**Participation in meetings within the Department of Clinical Radiology [QSI Ref: XR-601]**

**Descriptor:**

Communication within the team via scheduled department meetings.

**Background:**

This audit is worth carrying out because good interaction among radiologists and between radiology department professionals reduces the risk of misunderstandings, improves efficiency and effectiveness, enables the early resolution of problems, establishes common goals and is likely to lead to an optimal use of resources. [1-4] It will add evidence for appraisal and revalidation.

## The Cycle

**The standard:**

Each consultant radiologist should attend a locally agreed proportion of all the scheduled consultant meetings, clinical governance / audit meetings, radiology events and learning meetings  and directorate meetings held during the year (e.g. 50% [5]). This figure should make allowances for absences due to annual leave and study leave and part time working. Attendance may be in person or virtually by video-conferencing.

**Target:**

100% of radiologists should meet the agreed target.

## Assess local practice

**Indicators:**

Percentage of radiologists attending agreed proportion of the meetings.

**Data items to be collected:**

A list of the number of meetings held and the number attended by each consultant.

**Suggested number:**

All scheduled meetings during one year.

**Suggestions for change if target not met:**

* Prepare the meetings schedule at least a year in advance
* Enable attendance by video-conferencing.
* Look at reasons for non-attendance, e.g. were the scheduled lists not cancelled, if not, why?
* Re-examine the dates, time and venue of the meetings
* Re-consider who should chair and prepare the agenda for the different meetings
* Repeat date for commencing the next audit (following change): 12 months
* Identify staff member responsible for introducing change
* Feedback through appraisal

**Resources:**

Departmental secretary or business manager - allow four hours for review of the department’s meetings minutes and collating results

**References:**

1. Department of Health. Good doctors, safer patients: Proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients. London 2006 [www.dh.gov.uk](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137232)
2. Department of Health. Trust, assurance and safety: the regulation of health professionals London 2007 [www.dh.gov.uk](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946)
3. [RCR Standards for Self Assessment of Performance](https://www.rcr.ac.uk/standards-self-assessment-performance)
4. Garratt B. The twelve organisational capabilities. Glasgow: Harper Collins, 2000.
   1. RCR. Standards for Radiology Events and Learning Meetings. 2020. <https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr201-standards-for-radiology-events-and-learning-meetings.pdf>   (accessed 7.4.22)

**Editor's comments:**

- Local arrangements such as different site working will affect standard

- It is essential the standard is set locally, audited on a regular basis and changes introduced when the target is not met

   • Organisations work effectively when information is communicated to those who need it. Withholding information can be a means of exerting power over others.

   • Effective communication is time-consuming but evidence shows that individuals are more likely to respect those who keep them informed and become dissatisfied if they are not [4]

   • In training departments, the trainee’s representative must attend the various meetings to communicate discussions and other matters to their colleagues. The trainee representative’s attendance would need to be included in the standard

   • A record of participation in and the results of clinical and organisational audit could be part of each individual's appraisal [2,5]

**Submitted by:**

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