

Document Control Report

Title			
Clinical Audit Standard Operating Procedure - IR(ME)R 2017			
Author		Author's job title	
		Senior Radiographer	
Directorate		Sub-directorate	Department
Operations		Diagnostics	Diagnostic Imaging
		Team/Specialty	
		Radiology	
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0.1	March 2017	Draft	Initial version for consultation
0.2	June 2017	Draft	Checking of detail and amendments to text
1.0	Sept 2017	Final	Approved and Signed off by the Lead Clinician for Radiology
1.1	Nov 2017	Final	Amendments to document made following CQC IR(ME)R inspection
2.0	Sept 2020	Final	Reviewed and amended to include updated regulations in text and in references.
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Lead Director			
Lead Clinician in Clinical Radiology			
Document Class		Target Audience	
Standard Operating Procedure		REC team, referrers, practitioners and operators	
Distribution List		Distribution Method	
Practitioner Referrers Northern Devon Healthcare NHS Trust / Community Services		Trust's internal website	
Superseded Documents			
Issue Date		Next Review Date	Review Cycle
September 2020		September 2023	Three years
Consulted with the following stakeholders:		Contact responsible for implementation and monitoring compliance:	
<ul style="list-style-type: none"> • Clinical Audit Lead Radiology • Radiologists • Radiographers • Clinical Audit and Effectiveness Team • Medical Physics 		Radiology Governance Lead	
		Education/ training will be provided by:	
		Radiology Governance Lead	
Approval and Review Process			
<ul style="list-style-type: none"> • Lead Clinician in Clinical Radiology 			

Local Archive Reference

G:\Radiology Public Drive

Local Path

Radiology Clinical Governance Folder /IR(ME)R

Filename

Clinical Audit Standard Operating Procedure -IR(ME)R V1.2

Policy categories for Trust's internal website (Bob)

Radiology

Tags for Trust's internal website (Bob)Referral, Referrer, Practitioner, Operator,
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1. Introduction

The Ionising Radiation (Medical Exposure) Regulations {IR(ME)R} 2017 were introduced to protect patients against the hazards associated with the use of ionising radiation in medical settings. IR(ME)R requires radiology departments to monitor safety, examinations and dose; this is achieved through regular audit of practice.

Clinical audit by a single multidisciplinary team/group, or individuals within that team, should be carried out on appropriate topics at regular intervals.

2. Purpose

The Standard Operating Procedure (SOP) has been written to:

- Ensure that clinical audit is being regularly carried out.
- Ensure that a clinical audit group is maintained within the radiology department.
- Ensure that IR(ME)R regulations are being adhered to through clinical audit.

3. Scope

This Standard Operating Procedure (SOP) relates to the following staff groups who may be involved in the clinical audit of procedures and practice in relation to IR(ME)R.

- Radiographers (Operators)
- Radiologists (Practitioners)
- Assistant Practitioners
- Trust Clinical Audit and Effectiveness Team
- Allied Health Professionals
- Medical Physics

4. Location

This Standard Operating Procedure applies to Radiographers and Other Healthcare Professionals carrying out Clinical Audit in the Radiology Department at the Northern Devon Healthcare Trust.

5. Equipment

All equipment, systems and resources used are available in the Radiology Department, Northern Devon Healthcare Trust.

6. Procedure

- The Clinical Audit Lead for Radiology will oversee all clinical audits being undertaken in the department.
- Audit of the IR(ME)R employers procedures will take place in their entirety every three years. This will be accomplished by auditing at least four of the procedures per year.
- The Clinical Audit Group (for IR(ME)R) will decide on a list of topics/clinical audits that will be necessary to be performed in order to appropriately audit IR(ME)R procedures and conform to IR(ME)R.
- The Clinical Audit Group (for IR(ME)R) will be made up of: Clinical Audit Lead for Radiology, Departmental Radiation Protection Supervisors and Radiographers.
- All Audits will be registered with the Trust's Clinical Audit and Effectiveness Programme which allows them to be monitored and documented through each phase (planned, active, action phase and completed). It will also allow transparency throughout the Trust as to what is being audited and the results published.
- All completed registered audits are reviewed by the Departmental governance group and reported to the Divisional governance group and will be included in the Divisional governance report that is reviewed by the Quality and Outcomes Assurance Committee. Also the audit report will be forwarded to the Clinical Audit and Effectiveness team to be included on the Trust database.
- Registration forms can be found on the radiology Clinical Audit and Effectiveness pages on BOB.
<http://ndht.ndevon.swest.nhs.uk/clinical-audit-and-effectiveness/clinical-audit-effectiveness-process/>
- To ensure continued good practice as well as the registered audits of procedures regular dose and DRL audits, reject analysis and medical imaging examinations audits will be performed monthly within the department by the RPS, or delegated individual, to ensure doses are being kept as low as is reasonably practicable. These 'mini' audits will be documented on the radiology G Drive (Public G:/ Clinical governance/IR(ME)R/Audit) and will be produced for review at the Radiation Safety Group meeting.

- A list of on-going audits will be held in the department on the radiology G Drive (Public G:/ Clinical governance/IR(ME)R/Audit). This folder will contain previous completed audits and presentations.
- All audit reports should be submitted to the Clinical Audit and Effectiveness Department. For the monthly departmental audits a 6 monthly report will be sent to Clinical Audit and Effectiveness.
- For audit projects where the findings indicate that improvements are required an action plan should be written. These should be discussed with and overseen by the Clinical Audit Group for IR(ME)R; they should be updated at regular intervals and the updates shared with Clinical Audit.
- The Annual Radiology Department Audit Meeting will involve all staff groups within the department; results and feedback from audits will be disseminated here. New topics for audit will also be discussed at this meeting. Any urgent or unexpected findings of audit that need immediate dissemination will be done via the email cascade, radiology newsletter and staff meetings.
- All audits of IR(ME)R procedures will be documented and listed, this can be found along with a Clinical Audit and Effectiveness Programme proforma for recording findings and writing the audit report in the audit folder on the radiology G Drive (G:/clinical governance/IR(ME)R/).
- A regular programme of monitoring previous audits will ensure continued good practice and conformation to IR(ME)R regulations.

7. References

- Ionising Radiation (Medical Exposures) Regulations 2017. Statutory Instruments 2017 No 1322
http://www.legislation.gov.uk/ukxi/2017/1322/pdfs/ukxi_20171322_en.pdf
- Radiology authorisation and IRMER assessment working practice document.
- Ionising (Medical Exposures) Regulations 2000. Statutory Instruments 2000 No 1059 –
<http://www.opsi.gov.uk/si/si2000/20001059.htm>
- IRMER – Ionising Radiation (Medical Exposures) Amendment Regulations 2006
http://www.opsi.gov.uk/si/si2006/ukxi_20062523_en.pdf

8. Associated Documentation

Northern Devon Healthcare NHS Trust Policies for:

- Northern Devon Healthcare NHS Trust Radiation Policy.
<http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2015/07/Medical-Radiation-Policy-v1.0-30Jul15.pdf>
- NDHT Clinical Audit and Effectiveness policy.
<http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2012/03/clinical-audit-effectiveness-policy-v2.1-26Mar121.pdf>