1. Objective

To outline the mechanisms for document control as well as the issue and revision of NHS Greater Glasgow and Clyde IR(ME)R Employer's Procedures and associated documents.

Examples are included throughout this procedure in order to guide Service Areas without existing document control structures.

2. Responsibilities

Document Owner

The Owner is the person with responsibility for the document. They are responsible for

- appointing authors
- appointing additional approvers
- authorising documents prior to release
- activating draft documents
- ensuring the distribution of new revisions
- ensuring any document actions are carried out on time

Document	Scope	Owner
Level 1	NHS GG&C Wide Policies and Procedures	IRMER Policy Lead
Level 2	Service Area Wide Procedures and Forms	As detailed in Service Area Level 2 Document Control Procedure
Level 3	Sector or Site Specific Procedures and Forms	As detailed in Service Area Level 2 Document Control Procedure

Document Author

The Author is appointed by the Owner. They

- are the last person to make changes to the document
- are responsible for the accuracy and suitability of the content of the document
- normally carry out document reviews
- may be the Lead Author representing a working group.

Document Approvers

Approvers may also be appointed by the Owner. Approvers are required to comment on the accuracy and suitability of the content of a document and should be able to question aspects of the document, comment on the impact of any proposed changes and provide feedback to the Owner.

Document Copyholders

Copyholders should be notified when changes are made to the active revision of a document. Copyholders are then required to take any additional actions required including updating of any copies distributed and highlighting changes staff groups.

3. Document Numbering

Level 1 Documents

Level 1 documents are NHS GG&C Wide Policies and Procedures. These include such documents as the Radiation Safety Policy and the Employer's Procedures. Employer's Procedures shall be designated as 'EP-' followed by a number e.g. EP-19

Employer's Procedure Guidance documents will be designated as 'EP-Guidance' followed by a number e.g. EP-Guidance-001

Level 2 Documents

Level 2 documents are Service Area wide and should be numbered as detailed in the relevant Service Area Level 2 Document Control Procedure. However, in order to ensure unique document numbers it is recommended that all Service Areas start their numbering system with a pre-fix that identifies their service area.

e.g.

Service Area	Identifier
Diagnostic Radiology	DR
Health Physics	HP
Nuclear Medicine	NM

Level 3 Documents

Level 3 documents are either Sector of Site specific and should be numbered as detailed in the relevant Service Area Level 2 Document Control Procedure. However, in order to ensure unique document numbers it is recommended that all Service Areas start their numbering system with a pre-fix that identifies their service area.

Header Format

All Documents must have a header in the following format and contain the following information UNLESS this would have a detrimental effect on the documents intended use i.e. Patient Information Leaflets, letter templates and posters. Requirements for these document groups must be agreed in advance by the Diagnostics Quality Manager.

Unique Document Number	Relevant Area
Title	

Example - Level 1 - Employers Procedures

EP-1	NHS Greater Glasgow and Clyde
Entitlement of Duty Holders for Medical Exposures	

Example - Level 2 – Diagnostic Radiology - Service Area Wide - Procedure

DR-GGC-PROC-001	NHS Greater Glasgow and Clyde
Procedure for ……	

Example - Level 3 – Diagnostic Radiology - Sector Specific - Form

DR-NWEST-FORM-001	North West Sector
Procedure for ……	

Example - Level 3 – Diagnostics Radiology - Site Specific – Procedure

DR-NWEST-GGH-PROC-001	Gartnavel General Hospital
Procedure for ……	

Footer Format

All Documents must have a footer in the following format and contain the following information UNLESS this would have a detrimental effect on the documents intended use i.e. Patient Information Leaflets, letter templates and posters. Requirements for these document groups must be agreed in advance by the Diagnostics Quality Manager.

Author	Owner	Revision	Active Date	Review date	Page
initials	initials	1	dd/mm/yy	dd/mm/yy	X of Y
This document is uncontrolled when printed. Check Revision BEFORE use!					

Author field contains the initials of the last person who made changes to the document. They are responsible for the accuracy and suitability of the content of the document. The document 'Author' will normally conduct the scheduled reviews. This may be a Lead Author representing a working group.

Owner field contains the initials of the person(s) confirming it as a "controlled document". They are responsible for its control and issue.

Revision field is normally an integer which commences at 1. Some documents may have a decimal revision number instead. e.g. documents linked to software revisions.

A new revision will only be issued when changes have been made to the document. Documents that are reviewed and remain unchanged will therefore keep the same revision number.

Existing documents not in the format detailed in this document will be updated on the next review. Any documents that have no change to content BUT are changed to the new format should still have the revision number incremented and the format changes documented in the Change Details.

Active Date contains the date when the current revision of the document was made active. If a document is reviewed and no changes have been made then the active date will be unchanged, but the 'Review Date' must be updated.

Review Date contains the date by which the document must be reviewed.

Pages are numbered in the format "Page 1 of x", "Page 2 of x", etc.

4. Document Control

Authorisation

All documents must be authorised by the owner prior to release. The owner may subject documents to an approval process prior to authorisation being given.

Document Registers

The IR(ME)R Lead shall maintain a Document Register of all IRMER related documents which will be generated using the Diagnostics Q-Pulse system (except BWOSCC).

The document register will include the following information

- Document Number
- Document Title
- Document Owner
- Document Author (may be Lead Author only)
- Current Revision
- Active Date
- Review Date

Document Review and Revision
Controlled Documents will be reviewed:

- prior to the 'Review date'
- with regard to any significant change in working practices or organisational structure,
- with regard to any changes in other employer's documents that might have an impact,
- in response to identified deficiencies, change requests, corrective actions or complaints.

Document Reviews are normally completed by the Document Author. If the review results in a new revision then the new version shall be provided to the document owner for authorisation.

The maximum period for scheduled review of controlled documents shall be three years, and it shall be the responsibility of the document owner to decide on the actual review period.

Documents that are reviewed and remain unchanged will keep the same active date and revision number.

Existing documents not in the format detailed in this document will be updated on the next review.
Any documents that have no change to content BUT are changed to the new format should still have the revision number incremented and the format changes documented in the Change Details.

Document Style
For all documents (guide only) fonts should be:

- Header Detail (**Arial, size 11, bold, blue**),
- Headings (**Arial, size 11, bold, blue**)
- Sub-Heading (**Arial, size 11, bold, black**)
- Main Text (Arial, size 11)
- Footer Detail (Arial, size 9, normal, blue)
- Other text colours may be used to highlight key points

Document Distribution
The latest revision of the Employers Procedures must be available to all duty holders. These documents are available via the Diagnostics Q-Pulse system and StaffNet.

StaffNet will be updated by the Diagnostics Imaging Quality Manager.

The latest revision of active documents will be made available as detailed in the relevant Service Area level 2 Document Control Procedure.

It is the responsibility of the individual to check paper copies are the latest revision BEFORE use.

It is the responsibility of ALL staff to remove any obsolete documentation they find.