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**Diagnostic Imaging and Interventional Radiology’s Compliance with the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018**

**Self-Assessment for New IR(ME)R services**

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| --- | --- |
| **Name of Organisation :** |       |
| **Address:** |       |
| **Name of department :** |       |
| **Name of IR(ME)R employer** (e.g. **Chief Executive Officer )**  |       |

**Persons involved with completing the diagnostic compliance audit:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **Job title** | **Department** | **Telephone number** | **Email**  |
|       |       |       |       |       |
|       |       |       |       |       |
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**Form completed by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job title** | **Department** | **Date**  |
|       |       |       |       |

**Signed by the employer (e.g. CEO) as a true record to the best of our knowledge:**

|  |  |
| --- | --- |
| **Name** | **Job title** |
|       |       |
| **Signature** | **Date**  |
|       |       |

**Important – please read**

Where you refer to the department’s written procedures in your responses on this form, please clearly indicate the specific procedure.

**Please ensure that the completed audit form is returned to RQIA on** **IRMER@RQIA.org.uk**

Please note the information collected on this form will be shared in confidence with those sections of the UK Health Security Agency (UKHSA) contracted to assist with RQIA’s assessment processes.

1. **Previous external audits, reviews or inspections**

|  |  |
| --- | --- |
| **1.1** | **Has there been a previous audit, review or inspection of the radiology department by an external body within the last two years?** (e.g. Quality Standards for Imaging (QSI)) If yes, please name the external body and provide the date of the last audit, review or inspection  |
| **External body** | **Date** |
|       |       |
|       |       |
| **1.2** | **Are there any actions outstanding?** If yes, please list briefly and indicate reason for non-completion and attach a copy of the report from the external body. |
|       |
| **RQIA comments:** |

1. **Departmental service information**

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| **2.1** | **Please indicate by yes or no if any of the following modalities are to be provided by the proposed IR(ME)R service.** | **Main department** | **Other departments** Specify name of **site** and **location** |
| **General** **(plain film)** **radiography** |       |       |
| **General fluoroscopy** (including fluoroscopy performed outside of the radiology/interventional department e.g. theatre)  |       |       |
| **Interventional radiology** (e.g. diagnostic angiography, stenting, angioplasty etc.) |       |       |
| **Cardiology** (e.g. catheterisation, angioplasty, complex procedures etc.) |       |       |
| **CT scanning** (include interventional CT data separately) |       |       |
| **Mammography****Symptomatic** (include stereotactic/vacuum biopsy etc. data separately) |       |       |
| **Dental** (e.g. IOPA, bitewing, OPG, Ceph, CBCT etc.) |       |       |
| **DXA** |       |       |
| **RQIA comments:** |
| **2.2** | **Sch.2 (m)** | **Does the department undertake non–medical imaging exposures using medical radiological equipment?****If undertaken, list all types of non-medical imaging examinations and workload** |            |
| **RQIA comments:** |

1. **Department information - equipment and facilities**

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| --- | --- | --- | --- |
| **3.1** | **Please indicate the equipment and functionality available in the department** | **Main department** | **Other departments** Specify name of **site** and **location** |
| **General x-ray equipment****Mobiles** 1. **General radiography**
2. **C-arm fluoroscopy**
 |       |       |
| **General fluoroscopy units** |       |       |
| **Dedicated interventional units** |       |       |
| **Dedicated cardiac units** |       |       |
| **CT scanners – indicate numbers**  |       |       |
| **Mammography units****Symptomatic**  |       |       |
| **Dental units** |       |       |
| **DXA scanners** |       |       |
| **RQIA comments:** |

1. **Department information - staff providing diagnostic imaging and interventional radiology services**

|  |  |
| --- | --- |
| **4.1** | **Give numbers (WTE) of staff in department in the categories listed below****\*Please indicate specialty where appropriate** |
| **Consultant radiologists\*****Consultant cardiologists (where applicable)**  |       |
| **Associate specialists\*** |       |
| **Specialist registrars\*** |       |
| **Consultant/advanced practice radiographers** (indicate reporting radiographers)\* |       |
| **Radiographers** |       |
| **Assistant practitioners** |       |
| **Medical physics experts\*** |       |
| **Other**\* (e.g. students or trainees) |       |
| **Does the department offer an emergency out of hour’s service?** **If yes, please describe system including staffing levels and expertise** |       |
| **4.2** | **Are all staff involved in delivering diagnostic imaging/interventional radiology/cardiology services (where applicable) accountable through the same management chain?** **Please describe and attach a copy of the organisational chart and governance framework**  |       |
| **RQIA comments:** |
| **4.3** | **If you have a contract with a third-party provider, briefly describe how you identify who the IR(ME)R employer is, and what their responsibilities are for each aspect of the service they provide** |       |
| **RQIA comments:** |

