, clinical lead for Clinical Imaging, said: 'When I became clinical lead for the programme, we could not have envisaged how successful the programme would be and how demand for sessions would grow exponentially to encompass all modalities and topics, such as research in radiography, dementia, dignity, personalising care, orthopaedics and interventional procedures.'

> 'We have outgrown our original scale and intentions'
>
> Dorothy Keane, clinical lead, Clinical Imaging

She added: 'The programme now has almost 500 sessions covering radiography, ultrasound, CT, MRI, fluoroscopy and nuclear medicine. We have outgrown our original scale and intentions and feel that renaming the programme Clinical Imaging is important to accurately reflect our broader scope and aims.'

The Clinical Imaging team will continue to provide free resources for colleagues working in clinical imaging, for as well as other healthcare professionals, and will develop new e-learning sessions to reflect changes in imaging and the wider NHS.

For more information about the Clinical Imaging programme, including details on how to access the sessions, visit the e-LfH website www.e-lfh.org.uk

e-LfH in numbers

Almost **500** sessions

More than **61,000** registered users

More than **11,500** session launches in January 2021

Average **800** new enrolments per month

Some of the most popular sessions:

X-ray introduction
10,046 users

General introduction
9,084 users

Fractures and pathology
6,885 users

Dementia
5,076 users

Continuing professional development
3,668 users

Work with us: education and accreditation officer vacancy

CoR
THE COLLEGE OF RADIOGRAPHERS

THE SOCIETY and College of Radiographers are two separate companies operating together to provide service and support for those involved in radiography. Together they comprise the professional body and trade union for those practising in medical imaging and radiotherapy. The Society of Radiographers is looking to recruit an education and accreditation officer.

The work of the college continues to increase, with new educational programmes seeking college approval in response to growing demand and the considerable change in both healthcare and higher education.

The post holder will work alongside the current education and accreditation officer by contributing to the work of the team. They will enable the Society and College to further develop their education and individual accreditation work, comprehensively and to the highest level.

Who we are looking for

- This is a specialised role so you will be a HCPC-registered radiographer with a broad understanding of health and social care policy, recognised leadership and expertise in education and practice.
- You will have a working knowledge and understanding of radiography professions, the pre- and post-registration and continuing education requirements, as well as individual accreditation work.
- You will support the development, dissemination and implementation of policy, strategy and guidance in this critical area for the Society and College of Radiographers across the UK. You will also advise on, manage and quality assure the education and individual accreditation services of the organisation.

What you need to know

- **Location:** Home based (remote working arrangements are currently in place until further notice owing to Covid-19).
- **Salary:** Band D £52,009 per annum plus home working allowance or London allowance, dependent on location.
- **Contract:** Permanent.
- **Hours:** 1.0 whole-time equivalent.
- **Closing date for applications:** Midday on Monday 22 March.
- **Interviews to be held:** Early April.

Interested? Here is what to do. For further information and to apply for the position, please visit https://www.sor.org/career-progression/jobs/job-vacancies

Radiographer is made Professor of Health

MARC GRIFFITHS is the Pro-vice Chancellor and Executive Dean of the Faculty of Health and Applied Sciences at the University of the West of England, Bristol (UWE) and a proud diagnostic radiographer and allied health professional.

In December, Marc was appointed a Professor of Health at the university. His appointment promotes the importance and value of radiography, imaging, patient-centred care and outcomes, knowledge transfer and workforce development within contemporary health and social care practice.

Marc is the first radiographer to be awarded a professorial title at his own higher education institution and was 'amazed and humbled' by the appointment.

Marc said: 'I can remember someone saying to me, "You've done more than enough now Marc, settle where you are now because it's not worth it. It's not worth trying to do anything else. You've got your degree, I think you've actually pushed yourself to the limit." That did nothing but push me on.'


Professor Marc Griffiths

The journey into academia was not easy. Marc was the first in his family to go into higher education, and he lived with dyslexia throughout his life but was not formally diagnosed until his mid-thirties. He is an advocate for promoting dyslexia within learning communities and is involved in several professional groups, including being the vice-chair of the Accreditation and Approval Board at the College of Radiographers.

His career in radiography began in 1995 and he is still a registered HCPC diagnostic radiographer with an interest in radiography and nuclear medicine. Marc joined UWE as a senior lecturer in 2001. He became a fellow of the CoR in 2019 and is also a Principal Fellow of Advance HE and a Fellow of the Leadership Foundation in Higher Education.

Marc's professorship is built on his desire to not only educate the next potential students interested in radiography but to also reach those who might not consider themselves candidates.

'My professorial award was based upon the domains of education and leadership, and not a traditional research trajectory. The expectations on me are to show others the way, to empower others, support others, and also not be afraid to disrupt and confront where things are either in a status quo or unfair.

'Anyone can become a professor, and anyone should be able to become a professor.'

OPINION

Send your letters and articles to **editorial@synergymagazine.co.uk**

Private care must be recognised for its support of the NHS

Radiographer Victoria Ramsden reveals the 'hidden side' of healthcare during the Covid-19 pandemic

ACROSS THE general mainstream media for the past year of Covid-19 there have been regular mentions of utilising the private sector for surgery and bed capacity.

Yet there has been no mention of the diagnostic side required to get to this point, with much of the focus being on the medical use of facilities, citing previous precedent where most private sector hospitals do a high volume of orthopaedic operative work for local trusts.

In other articles they talk about the capacity of the sector, and attempt to give details again about doctors and nurses and beds, with everything else loosely categorised under 'other staff', again failing to acknowledge the AHPs and the non-Covid patients themselves.

Delayed diagnoses

With everyone talking in terms of beds, this rules out the largest patient population – those not needing inpatient admission but who were already requiring medical treatment for a variety of serious, ongoing conditions.

The hidden side of the pandemic is working in the non-Covid units, dealing with the vulnerable patients who have been shielded from the Covid treatment sites. These patients have often been delayed a cancer diagnosis, staging scans and treatment progress checks, meaning further delays to chemotherapy delivery or surgery.

Many people attend having been worried at home and are confused with attending a private healthcare facility. They often feel anger and voice concerns at having been left behind as the pandemic took precedence while they were still in acute need of diagnostic services themselves.

I am proud to work at a facility that actively looked for work at the start of the pandemic. Our small department sought out patients from the local trusts who the trusts were unable to scan, both CT and MRI, and provided them with a diagnostic service – a lifeline.

Taking the strain

From March to September we served 100% NHS patients at 130% capacity, running extra lists and days. Once theatre work picked up again, and we were able to see some of our private patients, this changed to 80% NHS work to help support the local trust a bit further than the government had required.

As the summer wore on and we saw that the pandemic was not going away, we were really proud to work for a team that had made a difference to thousands of local patients, the vast majority with, or suspected of, having cancer. Those scans meant they could continue their treatments and, in many cases I'm sure, their lives.

Alongside this we have continued to provide a theatre imaging service as well as plain film X-rays to compliment the hard work of our colleagues, taking the strain off some of the medical and orthopaedic wards in the local trusts.

(Back L-R) Sarah Kemp, Helen Atkinson, Janet Kemp, David Youlton, Andrew Skinner. (Front L-R) Jade Boustead, Victoria Ramsden

'I am proud to work at a facility that actively looked for work at the start of the pandemic'

Victoria Ramsden

We are private healthcare and, as such, provide an inherently different service to the NHS but we do deeply care about patients, their experiences and well-being.

We might be the hidden side of healthcare at the moment but I am confident that we have made a real difference to the healthcare of the nation as a whole, alongside our NHS counterparts. I am proud to work with my team, and could not ask for better colleagues.

Victoria Ramsden, senior radiographer, deputy medical devices lead, Nuffield Health Newcastle

We cannot allow obstetric ultrasound to become entertainment

Sonographer Anna Madar warns that patient expectations are pushing boundaries too far and could send the ultrasound profession into crisis

THE COVID-19 pandemic has again highlighted the unique and difficult challenges faced by obstetric sonographers in the NHS.

Balancing the safety and needs of the patient and the sonographer in the current environment has led to an increase in tension between the two groups. Unfortunately, at times, the needs and wants of the patient and the needs of the sonographer conflict in a way that is particularly unique to the role that ultrasound provides to maternity services.

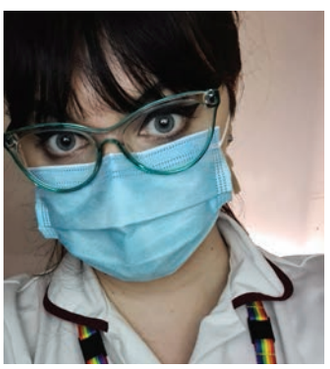
At the start of the pandemic, I was returning to work from maternity leave. The emotional burden of having just moved to a new home and workplace, and the prospect of putting myself and my young family at risk of catching Covid-19, led me to seek treatment for severe anxiety.

My very much-loved job now came with the threat of potentially hospitalising myself or my family, or potentially much worse. While most of the hospital moved to remote contact with patients, we continued face-to-face contact.

Public frustration

Most patients at the time were sympathetic to our position and the sacrifice we were making to continue their care. However, as time progressed, across the country the public were becoming increasingly frustrated.

This led to an increase in maternity pressure groups turning their attention to the measures that hospital trusts had put in place to protect staff and vulnerable patients when attending ultrasound appointments.



‘An exodus could happen if the lines between medical scan and entertainment become increasingly blurred’

Anna Madar

Women were understandably aggrieved that partners were not being allowed to attend scans in the often very cramped environment of the ultrasound room. Sonographers were desperately trying to find a way for patients to be emotionally supported while maintaining the safe social distancing guidance.

Despite this, trusts were coming under increased pressure to allow women to be accompanied to their scans and pressure groups, such as Pregnant Then Screwed, have demanded that women have the right to film their examinations.

I pursued ultrasound as a career due to my own personal experience of miscarriage and the compassion and care shown to me by a sonographer, who later became a colleague. I have a real passion for ensuring that pregnant women receive the safest and most comprehensive care they can in ultrasound. But like other obstetric sonographers, am feeling somewhat expendable and betrayed by the reaction of the NHS to populist group demands.

