

INSPECTION REPORT OF COMPLIANCE WITH THE IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS (NORTHERN IRELAND) 2000

16 January 2018



Alliance Medical – Hillsborough Scan Centre

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland. RQIA encourages continuous improvement in the quality of services, through a planned programme of inspections and reviews.

In 2005, RQIA was established as a non-departmental public body (NDPB) under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The vision of RQIA is to be a driving force for positive change in health and social care in Northern Ireland through four core activities:

- Improving Care: we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.

- Informing the Population: we publicly report on the safety, quality and availability of health and social care.
- Safeguarding Rights: we act to protect the rights of all people using health and social care services.
- Influencing Policy: we influence policy and standards in health and social care.

The responsibility for assessing compliance with and enforcing The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 known as IR(ME)R transferred from the DHSSPS to the Regulation and Quality Improvement Authority (RQIA) on 15 March 2010 under The Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010.

The regulations are intended to:

- Protect patients from unintended, excessive or incorrect exposure to radiation and ensure that, in each case, the risk from exposure is assessed against the clinical benefit.
- To ensure that patients receive no more exposure than is necessary to achieve the desired benefit within the limits of current technology.
- To protect volunteers in medical or biomedical, diagnostic or therapeutic research programmes and those undergoing medico-legal exposures.

This report is a summary of the findings from the inspection of the diagnostic imaging services provided at Alliance Medical - Hillsborough Scan Centre.

3.0 Service details

Name of Establishment: Alliance Medical (based at Orthoderm)	Department Inspected: Hillsborough Scan Centre
Name of Employer: Alliance Medical - Mr Malcolm Banks	Quality and processes manager : Mr Brian Goldrick
Unit Manager: Ms Nuala Murray	Radiation Protection Advisor/Medical Physics Expert: Regional Medical Physics Service - Dr Phil Orr Dr Adam Workman

4.0 Profile of services

The self- assessment form submitted prior to the inspection confirmed that each year, Alliance Medical Hillsborough Scan Centre carries out approximately:

- 414 - general radiology (plain film)
- 130 - fluoroscopy
- 6687 - Magnetic Resonance scans (MR)
- 688 - Ultrasound scans (US)

MR and US services were not inspected, as these services do not involve the use of ionising radiation and therefore are not subject to the IR(ME)R regulations.

Alliance Medical employs:

- 0.6 - Consultant Radiologists
- 1.8 - Radiographers
- 0.8 - Radiation Protection Supervisor (RPS)

5.0 Methodology

On 16 January 2018, warranted IR(ME)R inspectors from RQIA, with advice being provided by Public Health England (PHE) staff, visited Alliance Medical Hillsborough Scan Centre, as part of RQIA's IR(ME)R inspection programme.

Prior to the inspection, the service was asked to complete a self-assessment form and provide RQIA with all relevant policies and procedures. This information was shared with the PHE prior to the inspection visit, and was used to direct discussions with key members of staff working within the radiology department, and provide guidance for the inspection process.

Alliance Medical staff and MPE/RPA staff were in attendance for part or all of the inspection:

Mr Brian Goldrick - Quality and Processes Manager
Ms Nuala Murray - Unit Manager and RPS
Ms Martina Jenkins - Radiographer
Ms Emma Stinson - HR advisor, Orthoderm
Dr Phil Orr - RPA
Dr Adam Workman - MPE

6.0 Inspection outcome

	Regulations
Total number of areas for improvement	10

Details of the Quality Improvement Plan (QIP) were discussed with Mr Brian Goldrick, Quality and Processes Manager, and Ms Nuala Murray, Unit Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

7.0 The inspection - key findings

7.1 Duties of the employer

Employer's procedures

Alliance Medical had the required Employer's Procedures in place which had been internally reviewed in December 2017.