1. **IR(ME)R framework: employer’s duties – including written procedures/protocols**

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| **5.1** | **Reg.6** **Reg.10 (3)** | **Describe how you demonstrate the employer is aware of their responsibilities under IR(ME)R** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **5.2** | **Reg.6 (2)** | **Describe how the employer demonstrates they have taken steps to ensure written procedures are complied with by:**  |
| 1. **referrers**
 |       |
| 1. **practitioners**
 |       |
| 1. **operators**
 |       |
|  | **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **5.3** | **Reg.6 (5) (a) (c)** **(i-iii)****(7)****Sch 2.(f)**  | **Describe the process for establishing, use and review of Diagnostic Reference levels (DRLs) in the department and include actions to be taken if it is found DRLs are consistently exceeded for:** |
| 1. **diagnosis and treatment** (including interventional procedures)
 |       |
| 1. **health screening**
 |       |
| 1. **asymptomatic individuals**
 |       |
| 1. **non-medical imaging** **procedures**
 |       |
|  |       |
| **Identify the relevant procedure and where in the procedure this is evidenced.** |
| **RQIA comments:** |

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| **5.4** | **Reg.6 (5) (c)** | **Describe how your local DRLs compare to European and national DRLs** |       |
| **RQIA comments:** |
| **5.5** | **Reg.6 (5) (c)** | **Describe the process for reviewing DRLs** e.g. example frequency, method, which duty holders are involved etc. |       |
| **Identify the relevant procedure and where in the procedure this is evidenced.**      |
| **RQIA comments:** |
| **5.6** | **Reg.6 (5) (c)** | **Describe how changes to DRLs are communicated to staff** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced.**      |
| **RQIA comments:** |

1. **IR(ME)R framework: employer’s duties – clinical audit**

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| --- | --- | --- | --- |
| **6.1** | **Reg.7** | **Describe the process for clinical audit including the structure of the programme and which IR(ME)R duty holders are involved** |       |
| **RQIA comments:** |
| **6.2** | **Reg.7** | **Provide examples of clinical audits to be carried out in the department by each professional group where applicable** * **radiographers**
* **radiologists**
 |       |
| **RQIA comments:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **6.5** | **Reg.6 (5) (b)** | **Describe IR(ME)R audit programmes.****Include:*** **frequency of audits**
* **how will outcomes be shared with staff**
 |       |
| **RQIA comments:** |
| **6.6** | **Reg.7** | **Describe how audits are presented and findings shared with staff within the department and outside the department where applicable**  |       |
| **RQIA comments:** |

1. **IR(ME)R framework: employer’s duties - accidental and unintended exposures**

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| --- | --- | --- | --- |
| **7.1** | **Reg.8 (4)** | **Describe the process for the immediate management, including the process for preliminary investigation, reporting of significant accidental or unintended exposures involving ionising radiation**  |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **7.2** | **Reg.8 (4)** | **Describe the process for carrying out more detailed investigations including:** * **who leads the investigation?**
* **who is involved in dose assessment reports?**
* **issues that may prevent submission of dose assessment reports within the timeframe required by RQIA**

 |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **7.3** | **Reg.8 (1)****Sch.2 (l)** | **Describe who is involved in determining whether an incident is a clinically significant accidental or unintended exposure**  |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **7.4** | **Reg.8 (1)****Sch.2 (l)** | **Describe how the referrer, practitioner and the individual (or their representative) are informed of a clinically significant unintended or accidental exposure and are provided with the outcome of the investigation into the event****If it is decided the individual exposed should not be informed, what process is followed?** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **7.5** | **Reg.8 (3)** | **Describe the proposed process for recording and analysing accidental or unintended exposures including near misses** **Include:** * **how radiology trend analysis will be performed**
* **who will be responsible for completing the analysis**
* **how radiology trend analysis will feed into the organisation’s governance system**
 |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **7.6** | **Reg.8 (4)****Sch.2 (k)** | **Briefly describe the procedure which ensures that the probability and magnitude of accidental or unintended exposures to patients are reduced as far as reasonably practicable** |       |
| **Identify the relevant procedure** **and where in the procedure this is evidenced**      |
| **RQIA comments:** |

