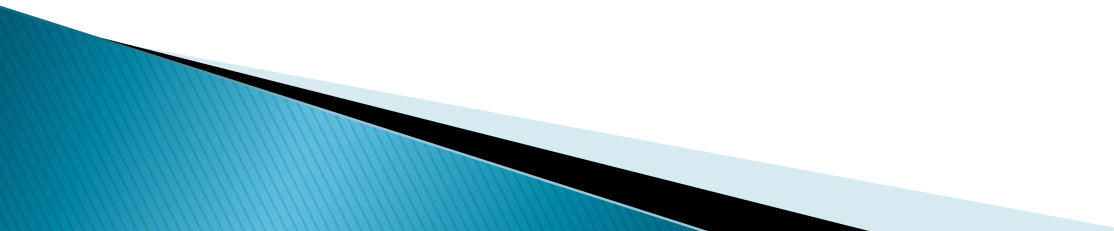


Non Medical Referrers Training Session

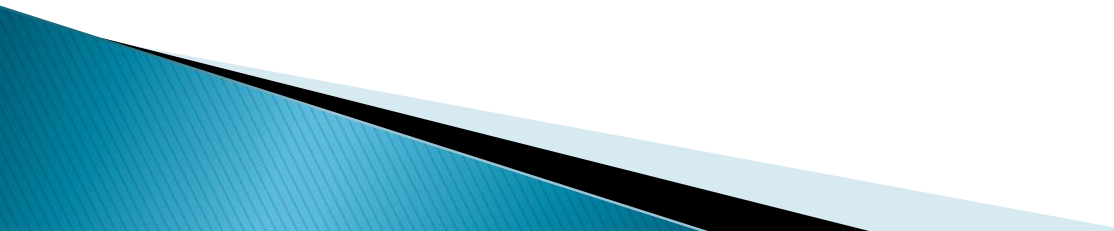
IR(ME)R for Non Medical Referrers - Review

Jim Thurston
Trust Medical Physics Expert
DCH Medical Physics

IR(ME)R Contains Excellent Principles

- ▶ Prior to 2000, only Medics could request Imaging
 - ▶ It improves patient care
 - ▶ It allows role development
 - ▶ It ensures the appropriate use of Imaging
 - ▶ It provides and ensures a robust and safety-focused requesting structure
- 

The Aim of IR(ME)R is Simple

- ▶ To ensure that the correct patient receives only the examinations that are of medical benefit to them.
 - ▶ That examinations are undertaken by professionals who are trained to carry out those examinations.
 - ▶ That examinations are interpreted by professionals who are trained to do so.
- 

Back to the Beginning

IR(ME)R

Ionising Radiation (Medical Exposure) Regulations 2017

- ▶ ICRP 1990 – Revision of Radiation Risk Estimates
- ▶ Euratom 1997– Medical Exposures Directive
- ▶ Department of Health – Implementation for Great Britain
- ▶ Statutory Instrument 2000 No 1059
- ▶ IRMER (Amendment) 2006, SI 2006/2523