Clarification was sought on the organisational structure and lines of accountability to confirm that the employer has been clearly identified in line with IR(ME)R legislation. It was established that the overall responsibility for IR(ME)R lies with the Managing Director of Alliance Medical, Mr Malcolm Banks. It was also confirmed that six monthly Radiation Protection Committee meetings are held in which the Quality and Processes Manager provides feedback to the Senior Management Team. Inspectors were informed that Mr Banks has delegated the tasks associated with radiation safety to the Quality and Processes Manager who then sub-delegates aspects of these tasks to the Radiation Protection Supervisor (RPS). Alliance Medical did not have a written Radiation Safety Policy which formally outlines IR(ME)R responsibilities, lines of accountability and the delegation of tasks associated with these responsibilities. Alliance Medical had recognised the need for a Radiation Safety Policy and had noted this fact in the submitted self-assessment form. An area of improvement was identified in relation to developing a Radiation Safety Policy to formalise the above arrangements.

Review of the submitted documentation and discussion with the management team outlined that systems are in place to ensure that Employer's Procedures are complied with by practitioners and operators, through both audit and training.

Document and version control are clearly noted on the Employer's Procedures and inspectors were informed that all relevant policies and procedures can be found on Alliance Medical's intranet. Employer's Procedure (6) relating to quality assurance, did not fully reflect the quality assurance measures in place for document and version control and an area of improvement was identified on this matter

Referral criteria

The referral criteria currently being used are the Royal College of Radiologists i-Refer Guidelines Making the Best Use of Clinical Radiology 8th edition.

Referral criteria are available on Alliance Medical intranet. It was confirmed Referrers have been informed as to how and where they can be accessed.

Audit of compliance with the employer's procedures

There appeared to be good systems in place to audit compliance with Employer's Procedures.

Audits of compliance with Employer's Procedures are included in an evolving audit programme. Mr Goldrick confirmed that a number of audits are carried out remotely by him from his office in Dublin and the findings shared as part of a conference call, held two weekly which focuses on radiation safety. Near misses and incident record forms are also used to assess compliance.

Diagnostic Reference Levels (DRLs)

Employer's procedure (8) outlines the procedure for use of Diagnostic Reference Levels (DRLs). The procedure was largely satisfactory; however it did not clearly outline the process to follow if DRLs are consistently exceeded. An area of improvement has been identified in relation to this matter

The radiology department has adopted national DRLs for general radiology and these are clearly displayed in the examination room.

Employer's Procedure (7) outlines the procedure for assessment of patient dose. It includes arrangements for recording of dose for each examination. Dose audits are carried out; a comparison of mean doses for each type of examination with the relevant DRL is undertaken and a report produced which includes the dose survey results that will subsequently identify whether any of the dose levels measured either approach or exceed DRLS.

Staff qualifications

Alliance Medical ensures that all staff are appropriately qualified and registered with their relevant professional bodies.

On recruitment, the Human Resources (HR) department checks registration. It was confirmed that staff qualifications and registrations will be checked thereafter as part of the entitlement process.

Staff spoken to confirmed that they are afforded opportunities for continuing professional development (CPD) and Alliance Medical has a yearly budget allocated to staff training.

Appraisals

There are systems in place to carry out six monthly appraisals for all radiographers. The appraisal system is currently being reviewed to establish radiation safety objectives. It was advised that appraisals should be used as an opportunity to review entitlement and the associated competencies of each duty holder's role.

It was confirmed that radiologists are subject to whole practice appraisal within their NHS post.

Incidents

No incidents reportable under IR(ME)R as an exposure much greater than intended have occurred since the scan centre opened.

Employer's procedure (12) contains details of the incident recording and reporting mechanism. The procedure also outlines the appropriate authorities to be informed in the case of an exposure much greater than intended (RQIA), or in the event of equipment failure (HSE).

Staff demonstrated a sound understanding of incident or near miss procedures.

The importance of sharing learning from any incidents and near misses was discussed with the management team. Incidents, and learning from their outcomes are discussed at staff meetings and fortnightly conference calls.

