

Title of Document:	The Ionizing Radiation (Medical Exposure) (Amendment) Regulations 2024. IR(ME)R Procedure (O) To ensure clinical audit is carried out Countywide with procedures in place for acting upon the results of clinical audit.
Directorate:	RADIOLOGY DIRECTORATE

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Approval committee:	RADIOLOGY DIRECTORATE GOVERNANCE MEETING (DGM)
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Key amendments:	Date:
Individuals involved in developing / reviewing / amending this document: (titles only)	
Radiology Governance	May 2025
WAHT RPA	May 2025
General Lead Radiographer WHAT	May 2025
Cross-county RPS	March 2025
Key staff responsibilities	Post:
Responsible for ensuring that the SOP is followed on all sites	Radiology Clinical Services Manager
To comply with this SOP	Radiographers / Assistant Practitioners /Radiologists / Sonographers /RDAs /Receptionists/Referrers

Amendment to regulation 7 Schedule 2 of the 2017 Regulations (employer's duties: clinical audit)
For the carrying out of clinical audit, and for any appropriate action to be taken in accordance with regulation 7

To ensure clinical audit is carried out in accordance with regulation 7 with procedures in place for acting upon the results of clinical audit.

1. Introduction

The Ionising Radiation Medical Exposure Regulations 2017 have been updated following a parliamentary session in September.

Cited as The Ionising Radiation (Medical Exposure) (Amendments) Regulations 2024. Statutory Instrument legislation are now due to come into force on 1 October 2024.

Issue date: 20.05.2025	V1	Review date: 14.05.2028
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A wide range of improvements have been made to the regulations, in line with recommendations from the 2022-2023 post-implementation review, to better reflect current healthcare delivery practices.

New amendments will ensure the radiography workforce has a robust system within which professionals can confidently deliver patient and service user exposures that are appropriate, safe and effective.

2. Purpose of this Procedure

To ensure that not only is clinical audit being carried out but there are procedures in place for acting upon the clinical audit finding. This must be standard practice throughout the Countywide Radiology Departments to maintain the highest quality care and outcomes for patient care.

To ensure that action is taken appropriate to the findings of such Audit

This procedure should supplement the organisations general procedures for clinical audit.

3. Identified Responsibilities

Radiology Clinical Service Manager / Clinical director ensures Audit Programme is in place.

Modality Leads /Audit Lead /QG team ensure programme is followed.

Quality Governance Lead ensures audit presented at DGM

4. Examples of clinical audit

Appropriateness of referrals

Patient ID

Operator /Practitioners/Referrer entitlement

Operator training records / Competencies

DRLs

Clinical evaluation

Reject Analysis Image quality and technique. RITA(Regulatory mandated Audit)

5. Practice

Applies to all medical, non-medical imaging, screening and research exposures whether Radiographer or Radiologist lead audit.