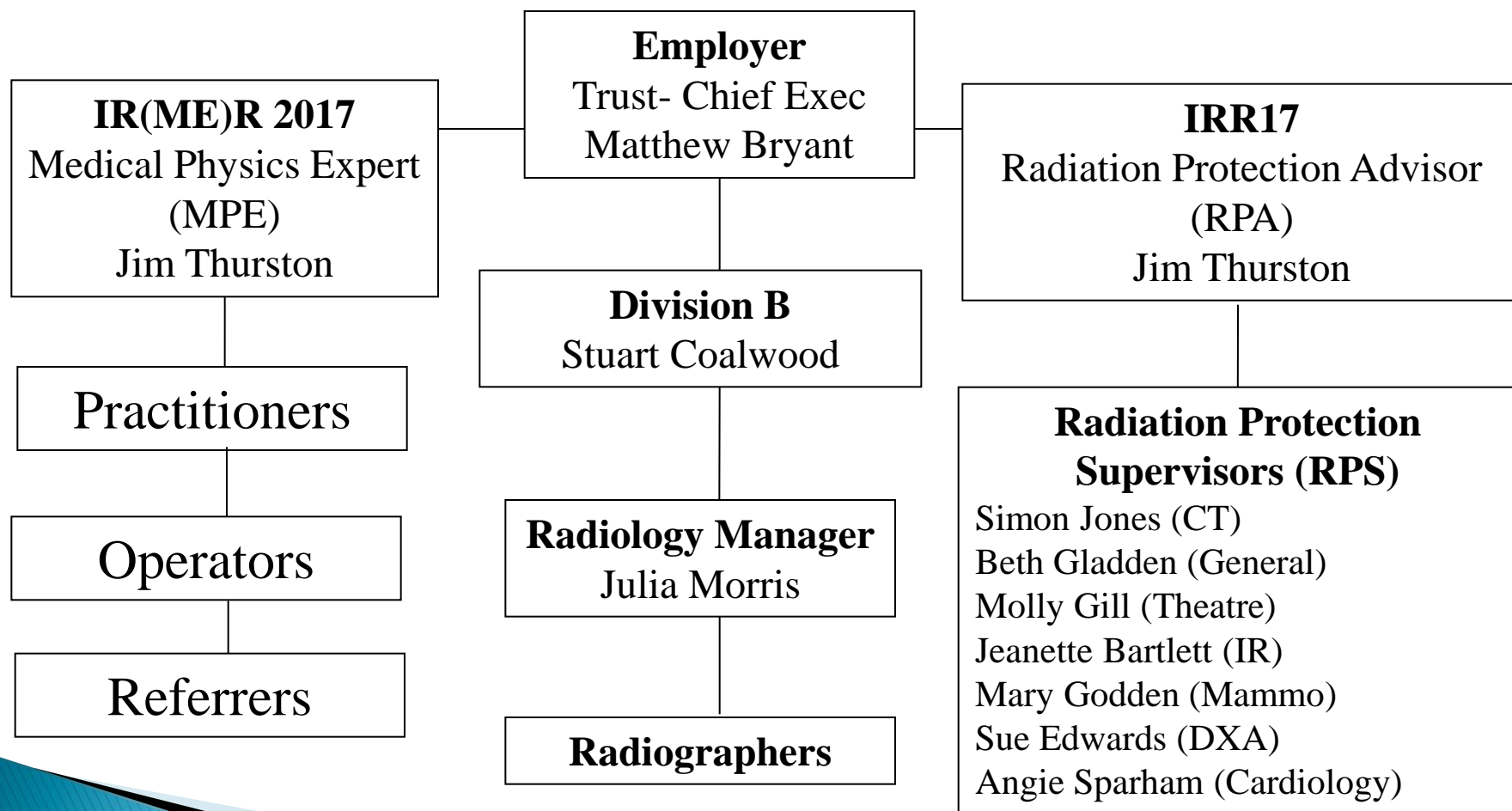


- ▶ ICRP Review 2010
- ▶ Euratom 2013
- ▶ Department of Health – Implementation for Great Britain
- ▶ Statutory Instrument 2017 No 1322
- ▶ Monitored by Care Quality Commission (CQC)
- ▶ DCH inspected by CQC in 2018

Legislation That Governs an Imaging Department

- ▶ **IRR17 (Ionising Radiation Regulations 2017)**
 - Local Rules
 - The physical safety of staff and patients
- ▶ **IRMER 2017**
 - Trust Employers Procedures
 - Operational safety of patients

IRR17 and IR(ME)R Chain of Responsibilities as of 12/04/2024



Employer Responsibility

- ▶ Provide framework for safety and safety management
- ▶ Requirement to register as an ionising radiation user
- ▶ Local rules (IRR)
- ▶ System of work (Contained in the Local Rules for DCH)
- ▶ **Trust IRMER Employers procedures (Clinical Intranet/Sharepoint)**
- ▶ Train according to role and keep records
- ▶ Appoint Radiation Protection Supervisors (RPS) for local safety (IRR)
- ▶ Consult Radiation Protection Advisor (RPA) as needed (IRR)
- ▶ Consult Medical Physics Expert (MPE) as needed (IRMER)
- ▶ **Explicitly define responsibilities and scope (IRR & IRMER)**