The adverse incident form and the radiation incident form were reviewed. They are held electronically and whilst staff within the radiology department have access to the adverse incident form, they did not have access to the radiation incident form. Mr Goldrick, Quality and Processes Manager, offered assurances that the radiation incident form would be made available to all staff as a priority.

7.2 Duties of the practitioner, operator and referrer

Entitlement

Employer's Procedure (3) outlines the procedure to identify individuals entitled to act as referrer, practitioner or operator for medical exposures.

The employer's procedure was noted to be very comprehensive and clearly set out the process of entitlement which demonstrated a good understanding of the IR(ME)R regulations.

The following comments are made to enhance the procedure:

- Section 9.2.2; includes radiographers acting as practitioners; on discussion it was confirmed that they do not act as practitioners in this department. Therefore bullet point 2 in this section should be removed.
- Section 9.2.3; in the first table on page 10, clinical evaluation should be added under operator entitlement in the radiographers box.
- Section 9.2.3.2; in the second table on page 10, amend practitioner entitlement to operator entitlement and clarify Staff Group – healthcare professionals by providing an example of orthopaedic surgeons for the Orthoderm site.

An area of improvement has been made in relation to the amendments to Employer's Procedure (3) as outlined above.

It was confirmed that all duty holders had been entitled, with all forms being held by the Unit Manager. A sample of three entitlement forms was reviewed. However it was noted that although the Employer's procedure was comprehensive, in practice entitlement had been carried out by the previous Unit Manager and the robustness of the entitlement process could not be confirmed through supporting evidence. In light of this, an area of improvement was identified in relation to reviewing entitlement of all duty holders in line with their scope of practice and ensuring supporting evidence such as full training records and completed competence frameworks is available for inspection. This is discussed further in section 7.9 of this report.

7.3 Justification of individual medical exposures

Employer's Procedures (1) and (3) contain references to the process for the authorisation and justification of medical exposures in Alliance Medical.

Authorisation guidelines developed and signed by the lead radiologist are presently in use in Alliance Medical. The guidelines were partly laid out in a matrix style which was colour coded. It was suggested a key to this colour code would be helpful. They were updated in December 2017.

Radiographers demonstrated clear understanding on the use of the authorisation guidelines.

Medico- Legal

Employer's Procedure (4) which outlines the arrangements in place for medico-legal exposures was reviewed and found to be satisfactory. Staff confirmed that medico-legal examinations are clearly identified on the request form and must be clinically justified by an entitled practitioner.

Females of reproductive capacity

Employer's Procedure (5) for exposure of females of reproductive capacity was in place.

The following comments are made to enhance the procedure:

- Section 11.3; the reference to anaesthetised patients should be removed as it is not relevant to the provision of services in Alliance Medical Hillsborough Scan Centre.
- Section 11.3, in relation to the term "compos mentis", consideration should be given to replacing it with more appropriate terminology in relation to diminished mental capacity.
- The procedure should include reference to arrangements for non- English speaking patients.
- The procedure should include reference to the organisation's safeguarding children policy, where there is a suspected or confirmed pregnancy of a patient under the age of 16.

An area of improvement has been identified in relation to amending Employer's Procedure (5) as outlined above.

7.4 Optimisation

There are good arrangements in place to ensure that medical exposures are kept as low as reasonably practicable. Employer's Procedure (12) outlines the arrangements in place; these include

- Applications training
- Radiographic protocols
- Standard operating protocols
- Routine equipment maintenance
- DRLs displayed in the imaging room
- Appropriate exposure charts
- Incident management
- Management of near misses
- Appropriate lead protection
- Patient dose surveys
- Daily quality assurance

Paediatrics

There is limited paediatric imaging carried out in Alliance Medical Hillsborough Scan Centre. It was noted that special attention is paid to optimisation when undertaking medical exposures of children. This includes

- Paediatric exposure charts(see comment below)
- Modified views
- Lead protection
- Alternative techniques where appropriate
- Use of paediatric DRLs

Review of the exposure charts in use noted that the paediatric section did not specify a size or age range for children. Staff confirmed that there are a range of settings for children, which they can select depending on the age and size of the child. An area of improvement was identified in relation to including an age range and or a size range within the paediatric section of the exposure charts.

