


Q-Pulse Database	DIAIMA	
Document Number	EP-18	
Document Title	Clinical Audit	

## 1. Objectives

To ensure compliance with IRME Regulation 7, which requires that "clinical audit" (as defined in EP(i)) is undertaken, and that this leads to modification of practices where indicated, and to the application of new standards if necessary.

To ensure that the services covered by these Employer's Procedures are audited in line with the aims of the NHS Greater Glasgow and Clyde Clinical Governance Committee.

## 2. Responsibilities

The IRMER Policy Lead is responsible for providing an annual report on 'Clinical Audit of IRMER-Related Activities for NHS Greater Glasgow and Clyde' to NHS Greater Glasgow and Clyde's Clinical Governance Committee.

General Managers are responsible for ensuring that clinical audit is carried out for their service and for reporting the results annually to the IRMER Policy Lead for inclusion in his/her annual report to NHS Greater Glasgow and Clyde's Clinical Governance Committee.

Clinical Directors are responsible for ensuring that clinical audit is carried out for medical aspects of radiological practices of their service and for reporting the results annually to the IRMER Policy Lead for inclusion in his/her annual report to NHS Greater Glasgow and Clyde's Clinical Governance Committee.

The Scientific Director, DCPB is responsible for ensuring that clinical audit is carried out for DCPB services and for reporting the results annually to the IRMER Policy Lead for inclusion in his/her annual report to NHS Greater Glasgow and Clyde's Clinical Governance Committee.

## 3. Clinical Audit

NHS Greater Glasgow and Clyde's Employer's Procedures include provisions to ensure that responsibilities placed on staff for implementing the requirements of these procedures are properly audited by the person to whom they are responsible. For example, procedures 'EP1' requires that General Managers and Clinical Directors shall audit changes to the scope of entitlement of employees that have been made by authorised managers, for confirmation that newly assigned competencies can be supported by suitable and sufficient training records.

These audits form part of the systematic examination or review of radiological practices, procedures and results required under IRME Regulation 7.

General Managers, Clinical Directors and the Scientific Director, DCPB shall ensure that an audit summary report (see EP-Guidance-006) is completed and signed, and provided to the IRMER Policy Lead in order to confirm formally that a systematic examination or review of radiological practices has been carried out.

**Completed EP-Guidance-006 forms should be returned to the IRMER Lead as requested.**  
**Non-returns will be escalated by the IRMER Lead to the relevant Chief of Medicine**

This will be done annually and the report provided in time for inclusion in annual report of the IRMER Policy Lead to NHS Greater Glasgow and Clyde's Acute Division Clinical Governance Committee and Board Radiation Safety Committee.

The IRMER Policy Lead shall check that any unsatisfactory results identified in his/her annual report to NHS Greater Glasgow and Clyde's Acute Division Clinical Governance Committee and Board Radiation Safety Committee have been re-audited by the General Managers or Clinical Director within six months of the reporting date.

Arrangements for carrying out and recording audits under IRMER for each service will be described in Level 2 procedures.

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