Patience and empathy

We treat each individual as we would wish to be treated ourselves and recognise their individual circumstances. We express patience and empathy even when faced with difficult circumstances. Sonographers frequently experience both joy and grief for their patients, with very little time to process our emotions between examinations. Even under normal circumstances, and alongside our own personal battles, this can be a challenging task.

The lines between what has always been considered a medical examination (even if our patients are not sick) and a social experience is becoming increasingly blurred. Ultrasound offers a unique bonding experience and insight into the otherwise unseen world of a developing child. However, our role is not to ‘entertain’ expectant parents and their family.

Sonographers need to come together and ask to be listened to by hospital trust executives. We need to be involved in discussion with the public about what our role is and how we can provide better support to our patients – but we also need to be firm about the dangerous line that is being crossed because of the unique service we provide.

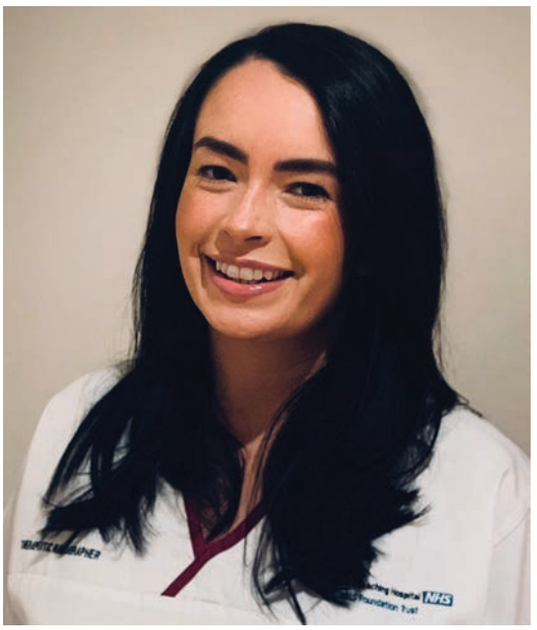
Sonographers have sacrificed so much already in this pandemic on top of the external stress we experience as members of society at this time. Too many have experienced personal illness and loss but, instead of getting recognition for our role in attempting to maintain normality, pressure groups are using it as an opportunity to push the boundaries further.

Sonographers are often the forgotten workhorses of maternity, not even recognised as a profession despite years of campaigning on the grounds of protecting patients. Ultrasound is heading for a crisis. An exodus could happen if the lines between medical scan and entertainment become increasingly blurred.

We need to speak up and be heard for the sake of our patients and ourselves. We need the public to understand our role and to acknowledge the fact we are not faceless members of the NHS but are also individuals who have our own stories that led us to dedicate our lives to others.

Anna Madar is a clinical specialist sonographer and lecturer in ultrasound physics at the Royal Free London NHS Foundation Trust, Barnet and Chase Farm Hospitals

You can talk to me about HPV



To mark HPV Awareness Day on 4 March, therapeutic radiographer Rebecca Jopson explains the links with cancer

PATIENTS ARE at the centre of our work as therapeutic radiographers. The reason we do our job is purely to help people.

As topics surrounding cancer, its causes and treatment develop, we are constantly learning. As healthcare professionals, we are committed to continuing professional development to make us the best we can be for our patients.

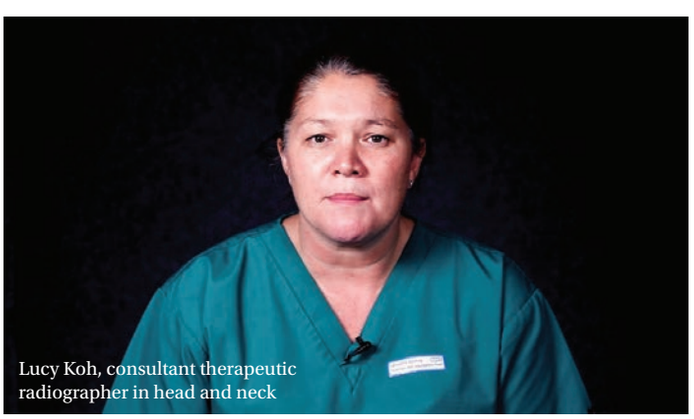
From my clinical experience of speaking to patients and colleagues, and also from everyday discussions with friends and family, I have discovered that human papillomavirus (HPV) and its links to various cancers is not well understood. Harmful strains of HPV are responsible for most cervical, oral, anal, vaginal, vulval and penile cancers, and some studies have revealed a link to prostate cancer.

Through my clinical practice, I began to see that one of the most affected subsets of patients was the head-and-neck group. Patients were often questioning specialist members of the head-and-neck team about their HPV diagnosis. The stigma surrounding HPV, which is transmitted through sexual contact, meant their questions were difficult to answer – especially with partners and family members present.

HPV accounts for approximately 70% of oropharyngeal cancers and rates are rising. The virus is transmitted predominantly through sexual contact and the number of sexual partners increases the risk, although it is possible for somebody to contract HPV and to have had only one sexual partner. The virus can lie dormant for many years before developing into cancer, so it is impossible to trace where it developed.

Clinical experience led me to complete a study for my BSc dissertation, entitled: 'Are UK healthcare professionals equipped to provide information and support on Human Papillomavirus to patients diagnosed with cancer of the head and neck?'. The findings have now been published (*www.cambridge.org/core/journals/journal-of-radiotherapy-in-practice*).

Health professionals across six professions involved with the care of head-and-neck patients responded over five UK Cancer Alliances. The results highlighted barriers to providing information, such as time restrictions and healthcare professionals' confidence and knowledge.



Lucy Koh, consultant therapeutic radiographer in head and neck

Available information

In addition, the availability of information on the topic was inconsistent, with some centres offering limited or no resources while others provided booklets to patients and staff.

The key resources were created by the Throat Cancer Foundation. Two booklets, one aimed at patients and the other providing support to healthcare professionals on how to discuss the topic with patients, were the ones used most by the study's participants.

The study also highlighted a question about professional responsibility. Who was responsible for having such discussions with patients? For example, is it really the responsibility of the therapeutic radiographer to answer questions about HPV?

As HPV is now identified as an aetiological factor responsible for various cancers, it is pertinent that all those involved in the care of those patients should understand why they are receiving cancer treatment. Those teams should be able to answer questions or help source an answer on the topic.

Therapeutic radiographers see head-and-neck patients for up to seven weeks throughout treatment – building relationships, listening to any issues and generally helping patients. The journey is emotionally and physically harrowing, so that relationship can be very valuable and can allow room for questions and conversation.

Also, when considering head-and-neck patients, although HPV offers a better prognosis than negative disease, it affects a younger patient demographic. Survivors will be living longer with the debilitating, long-term side effects of their treatment. It is, therefore, important that baseline knowledge of the topic should be understood.

As an outcome of this study, I began working with Lucy Koh, a consultant therapeutic radiographer in head and neck, who shares the same passion >

for destigmatising HPV, to begin implementing some changes.

Our first project involved working with members of the head-and-neck multidisciplinary team at Lancashire Teaching Hospitals Trust to create an education package for staff.

We have also teamed up with members of the Liverpool Head and Neck Centre to implement education and awareness from the patient perspective. This education package is being rolled out imminently within our trust then regionally, with a view to disseminating it nationally and in higher education institutions.

Education and knowledge

Patient influence is extremely important when trying to raise awareness and make changes, especially with this topic. Lucy and I decided to reach out to the Throat Cancer Foundation because I thought its resources should be readily available across all UK Cancer Alliances. Lucy and I will be working with the foundation to develop education and patient information.

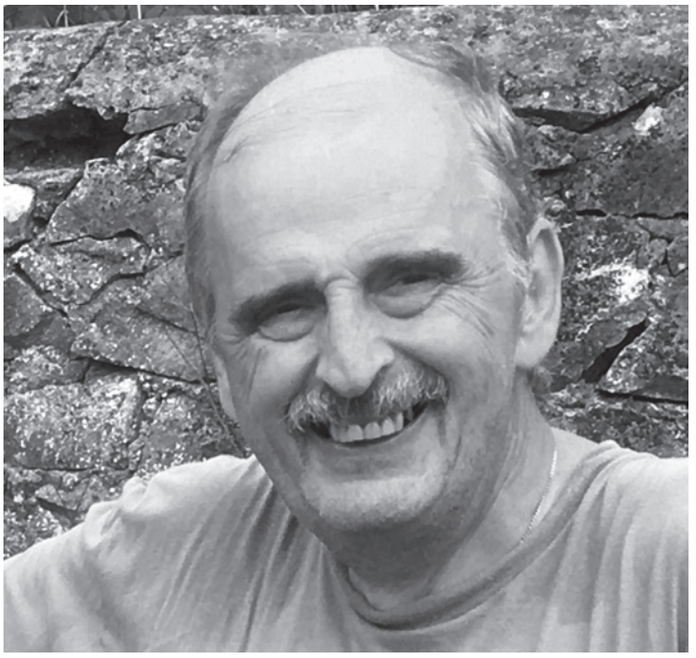
The stigma attached to HPV is a global issue. Education and knowledge will increase if we can just get past the stigma and essentially save lives. The public needs to see that anybody can contract HPV and that it can be serious and lead to cancer. People need to understand why the vaccination is important and why gender-neutral vaccination should be available globally.

HPV Alliance is on a mission to do this. It is a US organisation founded by Lillian Kreppel and her friend, actress Marcia Cross. Both are survivors of HPV-related anal cancer. Upon reading Lillian's story, her passion completely inspired me.

I contacted HPV Alliance to explain the work we were doing and it asked me to join its advisory board. Together, we aim to de-stigmatise, educate and, most importantly, save lives. ■

Rebecca Jopson is a therapeutic radiographer at Rosemere Cancer Centre, Lancashire Teaching Hospitals Trust

Obituary: Paul Selmic



IT IS an honour to write this tribute to Paul Selmic – a friend, colleague, leader, manager, husband, father and brother.

Professionally, Paul was a well known figure in imaging and wider NHS management in the East and West Midlands. He will be missed by many.

Paul began his radiographic career at Chesterfield Royal Hospital as a student radiographer in October 1971, where he trained until qualification in April 1974 at the Sheffield School of Radiography. The superintendent radiographer once told Paul he would never make superintendent because he had forgotten to wind the clocks (at six foot seven, Paul was given the task because he was the only person tall enough to reach them).