Clinical Evaluation

An Employer's Procedure (11) is in place for the clinical evaluation of medical exposures and it outlines that a documented clinical evaluation is produced for all medical exposures.

There is an audit trail in the Radiology Information System (RIS) which identifies which exposures have not been reported on. Staff confirmed that they check this daily and follow up accordingly.

A regular audit is carried out on a sample of medical exposures to ensure a clinical evaluation has taken place.

Fluoroscopy

It was confirmed that all fluoroscopy machines had devices to automatically control the dose rate and had image intensifiers.

7.5 Research

An Employer's Procedure (9) was in place for research exposures.

The management team confirmed that no research is currently being conducted in Alliance Medical Hillsborough Scan Centre and this is reflected in the procedure.

7.6 Clinical audit

There are systems in place to undertake clinical audits, some of which are outlined in Employer's Procedure (6). Some examples of audits include:

- Health record
- Clinical justification
- Patient pathway
- Dose audit
- Pregnancy procedures
- Radiology reporting audit

Staff confirmed that the outcomes of audits are discussed at monthly staff meetings and during the fortnightly conference call chaired by the Quality and Processes Manager.

7.7 Expert advice

Alliance Medical retains the services of a MPE/RPA on a contractual basis. The MPE and the RPA were present for the duration of the inspection.

The MPE and the RPA provide ongoing advice and support to the management team on a range of issues and will visit the site on request.

7.8 Equipment

An inventory of radiological equipment was supplied which contained all of the legislative information. A minor amendment was suggested in relation to the recording of the equipment. There is an appropriate amount of equipment available for the workload of the radiology department.

7.9 Training

A number of completed staff induction programmes were reviewed and they were noted to be generic and high level. Staff confirmed that a role specific induction was carried out within the radiology department; however this was not formally recorded. An area of improvement was identified in relation to developing written role specific induction programmes.

Training records for radiographers are held electronically and available for review. Training records for other staff who act as duty holders, such as radiologists, should be available to Alliance Medical to ensure the entitlement process is meaningfully completed. An area of improvement was identified in relation to this matter.

Discussion took place on how staff competence is assessed in relation entitlement and it was confirmed that competence is assessed, however not formally documented. An area of improvement was identified in relation to devising and implementing written competence frameworks for staff.

7.10 Patient identification

Employer's Procedure (2) is in place to correctly identify individuals to be exposed to ionising radiation. The procedure references the three point patient identification process, and it clearly outlines that it is the responsibility of the operator who carries out the medical exposure, to ensure that the correct patient receives the correct medical exposure, according to the request made.

Staff confirmed that the operator responsible must sign their name beside the identity (ID) check on the request form or sign electronically in RIS as appropriate. Review of a sample of three patient records confirmed an ID check had been recorded.

7.11 Review of environment

The inspection team reviewed the facilities available in relation to diagnostic imaging. The department was found to be clean, tidy and well organised.

7.12 Staff discussion/review of patient records

The inspection team met with radiographers and discussed: the application of the Employer's Procedures; the role and function of duty holders; patient identification; the use of authorisation guidelines; induction; continued professional development; the use of DRLs as a reference tool; and the action to be taken if they thought a patient had received a dose that was much greater than intended. Staff demonstrated a good working knowledge of Employer's Procedures and the other areas discussed. Review of patient records indicated that the correct procedures are being followed.

7.13 Conclusion

Radiological practice within Alliance Medical Hillsborough Scan Centre appeared to be safe, effective and in line with the principles of IR(ME)R and good practice guidelines.

