Registered Doctors and Registered Dentists (medical staff) are entitled by the IR(ME)R Lead as Referrers (R) and Operators for Clinical Evaluation of medical images (O3) based on their grade. In addition, Doctors are entitled as Operators for the taking of radioactive blood samples (O2 Sample). Any additional entitlement must come from their Clinical Director.

		Yes	No
1	Do you have any medical staff who require additional entitlement? (e.g. involvement in theatre fluoroscopy)	☐	☐ goto Q7
2	Have these staff received an entitlement letter from the CD?	☐	☐
3	Does your service have a record of the scope of entitlement for these staff?	☐	☐
4	Have you updated the record of entitlement within the last year?	☐	☐
5	Have you audited the activities of your authorised managers in updating competences of these staff within the last year?	☐	☐
6	Do these staff have records of the training linked to their entitlement?	☐	☐

Additional Comments

Registered Health Care Professionals may apply to act as Non-Medical Referrers for agreed examinations. These staff are entitled by the IR(ME)R Lead as Referrers. Any additional entitlement as IRMER Operators (O, O1, O2, O3) or IRMER Practitioners (P) must come from their General Manager / Scientific Director

		Yes	No
7	Do you have any non-medical staff who require additional entitlement? (e.g. evaluating X-rays, injecting radiopharmaceuticals)	☐	☐ goto Q13
8	Have these staff received an entitlement letter from the GM / Scientific Director	☐	☐
9	Does your service have a scope of entitlement for these staff?	☐	☐
10	Have you updated the record of entitlement within the last year?	☐	☐
11	Have you audited the activities of your authorised managers in updating competences of these staff within the last year?	☐	☐
12	Do these staff have records of the training linked to their entitlement?	☐	☐

Additional Comments

All services with staff who require additional entitlement should have in place a set of Level 2 documents that describe how the Employers Procedures will be implemented. The Clinical Director and the General Manager / Scientific Director should work jointly to ensure these documents are in place

		Yes	No
13	Based on answers 1 and 7, does your service need a set of Level 2 documents?	☐	☐ goto Q18
14	Does your service have a set of Level 2 documents in place?	☐	☐ goto Q18
15	Have the Level 2 documents been reviewed within the last 2 years?	☐	☐
16	Are the Level 2 documents easily accessible to staff?	☐	☐
17	Are staff made aware of the documents during induction?	☐	☐

Additional Comments

All equipment which produces or is used to measure ionising radiation must appear on an IRMER Asset Register. It is also a requirement that this equipment is covered by a maintenance contract. Both of these should be organised by the General Manager / Scientific Director

		Yes	No
18	Does your service own any equipment that produces or is used to measure ionising radiation?	☐	☐ goto Q23
19	Does this equipment appear on an IRMER Asset Register?	☐	☐
20	Have you updated your IRMER Asset Register within the last year?	☐	☐
21	Is this equipment covered by a maintenance contract?	☐	☐
22	Is this equipment subjected to regular Quality Assurance checks?	☐	☐

Additional Comments

Any incidents involving unintended exposure or overexposure of patients must be reported using Datix and investigated. In addition, some of these incidents may be reportable to external bodies who may investigate further e.g. Scottish Government, HSE, HFS or SEPA

		Yes	No
23	Have any incidents involving unintended exposure or overexposure of patients occurred in your service during the past year?	☐	☐ goto Q28
24	Were all incidents reported using Datix?	☐	☐
25	Were all incidents investigated?	☐	☐
26	Were any of these incidents reported to external bodies?	☐	☐
27	Have you implemented changes in practice following an unintended exposure or an Overexposure of patients? If yes, please describe below	☐	☐

Additional Comments

A clinical evaluation is required for all images. Images NOT subsequently reported by Imaging must have a clinical evaluation documented in the patient record. Images which are used to make a clinical decision BEFORE a clinical evaluation is available from Imaging must have the initial clinical evaluation documented in the patient record.