Paul proved that prediction wrong when, after moving to Nottingham General on qualifying, he was promoted to superintendent III in July 1982, gaining his HDCR that same month.

Paul stayed at Nottingham hospitals until January 1985, when he moved to Selly Oak Hospitals in Birmingham as district superintendent radiographer. During this time, Selly Oak and Queen Elizabeth Hospital Birmingham merged to become University Hospitals Birmingham, where Paul became the district superintendent and the general manager for imaging.

> 'Paul was a well known figure in imaging and wider NHS management in the East and West Midlands'

In the late 1980s and throughout the 90s, many Birmingham hospitals were part of a reorganisation of services, involving a significant movement of imaging staff, which Paul led and coordinated.

He frequently delivered – in a deliberately broadened Derbyshire accent – hilarious anecdotes about his early career. And his funny tales of caravan holidays at a place called "t' Mablethorpe" had us in stitches.

In August 2000, he returned to Derbyshire, with his wife Win and their family, to take up the post of district superintendent and imaging manager for Southern Derbyshire. He was also able to realise a long-held dream by buying a smallholding.

Sally Ames and I joined Paul in 2001 from Birmingham as site superintendents at the Royal Infirmary and City General Hospitals.

As time moved on, Paul became instrumental in designing what would become the Imaging Department at the Royal Derby Hospital. He also chaired the East Midlands Radiology Managers Forum for many years.

Paul continued to gain recognition in the wider hospital group, being promoted to operations manager in assessment and diagnostics. He later became operations manager in surgical services, then general manager in the Cancer Services Business Unit before retiring from the NHS in July 2015.

Sadly, Paul became unwell immediately after retirement. He fought his serious illness with his usual clear-minded determination and self-deprecating humour. He fully enjoyed his time on the smallholding with his family until his illness became unstable in December. He succumbed on 15 January.

Paul will be remembered as a caring and beloved family man, a cherished colleague, a leader and a friend. He will be missed by many and will be forever remembered by those who were fortunate enough to have worked closely with him.

Our thoughts are with Win and the rest of Paul's family at this sad time. They have set up a Gift of Hope page in Paul's memory, so that anyone who wishes can make a donation to the British Heart Foundation.

By Penny Owens, specialist advisor, University Hospitals of Derby and Burton NHS Foundation Trust

https://giftofhope.bhf.org.uk/

Rad work/life

Claire Brown, Amy Le Vannais and Naomi Alexander from the SCoR Conference and Events team share the secrets of their success and tell us how they like to relax when not creating compelling CPD for members

Claire Brown

Claire Brown after a snowy run in Bath

Tell us about yourself

I'm the conference and events manager, part of a small but dynamic team of four. In an average year, we stage or support around 30 events. At the moment it's many more, all of which are delivered online.

When your alarm goes off...

Monday to Friday, I often find myself reaching for a screen and checking emails within five minutes of waking up (I'm trying to change!). At the weekend, I like to start the day with some Pilates or a run (or both), followed by a breakfast of spinach pancakes and poached eggs, or the bagels I taught myself to make during the first lockdown.

How did you get into event management?

I've been enthusiastic about planning events since my university days and used to organise a wide variety of activities and entertainments for my fellow students. My first 'real' job was doing admin in the fundraising department of a small cancer charity. When my boss was badly injured in an accident, I was thrown in at the deep end and took over the running of all her planned events. I learned a huge amount in a short time, and I'm pleased to say she made a full recovery. From there I progressed to working in national charities as an events project manager, then moved to professional bodies and membership organisations. I think most of us are here because we want to use our skills as a force for good in the world – that aspect of working at the SoR gives me a really strong sense of purpose.

What does your role involve?

My role is a varied one but, at its core, it's about taking ideas and turning them into action, solving problems along the way and ensuring that deadlines are met and expectations managed.

In general terms, my team facilitates the delivery of a CPD programme for radiographers, plans awards ceremonies and other special events, and raises the profile of the SoR by arranging the organisation's presence at third-party events. On a day-to-day basis, that could mean doing anything from working with colleagues to devise an engaging conference programme, to inspecting a venue or writing marketing copy.

'This year our events have become accessible to a far wider audience'

What has been your favourite event at the SoR?

It's hard to choose one when there have been hundreds! The annual Radiography Awards ceremony is always especially moving: hearing about the incredible work our members do and meeting their friends and families and seeing how proud they are.

What do members have to look forward to this year?

This year our events have become accessible to a far wider audience, some of whom have never joined an SoR event before. This positive and unexpected by-product of the pandemic has allowed us to meet more of our members, albeit virtually, to ask for their feedback and opinions, and to learn about their priorities. This has enabled us to plan a programme in direct response to members' needs and suggestions, which feels especially important during such a challenging period.

We have RADIATE: Wellbeing for Radiographers coming up in April – a month of events to support radiographers in taking care of themselves while they work so hard to care for others.

How do you like to relax?

When I'm not working, I'm training for triathlons, open-water swimming, and trying not to injure myself on ski slopes. Elaborate baking projects are a particular passion of mine, and weekends are often spent trying to master a new recipe or technique and delivering the results to friends and neighbours.

I love seeking out travel adventures near and far, and I'm also part of a letterpress printing collective. The printing technique was developed in the 15th century and has experienced an artisan revival in recent years.

What was the last book or TV show you got into?

Books have always been a big part of my life and I studied English literature at university. I always have about five books on the go; the one I'm most engrossed in at the moment is *The Nightingale*, which is set in occupied France during World War II. Reading about the resilience of the human spirit feels helpful right now.

Amy Le Vannais

Amy Le Vannais in Bruges

Tell us about yourself

I've been working as a conference and events coordinator at the SCoR for just over five years. I live in South East London with my partner.

GET TO KNOW OUR STAFF AND MEMBERS AS THEY REVEAL WHAT INSPIRES THEM AT WORK AND PLAY

When your alarm goes off...

I'm not the best at getting up early. I like to hit the snooze button, 'just one more minute' is my mantra. When I'm eventually up, I make a strong cup of tea before getting ready for the day.

How did you get into event management?

After leaving university in 2010, I did a number of temp roles while deciding whether to start a career in law. One of these was in a membership team at a professional body for pharmacists.

I got on really well with my colleagues and liked working with healthcare professionals. Before I knew it, my role developed into membership and events, after my manager at the time noticed my organisation skills and love of making lists! By this point I had already decided that law wasn't for me and I was offered a permanent position.

What does your role involve?

Lots of organisation, especially when we're working on a number of events simultaneously. My role can be quite varied, depending on the events I am looking after, but involves managing all aspects from setting up the event pages for registration, selecting graphics, to managing complex rooming lists for residential conferences, speaker liaison and onsite management.

What has been your favourite event at the SoR?

We run so many great events that it's hard to pick just one! I really like the Radiography Awards but my favourite is probably the Annual Radiotherapy Conference, which is held over the course of a weekend. This event brings together therapeutic radiographers and celebrates the amazing work they do for patients.

What do members have to look forward to this year?

We have a number of great online sessions coming up for all our members. Taking our events virtual has meant that we can reach more members and it gives them the opportunity to watch content at a time that suits them. We've just delivered a really successful Student Festival and hope to run another one later this year.

How do you like to relax?

I got into yoga about two years ago and find it the best way to relax, especially now during lockdown. Before the pandemic, I'd meet up with friends regularly for dinner, exploring new places around London. I love eating out or we would go to a gig, the pub, a gallery or on weekends away. Holidays are probably my favourite way to relax, and I've recently got into growing plants and vegetables from seed – it's very therapeutic.

'We're continuously planning for future virtual content and are currently working on something really exciting so keep an eye out for an announcement'

What was the last book or TV show you got into?

I've always been a big fan of TV series, even before the pandemic. In days when we were able to spend time out of the house, I'd always make time to watch a new drama or film. A few good series I've recently watched and would recommend are *It's a Sin*, *The Investigation*, *The Serpent* and *Succession*.

Naomi Alexander

Naomi Alexander at The Shard

Tell us about yourself

I started my career working in retail in various supervisory roles. I have always enjoyed being part of a team, working in environments that are ever changing, and in a role that is somewhat physical. I eventually found my calling in events as it is an industry that has a great mix of these aspects and it is very fulfilling to see a project you have worked on come to fruition. Before I joined the SoR in October, I managed scientific conferences at a similar membership society.

When your alarm goes off...

I hit the snooze button! I need a good 20 minutes to persuade my body to leave my cosy bed during the winter months. I then normally get ready, have breakfast and write a to-do list.

How did you get into event management?

My cousin is a musician and when she would perform at shows and events, I accompanied her for moral support. Being part of the backstage action was exciting, and it was interesting to see how the events team was able to pull everything together so calmly. These experiences inspired me to take a closer look at the events industry. I studied for a qualification in events management and then completed an events internship with the British Red Cross. I have been working in the non-profit sector ever since, helping to manage and plan conferences and events.

What does your role involve?

I help to provide support to the Conference and Events team in the management of online events. This covers everything from daily administrative duties, like drafting pre- and post-event information, to recording registration numbers and responding to enquiries. I also produce a lot of marketing content, especially for social media. If you see a tweet from our @SCoREvents Twitter handle, that's most likely from me! For the virtual events themselves, I help to set up Zoom webinars and assist during live sessions.

What do members have to look forward to this year?

On Tuesday 16 March there will be a webinar on sonographer wellbeing so, if you haven't registered yet, make sure to secure your place. We're continuously planning for future virtual content and are currently working on something really exciting, so keep an eye out for our announcements.

How do you like to relax?

Listening to music is my favourite way to unwind. Since the beginning of this current lockdown, I have been reliving my childhood by listening to the music I grew up to. So my current playlists are made up of 90s and noughties R&B classics, garage anthems and a few guilty pleasure pop songs too – nostalgia heaven!

What was the last book or TV show you got into?

The Serpent on BBC iplayer is a great drama based on an insane true story. Couldn't stop thinking about that one for a while.