Employer IR(ME)R Responsibility

- ▶ Practitioner and operator responsibility defined
- ▶ Operators trained and training records kept
- ▶ Who is entitled to refer is defined
- ▶ **Referral criteria available to referrers (iRefer and Local Guidelines)**
- ▶ Inventory of radiation equipment kept
- ▶ Framework for management of IRMER exists
- ▶ Examination protocols exist for each procedure
- ▶ Records of radiation doses are kept as part of medical records
- ▶ **All examinations have written evaluations in the notes**
- ▶ Audit is carried out and acted upon
- ▶ **Incidents of overexposure investigated and notified to CQC**

Key Points

- ▶ Trust IRMER Employers Procedures – accessed via StaffNet – Policies and Guidance – tick Diagnostic Imaging (example of one from DCH).

<https://dchftnhs.sharepoint.com/sites/clinicalguidance/cg%20docs1/2131-ep1-correct-identification-of-the-patient.pdf?web=1>

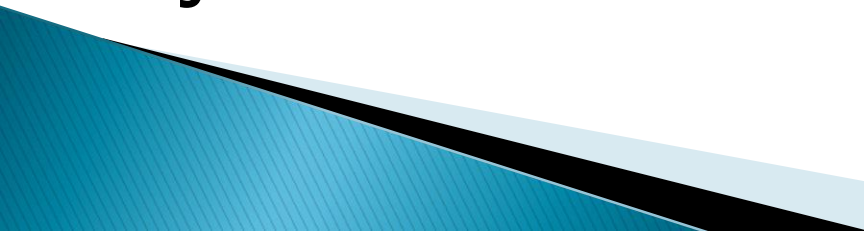
HOMEWORK – To find and read your own Trust EPs

- ▶ Referral criteria available to referrers.
- ▶ [Trust iRefer Link](#) (use Log In Automatically).
- ▶ All examinations have written evaluations in the patients' record.
- ▶ Incidents of overexposure are investigated and notified to CQC (who investigate on behalf of DHSC).

Key Types of Personnel

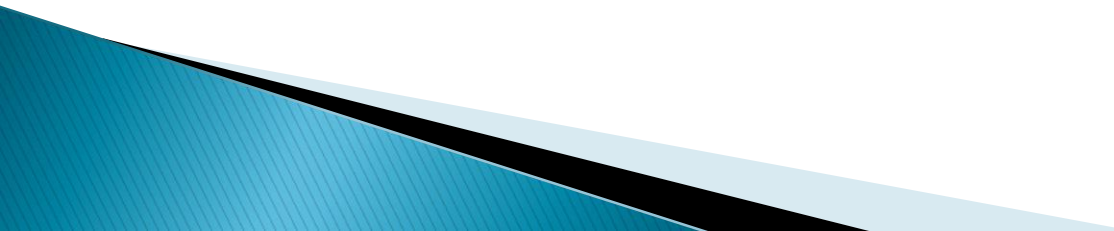
- ▶ **Referrers**
 - Those who request the examination
- ▶ **Practitioners**
 - Those who carry the clinical responsibility for undertaking the examination
- ▶ **Operators**
 - Those who physically press the button and those who produce a report on radiological images
- ▶ **Medical Physics Expert**
 - Adviser to the employer on compliance with IRMER