1. **IR(ME)R framework: employer’s duties - training and competencies**

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| **8.1** | **Reg.17 & 6 (3) (b)** | **Describe the induction / training programmes in place for the following duty holders under IR(ME)R:*** **radiologists**
* **cardiologists(where applicable)**
* **radiographers**
* **assistant practitioners**
* **locum/agency**
* **Medical Physics Experts (MPEs)**
 |       |
| **RQIA comments:** |
| **8.2** | **Reg.17 & 6 (3) (b)** | **Describe how the employer ensures and can demonstrate that IR(ME)R duty holders are appropriately qualified, trained and state registered, where appropriate, for their scope of practice** |       |
| **RQIA comments:** |
| **8.3** |  | **Describe how individual’s scope of entitlement is reviewed and updated to add or remove competencies, within their scope of practice** |       |
| **RQIA comments:** |
| **8.4** | **Reg.17 (4)** **Reg.6 (3) (b)** | **Describe how training records for practitioners and operators are managed to ensure they are up to date**  |       |
| **RQIA comments:** |
| **8.5** | **Reg.17** **Reg.6 (3) (b)** | **Describe how training and competencies for practitioners and operators outside of radiology is managed.****Include management of equipment and radiation protection training records.**  |       |
| **RQIA comments:** |

1. **IR(ME)R framework: employer’s duties – entitlement**

**Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| **9.1** | **Reg.6** **Sch.2 (b)** | **Explain how the employer has delegated the task of entitlement of IR(ME)R duty holders** |       |
| **RQIA comments:** |

**Referrer**

|  |  |  |  |
| --- | --- | --- | --- |
| **9.2** | **Sch.2 (b)** | **Describe the process by which named individuals or groups of individuals are entitled to act as referrers** **Include individuals from:*** **within the organisation**
* **outside the organisation**

( e.g. GPs) * **Republic of Ireland (ROI)**

**Provide details as to who is responsible for entitling each of the above and how individuals within a group are identified** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**      |
| **RQIA comments:** |
| **9.3** | **Sch.2 (b)** | **Describe how referrers** * **within the organisation**
* **outside the organisation** (e.g. GPs, chiropractors)
* **ROI**

**are informed they are entitled to refer** **Include how they understand their scope of practice for referral** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**      |
| **RQIA comments:** |
| **9.4** |  | **Describe how registration with the Medical Council of Ireland is confirmed for ROI referrers** **Where is this evidenced?**  |       |
| **RQIA comments:** |
| **9.5** | **Reg.11 (1) (b)** | **Are any other registered healthcare professionals, who are not medically qualified, entitled as referrers within a specific scope of practice?**If yes, please describe and include the process for training in radiation protection and assessing competencies to refer |       |
| **RQIA comments:** |

**Practitioner**

|  |  |  |  |
| --- | --- | --- | --- |
| **9.6** | **Sch.2 (b)** | **Briefly describe the process by which named individuals are entitled as practitioners** (training, competencies and scope of practice) **for staff working:*** **within radiology**
* **outside of radiology** (e.g. surgeons/cardiologists/ gastroenterologists)

**Include who is responsible for entitling these individuals** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**      |
| **RQIA comments:** |
| **9.7** | **Sch.2 (b)** | **Briefly describe the process by which each practitioner or group of practitioners are made aware of their entitlement and scope of practice for staff working:*** **within radiology**
* **outside of radiology** (e.g. surgeons/cardiologists/ gastroenterologists)
 |       |
| **RQIA comments:** |
| **9.8** | **Reg.11 (1) (b)** | **Are any radiographers entitled as practitioners within a specific scope of practice?** If yes, please describe  |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**      |
| **RQIA comments:** |
| **9.9** | **Reg.11 (1) (b)** | **Are any other registered healthcare professionals, who are not medically qualified, entitled as practitioners within a specific scope of practice?**If yes, please describe  |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**      |
| **RQIA comments:** |
| **9.10** | **Reg.10 (2)** | **Describe how third-party providers acting as practitioners to justify examinations** (**e.g. for out of hours CT scans) are entitled****Include who is responsible for assessing their competencies and entitling them**  |       |
| **RQIA comments:** |