Student Festival

The annual SCoR Student Festival was turned into a virtual event this year. The jam-packed programme featured live webinars, videos, podcasts, social takeovers, articles and opinion pieces plus some fun fringe events, which took place over the course of last month. The programme was developed in collaboration with the SoR UK Student Representative Forum under the theme of 'The Future,' which focused on how we can prepare students for success in their studies and careers. Over the next three pages, we showcase some of the activities and advice that students enjoyed in February.

From radiotherapy to mammography

Naomi Davis explains how her choices as a student have shaped her career

IN 2018 I graduated with first-class honours in radiotherapy and oncology. However, I decided to take an alternative route into radiotherapy and, two-and-a-half years later, I recently accepted a position as an advanced practitioner in breast care.

In the middle of my degree at Sheffield Hallam University (SHU) I realised I was not as passionate about radiotherapy as many of my peers. I enjoyed a lot of aspects of the degree, including patient care and oncology studies, but always felt as if something was missing.

I refused to waste the efforts I had put into placements and assignments so I looked into alternative professions that were guided by HCPC registration, which is what the degree would give me.

I explored mammography and sonography and spent time in different departments to help me decide. After observing mammographers in various breast departments, I realised this was the career for me.

I admired how efficiently mammographers worked to produce images of the breast using the latest technology and equipment, while also having that personal contact with each patient.

It is rare for therapeutic radiographers to transfer into mammography but not unheard of. It does require further study and returning to university to complete a postgraduate certificate. I felt much happier completing the rest of my degree now I had a goal to achieve!

'There is much more to mammography than imaging the breast'

Naomi Davis

In my final year, when my friends were applying for radiotherapy positions, I must have been the only one applying for trainee mammographer posts. Although I was leaning away from radiotherapy, my PDF, Keeley Rosbottom, was supportive of my decisions and helped me with personal statements and interview techniques.

I did encounter a couple obstacles. Many departments expect radiographers to have at least one year of post-graduation experience and certain units will only consider diagnostic radiographers. I did not let this deter me and applied to as many positions as were available.

I attended five interviews and I was offered four of the posts! The NHS Breast Screening Programme is expanding and more mammographers are needed to meet the increasing target pressures and demands.

I graduated from SHU in June 2018 and that September I was enrolled at the University of Salford for a PgC in advanced medical imaging. The course was very hands-on and I enjoyed transferring my radiotherapy skills to mammography. A mammographer must have an excellent eye for detail for positioning the patient and have excellent communication skills, just as you do in radiotherapy.

I qualified as a mammographer/specialist radiographer in August 2019. I produce high-quality images in the department and work in a mobile breast-screening van. I assist in ultrasound and stereotactic biopsy procedures. I also inject a radioactive isotope into the breast to prepare patients for surgery. There is much more to mammography than imaging the breast – it is an excellent career to transfer into.

Since becoming a mammographer I have admired the breast department's advanced practitioners. These are highly skilled, experienced members of the team, specialising in certain practices, such as image interpretation, breast ultrasound and breast biopsies.

Recently I have been offered a position of advanced practitioner, learning how to take biopsies of the breast under the guidance of the X-ray machine. I am now attending the University of Leeds to complete another module; the credits gained will count towards a postgraduate diploma.

I am extremely excited to progress with my studies and I expect to qualify in September 2021. Eventually I would like to complete modules in breast ultrasound and image interpretation. These credits will help me gain an MSc and become a clinical practitioner in breast care.

A new direction with the Gamma Knife

Hannah Greaves tells how her passion for patient care led her into radiosurgery

DURING MY radiotherapy and oncology degree at Sheffield Hallam University, we were given the opportunity to do an elective placement and I attended the Gamma Knife department.

I enjoyed everything about my degree, from the patient care being delivered and the science side too. But after spending time in the Gamma Knife department, I discovered I loved the efficiency, the smaller team and the greater involvement in planning and treatment delivery.

I also felt that sometimes, in the radiotherapy department, if a patient had a concern or had questions, it was always very rushed as we worked to such a tight schedule. I was never able to give the patient the time I would have liked and to follow them up post-treatment.

To be sure that the Gamma Knife was for me, I attended the Hallamshire Gamma Knife department as an extra placement. It was there that I observed various diagnoses and how they are treated differently.

It was very patient-specific, using a machine specifically designed for Gamma Knife treatment. I also saw how efficiently the radiographers worked, and how much more they were involved with the patient – more than you would be in external beam radiotherapy. Going into a specific field did not require an extra degree but it did require extra training and experience.

'I loved the greater involvement in planning and treatment delivery'

Hannah Greaves

I graduated from Sheffield Hallam University in June 2019 and, after qualification, applied for radiotherapy practitioner jobs and was employed at St James's University Hospital in Leeds. After being here for four months, I received an email asking for people who were interested in the Gamma Knife.

I emailed straight back but did not expect to get placed because I was very new to the department – starting my preceptorship and newly qualified – but I was accepted. I spent six months in the Gamma Knife before rotating back through the radiotherapy department.

However, because I had been so much more involved in the patient pathway, the after care and the actual treatment delivery, I decided to start looking for Gamma Knife jobs because I preferred this so much more.

I then found the Thornbury Radiosurgery Centre, which was advertising a job. I did not think I would succeed because it was a senior radiographer role and I had only been qualified for 18 months and I only had six months of Gamma Knife experience. But I had evidenced and spoken about my experience, which resulted in my securing the post.

I now feel that this is the field for me and it is where I belong. I have now been offered a place on a course to become a radiation protection supervisor and be responsible for the machine when working and adapting my skills further. As I have only been here for a couple of weeks, I am still finding my feet, but there are lots of opportunities for me to continue to increase my knowledge and advance my skills.

There are many more pathways you can go down in radiotherapy and oncology, and a lot of opportunities if you are wanting to find a specific career for you. My university has supported me throughout my decisions. It has helped me achieve my goals and discover where I would find my career, so keep in touch with your lecturers!

Career progression: the big question

Shaheen Cassamobai, a second-year student diagnostic radiographer, seeks advice from SCoR members

ONE QUESTION that always seems to occupy my mind is 'How much further can I progress with my radiography career?' As a second-year student, half-way through completing my degree, I am constantly thinking about what I want to do after I qualify, and I am sure a lot of other students (from first years up to third years) are in the same boat.

My mind is in a constant circle of questions. What do I really want to do in my profession? Do I want to become a CT radiographer? Or maybe become an advanced practitioner? Or maybe I want to qualify as an MRI radiographer. But what if I like fluoroscopy? Or what about reporting? But how about a sonographer? Or what if I just really want to stay in general X-ray? I promise you, the possible questions in my mind are endless.

I will sit at my laptop for hours, researching the various fields, yet I still seem to draw a blank with my 'mind map'. I would love to know the different routes we can take after qualifying as a radiographer; how many years it takes to get to each specific profession; and whether we need to take any further training and/or masters/PgCert-level education for each field.

Personally, I think the best way to find answers is by asking people in those professions. I think it would be great if we could get views from other radiographers in different areas (beyond the ones I have stated) and hear some stories of all the steps they took to get where they are today.

So I'd like to ask all our members, how did you decide what to do after you graduated?

How did you decide on your specialism? To let me know, connect with @SCoRMembers on Twitter, Facebook, Instagram or LinkedIn using the hashtags #radcareers #myspecialism #studentfestival.

I can't wait to hear what you have to share.

CoRIPS Research Awards open for applications

Students and members of the Society of Radiographers can apply for a CoRIPS (College of Radiographers Industry Partnership Scheme) Research Award grant. Whether you have prior research experience or not, there is a CoRIPS award for you:

- **Student Research Award:** www.sor.org/about-us/awards/corips-student-research-awards
- **CoRIPS Research Grant:** www.sor.org/about-us/awards/corips-research-grants

Dr Rachel Harris, the college's professional and education manager and research lead, said: 'As usual we are looking for innovative and enterprising applications covering a wide range of research topics. We will particularly welcome requests for Covid-19 related research.'

Student CoRIPS Research Award

If you are thinking about a career in research and need some research experience, you can apply for a CoRIPS Student Research Award and receive a grant of up to £1,000.

Grants are available for projects by individuals or small groups of students.

You must be registered on a College of Radiographers approved pre-registration programme, as well as being a student member of the Society of Radiographers.

The deadline for applications is Monday 1 April.

CoRIPS Research Grant

The CoRIPS research grant is designed to support radiographers who have very little or no research experience and there is up to £5,000 available for small projects and up to £10,000 for one larger project.

The awards form part of the College of Radiographers' commitment to the implementation of the SCoR's research strategy, by funding small grants for projects related to any aspect of the science and practice of radiography.

The deadline for applications is Friday 30 April.

Grants for Covid-19 research

Additional College of Radiographers-supported research grants are being offered to society members for Covid-19-related research projects.

Chair of the College Board of Trustees Sandie Mathers said: 'This is an exciting and timely opportunity for the college to support radiographer-led research relating to the care of Covid-19 patients during the pandemic.'

The College of Radiographers Research Grant application will run alongside the current CoRIPS funding and will follow the rigour and requirements of the CoRIPS scheme.

Eligibility criteria states that applicants:

- must be a radiographer,
- must be a member of the SoR,
- must have been in continuous membership with the Society of Radiographers for a minimum of one year if they are requesting up to £5,000,
- must have been in continuous membership with the Society of Radiographers for a minimum of two years if they are requesting more than £5,000.

Unlike for the standard CoRIPS awards, previous recipients of other research grants will be eligible for this additional funding.

The deadline for applications is Friday 30 April.

For further information about all of our grants and awards, please contact Dr Rachel Harris at rachelh@sor.org

Apply now for Doctoral Fellowship and Overseas Conference Grants

Doctoral Fellowship

Members of the Society of Radiographers can apply for College of Radiographers-supported grants.

A Doctoral Fellowship grant, funded by the College of Radiographers, is available for society members wishing to undertake doctoral-level research.

There are two fellowship grants of up to £25,000 for candidates in the following research topics:

- accuracy and safety,
- technological innovations,
- public and patient experience,
- service and workforce transformation,
- education and training.

This exciting opportunity to undertake paid doctoral research will not only have a direct benefit for patients and their families, but will also result in a published article in the College's peer-reviewed journal *Radiography,* and a public address at one of the CoR's conferences.

To apply for the fellowship, applicants must be **full members of the SoR** and be registered with the **Health and Care Professions Council** or an appropriate voluntary register. Applicants should also be in receipt of a **full or conditional offer for doctoral studies at a UK university** within one of the **four research areas** mentioned above, and must provide at least **one submission to *Radiography***.

In addition, applicants must provide **evidence of support** from their employer if remaining in part-time employment, because research will require time out from normal work duties.

Please note: Unfortunately, we are unable to fund applicants who have previously received Doctoral Fellowship funding.

Further information is available at www.sor.org/node/22006
The deadline for submissions is 5pm on 5 April.

Overseas Conference Grant

If you would like to attend a professional conference outside the UK to present your work, you can apply for an Overseas Conference Grant of up to £1,000 to help fund your trip.

Funding will support members, or a small team of members, to travel overseas and present the findings of their research as an oral paper. Due to the Covid-19 pandemic, we will also consider applications to attend virtual events.

To apply for the grant, applicants should submit a 1,500-word proposal outlining their work, how their paper is expected to impact on patient care and the expected outcomes from the work.

The deadline for applications is Friday 30 April.

https://www.sor.org/about-us/awards/cor-legacy-fund

For further information about all of our grants and awards, please contact Dr Rachel Harris at rachelh@sor.org

CoR
THE COLLEGE OF RADIOGRAPHERS

Students launch webinar series

Adam January and Kieron Fox have attracted a dazzling speaker line-up

ADAM JANUARY and Kieron Fox, radiographer assistants at Leeds Teaching Hospitals, became friends when they started university in 2018.

The radiography students have set up a series of radiography evening webinars, which they hope will not only educate their fellow students but attract new students to the subject and share knowledge with other professions.

They they have been hosting the webinars over Zoom and YouTube since 18 February and will continue until 18 March as part of the SCoR's Student Festival.

Synergy News spoke to Adam and Kieron about what inspired them to create the webinars, what they hope student radiographers will learn from them and what they have gained from the experience.

Why did you decide to set up the webinar series?

Kieron: The idea was initially set up because we're both learning but, since such a wide spectrum of different topics and disciplines are involved, it's pretty hard to cover things in lectures that are even important things to do with our degree. I think it's important that people get the opportunity to enjoy and learn about all the different aspects of radiography.

Adam: We're both third-year diagnostic radiology students, we're both from the North East. We've both got an interest in organising things like this and it was a kind of coming together.

It's giving the opportunity for a specialist speaker in radiography to present what they've been doing recently, provide a snippet of their career or what their recent research findings are, and then, hopefully, allow a short session for questions and answers.

One thing we're trying to do is get involved with some of the colleges local to where we're from, and where we have been on placement in the past few years, to try to improve engagement.

It's something we both like to be involved with in terms of increasing the attractiveness of healthcare degrees to students. It's a good age to get someone interested in specialist areas of radiography, pique their interest and get them to look into the degree.

How did you choose the speakers for these events?

Kieron: In one webinar, SCoR President Chris Kalinka and CEO Richard Evans gave an overview of lots of different things in terms of anecdotes, their careers and the organisation. That applies to pretty much anyone who's interested in the profession and wants to continue further.

Then we have speakers in March, such as Dr Hari Trivedi, who is a specialist in artificial intelligence. I can imagine that there are people in the profession who will want to find out about the future of AI – that's something I'm interested in, too.

I'm writing a dissertation on AI and I don't think people have realised what it could do to the radiography profession. I think it's good to listen to the research from someone like Dr Hari so people can start paying more attention. Each talk does have its own specialist area, it's just some provide an overview and some are more specific.

Adam: We've realised that there's quite a lot of crossover with other professions, like trainee medics, who might be interested in the potential for AI, and people who are potentially going to be radiologists. We've got a talk from researcher Jackie Matthew about cranial and facial abnormalities and we think that could be helpful to midwives. It's nice to open up these different sessions to different professions and promote that work.

What else have you learned from the experience?

Kieron: It's not just the talks themselves that we learn from. Speaking to all the people who are close to the top of the profession, it's good to just get the opportunity to work with and communicate with people like them and set up these things.

Free webinars in March

Adam and Kieron's free webinar programme continues into March. Book your place at http://bit.ly/radevening

4 March | Jackie Matthew
Jackie is a clinical academic sonographer and a clinical doctoral fellow with NIHR and King's College London.

She is a highly respected researcher, chairing the SCoR's Research Advisory Group while still working clinically as a sonographer for Guy's and St Thomas' NHS Foundation Trust.

Jackie will talk about her career, research into antenatal 3D ultrasound and MRI technologies to assess facial and cranial features for potential congenital abnormalities.

11 March | Dr Hari Trivedi
Hari is an emergency radiologist based in Atlanta, Georgia. As well as practising clinically, he is an assistant professor at Emory University. His key interests are in deep learning, natural language processing and big data. His research tends to incorporate both these interests and his clinical responsibilities as a radiologist.

18 March | Emma Rose
Emma is a clinical specialist radiographer, based at Great Ormond Street Hospital in London. She is highly specialised in paediatric interventional radiology, and has additional experience as the Vice-Chair of the Association of Paediatric Radiographers. Emma is currently a visiting fellow at London South Bank University. Her talk will offer an overview of paediatric IR, including some interesting cases and the current scope of the service.

Imaging informatics: your questions answered

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

Reporting radiographers and working from home

This month, RIG's Moira Crotty explains what you need to start homeworking effectively

Moira Crotty

LAST YEAR brought an explosion in homeworking, with more radiologists spending part of their working time at home. Are you a reporting radiographer? Would you like to join them? Here are some tips to help make it happen.

Make your case

What are the costs?

The main outlay for a 'reporting package' is the workstation, desk, a chair (or perhaps you prefer a standing desk?), any necessary licensing or software costs, and network infrastructure. If your organisation has no homeworkers as yet, the network infrastructure could be technically challenging and expensive. However, if it is already in place for other reporters, then the cost for another individual reporter is likely to be low. If you have a poor broadband connection, this may need to be upgraded.

What are the benefits?

More flexible shift patterns – perhaps providing a service over a weekend or in the evening? Being able to continue to work while self-isolating; improved quality and productivity due to fewer interruptions; more opportunities for insourcing of reporting (cost savings over all). If your trust is part of a network, will you be working on reporting from other trusts, too?

Check out your home environment

Do you have space for the workstation where you can work undisturbed by children, partners or pets – a spare room or study? Bear in mind patient confidentiality: can the workstation be seen by others, how is the area secured? Monitors need to be placed away from reflections or glare from light sources.

Is there sufficient power supply for the workstation, reporting monitors and accessories?

Is the speed of your broadband and wi-fi good enough? In most cases 20+ Mbps will be enough. However, wi-fi signal strength can vary in different rooms, and not all systems can be supported wirelessly, so you may need a network cable to plug the workstation directly into your router.

Top things to think about

How will you set up the workstation? Will it be initially set up on the hospital site, then delivered to you? Will someone from the IT department phone and talk you through it? Or will you rely on the PACS team?

How will your monitors be quality assured? QA is critical for safe and reliable image review so ask your PACS manager or medical physicist.

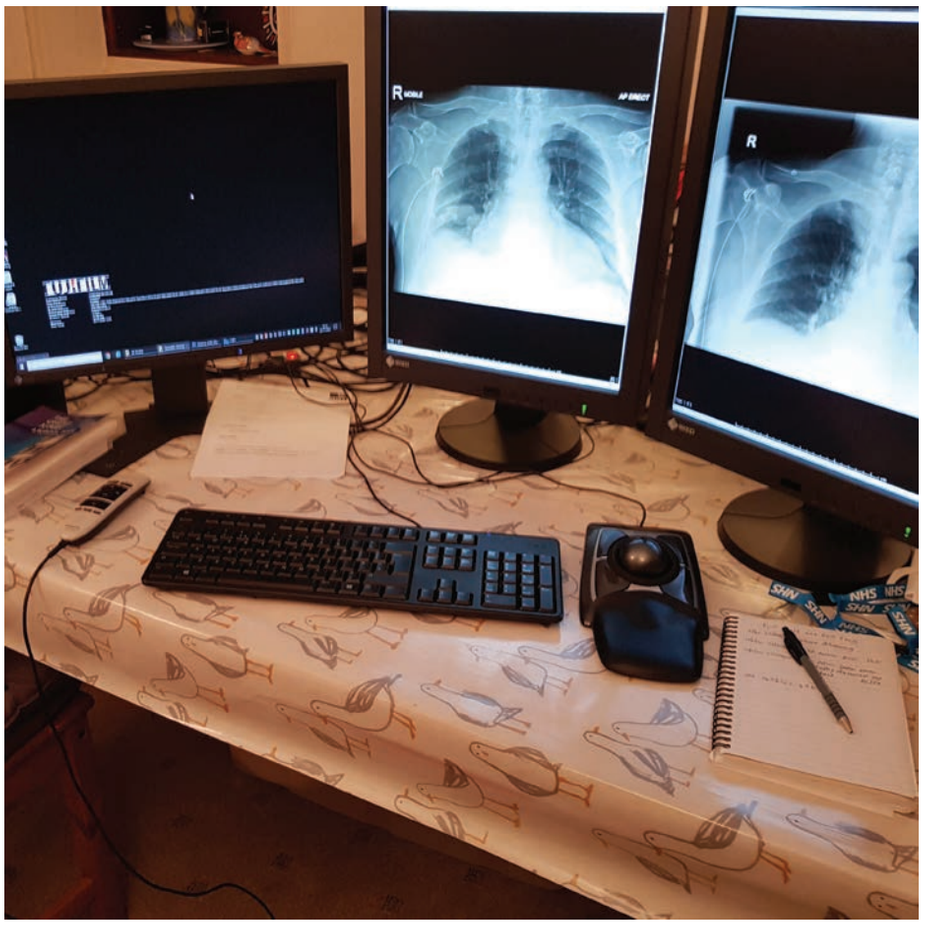
Will you be able to use speech recognition at home or will you be typing your reports?

How will you get (technical) support if something goes wrong? What hours is this type of support available?