		Yes	No
28	Does your service perform clinical evaluations NOT subsequently reported by Radiology or Nuclear Medicine?	☐	☐ goto Q30
29	Have you audited a selection of these records to ensure a clinical evaluation has been recorded?	☐	☐ goto Q30
30	Does your service make a clinical decision BEFORE a clinical evaluation is available from Radiology or Nuclear Medicine?	☐	☐ goto Q32
31	Have you audited a selection of these records to ensure a clinical evaluation has been recorded?	☐	☐ goto Q32

Additional Comments

"Clinical Audit" means a systematic examination or review of medical radiological procedures which seeks to improve the quality and the outcome of patient care through structured review whereby radiological practices, procedures and results are examined against agreed standards for good medical radiological procedures, intended to lead to modification of practices where indicated and the application of new standards if necessary. All services are required to carry out clinical audit.

		Yes	No
32	Does your service have a clinical audit plan in place?	☐	☐ goto Q33
33	Did your service perform any clinical audits in the last year?	☐	☐ goto Q37
34	Did your clinical audits result in any changes in practice?	☐	☐ goto Q35
35	Did you follow up on these changes to assess their impact?	☐	☐ goto Q36
36	Please upload your completed clinical audits here then tick as appropriate	☐	☐ goto Q37

Additional Comments

Please include a list of completed clinical audits that you have uploaded

Medical exposures carried out for research or non-medical imaging have additional requirements as detailed in EP-16 and EP-17.

		Yes	No
37	Has your service carried out any medical exposures for **research** studies?	☐	☐ goto 42
38	Is a Clinical Radiation Expert appointed for each research study?	☐	☐
39	Has an assessment of dose been carried out by a Medical Physics Expert?	☐	☐
40	Are the relevant Imaging Departments informed of research trials undertaken?	☐	☐
41	Have you checked a selection of these to ensure they have been properly carried out and that the additional requirements have been met in accordance with EP-16?	☐	☐
42	Has your service carried out any medical exposures for **non-medical** procedures?	☐	☐ goto 44
43	Have you checked a selection of these to ensure they have been properly carried out and that the additional requirements have been met in accordance with EP-17?	☐	☐

Additional Comments

Services which carry out procedures using ionising radiation without Radiology, Nuclear Medicine or Radiotherapy Physics staff involvement must ensure that the patient dose is recorded in the patient record.

In addition, the service should carry out a review of these doses and compare them against the relevant Diagnostic Reference Levels (DRL's) in use. These could be National, NHS GG&C wide or service specific drawn up in conjunction with Health Physics.

You must also inform the patient of the benefits and risks from ionising radiation and how this is done should be documented in a level 2 document for your service.

		Yes	No
44	Does your service carry out procedures using ionising radiation without the involvement of Radiology, Nuclear Medicine or Radiotherapy Physics staff?	☐	☐ goto end
45	Does your service have DRL's for a representative selection of procedures?	☐	☐
46	Have the DRL's been agreed with an appropriate Medical Physics Expert?	☐	☐
47	Have the DRL's been reviewed in the last year?	☐	☐
48	Have you audited a selection of patient records to ensure the patient dose has been recorded?	☐	☐
49	Did you act on any issues highlighted in the audit report?	☐	☐
50	Do you have a level 2 document which describes how the patient is informed of the benefits and risk from ionising radiation?	☐	☐

Additional Comments

In accordance with EP-18, as Clinical Director and General Manager / Scientific Director, you are requested to provide answers to the questions herein, on the basis of appropriate audit of the provisions involved, by the date shown below. These answers will be used by the IRMER Policy Lead in compiling their annual report to Greater Glasgow and Clyde's Clinical Governance Committee on 'Clinical Audit of IRMER-Related Activities for NHS Greater Glasgow and Clyde'.

	PRINT NAME	Signature	Date
General Manager / Scientific Director			
Clinical Director			
Directorate			
Service			

Return before: