


Q-Pulse Database	DIAIMA	
Document Number	EP-18	
Document Title	IRMER Audit (Clinical & Compliance)	

1. Objectives

To ensure that all services covered by these Employer's Procedures are compliant with the Ionising Radiation (Medical Exposure) Regulations 2017 and in particular 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.

For compliance with clinical audit, these services are audited in line with the aims of the NHS Greater Glasgow & Clyde Acute Clinical Governance Committee.

For compliance with the Employer's Procedures, these services are audited in line with this procedure with the aims of the NHS Greater Glasgow & Clyde Board Radiation Safety Committee / IRMER Working Party

2. Responsibilities

The IRMER Policy Lead is responsible for providing an annual report on the following

- IRMER Clinical Audit to the NHS Greater Glasgow & Clyde Acute Clinical Governance Committee.
- IRMER Compliance Audit to the NHS Greater Glasgow & Clyde Board Radiation Safety Committee / IRMER Working Party

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


The Scientific Director is responsible for ensuring that clinical audit is carried out for medical aspects of radiological practices of their service(s) and for reporting the results annually to the IRMER Policy Lead for inclusion in their annual report to the NHS Greater Glasgow & Clyde Acute Clinical Governance Committee.

Clinical Directors and General Managers are responsible for ensuring that compliance audit is carried out for their service(s) and for reporting the results annually to the IRMER Policy Lead for inclusion in their annual report to the NHS Greater Glasgow & Clyde Board Radiation Safety Committee / IRMER Working Party.

The Scientific Director and General Manager for DCPB are responsible for ensuring that compliance audit is carried out for their service(s) and for reporting the results annually to the IRMER Policy Lead for inclusion in their annual report to the NHS Greater Glasgow & Clyde Board Radiation Safety Committee / IRMER Working Party.

Owner	Author	Revision	Active Date	Review Date	Page
MacDuff, Ross	Neilson, Helen	11	29/04/2026	29/04/2029	1 of 2

This document is uncontrolled when printed. Check Revision BEFORE use!

Q-Pulse Database	DIAIMA	
Document Number	EP-18	
Document Title	IRMER Audit (Clinical & Compliance)	

3. Clinical Audit

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

Services are encouraged to submit Clinical Audits throughout the audit year (April to March)

Failure to submit sufficient audits will be escalated by the IRMER Policy Lead to the relevant Chief of Medicine

This will be reviewed throughout the year by the IRMER Policy Lead / IRMER Working Party and reported by the IRMER Policy Lead in their annual report to the NHS Greater Glasgow & Clyde Acute Clinical Governance Committee.

The IRMER Policy Lead shall check that any unsatisfactory results identified in their annual report to the NHS Greater Glasgow & Clyde Acute Clinical Governance Committee have been re-audited by the Clinical Director within six months of the reporting date.

Arrangements for carrying out and recording Clinical Audits under IRMER for each service will be described in Level 2 procedures. Clinical Audits should be approved by the appropriate clinical governance structure BEFORE being submitted.

4. Compliance 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.

General Managers, Clinical Directors and the Scientific Director, DCPB shall ensure that an audit summary report (see EP-Guidance-006) is completed 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 Policy Lead as requested.

Non-returns will be escalated by the IRMER Policy 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 the NHS Greater Glasgow & Clyde Board Radiation Safety Committee / IRMER Working Party.

The IRMER Policy Lead shall check that any unsatisfactory results identified in their annual report to NHS Greater Glasgow & Clyde Board Radiation Safety Committee / IRMER Working Party have been re-audited by the General Managers or Scientific Director within six months of the reporting date.

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

Owner	Author	Revision	Active Date	Review Date	Page
MacDuff, Ross	Neilson, Helen	11	29/04/2026	29/04/2029	2 of 2

This document is uncontrolled when printed. Check Revision BEFORE use!