How will you communicate with colleagues: radiographers, radiologists, GPs, emergency department teams, etc? Some PACS support instant messaging and some will allow Microsoft Teams to operate alongside the RIS and PACS, while others may rely on email or phone.

If you chose to move to a different trust, will there be significant disruption in removing the equipment and services or costs you would have to bear?

If the workstation suffers accidental damage, who bears the cost? Check with your service manager.



‘Major events can lead to new ways of thinking, new resources and new solutions’

The response to the pandemic has resulted in a great drive towards all kinds of healthcare staff requesting homeworking set-ups. Many radiologists now have full reporting capability in their homes but, at present, it seems that very few reporting radiographers have a similar opportunity.

Although there is some evidence of improved productivity and cost savings from insourcing, there is less evidence about the savings in the long run. However, major events such as the current pandemic can lead to new ways of thinking, new resources and new solutions.

Want to get involved in the RIG?

Expressions of interest are invited from Society of Radiographers’ members who would like to join the Radiographic Informatics Group (RIG) – five new vacancies become available this year.

Applications are invited from all sections of the radiography community and from all four countries.

Those applying should be in good standing with the SoR, respected and held in high esteem by their peers. They should be excellent collaborators and active team/board members with an enthusiasm to contribute to the profession/education.

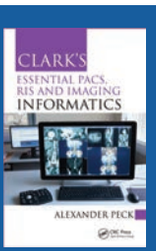
In addition, logistically, applicants should be able and willing to devote time and energy to the group between meetings by email, online sharing services, teleconferences and the attendance of approximately two meetings per year in person.

To apply, please submit a short CV (no longer than two sides of A4) that includes your SoR membership number, length of membership, HCPC registration number (if applicable) and shows the nature of the expertise or area of focus you would expect to bring to the group.

Applications should be emailed to valeriea@sor.org by midday on Friday 19 June.

Informal discussions with current group members can be arranged by emailing synergy21@pacsgroup.org

Questions and answers



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

QUESTION OF THE MONTH:
We’ve seen several security alerts this year from the US FBI, UK NHS Digital etc regarding radiology equipment vulnerabilities. It’s been a wakeup call. Are these serious? Should we worry about patient safety from cyberthreats?

A: Knowing about these issues is better than not knowing. Healthcare institutions were once seen as ‘off-limits’ to hacking groups or digital extortion gangs but recently this attitude is said to have changed and hospitals are now viewed as potentially ‘good’ targets for attack.

Although presently confined to movies, with state-level attacks on power plants and water treatment centres having already taken place, in theory it is technologically possible to cause, for example, a CT scanner to deliberately overexpose a child or for a therapy machine to deliver a fatal dose of treatment.

To a degree of lesser harm to patients, images can be corrupted, deleted or exchanged by bad actors (a normal image exchanged for a ‘fake’ cancerous one would prompt unnecessary treatment). Radiographers in charge of equipment should be aware of this. PACS teams should audit their likely IT security risks and correlate with the wider department security and integrity plan.

Overall, the importance of good governance and IT security practice is crucial at the moment and considered good practice – at its most basic level, does your department receive the standard NHS Digital cyberalerts to review?

From the modality supplier side, how is your routine patching managed for each machine? Did your trust undertake or commission a security assessment of the software you are running patient treatments or diagnosis on?

When considering a modality purchase, modality suppliers generally can provide details of their ongoing security hardening procedures but a hands-on penetration and resilience test prior to purchase is >

Questions and answers (continued)

< (in theory) the gold standard. All suppliers should have a regular patching programme in practice to avoid exposure to risk.

We'll cover basic cybersecurity tips for radiographers in a future edition of *Synergy News*.

Q: Connecting for Health used to be very active, promoting the National Programme for IT and putting out a lot of guidance, training and very useful information. There seems to less help available from NHS Digital, NHSX, and now from something called NHSd. What can we, in radiology, gain from them?

A: Connecting for Health was renamed the HSCIC as part of the Andrew Lansley NHS reforms. NHS Digital is an operating name of HSCIC. NHSd is simply an abbreviation of this operating name (a nickname). NHSX is a new, arms-length body charged with developing strategy around IT healthcare.

After the national PACS deployment projects were complete in the late 2000s, NHS Digital shifted focus to data flow and analytics rather than individual products. Local trusts then became responsible for local systems.

NHS Digital has responsibility for national products, such as the Spine, the Covid-19 booking system, child health, NHS111 and prescription transfer services. For imaging, NHS Digital handles the Diagnostic Imaging Dataset (DID) because of its relation to national data flow. Data and analytics are, therefore, the primary link between radiology departments and NHS Digital.

'Experience is golden but raw aptitude and drive are equivalent'

Questions on February's topic: career development in informatics

Q: At what point in my career should I consider whether informatics is for me?

A: Any time is the right time! There are opportunities at any stage. Treat informatics like any other specialty of imaging (CT, MR, US, NM, angio, etc). The ways in which you get involved are almost the same for all these, there are just different characters running each department and varying queues for training, depending on the funds and vacancies available in your area.

Q: I have recently taken over the management of two junior PACS team members. What top things should I be doing to advance their knowledge?

A: Key areas to focus on: core standards (HL7, DICOM etc), project management, database principles and general IT (Windows and server administration, security, networks and hardware management). These areas can be developed by academic courses, learning on the job or via wider/previous experience.

Q: Are there differences in the makeup and working practices of PACS teams across the four countries of the UK?

A: Yes. And even within regions. For example, radiographers working more rurally typically undertake more of the initial fault diagnostics and equipment maintenance themselves.

Q: Is it advantageous to have been a radiographer before aspiring to be a PACS team member?

A: It is certainly very helpful to have a clear understanding of the clinical processes, particularly anatomical terminology and orientation concepts, but this is not mandatory if there is departmental support to cover this.

However, at the last survey in 2018, around 80% of the PACS team workforce at Band 6 or above held a radiography qualification. Experience is golden but raw aptitude and drive are equivalent.

Q: Do PACS team members normally still do clinical work?

A: This is both personal preference and down to local choice and contractual considerations. We have not surveyed this question for a definite answer but believe a good number of PACS team members still contribute clinically in some way – even if it's just for the occasional weekend or night shift.

Just as with office-based radiology managers, licensing with the HCPC remains possible without constant hands-on patient contact. ■

A dramatic start to a research career

Radiographer James Hughes on managing his first study during Covid-19

HAVING QUALIFIED in diagnostic radiography in 2009 and completed an NIHR research internship in 2017, I had developed an interest in research and wanted to pursue it further as a career option.

Radiographers are ideally placed to pursue ideas for techniques and service improvements and I wanted to be more involved in establishing evidence bases and helping to move such ideas into practice.

I started working for the Mid Yorks NHS Trust radiology research team in September 2019. Part of my role was to assist with the InSPECTED study (IRAS-274018) looking into using early cone beam computed tomography (CBCT) for suspected scaphoid injuries.

CBCT is a relatively new technology that has been used for dental and max-fax imaging but is now being investigated for MSK applications. Having implemented a new pathway using CBCT, a prospective research project was designed to evaluate its impact.

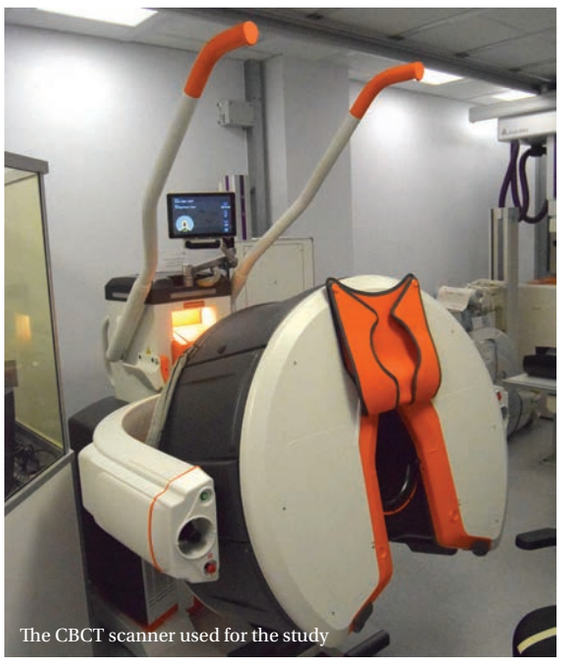
Recruiting patients

For this study, symptomatic patients with no injury demonstrated on scaphoid X-rays would be approached by the emergency department (ED) staff for potential recruitment. All patients would then be offered a CBCT of the wrist in the next available appointment. However, those who consented to the study would be asked for more information about their injury and symptoms, and would be followed up by phone at two and six weeks by the research team rather than by appointment at the ED clinic.

We opened the study to recruitment at the start of March 2020. As Covid-19 hit, attendances for scaphoid injuries at ED dropped far below previous years and we were given permission to extend our planned recruitment period to compensate. Shortly after, recruitment to all non-Covid-19 studies was paused. However, as we were reducing ED clinic attendances, we were encouraged to continue recruitment as part of the trust's Covid-19 response. As a result, we became the only active non-Covid-19 study.

To maximise recruitment, one member of the research team was available every day to review the previous day's worklist, contact and recruit patients and perform the wrist CBCT scans if needed.

To support the trust's pandemic response, the research team all volunteered to assist part time in the clinical departments. My role moved to two days in X-ray and three days of research, plus weekend cover for research recruitment.



The CBCT scanner used for the study

Collecting data

When working clinically, I could support the ED and radiographers with questions or issues about the study, as well as approach and recruit eligible patients and collect data. It was also nice to see that I can still perform a good HBL hip. However, it meant I had to complete five days of research in just three days each week.

While research oversight was available from the principal investigator and research team if needed, I was often working alone in a relatively unfamiliar research position. We had to coordinate recruitment and patient follow-up events, as well as highlight and review any problems or issues occurring during the study.

As clinical trials assistant on the study I had originally scheduled regular research team meetings but, due to Covid-19 pressures, we adapted to emails, handover forms and phone calls, as well as a study whiteboard to tally current recruitment numbers. This communication across the team was vital and allowed other staff involved in the study, including ED doctors and nurses, to collaborate and address problems.