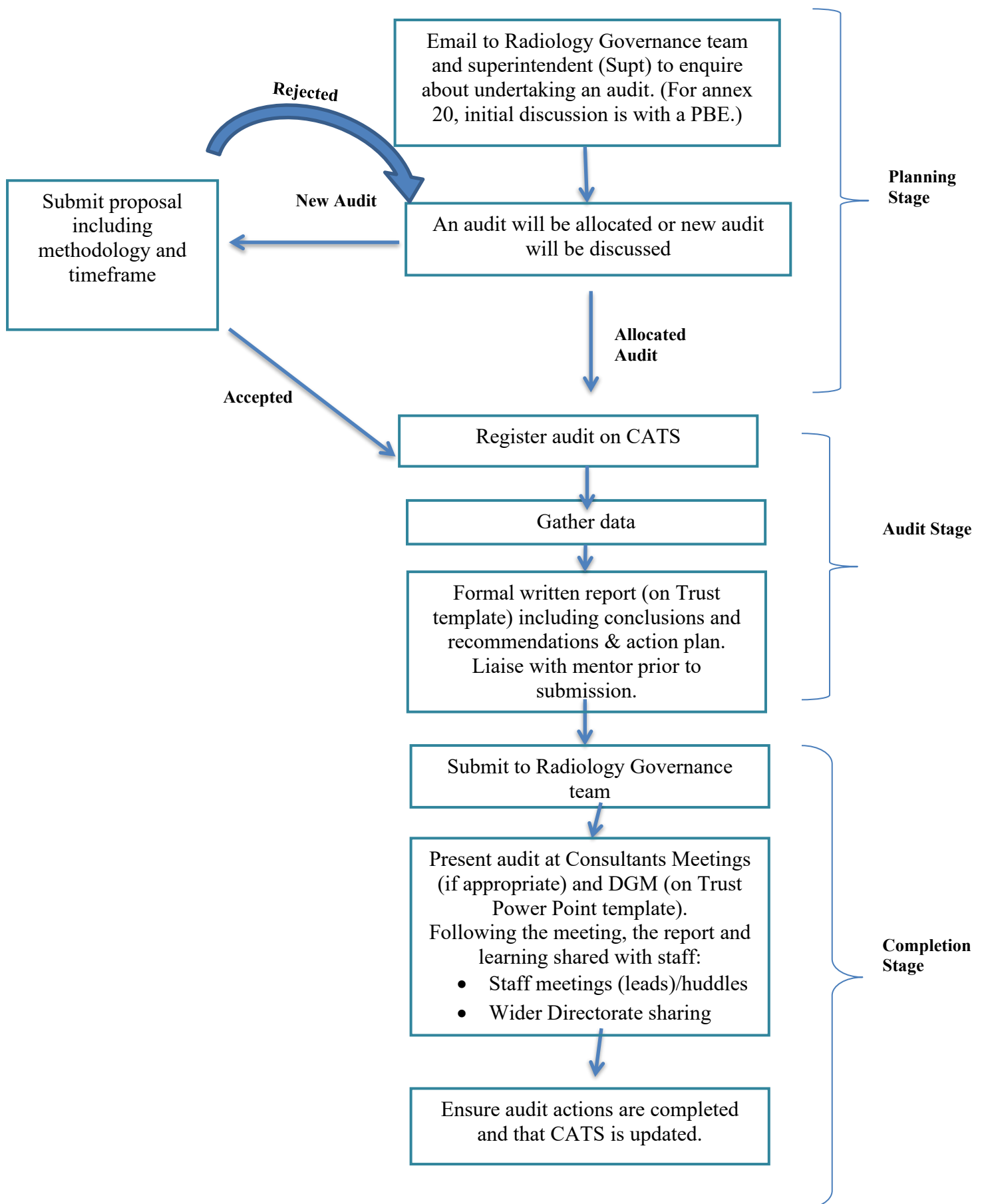
Audits should be designed to assess whether duty holders / departments are complying and maintaining a measured standard, where a shortfall is identified a programme of improvement can be implemented.

Audit should also identify whether suitable records are available and are up to date, accurate and accountable.

Audit findings that create actions are reviewed and acted upon in a timely fashion.

RADIOLOGY LOCAL AUDIT CYCLE

All clinical audits should be submitted to the Radiology clinical audit lead (governance team will advise)



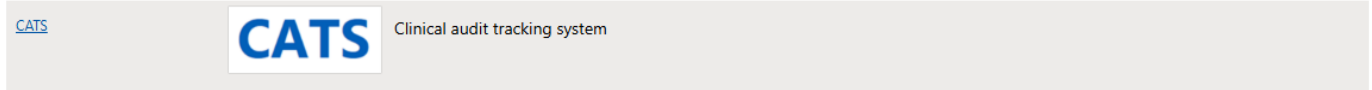
Radiographer and Radiologist led audits

Radiologists' audits - historic and current- are registered on CATS.(Radiographer audits up until the 28/2/2025 are monitored at:

<M:\Acute\Radiology\Radiology Team Share Point\AUDITS\Audit actions tracker from January 2024 onwards.xlsx>

(SCSD Governance will place 2024 audit retrospectively on CATS)

From 1/3/2025 all Radiology Clinical audits will be registered on the Trust CATS database.



Audit reported on Trusts template including actions with due dates and clear line of responsibilities.

Audits presented at monthly Radiology DGM and Countywide Radiologist meetings. Appropriate Actions agreed and then progress on actions monitored by the CATs system with regular reports to the Radiology Management team prepared by the clinical effectiveness Team.

