Worcestershire NHS
Acute Hospitals NHS Trust

| Title of Document: | IR(ME)R Procedure (J) – Carrying out and recording of a clinical evaluation for each exposure including, where appropriate, factors relevant to patient dose |
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| Directorate: | RADIOLOGY DIRECTORATE |

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| Key amendments: | Date: |
| Inclusion of outsourcing reporting companies<br><br>Removal of non-ionising radiation modalities<br><br>Reword c )in sub-paragraph (j), for "an evaluation" substitute "a clinical evaluation" | May 2025 |
| Individuals involved in developing / reviewing / amending this document: (titles only) | |
| Radiation Protection Advisor | May 2025 |
| Radiation Protection Supervisors | March 2025 |
| Radiology Governance Lead Radiographer | May 2025 |
| Key staff responsibilities | Post: |
| Responsible for ensuring that staff follow this procedure and must therefore ensure that everyone affected by the procedure is aware of his or her responsibilities. | Worcestershire Acute Hospitals NHS Trust |
| Produce a report (e.g. quantitative result) that is available for the person carrying out clinical evaluation (as specified in table 1) | Operators |
| To complete clinical evaluation as specified in table 1<br>Including documentation in report for actions such as notification of urgent/significant findings | Responsible persons for clinical evaluation as specified in table 1: person recording clinical evaluation |

In line with regulation 6 schedule 2 requirements within IR(ME)R 2017, the purpose of this procedure is to explain how and where each clinical evaluation is recorded and describe if and or when, exposure factors should be documented.

The procedure will identify the steps to be followed to ensure this process is completed for all medical exposures within radiology and cardiology within the Worcester Acute Hospitals Trust (WAHT).

**Procedure:**

A clinical evaluation of all images produced as part of a medical exposure must be undertaken.

A person authorised by Worcestershire Acute Hospitals NHS Trust (WHAT) (as detailed within the table below) must evaluate the outcome of each and every medical exposure, including procedures that are partially completed or form part of an interventional procedure.

Allocation of each medical exam should occur and exams should be allocated to an individual with appropriate knowledge and skills. For example, a nuclear medicine exam should be allocated to an ARSAC license holder or appropriately qualified advanced practice radiographer.

Where images or other examination results are sent from the Radiology Directorate without a report, this will be clearly indicated on the Radiology information system in the form of an auto report in order to notify the referring clinician.

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 the responsible consultant/GP.

A formal report will ultimately be issued by radiology and available on ICE in line with the reporting turnaround KPI's policy (Appendix A).

A Formal radiological report may also be provided by a reputable out-sourcing company by a Radiologist or Reporting radiographer.

**The record of the evaluation should be documented in the location given in table 1.**

**Table 1**

| **Examination Type** | **Person recording clinical evaluation / responsible for report** | **Expected level of training** | **Location of record of clinical evaluation** |
|---|---|---|---|
| X-ray/ Plain films<br>CT<br>Nuclear Medicine<br>Fluoroscopy<br>Interventional Radiology<br>Angiography | Consultant Radiologist<br>Consultant Radiographer<br>Advanced Radiographer Practitioner<br>ARSAC Licence Holder (Nuclear Medicine) | FRCR (or DMRD)<br>State registered plus PGC or PGD reporting qualification | Formal report on Radiology Information System (linked to ICE) |

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|---|---|---|---|
| | Cardiologist (for Cardiac CT scans and angiography only)<br>Urologist (for fluoroscopy Urology exams)<br>Vascular Consultant (for Interventional Radiology only) | | |
| DEXA | Radiographer | Appropriate in house training. | Technical report only on the Radiology Information System (linked to ICE) |
| Plain X-rays, Cardiology, Mobile Intensifier Imaging and Fluoroscopy procedures not performed by Radiology | Radiographer | Bsc Diagnostic Radiography | Auto reported on Radiology information system (linked to ICE) |
| | Clinician undertaking the procedure /Referring clinician | Specialised Consultant or Registrar. | Documented by referrer Patient notes (paper or electronic) |

Dose Area Product (DAP) and Exposure factors

The relevant dose parameter (e.g. DAP for radiography or fluoroscopy), for all imaging procedures must be recorded within the Radiology Information System in line with the IRMER procedure E.

A written agreement, indicating deviation from the above Table, may exist where Consultant Clinicians have agreed to assume responsibility for evaluating their patients' x-ray investigation. Copies of correspondence should be kept by the WAHT governance team and the arrangement summarised with a written agreement.

The record of evaluation should be documented as follows:-

- Filed on the Radiology Information System for evaluations carried out within the Radiology department.
- Within the hospital patient notes for evaluations carried out by clinicians. It is the legal responsibility of the referring clinician to ensure that this happens.

**Non-conformance**

If it is identified that any medical exam does not have a clinical evaluation, this should be reported within the Worcestershire Acute Hospitals NHS Trust incident reporting system on Datix and clinical evaluation should be sought as soon as practicable.

**Appendix A:** Radiology Report Turnaround Times KPIs

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