We have now completed all patient follow-up, having enrolled 68 patients and reviewed the records of nearly 350 who had attended the previous year.

This has been a dramatic but exciting start to my research career. We had planned for as many problems as we could anticipate but coordinating the study across multiple departments during Covid-19 was a challenge for all involved. The research team now has plans for three papers from this study, including one I am leading on.

We would like to thank the radiographers and emergency nurse practitioners who went above and beyond what was required to make the study a success, despite the circumstances.

> 'Radiographers are ideally placed to pursue ideas for techniques and service improvements'
>
> James Hughes

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The road to adaptive radiotherapy

One team shares its experience of commissioning and installing Varian's Ethos Therapy System

ST LUKE'S Cancer Centre in Guildford provides radiotherapy services at both the Royal Surrey County Hospital and at the East Surrey Hospital, covering a population of more than 1.2 million. The centre sees 3,000 referrals each year, with an average 200 to 250 patients undergoing radiotherapy at any one time.

External beam, image-guided, intensity-modulated, stereotactic radiotherapy and brachytherapy are among some of the services offered. The site houses five linear accelerators (linacs) comprising Varian Clinac and TrueBeam machines. With the last Clinac reaching the end of its lifetime in April 2020, the decision was faced as to whether to replace it with a TrueBeam, matching the existing cohort, or the state-of-the-art Varian Halcyon.

A multi-disciplinary radiotherapy team was involved from the outset, eventually deciding that the Halcyon's improved workflow efficiencies and enhanced patient experience outweighed the logistical difficulties of a stand-alone unit, and the business case progressed on that basis.

Just before the business case was submitted, the Ethos Therapy System was launched by Varian and members of the team saw its exciting new features demonstrated at a European conference.

Artificial intelligence

The Ethos software enables the Halcyon to perform adaptive radiotherapy (ART) using artificial intelligence (AI). The AI software uses Cone Beam Computerised Tomography (CBCT) to adapt the original treatment plan to account for daily variability in a tumour's shape and position due to changes in nearby organs. This results in greater accuracy of treatment to the Primary Target Volume (PTV) while decreasing the dose to the surrounding organs at risk.

As this would be the last machine replacement at St Luke's for four years, the opportunity to invest in cutting-edge technology could not be missed. The business case was amended to include Ethos software and this was accepted by the trust.

Building work began with only a slight delay due to the Covid-19 pandemic. The new machine arrived at the end of June. When the device was delivered it was so heavy that the ground sank under its weight – literally a groundbreaking machine!

Like any new equipment project, there are always teething problems and installing and commissioning the Ethos system posed particular challenges for the physics team. The system software connectivity was very complex, requiring a number of different departments – both internal and external – to work together. This was exacerbated by the lockdown travel restrictions, meaning Varian's engineering support could not attend in person.

Following install and

acceptance, it was identified that the treatment machine was not able to pull the required information from the ARIA system as expected (some aspects are not explicitly tested during acceptance). This also took a few weeks to resolve and was down to a rogue underscore in the machine name. The solution involved the rather daunting step of 'retiring' the machine with help from Varian. Once completed, clinical plans appeared on the treatment machine as required.

Swift operation

It was then noticed that the machine had been commissioned in cGy instead of Gy. While this did not impact on treatment deliveries, it was deemed a risk to begin clinical work with this mismatch, meaning further delays to the commissioning of the planning system.

At the beginning of August, applications training on the Ethos began. With its sleek, simple design and intuitive software, it soon became apparent that this would be a very easy machine to use.

Minimal buttons at a workable height and the removal of the need to perform iso-moves allow for swift operation, speeding up treatment times and enabling staff to concentrate on the patient.

High-quality CBCT imaging makes soft tissue matching much easier than on the TrueBeam, and auto-sequencing of field delivery and high dose rate/gantry revolution speed mean treatments are delivered much more quickly. Quality assurance checks were also simplified, with one energy (6 FFF) and the machine carrying out its own performance check resulting in a quicker start in the morning.

There were a few operational issues but staff worked hard to overcome them. The Ethos system itself does not connect to the ARIA system. Data can be pulled from ARIA to Ethos but cannot flow in the other direction. Originally this raised questions regarding daily workflow and potential for data transcription error but it has not been as problematic as first thought.

(L-R) Abigail Lea, operational manager; Miriam Rashid, team leader; Josh Harding, team leader; Selina Reinlo, senior radiographer

'With its sleek, simple design and intuitive software, it soon became clear that this would be a very easy machine to use'

Staff created 'Ethos new start check' tasks to ensure all data pulled across from ARIA and Ethos is correct before the patient starts treatment. The physics team also imports the plan report from Ethos to ARIA to prevent the need for two systems to be open simultaneously during treatment.

Treatment workflows

Staff created treatment workflows to ensure data checking and verification between the two treatment systems. Weekly quality checklists were developed to ensure Ethos Treatment Planning System and ARIA data matches. Care path tasks were created to capture treatment doses manually, should the patient have a treatment on one of the other linacs in the department.

As we have only one Ethos machine, patients need to have a TrueBeam back-up plan in case of machine breakdown/servicing. Interestingly, the Ethos planning system favours 12-field intensity-modulated (IMRT) plans, giving better dosimetric coverage to the PTV compared with VMAT. However, VMAT back-up plans are favoured for TrueBeam machines due to speed of treatment. This has proven problematic for the planning team as it requires them to create and optimise a completely new plan, which is very labour and time intensive.

As the department moves towards planning Ethos treatments exclusively using the Ethos planning system (in the early stages Ethos patients were being planned on Eclipse and the plan then transferred into the Ethos system), time is needed to train staff on this new software, which is different to the previously used Eclipse platform.

For staff, one of the biggest differences between ARIA and Ethos is the lack of an offline image review function. Standard department protocol for radical patients requires the first three images to be reviewed offline to assess whether the image is within tolerance criteria for the particular anatomical site, and correct systematic displacement using iso-moves if necessary. Without this function, images taken on Ethos cannot be reviewed post-treatment, which some consultants find difficult to adapt to because they cannot assess for problems during treatment.

Ethos does have a side-by-side dose comparison feature but it is not possible to overlay current images with the original CT scan. Likewise, dose cannot be assessed by importing Ethos CBCT's back into Eclipse. To help compensate for the lack of offline review, we have implemented the use of a Daily Imaging Questionnaire within ARIA, which enables us to document imaging findings regarding things such as bladder/rectum filling, PTV coverage and contour changes, to establish whether trends are forming. For example, making the decision to daily ultrasound scan for bladder filling if the bladder is repeatedly smaller than the original CT volume.

Positive feedback

Patient feedback has been overwhelmingly positive, with all patients surveyed preferring the Ethos to the TrueBeam. The wider bore and the couch's ability to travel through the machine and out the other side means patients feel much less claustrophobic. The treatment room features murals of local Surrey scenery and a SkyInside moving ceiling, which provides a soothing atmosphere.

The Ethos machine went live on 24 August and it has already proven to be an asset to the department with its user-friendly design and improved planning process. This offers more consistency between plans and improves the patient experience. There is also the exciting prospect of online adaptive radiotherapy for which work is currently in progress, primarily focusing on bladder and gynae treatments.

Can we reduce planning margins? Will this reduce patient toxicities? What opportunities are there for role extension of therapeutic radiographers? Can we simplify pre-treatment patient preparation? How will adaptive pathways affect patient experience? We have many questions and the whole team is excited to start working on getting some answers. Watch this space!

By Miriam Rashid and Selina Reinlo, with contributions from Nawda Fazel and Josh Harding

New regional role focuses on advanced practice

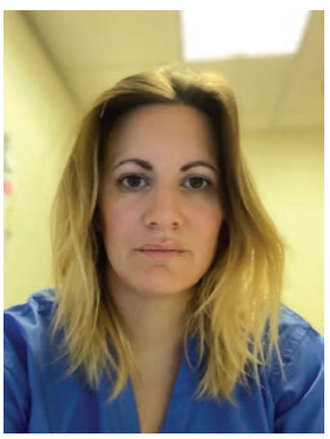
HEALTH EDUCATION

England's Centre for Advancing Practice has created new regional roles to disseminate national practice down to regional level.

Policies, governance strategies and support networks across each of the seven regions will be developed through the new regional faculty leads. Educational standards and accreditation from higher education institutions will be the focus, as well as workforce transformation and development.

Katie Cooper is the new regional faculty lead for advancing practice in the East of England, based in Norfolk. She has a strong interest in advanced clinical practice and is excited about the challenges this new role will bring to her personally, as well as the increased support she can offer to all advanced clinical practitioners (ACPs).

'I became an advanced radiographer (gynaecology) at Norwich and Norfolk Hospital in 2010, and then developed into my consultant brachytherapy post in 2016,' Katie explains.



'I think the one positive of the Coronavirus is that it has broken down traditional barriers'

Katie Cooper, regional faculty lead, East of England

'I have continually developed my role, following the SCoR guidance covering the four pillars of advanced and consultant practice. I've had amazing support from the consultant oncologists, which has enabled me to increase my scope of practice, implement new treatment techniques and pathways and improve patient care.'

She continues: 'As vice-chair of the trust's Specialist Practitioner Forum, I was tasked with developing the advanced practice governance document. The work looked at standardising minimum capabilities, role development, job planning and job descriptions across all professions, not just therapeutic radiographers, and the governance of these roles throughout the trust.'

Katie's new role focuses mainly on workforce transformation, with the regional teams aiming to provide a more consistent and robust approach to the overarching governance, development and management of current and aspiring ACPs and the management teams across the region. The aim is to increase sustainability and transferability, and enable effective workforce planning. For example, she says, there are well known shortages across many groups in the workforce, such as oncologists, GPs and radiologists.

'There's no reason why, with the appropriate competencies and supporting education, advanced practice posts can't develop and undertake some of the roles traditionally undertaken by these professionals. This has the potential to streamline patient pathways, reduce waiting lists and improve patient care.'

Katie hopes to showcase the work being done by ACPs and to develop these roles across all professional groups in the region.

'I think the one positive of the Coronavirus is that it has broken down traditional barriers because we've had to change the way that we work and adapt,' Katie says.

