

Ionising Radiation (Medical Exposure) Regulations 2000 – IR(ME)R 2000

HEYH Radiology Department

Procedure Title To Identify individuals entitled to act as Referrer, Practitioner or Operator

Scope All Diagnostic and Interventional X-ray exposures.

Responsibilities It is the responsibility of the Employer to establish who can act in these roles and must review these decisions on a regular basis.

Procedure **Staff Groups entitled to act as Referrers:**

All Registered Medical Officers in General Practice.

Registered Radiologists & registered Cardiologists (and qualified part 1 registrars).

All Registered Medical and Dental Officers employed directly or on an honorary or locum contract. Qualifications and Licenses to practice checked by Human Resources.

Registered Nurses and Professionals working to written protocols who are on the list of authorised referrers (agreed and signed by a Consultant, Line Manager and Radiology Director). Qualifications and Skills checked, verified and certified as current by Line Manager.

In most circumstances the referrer must supply the IR(ME)R practitioner with:

Sufficient medical data (such as previous diagnostic information or medical records) relevant to the medical exposure requested by the referrer to enable the practitioner to decide on whether there is a sufficient net benefit.

A unique patient ID number

If applicable, information on the patient's menstrual status

A signature (hand written or electronic) uniquely identifying the referrer

Verbal referral (e.g. theatre procedures)

In circumstances where a written request is unavailable the referrer must be present with the operator during the radiographic procedure. In this situation, the referrer is physically identifying the patient and as such the operator may authorise the exposure.

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IR(ME)R Practitioners:

Registered Radiologists and registered Cardiologists of all grades. Register of qualifications kept by Clinical Governance Radiographer.

New Registrars after successfully completing part 1. Qualification status kept up to date by RCR College Tutor.

The legal responsibility for justification always remains with the IR(ME)R practitioner. However, authorising that the exposure has been justified is a separate function, the responsibility for which can rest with the IRMER practitioner or a suitably qualified operator (i.e. Registered Radiographer) who may authorise under justification guidelines produced by the Radiology Director.

The person responsible for authorisation may be someone other than the operator who subsequently carries out the exposure. For example, a senior radiographer may authorise but another radiographer may take the radiographs.

The method of authorisation should be stipulated by a signature on the request card or by the naming the Radiographer in the relevant field in RadCentre (see specific procedures below).

General Radiography

The method of authorisation is carried out by naming the examining Radiographer in the relevant field in RadCentre.

Computed Tomography (CT)

The method of authorisation is carried out by naming the scanning Radiographer in the relevant field in RadCentre.

CT Brachytherapy patients

For Brachytherapy procedures, all concomitant CT exposures are justified and authorised by the clinical oncologist prior to treatment. Radiographers may carry out the exposure without a specific written request from Oncology provided that the patient has had the relevant Brachytherapy applicators inserted.

Cardiology

The method of authorisation is carried out by naming the operating Physician in the relevant field in CARDIDAS.

Combined Procedures, Screening Room 5 HRI, Screening Rooms 1 & 2 CHH and all mobile screening (HRI & CHH Theatres)

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The method of authorisation is carried out by naming the operating interventional Radiologist in the relevant field in RadCentre.

Duties of Operators:

The operator is any person who carries out a practical aspect of the medical exposure. The primary responsibility of the operator is to optimise the exposure. The operator must ensure that the patient is correctly identified, that the exposure has been justified, and for female patients, status regarding their menstrual cycle is the same as that recorded on the request card. The operator may then authorize the procedure. Any additional information required to facilitate a retrospective estimation of the effective dose to the patient should be recorded. This should not normally be required where standard examination protocols have been followed. The many different operator tasks must be identified, as must those persons qualified to undertake such tasks. To undertake new techniques, and use new equipment, operators must be adequately trained, and this training must be documented.

Persons entitled to act as operators are those personnel who have had practical training on the x-ray equipment they are to operate and are:

Radiologists & Cardiologists (and qualified part 1 registrars).

POPUMET and IR(ME)R Certificate holders (specified above).

Registered Nurses qualified to operate the Fluoroscanner Machines.

Radiographers who are Health Professions Council registered.

Assistant Radiographic Practitioners working to schemes of work and supervised by Radiographers.

Student Radiographers working to schemes of work and supervised by Radiographers.

Certain Registered Dental Nurses Qualified and Practicing at HRI.

Qualified Medical & Radiation Physics personnel.

Clinical Imaging Support Workers NOT operating xray machines but in support role.

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Changes from previous version:

Registered cardiologists added as entitled to act as referrer, practitioner and operator for cardiology exposures.

Method of justification and authorization made explicit for all Radiology/Cardiology procedures

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