Practitioner Responsibility

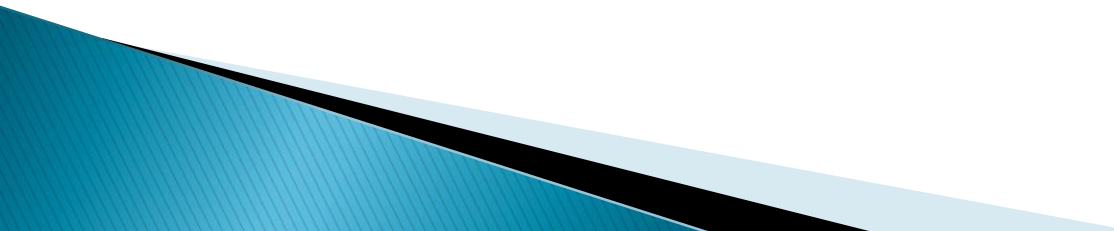
- ▶ **Preparation of Referral Criteria**
 - ▶ **Reporting Examinations**
 - ▶ **Delegation of Practical Aspects to Operators (Radiographers)**
 - ▶ **Paying Special Attention to Radiation Dose Issues**
 - ▶ **Following Employers SOPs**
 - ▶ **Undertaking Continuous Medical Education**
 - ▶ **Performing Audit**
 - ▶ **Acting as an Operator**
 - ▶ **Taking Steps to Ensure Doses are ALARP (As Low As Reasonably Practical)**
 - ▶ **Justification of individual referrals**
- 

Justification

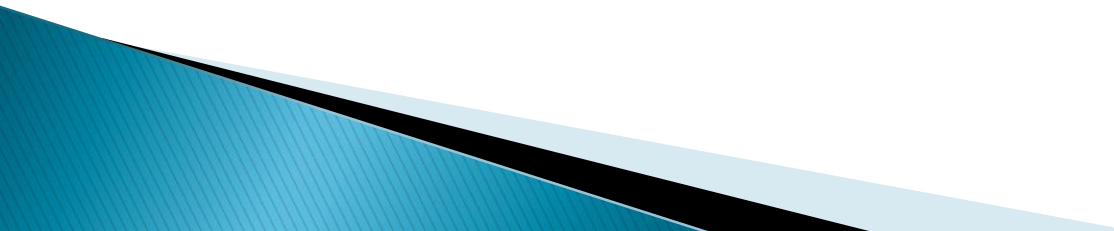
Must take account of:

- ▶ Medical benefit
 - ▶ Radiation dose and potential detriment
 - ▶ Efficacy of alternative techniques
 - ▶ Characteristics of the patient
 - ▶ Pregnancy status
 - ▶ Purpose
- 

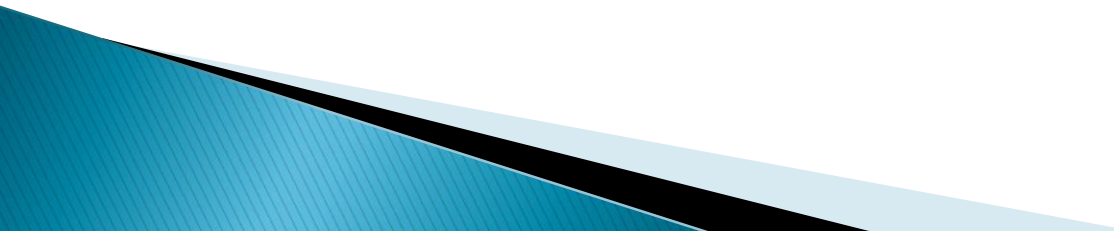
Justification Can't Be Delegated

- ▶ However, Practitioners Can Delegate Responsibility to Operators For:
 - ▶ *Authorisation* (against local guidelines) *and refusal*
 - ▶ Patient ID Checks
 - ▶ Checking Pregnancy
 - ▶ Carry out Exposure – Ensuring Doses Are Kept ALARP
 - ▶ Recording Patient Doses
- 

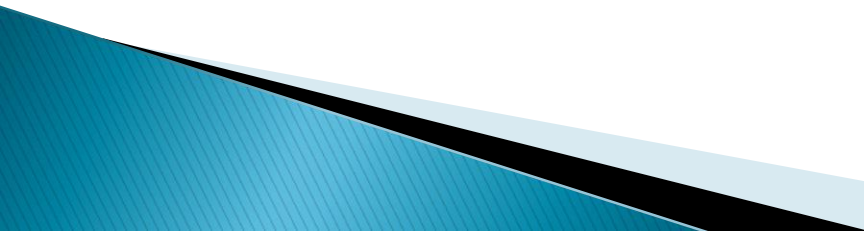
Who is the IRMER operator?