'The pandemic has been able to show how effective and how flexible ACP roles can be to ensure that treatments are delivered. I think we are in an ideal place to make a huge difference to workforce transformation and improve the care that we provide patients and their families.'

WHY Fronts: patient experience

Asking the question 'why?' to promote quality service provision

THIS MONTH we continue our series on the five domains of the Quality Standard for Imaging (QSI). The series is looking at the kind of areas that QSI assesses to try to raise quality in our imaging departments. We have now reached the fourth domain, which is Patient Experience.

During the pandemic, saying thanks to the NHS and other health workers has finally become a popular thing to do. A worldwide health crisis focuses most minds on the quality of their national health service and the NHS has stood up to the test that has been thrown at it. Being thanked is excellent and affirms that our practice and procedures are working and are valued.

However, for the most part, during 'normal' times we only ever seem to hear from our patients when they have a complaint. Getting feedback that reflects accurately patients' true feelings about the service is a constant conundrum and I'm afraid this article is not going to solve that problem. If you feel you've got it right in your department, I would love to hear from you.

While writing this article I have come to realise two problems relating to improving patient-centred care in radiology. The first is that there is no one standard definition of person- or patient-centred care. The second is that there are relatively few studies on patient care in radiology departments in the UK – and even fewer where patients are involved in the research study.

Having a clear definition helps everyone to aim for the same goal. The lack of a definition would seem to imply that it is a deceptively difficult concept. Yet I'm sure everyone would agree that this is – or should be – our aim within radiology.

It seems obvious that our departments should be patient-centred but when time constraints and busyness take over, sadly the patient experience can suffer.

> 'The NHS will last as long as there are folk with the faith to fight for it'
>
> Aneurin Bevan, founder of the NHS

The Patient Experience domain puts the patient at the heart of quality in your service.

Person-centred care is one of the 13 fundamental standards of care that the Care Quality Commission requires healthcare providers to meet for England. Delivering person-centred care involves caring for patients beyond their condition and tailoring your service to suit their individual wants and needs

Scotland, Wales and Northern Ireland have similar approaches in their standards. Similarly, the NHS Constitution states that the patient will be at the heart of everything the NHS does.

The Health Innovation Network in South London[1] identified eight statements to define person-centred care:

- Respecting people's values and putting people at the centre of care.
- Taking into account people's preferences and expressed needs.
- Coordinating and integrating care.
- Working together to make sure there is good communication, information and education.
- Making sure people are physically comfortable and safe.
- Emotional support.
- Involving family and friends.
- Making sure there is continuity between and within services.
- Making sure people have access to appropriate care when they need it.

'Patient-centered radiology'[2] is an article that some of you might find interesting to read. It is US based but has some very useful ideas and tips for creating a patient-centred radiology department.

The author, Jason N Itri, outlines some of the inherent problems of a radiology department and why, traditionally, it may have struggled to become more patient friendly.

He says one reason is that radiology is traditionally an area of a hospital where radiologists are more used to talking to each other than to patients. Also, patients move through the department quickly and can sometimes get lost in the 'system' of the work. He also cites the following example.

'One patient describes her experience in a mammography unit as follows: After we had our mammograms, we were told to go back to the waiting room, where they would call us in with the results. We all sat there in our gowns, scared, and one by one they'd call us back in. Some women would come back out crying miserably; some would be smiling. It was awful. You just sat there wondering which you'd be.'

This is definitely a department 'flow-through' model that needs more thought.

If you would like to look up further studies on the subject, there is one in two parts entitled 'Patient-centred care in diagnostic radiography'[3]. However, this is an area where there is definitely space for more research so, if anyone is looking for an MSc topic to explore, here is one possibility.

If you are seeking funding for your research, take a look at the CoRIPS Research Grants page on the SCoR website to see if you could apply *www.sor.org/about-us/awards/corips-research-grant*

References

1. *http://healthinnovationnetwork.com/system/ckeditor_assets/attachments/41/what_is_person-centred_care_and_why_is_it_important.pdf*
2. Jason N Itri (2015) 'Patient-centered radiology', *RadioGraphics*, 14 October 2015.
3. E Hyde and M Hardy (2020) 'Patient-centred care in diagnostic radiography (part 2): a qualitative study of the perceptions of service users and service deliverers', *Radiography* 7 October 2020.

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PREGNANT?

OR THINK THAT YOU COULD BE?

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

Os ydych chi'n feichiog neu'n meddwl 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 porozmawiaj ze swoim elektroradiologiem PRZED prześwietleniem, badaniem USG lub leczeniem.

Se está ou suspeita estar grávida, consulte o seu médico radiologista ANTES de fazer o exame de raio-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.

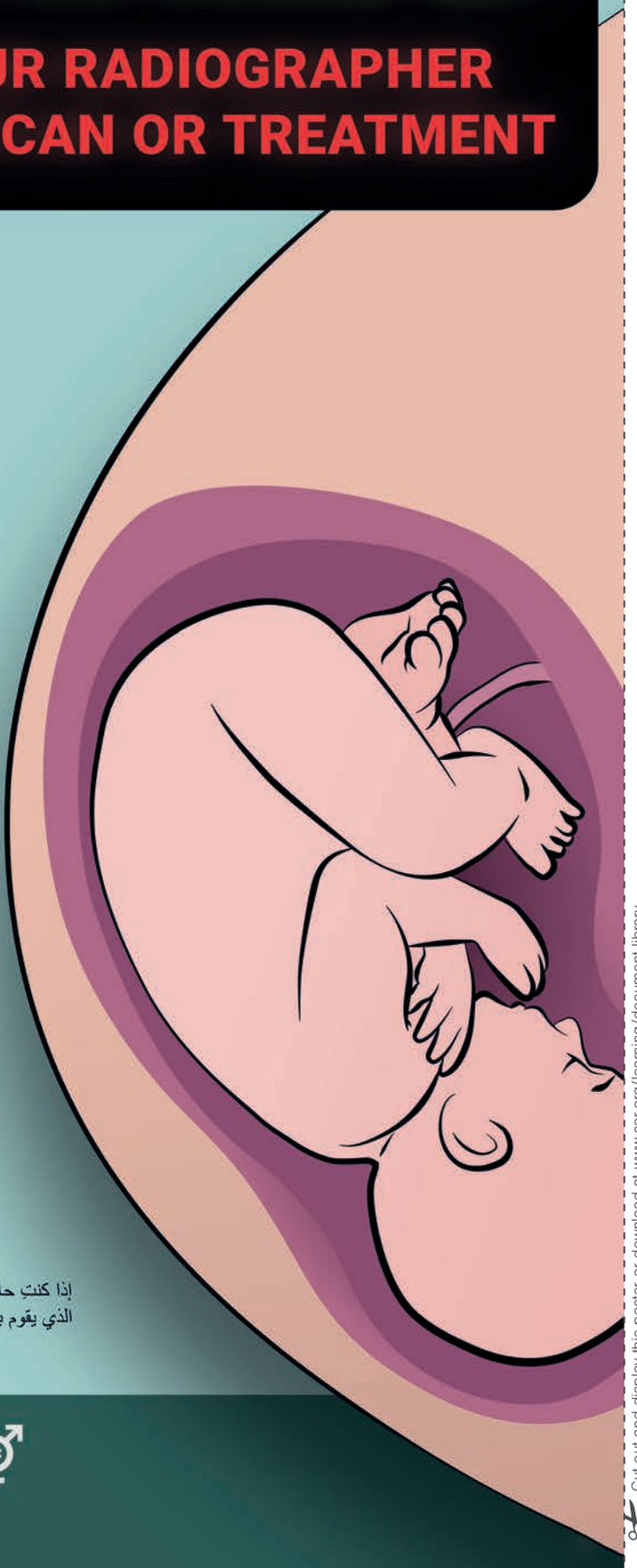
Если Вы беременны или допускаете такую возможность, пожалуйста, проконсультируйтесь с Вашим радиографом ПЕРЕД рентгенограммой, сканированием или лечением.

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 गर्भवती है या आपको लगता है कि आप गर्भवती हो सकती है तो एक्सरे, स्कैन या इलाज से पहले अपने रेडियोग्राफ़र से बात करें।

আপনি যদি গর্ভবতী হন বা আপনি মনে করেন যে, আপনি গর্ভবতী হতে পারেন, আপনার এক্স-রে, স্ক্যান বা চিকিৎসা করানোর আগে অনুগ্রহ করে, আপনার রেডিওগ্রাফারকে তা বলুন।

إذا كنتِ حاملًا أو تعتقدين أنك ربما تكونين حاملًا، تحدثي من فضلك بشأن ذلك مع فني الأشعة الذي يقوم بفحصكِ قبل إجراء فحص الأشعة السينية أو المسح أو العلاج الخاص بك.



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MSK MRI for Beginners

A beginner's course for healthcare professionals interested in interpreting musculoskeletal MRI

Online via Zoom on Saturday the 24th of April, 2021

Accreditation:
6 CPD credits in accordance with the CPD Scheme of the Royal College of Radiologists.

Course aim:
To provide participants with a practical, stimulating, step by step guide on interpretation of musculoskeletal MRI:
- cased based;
- assumes little or no prior experience in MSK MRI; and
- covers most commonly performed MSK MRI studies: knee, shoulder and lumbar spine.

Target audience:
For radiology registrars, radiographers, physiotherapists and other healthcare professionals with an interest in interpreting musculoskeletal MRI in their clinical practice.

Learning outcomes:
By the end of the course, the attendee will have:
- An understanding of MR anatomy and appearance of most common pathology of knee, shoulder and lumbar spine
- An appreciation of a step by step approach to interpreting MSK MRI
- Greater confidence reading MSK MRI, and
- Identified any knowledge gaps relevant to his/her practice, and ways by which these can be addressed.

Course highlights:
- Taught by a practising consultant radiologist with extensive experience in MSK MRI interpretation and teaching
- Focuses on concepts someone new to MSK MRI interpretation may find challenging
- Case based and hence relevant to day to day practice.
- Covers most common pathology enabling attendees to make a start interpreting musculoskeletal MRI.
- Discusses protocolling and triaging as well as interpreting MSK MRI based on clinical scenario.
- Limited number of delegates to facilitate interactivity.

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For a registration form, please email: admin@mskbeginner.com

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