**Operator**

|  |  |  |  |
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| **9.11** | **Reg.10 (4)****Sch.2 (b)** | **Describe the process by which named individuals or groups of individuals are entitled to act as operators for staff working:*** **within radiology**
* **outside of radiology**(e.g. surgeons/cardiologists/ gastroenterologists)

**Include who is responsible for entitling these individuals** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**      |
| **RQIA comments:** |
| **9.12** | **Reg.10 (4)****Sch.2 (b)** | **Describe the process by which each operator or group of operators are made aware of their entitlement and scope of practice for staff working:*** **within radiology**
* **outside of radiology** (e.g. surgeons/cardiologists/ gastroenterologists)
 |       |
| **RQIA comments:** |
| **9.13** | **Sch.2 (b)** | **Describe how third-party providers, acting as operators, are entitled and their scope of practice defined** **Include who is responsible for assessing their competencies and entitling them** |       |
| **RQIA comments:** |
| **9.14** | **Reg.10 (4)** **Sch.2 (b)** | **Briefly describe the process for entitling locum or agency (i.e. short term) staff as operators, if applicable** |       |
| **RQIA comments:** |
| **9.15** | **Reg 14(1)** | **Describe the process by which the employer appoints a suitable MPE** |       |
| **RQIA comments:** |
| **9.16** | **Reg.14 (1)**  | **Describe how you confirm the appointed MPEs are currently recognised by Department of Health** **Are MPEs included as operators in the employer’s procedures?** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**      |
| **RQIA comments:** |
| **9.17** | **Reg.14 (1)**  | **Describe how you confirm your MPEs are competent and appropriately trained for their scope of practice** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**      |
| **RQIA comments:** |

1. **IR(ME)R framework: employer’s duties – quality assurance programme for written procedures**

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| **10.1** | **Reg.6 (5) (b)** | **Describe the quality assurance programmes in place for written procedures and protocols.****This should include:** |
| 1. **the process** (e.g. date of issue, review, authorisation by appropriate person etc.)
 |       |
| 1. **frequency of review**
 |       |
| 1. **how changes are communicated to relevant staff**
 |       |
|  | **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |

1. **IR(ME)R framework: referrals**

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| **11.1** | **Reg.6 (5) (a)** | **Briefly describe the referral guidelines established by the employer for a range of examinations undertaken within the department and how they are made available to all referrers including:** * **inside the organisation**
* **outside the organisation e.g. GPs**
* **cross border referrals**
 |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**      |
| **RQIA comments:** |
| **11.2** | **Reg.10 (5)** | **Describe briefly how referrals are made to this department.****Include:*** **prioritising**
* **timed future examinations**
* **referral cancellation process**
 |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**      |
| **RQIA comments:** |
| **11.3** |  | **Describe the measures in place to minimise the possibility of receiving duplicate referrals**  |       |
| **RQIA comments:** |

1. **Justification and authorisation**

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| **12.1** | **Reg.11 (1) (b) (c)** **Reg.11 (2)** | **Describe the processes (electronic and/or written) of how and where justification is recorded.****Include the process for justification of carers and comforters’ exposures**  |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **12.2** | **Reg.11 (5)** | **Describe the process for authorisation and how this is recorded**  |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |

1. **Optimisation**

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| **13.1** | **Reg.12 (1)** | **Briefly describe how practitioners and operators ensure doses are as low as reasonably practicable (ALARP)** |       |
| **RQIA comments:** |
| **13.2** | **Reg.12 (8) (a)**  | **Briefly describe how exposures to children are optimised** |       |
| **RQIA comments:** |
| **13.3** | **Reg.12 (8) (d)** | **Briefly describe how exposures to individuals in whom pregnancy cannot be excluded are optimised** |       |
| **RQIA comments:** |
| **13.4** | **Reg.12 (8) (c)** | **Briefly describe how exposures involving high doses are optimised.****How is the MPE involved with optimising these exposures** |       |
| **RQIA comments:** |
| **13.5** | **Reg.12 (3)** | **Briefly describe how the most appropriate equipment in the department is selected for specific examinations**(e.g. using equipment with lower dose capability for paediatric patients where available) |       |
| **RQIA comments:** |
| **13.6** | **Reg.14 (2) (c)**  | **Briefly describe how the MPE is involved in optimisation for all radiological practice** |       |
| **RQIA comments:** |
| **13.7** | **Reg. 12 (5)** **Sch.2 (n)** | **Briefly describe the procedure for the exposure of carers and comforters including any dose constraints established** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |

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| **13.8** | **Sch.2 (i)** | **Briefly describe the process for providing the individual to be exposed (or their representative) with adequate information on benefits of having the exposure and the risks associated with the radiation dose** **Include:** * **what and how information is provided** e.g. poster/leaflets
* **how is information on benefits and risks from exposures provided by areas outside radiology** e.g. theatres**/**cardiology
 |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |

**14. Clinical evaluation**

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| --- | --- | --- | --- |
| **14.1** | **Reg.12 (9)** **Sch.2 (j)** | **Describe how clinical evaluation is undertaken and evidenced for each type of exposure** (e.g. general radiography, CT, interventional) |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **14.2** | **Reg.12 (9)** **Sch.2 (j)** | **Describe how clinical evaluation is undertaken and managed outside radiology**(e.g. theatres/outpatients clinics)  |  |
| **RQIA comments:**  |
| **14.3** | **Reg.12 (9)** **Sch.2 (j)** | **Briefly describe how the process of clinical evaluation is audited both within and outside radiology**  |  |
| **RQIA comments:**  |
| **14.4** | **Reg.12 (9)** **Sch.2 (j)** | **Describe how clinical evaluation is undertaken by third party operators**  |  |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **14.5** | **Reg.12 (9)** **Sch.2 (j)** | **Describe arrangements for peer review?**  |  |
| **Identify the relevant procedure where this is evidenced**  |
| **RQIA comments:**  |
| **14.6** | **Reg.12 (9)** **Sch.2 (j)** | **Is Artificial Intelligence (AI) software used within the organisation e.g. in support of clinical evaluation and if so, describe the process** |        |
| **RQIA comments:** |

**15. Expert advice (MPE)**

**You should seek support from your MPE to complete section 14 Expert Advice and section 15 Equipment**

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| **15.1** | **Reg.13** | **Describe how dose estimates from medical exposures are collected** |       |
| **RQIA comments:** |
| **15.2** | **Reg.14 (2) (d)** | **Briefly describe how the appointed MPE(s) provide advice on:** |
| 1. **dosimetry and evaluation of dose**
 |       |
| 1. **quality assurance (QA) matters relating to radiation protection**
 |       |
| 1. **radiological equipment**
 |       |
| **RQIA comments:** |
| **15.3** | **Reg.14 (3)** | **Briefly describe how the appointed MPE(s) contribute to:** |
| 1. **radiation protection of patients and others**
 |       |
| 1. **the application and use of DRLs**
 |       |
| 1. **performance QA of the equipment**
 |       |
| 1. **acceptance testing of equipment**
 |       |
| 1. **installation design and technical specification of equipment**
 |       |
| 1. **surveillance of the site**
 |       |
| 1. **analysis of accidental or unintended exposures**
 |       |
| 1. **selection of equipment for radiation protection measurements**
 |       |
| 1. **training of practitioners and other staff on radiation protection**
 |       |
| 1. **compliance with these regulations**
 |       |
| **RQIA comments:** |

**16. IR(ME)R framework: employer’s duties - equipment**

|  |  |  |  |
| --- | --- | --- | --- |
| **16.1** | **Reg.15 (1) (a)****Sch.2 (d)** | **Describe the quality assurance programme in place for all relevant equipment including:*** **daily/monthly quality control (QC) (radiographers)**
* **annual (medical physics)**
 |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **16.2** | **Reg.15 (1) (a) (i)** **Sch.2 (e)** | **Briefly describe the procedure for the assessment and recording of patient dose****How does the written procedure address those exposures performed outside of the radiology department e.g. theatres, cardiology etc.** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **16.3** | **Reg.15 (3) (a-c)** | **Describe the processes in place for testing of any equipment before first use, performance testing at regular intervals and testing following maintenance**  |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **16.4** | **Reg.15 (6) (b)** | **Briefly describe the criteria used to specify acceptable performance of equipment**  |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **16.5** | **Reg.15 (6) (a) (c)** | **Briefly describe what measures are in place to improve inadequate or defective equipment and any corrective actions that may be taken**  |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **16.6** | **Reg.15 (1) (a)** | **Briefly describe how equipment issues are communicated to the employer** |       |
| **RQIA comments:** |
| **16.7** | **Reg.15 (5)** | **Does all interventional and CT equipment in the department/clinic have the capability of providing information to assess patient dose?** | Yes / No |
| **If no, please provide further information**      |
| **RQIA comments:** |