- ▶ Whoever is trained to press the exposure button (Radiographer, Radiologist, Assistant Practitioner, Nurse, Operating Department Assistant).
 - ▶ The IRMER operator takes personal responsibility for their actions where this affects the radiation dose to the patient. The operator is the last person in the chain of events before the patient is irradiated.
 - ▶ The Trust accepts vicarious liability if procedures are followed.
- 

Operator Responsibility

- ▶ Performing tasks only when adequately trained
 - ▶ **Complying with Trust IRMER Employers Procedures (Patient identification, Pregnancy Status, etc.)**
 - ▶ **Authorising requests against written guidelines**
 - ▶ Taking account of quality assurance results
 - ▶ Selecting equipment and techniques that minimise patient dose
 - ▶ Recording the examination dosage to the patient
 - ▶ Undertaking education and audit
 - ▶ Reporting any problems to their Radiation Protection Supervisor
- 

Referrer Responsibility

- ▶ Check if the examination needs to be performed
 - ▶ Communicate the risks and benefits of the proposed procedure using ionising radiation to the patient
 - ▶ **Provide all the information that the imaging department requires relating to the examination you are requesting**
 - ▶ Ensure that the imaging has a documented outcome
 - ▶ Provide audit information when requested
- 

Referrer Responsibility

- ▶ Consider the benefits or risks of the proposed examination to the patient

Rules-- Web page Dialogue

X-Ray Minimal Risk.

IR(ME)R
As a referrer under the Ionising Radiation Medical Exposure Regulations 2017 YOU are responsible for providing sufficient information to allow for justification of the examination. If you do not do this the request will be rejected.

Radiation Cancer Risk - Minimal Risk
As a Referrer you have a legal duty to communicate the risks and benefits of this radiology referral.

Risk from this examination is Minimal - 1 in 100,000 to 1 in 1,000,000 additional risk of cancer per examination - a few weeks background radiation

Identity check
Please type in patient name. First name followed by second name. This is a necessary patient safety check.

Justification Revisited

Is the referral completed correctly

- Full patient demographics (can we ID the patient?)
- Sufficient clinical information to be able to justify the procedure
 - Correct information to identify referrer (who requested the examination?)
 - Info on any previous imaging

Why is this information important?



If an Imaging Referral does not contain the required information to conform to IRMER–

by Law, It Must Be Returned to The Referrer To Undertake Any Further Action Is a Criminal Offence.

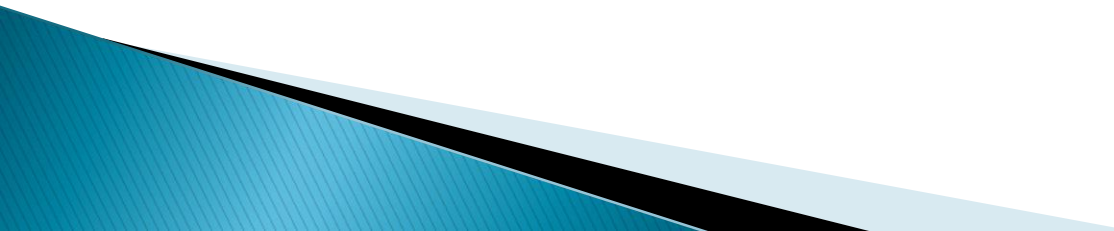
If we return the Referral or ask for clarification it is because the operator has not been supplied with sufficient information to safely proceed with the examination

Previous Imaging History

- ▶ Ask the patient!
- ▶ DCH Insignia PACS contains imaging from 4 Trusts
– DCH, UHD, RD&E and UHB,
- ▶ Yeovil & Taunton via SFT Philips (Carestream) PACS
- ▶ More shared sites to come– ?SWASH+ /UHS in mid to late 2024

