



**Minutes of a meeting of the Executive committee of the British Society of Paediatric Radiology, Held on Thursday the 9<sup>th</sup> of November 2006 at Weetwood Hall, Leeds.**

Present: Drs. Johnson, Kenney, Abernethy, Bradshaw, Cook, and Watt

**1. Apologies**

Apologies were received from Dr Sue King

**2. New Members**

Dr Bradshaw was welcomed to her first meeting

**3. Minutes of the previous meeting**

The minutes of the previous meetings were accepted as correct.

**4. Matters arising not appearing elsewhere on the agenda.**

**a. Radiography in children of childbearing age.**

The secretary tabled a paper received at the last minute from Dr Arthur on this subject. The Chairman reminded the meeting of Dr Abernethy's paper on the subject which started the debate the previous November. He had written to the College who had then lost the letter, incurring some delay. Because of the considerable difficulties of asking a child under the age of consent about this subject, and the fact that action is very rare in advent of an exposure, the following was being put to the RCR. That the basic principle of only doing the study if it can be fully justified, as per IRMER, also covers the pregnancy issue. This did not fit with RCR guidance, thus a redrafted interpretation had been passed to the committee. The text of this draft was discussed and the chairman will respond to the RCR with an amended version.

**5. Vacancy on the Executive Committee**

It was noted with satisfaction that Dr Sue King was re-elected unopposed to serve another 3 year term

6. **NICE – NAI and UTI**

NAI guidelines are still awaited.

The publication of guidelines on investigation of Urinary Tract Infection had been published for consultation. Comments were invited to the Chairman who undertook to provide feedback on BSPR's behalf.

7. **Joint Working Group on Child Protection**

This work had been delayed due to illness of major parties, but is at final document stage. It is hoped that this would be available for comment in the spring. A short discussion on the Chief Medical Officer's document on the Role of Expert Medical Witnesses ensued as the chairman alerted the meeting to the most important elements of this report as it relates to Paediatric Radiology. The previously floated ideas of a network of NAI experts, a training day, or of special interest group were revisited, but no clear consensus emerged on how to take this forward. It was hoped that time might be available at the AGM to canvass members views.

**At 4pm Dr R. Arthur Joined the meeting at the Chairman's invitation to feedback issues from the RCR Faculty Board, as per the following three items.**

8. **Radiography in children of childbearing age.** Dr Arthur said that this document had been tabled at the RCR faculty meeting without prior circulation. She then explained that the Faculty's view was that a compromise be sought between abandoning the advice to check about possible pregnancy and the BSPR's view regarding the practical difficulties and how adherence to basic good practice achieves dose limitation to any unexpected foetus. A short discussion then mirrored item 4a above.
9. **RCR MCQs.** Dr Arthur then went on to update the committee on the new form of Best fit MCQ – explaining that these may in fact be easier to construct. She was unsure how many questions were required. The Executive believes Dr Karen Duncan is prepared to lead this activity once again.
10. **Ultrasound Screening of Infant Hips.** Dr Arthur discussed the plan of the National Screening Committee to study the feasibility of instating At-risk Hip Screening via a survey of BSPR's members. She was reminded that the membership had specifically requested that the address list not be used for

non-BSPR business. It was agreed that this issue would be revisited at the following days AGM.

**Dr Arthur left the meeting at 4:30pm with thanks from the chairman.**

#### 11. Secretary's Report

The secretary presented the accounts and the membership report as would be tabled for the AGM, and took the Exec through the essential points of note. He drew attention to the healthy financial state of the Society and to the increase in both the number of members and the drop in the numbers who had failed to pay the annual subs. The increase in expense of running the society was noted and the secretary alerted the Exec that this was likely to increase as more Trusts restricted access to travel funding. It was agreed that in principle individual members should not be out-of-pocket personally from their efforts for the BSPR, and that reasonable expenses would be reimbursed.

The financial support to organisers of annual meetings was discussed and the principle accepted. Any request considered 'large' would be discussed between secretary and chairman. It was also agreed that the society would expect to take a significant share of the profits (?50%) of a meeting and would also be prepared to share risk in any meeting which might be less profitable due to being hosted in a peripheral or less well know centre – indeed the Exec would encourage such meetings. Finally the chairman noted that the secretary had not taken the traditional expenses sum. The Secretary explained that he does this activity personally out-of-work, rather than using NHS secretarial time. It was agreed that he should never-the-less take this sum (£100 in recent years) to cover expenses.

#### 12. RCPCH Conveners Report.

- a. Following the successful joint meeting between BSPR and Rheumatology group of the RCPCH, Dr Johnson had hoped to setup a joint meeting with the Child Protection Group. In the event, it had been decided that this (2007) year's joint meeting would be with the Metabolic Bone Group. He encouraged members to publicise this meeting which is well attended by paediatricians. Prof Judith Adams and Dr Offiah (GOS) are invited speakers. The chair noted that the abstracts from this meeting are published in the Archives of Disease in Childhood.
- b. On a separate matter, the chairman tabled a contract document for RCPCH special interest groups which BSPR had been invited to sign. After a brief discussion it was agreed that the issue needed some

thought. Exec members to consider the document and respond to the Chairman. If the consensus was that it should be signed, the Exec felt that the membership should be asked to approve this action at the next AGM.

**13. Association with the RCPCH**

Dr Johnson said he had been approached by the RCPCH for a formal relationship similar to that recently agreed with the RCR. It was of course less rigid and would be both voluntary and reversible. He had contacted both the RCR and the defence associations, all of whom were supportive and foresaw no difficulties. He would inform the membership at the AGM and seek approval to establish the link.

**14. Web Site**

Dr Watt reported that there had been a number of delays in the production of the draft site, but that the redesign was well under way and should be available for review in December. The existing designers QIQ had been engaged to do this work.

**15. RITI**

This project seemed to be progressing very slowly and was in danger of being shut down. Problems with software and clinical engagement had prevented good numbers of cases being provided. Its future was expected to be clarified shortly.

**16. Clinical Excellence Awards**

The chairman ran through the process of BSPR scoring and submitting supported CVs for National CE Awards. It was agreed that the closing date for submissions would be the same as the RCR – i.e. 13<sup>th</sup> November. Scoring would be by email. It was also agreed that the BSPR would support CVs from outside England and Wales where requested.

**17. SIG Meeting**

The Secretary had attended the SIGs meeting at the RCR and noted that the meeting held little of interest to BSPR and was mainly focused on a demonstration of new ‘easy’ RITI software

**18. Any other Business**

As most other business had entered discussion elsewhere in the agenda, no other matters were raised.

19. **Date and Time of Next Meeting.**

To be notified.