

Document Control

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1. Background

- 1.1. Mammographers are qualified diagnostic radiographers with a good understanding of breast anatomy. They must maintain accuracy in positioning of the breast, applying appropriate compression which has three main uses: ensuring the breast is of an even breast thickness, limiting patient movement and reducing patient dose. Good communication, compassion and patient care skills will ensure accurate positioning and compression of the breast whilst remaining sensitive to the physical and emotional needs of the patient. Mammographers will use independent, professional, ethical judgment, with an expectation to engage in continuing education to enhance patient care, knowledge, and competence.
- 1.2. It is recognised after a long period of absence (for sickness or maternity) that the individual will require increased support on their return. This standard operating procedure is written to help support the Mammographer back in to work, ensuring that the Mammographer is practicing safely, adhering to IR(ME)R 2017 and that their technical quality of mammography is adequate and equivalent to that in the NHS Breast Screening Programme (NHSBSP).

2. Purpose

- 2.1. The Standard Operating Procedure (SOP) has been written to:
 - Identify the procedure for the support of Mammographers returning to work after a period of absence.

3. Scope

- 3.1. This Standard Operating Procedure (SOP) relates to the following staff groups:
 - Mammographers
 - AP Mammographers

4. Location

- 4.1. This Standard Operating Procedure is to be implemented in the Mammography department.
- 4.2. Staff undertaking this procedure must be able to demonstrate continued competence as per the organisations policy on assessing and maintaining competence

5. Procedure

5.1 The Mammographer will be expected to work as a supernumerary member of staff for the 2 weeks of their return, and it is suggested that they:

- Initially observe 2 patients being imaged by another Mammographer.
- Undertake 2-5 mammograms under observation of another Mammographer in the room. This will give the observing Mammographer a chance to pick up on any glaring mistakes in technique.
- Following this, it would be expected for the returning Mammographer to work independently, but review their mammograms with another colleague before sending the images to PACs for the remaining 2 weeks as a supernumerary member of staff.
- Images should also be reviewed on a separate work station (PGMI)

5.2 Following these first 2 weeks, it is expected that the returning Mammographer will no longer be supernumerary but will be required to be rota'd with a senior member of the mammography team for approximately another 2 weeks.

5.3 It is expected that the returning Mammographer will record the first 50 patients they have imaged and these will be formally reviewed together with the Lead Mammographer (PGMI). This will help identify if any further support is needed.

5.4 This document is not prescriptive and is designed to help the individual returning to work feel supported and ensure they are working safely under IR(ME)R 2017 and produce accurate Mammograms equivalent to the NHS BSP standards. Specific guidelines on returning to work following a period of sickness, incorporating phased return is formally organised following discussion with the Occupational Health team.

6. References

- Ionising (Medical Exposures) Regulations 2017. Statutory Instruments 2017
- Public Health England (2017) *Quality assurance guidelines for mammography including radiographic quality control*, London: PHE publications

7. Associated Documents

- Maximising Attendance Policy (Incorporating Sickness Absence Guidelines) (NDHT policy, BOB).