A lot of work has gone into development of written procedures and protocols that are generally comprehensive and fit for purpose.

Inspectors concluded that there were no identified serious concerns regarding the actual delivery of the service.

There were ten areas of improvement identified as a result of this inspection. These are fully outlined in the appended Quality Improvement Plan.

The management team is to be commended for their commitment and enthusiasm to ensuring that the department is operating within the legislative framework and to maintaining optimal standards of practice for patients.

Inspectors would like to extend their gratitude to the management team and staff for their hospitality and contribution to the inspection process.

8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Brian Goldrick, Quality and Processes Manager and Ms Nuala Murray Unit Manager, as part of the inspection process. The timescales commence from the date of inspection.

It is the responsibility of the employer to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

8.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 known as IR(ME)R, The Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010 and other published standards which promote current best practice to improve the quality of service experienced by patients.

8.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The employer should confirm that these actions have been completed and return the completed QIP via independent.healthcare@rqia.org.uk for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 and The Ionising Radiation (Medical Exposure) (Amendment) Regulations (Northern Ireland) 2010 and other published standards which promote current best practice to improve the quality of service experienced by patients.

<p>Area for improvement 1</p> <p>Ref: Regulation: 4</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2018</p>	<p>The Employer shall devise a Radiation Safety Policy as outlined in the main body of the report.</p> <p>Ref:7.1</p>
	<p>Response by the Employer detailing the actions taken: A radiation safety Policy has been drafted and is currently going through the document approval process. The draft policy currently includes:</p> <ol style="list-style-type: none"> 1) Policy Statement 2) Purpose 3) Exposure Levels 4) Approval Process for new activities 5) Roles & Responsibilities: <ol style="list-style-type: none"> i) Employer- Alliance Medical & Orthoderm ii) Radiologists iii) Radiographers iv) RPS v) RPA vi) RPC - including terms of reference 6) Relevant Qualifications & Training Records 7) Personal Monitoring 8) Investigation of Incidents involving Ionising Radiation 9) Radiation Safety Documentation Review
<p>Area for improvement 2</p> <p>Ref: Regulation:4 (6)</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2018</p>	<p>The Employer shall amend the Employer's Procedure (8) for use of Diagnostic Reference Levels (DRLs) to clearly outline the process to follow if DRLs are consistently exceeded</p> <p>Ref: 7.1</p>
	<p>Response by the Employer detailing the actions taken: Section 13.3 "Application of DRLs into Clinical Practice" added to AMD1124 Employers Procedures NI.</p> <p>The specific purpose diagnostic reference levels is to provide a benchmark for comparison, not to define a maximum or minimum</p>

	<p>dose limit. A DRL is not applied to individual patients. DRLs should be applied with flexibility to allow higher doses when indicated and justified by the Radiologist. Where DRLs are consistently exceeded the following must be performed:</p> <p>A radiation incident form must be completed outlining the following details:</p> <ul style="list-style-type: none"> - Number of patients affected - Date range and location of the incident - Description of the incident including any error messages displayed by the equipment - Name, position and contact number of staff involved - Radiation dose received by applicable patients - Corrective action taken <p>A copy of the incident report must be given to the Quality manager, Radiation Protection Adviser and any other relevant personnel.</p> <p>The Alliance Medical risk management committee must be informed of any incidents. These incidents will be added to the organisation's risk register.</p> <p>The patient's referrer must be informed in writing of the incident, including a report of the incident findings.</p> <p>The Radiation Protection Adviser must prepare a report for the Radiation Safety Committee which must decide on the necessity of reporting the incident to the regulatory authorities.</p> <p>It must be decided by the Radiation Protection Adviser as to whether procedures need to be revised, equipment replaced or staff given more training.</p> <p>Depending on the dose assessment undertaken by the RPA, the incident might require reporting to RQIA and/or HSE.</p>
<p>Area for improvement 3</p> <p>Ref: 4(1) Schedule 1</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2018</p>	<p>The Employer shall amend Employer's Procedure (3), entitlement for medical exposures with Alliance Medical, as outlined in the main body of the report.</p> <p>Ref: 7.2</p> <p>Response by the Employer detailing the actions taken:</p> <p>1) Section 9.2.2 bullet point 2 removed from AMDI124 Employers Procedures NI regarding radiographers acting as practitioners.</p>