**17. IR(ME)R framework- patient identification**

|  |  |  |  |
| --- | --- | --- | --- |
| **17.1** | **Sch.2 (a)** | **Describe the process for identifying individuals undergoing exposures** **Include any additional enquiries** (e.g.laterality) |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **17.2** | **Sch.2 (a)** | **Briefly describe how/where you record which operator** **identified the individual exposed****Include where there is more than one operator**  |       |
| **RQIA comments:** |
| **17.3** |  | **Briefly describe the process for managing data discrepancies in the individual’s information** (e.g. incorrect address) |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |

**18. IR(ME)R Framework – pregnancy enquiries**

|  |  |  |  |
| --- | --- | --- | --- |
| **18.1** | **Sch.2 (c)** | **Briefly describe the procedure concerning the making of enquiries of individuals of childbearing age to establish whether the individual is or may be pregnant or breastfeeding** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **RQIA comments:** |
| **18.2** | **Sch.2 (c)** | **Indicate the stated age range for individuals of whom an enquiry must be made** |       |
| **RQIA comments:** |
| **18.3** | **Sch.2 (c)** | **Briefly describe how you record which operator(s) carried out the pregnancy enquiry** |       |
| **RQIA comments:** |
| **18.4** | **Reg.6 (8)** | **Describe what is in place to alert individuals who are or may be pregnant that they should inform staff (e.g. posters, information in appointments letters etc.)** |       |
| **RQIA comments:** |

**19. Research**

|  |  |  |  |
| --- | --- | --- | --- |
| **19.1** | **Reg.12 (4)****Sch.2 (g)** | **If the radiology department participates in research involving medical exposures briefly describe the process including how research referrals are identified and appropriate protocol selection?** |       |
| **Identify the relevant procedure and where in the procedure this is evidenced**       |
| **19.2** | **Sch.2 (g)** | **Briefly describe how dose constraints/targets are established** |       |
| **19.3** | **Reg.12 (4) (c)** | **Describe briefly what measures are in place to ensure dose constraints are adhered to** |       |
| **RQIA comments:** |

**20. Please submit copies of the documents listed below as supporting evidence:**

* **ensure that documentation submitted is numbered for ease of identification**
* **if unable to provide the documentation requested, include reason in the comment box**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Document/procedure**  | **Submit****Yes/No** | **Comment**  |
| **1** | **Radiation Protection Policy (or equivalent policy)** | Yes / No |       |
| **2** | **IR(ME)R Schedule 2 Employer’s Procedures** | Yes / No |       |
| **3** | **Organisational chart(s) demonstrating the link between the employer and the department** | Yes / No |       |
| **4** | **Organisational chart demonstrating safety governance structure** | Yes / No |       |
| **6** | **Proposed clinical audit schedule**  | Yes / No |       |
| **7** | **Examples of frameworks for IR(ME)R audits to be carried out**  | Yes / No |       |
| **8** | **Proposed or if available completed entitlement records/scope of practice where applicable for :** * **radiologist/cardiologist, specialist registrars where appropriate**
* **radiographer**
* **MPE**
* **two non-medical referrers** (e.g. nurse practitioners)
* **surgeon** (e.g. orthopaedic/vascular)
 | Yes / No |       |
| **9** | **Authorisation guidelines issued by a practitioner, where applicable** | Yes / No |       |
| **10** | **Equipment inventory**  | Yes / No |       |
| **11** | **List of appointed MPEs their areas of expertise and training records** | Yes / No |       |
| **12** | **Equipment QA programme to cover the full range of QC tests** * **monthly/daily QC (radiographer)**
* **annual QA report – (MPE)**
* **annual IR(ME)R compliance report (MPE)**
 | Yes / No |       |
| **13** | **Example of framework to be used for summary of analysis and learning from accidental or unintended exposures and locally reported near misses** **If coding taxonomy is used for analysis, provide the system** | Yes / No |       |
| **14** | **Examples of DRLs to be used in the department**  | Yes / No |       |
| **15** | **Examples of three examination protocols for standard radiological practice**  | Yes / No |       |

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| --- |
| **Additional comments -** please add any comments here that you feel are relevant to this assessment      |

|  |
| --- |
| **RQIA additional comments** |
| **Name of Inspector:** | **Signature of Inspector:** |
| **Date:** |