

Breast Imaging Department

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

(j) Procedure for carrying out and recording the clinical evaluation for each medical exposure including where appropriate, factors relevant to patient dose.	
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)	12.7.2024
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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	12.7.2024 IRS JB	No changes	12.7.2025

Purpose

To ensure that the outcome of every medical exposure is clinically evaluated and recorded.

Scope

All medical exposures carried out by Worcestershire Acute Hospitals NHS Trust Breast Imaging Service Incorporating Hereford and Worcester Breast Screening Service.

Responsibility

Worcestershire Acute Hospitals NHS Trust is responsible for ensuring that staff follow this procedure and will therefore ensure that everyone affected by the procedure is aware of their responsibilities.

Nominated persons are responsible for the clinical evaluation of exposures and for ensuring that a record of this is made.

Procedure

1. Practitioners/operators cannot justify or authorise a medical exposure if it is known that clinical evaluation will not take place.
2. Persons authorised by this organisation to carry out clinical evaluations are given in table 1.
3. For the above staff the records required to identify them to act as practitioners are sufficient for this role also.
4. The evaluation of all screening mammograms will be carried out as per departmental procedure for the reading of screening mammograms see *Procedure for Film Reading and Consensus Review*
5. The record of the evaluation should be documented as follows:

Screening: Results of the clinical evaluation are entered directly into the NBSS computer system.

Assessment: Results of the clinical evaluation are recorded in the NBSS computer system.

Symptomatic, family history and surveillance: Results of the clinical evaluation are documented in the report entered onto the CRIS system.

6. In the case of registered non-medical staff acting as referrers under a Trust Protocol within specific clinical areas, the task of evaluating the exposure remains the duty of a clinician covering that area. The report will be available on ICE.
7. The record of the evaluation should be documented in the location given in Table 1 below

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Table 1: Staff authorised to carry out Clinical Evaluation

Examination Type	Person recording clinical evaluation	Expected level of training	Location of record of clinical evaluation.
Screening Mammograms and Assessment Images.	Consultant Radiologist Radiographer Consultant or Advanced Practice Radiographer	FRCR State Registered plus PGC or PGD breast reporting qualification.	NBSS
Symptomatic, family history and surveillance mammograms	Consultant Radiologist Radiographer Consultant or Advanced Practice Radiographer	FRCR State Registered plus PGC or PGD breast reporting qualification.	CRIS and ICE

Non-conformance

If a clinical evaluation is not made, this should be reported within the organisation incident reporting procedure.

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