	<p>2) Clinical evaluation added to Radiographer operator entitlement in first table in Section 9.2.3 of AMDI124 Employers Procedures</p> <p>3) The following has been added to table in Section 9.2.3.2 of AMDI124 Employers Procedures:</p> <p>i) Orthopaedic Consultant- sub speciality in Spinal Procedures Appropriate Royal College membership / GMC registration All images relevant to the spinal column</p> <p>ii) Orthopaedic Consultant- sub speciality in Musculoskeletal Procedures Appropriate Royal College membership / GMC registration All MSK images</p> <p>Table Heading also ammended to "Operator Entitlement" as outlined in body of report</p>
<p>Area for improvement 4</p> <p>Ref: Regulation: 4(4)</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2018</p>	<p>The Employer shall review entitlement of all duty holders in line with their scope of practice; and ensure supporting evidence such as full training records and completed competence frameworks is available for inspection.</p> <p>Ref: 7.2</p> <p>Response by the Employer detailing the actions taken: RPS has reviewed all entitlements that were previously completed before her tenure. Training records have been obtained for Orthoderm Consultants and Lead Radiologist. Radiographer entitlement has been reviewed in accordance with the competency assessment outlined in Area for Improvement 8. Consultant entitlement has been reviewed in line with training records obtained and confirmation of professional registration and membership.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation: 7 (7)(b)</p> <p>Stated: First time</p>	<p>The Employer shall include an age range and or a size range within the paediatric section of the exposure charts.</p> <p>Ref: 7.4</p> <p>Response by Employer detailing the actions taken:</p>

<p>To be completed by: 16 April 2018</p>	<p>Exposure Chart has been ammended to include paediatric size: Small, medium & large. Exposure factors are those recommended by OEM and will be subject to periodic review.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation: 11(1) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2018</p>	<p>The Employer shall develop written role specific induction programmes for staff.</p> <p>Ref: 7.9</p> <p>Response by the Employer detailing the actions taken: The company has a generic induction checklist that employees complete and return following completion of the induction programme. A local induction checklist has been developed which focuses on more granular information in relation to site operations with a particular focus on patient safety in relation to both MRI & Radiation Safety. Criteria outlined include:</p> <ol style="list-style-type: none"> 1) Operation of Local Equipment 2) Ability to perform local QA procedures 3) Appropriate use of PPE 4) Incident Reporting inc Radiation incidents 5) Knowledge of emergency contacts 6) Dose recording 7) Knowledge of DRLs 8) Local Emergency procedures <p>above list is not exhaustive.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation: 11(4)</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2018</p>	<p>The Employer shall ensure training records for staff who act as duty holders, such as radiologists, should be available to Alliance Medical to ensure the entitlement process is meaningfully completed.</p> <p>Ref: 7.9</p> <p>Response by the Employer detailing the actions taken: Training records for Orthoderm Consultants had been requested prior to the IR(ME)R inspection on 16th January 2018. Training records have been obtained and appropriate entitlement performed. Prior any future entitlement, all training records/ qualifications must be obtained in order for an individual to be entitled to perform duties which involve the use of ionising radiation.</p>

