Worcestershire Acute Hospitals NHS Trust

Breast Imaging Department

Ionising Radiation (Medical Exposure) Regulations 2017
Regulation 6 Schedule 2 Employer's Procedures

(d) Procedure to ensure QA programmes are followed	
Responsibilities relating to IR(ME)R procedures:	
Ensuring the required IR(ME)R procedures are in place	Worcestershire Acute Hospitals NHS Trust (WAHT)
Authorisation of Breast Imaging IR(ME)R procedures	Clinical Director of Breast Imaging
Development, review and amendment to this document	Superintendent Radiographer
Assisting in development, review and amendment to this document	Radiation Protection Supervisors
Governance pathway:	
Medical Physics Expert review (IRS)	12th July 2024
Circulation to Breast Directorate for approval	11.1.2023
Circulation to Women and Children Division for information	1.3.2023
Circulation to Radiation Protection Committee for information	28.4.2023
Authorised by Clinical Director of Breast Imaging	1.3.2023

Version No	Reviewed	Action	Next Review Date
1	9.12.22 IRS	Revision of format and IRMER audit	1.3.2026
2	12.7.24 IRS	MPE asked for review to be changed to annually	12.7.25

Purpose

To ensure that quality assurance programmes for the regular review of all standard operating procedures are followed. The review will ensure that procedures are effective, appropriate, and updated when necessary.

Scope

The procedures and protocols to be audited are all those required under these Regulations including, but not limited to those specific procedures detailed in Schedule 2 of IR(ME)R 2017.

Responsibility

Worcestershire Acute Hospitals NHS Trust is responsible for ensuring that the procedures and protocols required by IRMER are in place.

The task of writing, authorising and reviewing the procedures has been delegated as follows:

The task of writing and updating protocols is delegated to the Superintendent Radiographer and Radiation Protection Supervisor(s) who will collaborate with the relevant practitioners and operators i.e. Radiologists, Radiographer Consultants, Advanced Practitioners, Radiographers, Assistant Practitioners and Medical Physics staff employed by or working with Worcestershire Acute Hospitals NHS Trust Breast Imaging Service incorporating Hereford and Worcester Breast Screening Service

Authorisation of procedures is undertaken by the Chair of the Radiation Protection Committee in consultation with the Clinical Director for Breast Screening, Superintendent Radiographer and Radiation Supervisors.

Practice

Audit of the IR(ME)R employer's procedures will take place in their entirety every three years. This will be accomplished by auditing at least four of the procedures per year.

Regular audits are essential to ensure that:

- Standard Operating Procedures are up to date and effective.
- QA programmes for IR(ME)R are appropriate and being followed.
- All procedures and protocols are effective and appropriate.

All audits are registered with the Trust Clinical Audit and Effectiveness Programme which allows them to be documented and monitored through each phase

Audits will be undertaken by, or supervised by one of the Radiation Protection Supervisors (RPS)

In addition to the registered audits of procedures, regular dose and DRL audits are continually performed.

The results of QA audits will be reviewed and any procedural amendments made relating to IR(ME)R at the bi – annual Radiation Safety Committee.

They will also be reviewed at the Breast Directorate meeting. Feedback to all staff will be via, Weekly Team brief and Team meetings / minutes.

IRMER (d) Procedure to ensure QA programmes are followed

1. All procedures and protocols must document version control information including the version number, issue date, review date, author and authoriser.
2. All procedures and protocols must be subject to regular review to ensure that they are effective and appropriate, and to identify any necessary amendments.
3. The review should be undertaken at least annually (general procedures and protocols); 3 yearly (IR(ME)R procedures and local rules); and when new equipment, techniques or procedures are introduced.
4. Staff are informed of the introduction of new, or changes to existing policies and procedures via direct / cascade training sessions, NHS email, Teams, departmental WhatsApp Groups, the Departmental Weekly Brief and meetings. Information includes where to find the new policies and procedures and who to seek advice from with any queries.
5. Equipment QA is performed monthly, weekly and daily according to the documented departmental procedures for the specific equipment on each site (mammographic, ultrasound, fire and resuscitation where appropriate). The results of these tests are recorded on the site specific QA spreadsheets.
6. All staff should report to the Superintendent Radiographer any instances where procedures or protocols are not being followed, or are not having the desired effect. Failures to comply with a procedure should be regarded as an incident and reported within the incident reporting mechanism. (Datix)
7. The Superintendent Radiographer will keep a record of incidents reported to assist in regular review and audit. They will cascade suggested changes to the persons delegated the task of updating, amending and submitting.
8. Incident spreadsheet on shared drive M:\TeamShare\TS0040_BreastImaging\Radiation Protection\Radiation Incidents
9. The Superintendent Radiographer will keep a written record of items reported under item 6 to assist in the regular review and audit, and will feed suggested changes to the persons delegated the task of updating and amending.
10. The Superintendent Radiographer will keep written records of audits to demonstrate that the quality assurance procedure is being followed.
11. Any changes and regular reviews to procedures should be reported to the Radiation Protection Committee.

12 Radiation protection: IR(ME)R procedures and Local rules:

<u>Responsibilities:</u>

- Ensuring the required IR(ME)R procedures are in place: Worcestershire Acute Hospitals NHS Trust
- Authorisation of Breast Imaging IR(ME)R procedures and local rules: Clinical Director of Breast Imaging
- Development, review and amendment of documents: Superintendent Radiographer
- Assisting in development, review and amendment of documents: Radiation Protection Supervisors
- All staff to read the documents and sign sign-off sheets to acknowledge compliance

<u>Governance pathway:</u>

- Medical Physics Expert review (IRS)
- Submission to Breast Directorate for approval
- Circulation to Women and Children Division for information
- Circulation to Radiation Protection Committee for information
- Authorised by Clinical Director of Breast Imaging

	Procedures
a.	To correctly identify the individual to be exposed to ionizing radiation.
b.	To identify individuals entitled to act as referrers, practitioners or operators within a specific scope of practice.
c.	For making enquiries of individuals of childbearing potential, to establish whether the individual is or may be pregnant or breast feeding.
d.	To ensure that quality assurance in respect of written procedures, written protocols and equipment are followed.
e.	For assessment of patient dose
f.	For the use and review of such diagnostic reference levels.
g.	For determining whether the Practitioner or operator is required to effect one or more of the matters set out in regulation 12(4) including criteria on how to effect those matters and in particular procedures for the use of dose constraints established by the employer for biomedical and medical research programmes falling within regulations 3(c) where no direct medical benefit for the individual is expected from the exposure.
h.	For giving of information and written instructions for patients undergoing treatment or diagnosis with radioactive medicinal products
i.	For the giving of information and written instructions as referred to in regulation 12(6)
j.	For carrying out and recording of an evaluation for each medical exposure' including where appropriate factors related to patient dose.
k.	To ensure that the probability and magnitude of accidental or unintended doses is reduced so far as reasonably practicable.
l.	To ensure that the referrer, the practitioner and the individual exposed or their representative are informed of the occurrence of any relevant clinically significant unintended or accidental exposure and of the outcome of the analysis of those exposure.
m.	To be observed in the case of non-medical imaging exposures.
n.	To establish appropriate dose constraints and guidance for the exposure of corers and comforters.