Outstanding actions identified by the Clinical Effectiveness' team who in term will alert Radiology Governance Team to action.

Review of any outstanding actions will be a standing agenda item at every DGM.

Minutes prepared following Radiology DGM/Countywide Radiologist meeting /RPS meeting are ratified and placed on team share point.

Learning from Clinical Audit

Radiographers lead Audits Shared on monthly Radiology Quality Governance update, individual read receipt required on the DAVE acknowledgment platform and learning cascaded at regular minuted staff meetings and daily Safety huddles.

Radiology Audits are saved on Radiology Team Share point accessible to all Radiology Staff.

<M:\Acute\Radiology\Radiology Team Share Point\AUDITS\AUDITS>

Target score for each Audit identified in methodology.

Where there is a suggested target figure stipulated for a named audit program then this figure should dictate whether re Audit is required. This target figure may be below 100 % but rational would be discussed in the methodology.

Where a suggested audit Agreed target score is omitted then the target achievable should be 100% any short falls will trigger re audit to monitor improvements in performance.

Reject Analysis

Band 7 Reporting Radiographer led.... Reject analysis RITA (Rejected Images Trends and Analysis) data harvested off PACS.

RITA collects and presents data on rejected images. It provides information of the rejected reasons, and the number of images rejected and presents this information for each site and as a trust on a whole.

Radiographers across the county are assigned to review this data and provide a site-specific action plan. The action plans and the information from RITA is collated into a monthly report which is then fed back into the monthly DGM meeting and distributed to the wider staff via the DAVE platform.

Radiographers designated Countywide to manage reject analysis and share learning.

Monthly report is a standard item on the monthly DGM meeting

Rolling IR(ME)R Audits program Regulatory Mandated Audit)

To ensure Duty Holders are complying with the relevant IRMER Employers Procedure.
From 1/3/25 these audits will also be recorded on CATS

Annual program agreed at Countywide Radiation Protection Meetings, recorded on a spreadsheet at:

[M:\Acute\Radiology\Radiation Protection and IR\(ME\)R\IRR & IRMER AUDITS\IRMER Audits\IR\(ME\)R Audits.xlsx](M:\Acute\Radiology\Radiation Protection and IR(ME)R\IRR & IRMER AUDITS\IRMER Audits\IR(ME)R Audits.xlsx)

IRMER Audit activity is not confined to RPS role but is an expectation of all staff members often performed by radiographers going through Annex 20 process.

Advanced Practitioner Audits (Including Reporting Radiographers)

Note any audit performed by the reporting team May contain PID and therefore access is restricted. Any External auditor would have to access data with one of the reporting team

Audit (evidence, Research and development) underpins 1 of the 4 pillars of Advanced Practice. Not recorded on CATS

Countywide Audit Coordinator for reporting Radiographers, V Riley Consultant Radiographer

Image and peer review at RELEMS (Radiology Events and Learning Meeting).

Audio recording taken. Learning outcomes and actions detailed in summary logs.

[M:\Acute\Radiology\WRH\Radiographers learning\Radiographers REALMs \(discrepancy\)\Recorded Discrepancy Meetings & PP](M:\Acute\Radiology\WRH\Radiographers learning\Radiographers REALMs (discrepancy)\Recorded Discrepancy Meetings & PP)

Learning outcome for each case listed at

M:\Acute\Radiology\WRH\Radiographers learning\Radiographers REALMs (discrepancy)\REALMs meeting summary logs\2024

Reporting Audit by year at

M:\Acute\Radiology\WRH\Radiographers learning\Radiographers REALMs (discrepancy)\Discrepancy Audit by year

Audit findings discussed at, monthly DGM and Countywide Radiologist & REALM Meeting.

[M:\Acute\Radiology\Radiology Team Share Point\RADIOLOGY MEETINGS & HUDDLES\Countywide Radiologists Meeting](#)

Audit actions

[CATS](#)



Clinical audit tracking system

Actions are recorded in CATS and reports are run monthly so that progress can be tracked.

Radiology Governance Lead team receive updates from clinical effectiveness Team

Actions from audits are a standing item on radiology DGM and are kept under review.

Re audits where a standard has not been reached will be decided at Radiology DGM

The author of the Audit will indicate on the template who we are responsible for the action.