<p>Area for improvement 8</p> <p>Ref: Regulation: 11(1)</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2018</p>	<p>The Employer shall devise and implement written competence frameworks for staff.</p> <p>Ref: 7.9</p> <p>Response by the Employer detailing the actions taken: A written competence framework has been devised which includes the following criteria:</p> <ol style="list-style-type: none"> 1) Ability to practice safely & effectively within scope 2) Ability to practice within the legal and ethical boundaries of their profession 3) Ability to maintain fitness to practice 4) Ability to practice as an autonomous professional, exercising their own professional judgement 5) Awareness of the impact of culture, equality, and diversity on practice 6) Understands the importance of and be able to maintain confidentiality 7) Ability to communicate effectively 8) Ability to work appropriately with others 9) Ability to maintain records 10) Ability to reflect on and review practice 11) Ability to assure the quality of their practice 12) Understands the key concepts of the knowledge base relevant to their profession 13) Ability to draw on appropriate knowledge and skills to inform practice 14) Understand the need to establish and maintain a safe practice environment
<p>Area for improvement 9</p> <p>Ref: Regulation: 4(1) Schedule 1(e)</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2018</p>	<p>The Employer shall ensure that Employers Procedure (6) relating to quality assurance, is amended to fully reflect the quality assurance measures in place for document and version control.</p> <p>Ref: 7.1</p> <p>Response by the Employer detailing the actions taken: Section 12.3 Document Control added to AMD1124 Employers Procedures:</p> <p>When this document becomes obsolete it will be removed and replaced with the latest valid document. A document control register is maintained for all approved and controlled documents via EQMS. Obsolete or unused versions of this policy will be removed from</p>

	<p>circulation. The Quality Department will keep an archive of obsolete policies. This archive will be stored via EQMS and will be managed by the quality department</p> <p>Section 12.4 Version Control added to AMDI124 Employers Procedures:</p> <p>When a major change is made to this policy, an amendment that changes the meaning or the inclusion of an extra section or paragraph, the version number must be changed to the next whole number (Version 1.3 changes to Version 2.0) When making a minor change to this policy e.g. an amendment to one sentence, change of name or inclusion of additional wording that does not change the meaning of the policy, the version number must be changed to the next decimal point e.g. Version 1.3 changes to Version 1.4.</p> <p>Section 12.5 Document Review & Approval added to AMDI124 Employers Procedures:</p> <p>This policy subject to regular review by contracted Medical physics services. This policy must be reviewed at least on one occasion every 2 years. Following any version changes, the Managing Director is responsible for approving this policy. Approvals are documented via EQMS in which all PPPGs are stored.</p> <p>Section 12.6 Document Dissemination added to AMDI124 Employers Procedures:</p> <p>This policy is available via Alliance Medical's EQMS. Applicable staff are notified via email with an associated acknowledgement action for completion via the system. This action requires staff to log on to EQMS and acknowledge any changes made to this policy. A log of acknowledgements is stored on this system. All staff are responsible for ensuring that they have a logon and password for EQMS</p>
<p>Area for improvement 10</p> <p>Ref: Regulation: 4(1) Schedule 1 (d)</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2018</p>	<p>The Employer shall amend Employer's Procedure (5) for exposure of females of reproductive capacity as outlined in the main body of the report.</p> <p>Ref: 7.3</p> <p>Response by the Employer detailing the actions taken: Reference to anaesthetised patients removed.</p> <p>Section 11.3 of AMDI124 Employers Procedures ammended to include:</p>

For non-English speaking patients or patients of diminished mental capacity, the procedure outlined in Section 8.3.2 must be followed. Where pregnancy status cannot be determined, the exam must be aborted. Both the Radiologist and referrer must be informed of this decision. The exam cannot proceed until the pregnancy status of the patient is confirmed

Pregnancy status of female patients of reproductive capacity under the age of 16 must be determined prior to commencing the examination. Where pregnancy has been confirmed in these patients the exam must be abandoned. The procedures outlined in AMDI021 Child Protection Policy must be followed if this situation presents itself. Please contact a member of the Quality Department for further advice.

****Please ensure this document is completed in full and returned via independent.healthcare@rqia.org.uk****



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