The Imaging Department **MUST** be able to demonstrate its compliance to IRMER

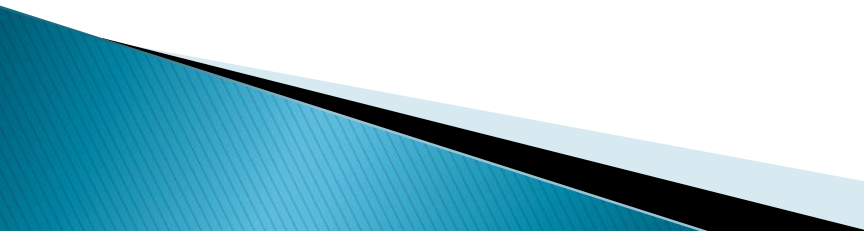
It Does So By The Audit Trail That Can Be Shown on The Imaging Referral



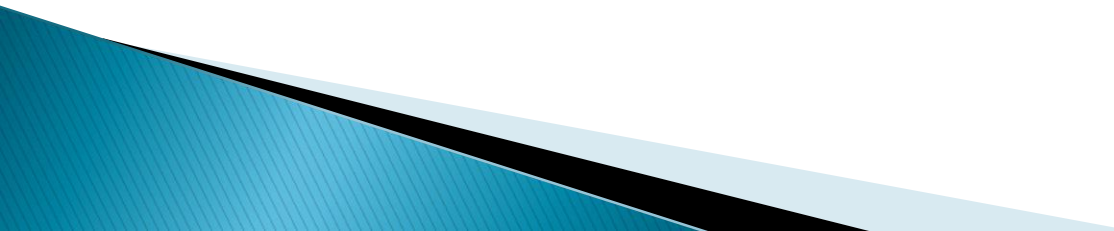
IRMER Incidents

- ▶ CQC has found that:
 - Over 50% of all patient radiation incidents in Radiology/Nuclear Medicine involve –
 - The wrong patient having an examination
 - The right patient having the wrong examination
 - In over 2/3rds of those cases, the **referral** was the root cause of the error

Some Reminders

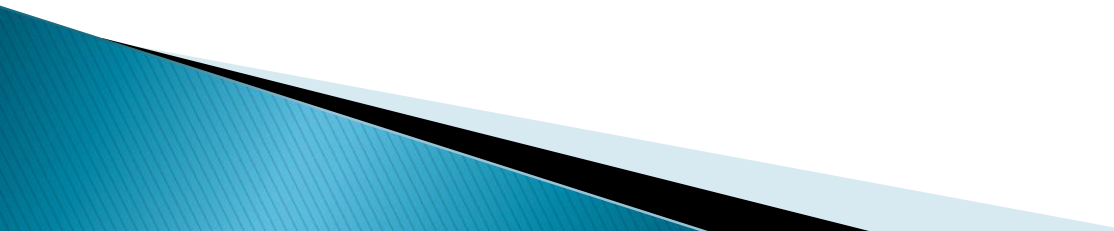
- ▶ You are ambassadors of good IRMER practice
 - ▶ Ability to refer is a privilege granted only by the Non-Medical Referrers Approval Committee
 - ▶ No one else can approve this privilege
 - ▶ Your Manager cannot give you the permissions to request
 - ▶ This privilege is not transferable
 - ▶ If you move department you need to reapply to be able to request
 - ▶ Are appropriately trained
 - ▶ Understand responsibilities
- 

Reminders contd.

- ▶ Have the scope for referral clearly defined and agreed upon as detailed in their protocol
 - ▶ Have agreed and defined who will act on the images
 - ▶ You need to adhere to the protocol you have signed
 - ▶ Need to notify Imaging of any changes in circumstance
 - ▶ Audit is required, contact Kate Lewins for details
- 

Review

Your responsibility as a Referrer is to provide all the information that the imaging department requires so that we may:

- ▶ Ensure that the patient you want to be imaged can be correctly identified
 - ▶ Ensure that the examination requested is the most clinically relevant
 - ▶ Produce the best images to help answer your clinical question
- 

Questions?

