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The Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER) and Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018

SUMMARY:
The responsibilities for any medical exposure are shared between:

Referrer	The referring clinician, i.e. the clinician who completes and signs the request form.
Practitioner	A member of staff who is appropriately trained to justify the exposure, i.e the clinicial staff who checks the request and decides it is appropriate.
Operator	A member of staff who is appropriately trained to operate the equipment, i.e. usually the radiographer who makes the exposure.

1. SPECIFIC RESPONSIBILITIES:

Employer	• To ensure that a framework of written protocols is in place for all examinations (found on the intranet/shared drive). • To ensure that there are procedures in place, to enable staff to comply with the regulations. • To establish referral criteria for medical exposures and ensure that these are made available to all referrers (RCR guidelines and departmental guidelines). • To ensure that an individual patient is informed of the benefits and risks of a procedure prior to the exposure taking place. • To ensure that all practitioners and operators are appropriately trained. • To ensure that clinical audits are carried out in accordance with national procedures. • To keep records of all practitioners and operators and their training log. • To keep records of all ionising radiation equipment and to prevent its proliferation.

Referrer	• To supply enough clinical information to allow the practitioner to justify an individual exposure i.e. fills out the request card correctly.
Practitioner	• To justify each individual exposure in terms of net benefit to the patient i.e. decides that it is an appropriate request.
Operator	• To carry out each procedure in accordance with the Employer's protocol. See IRMER and Information folders for patient ID, LMP protocols etc. • To use professional judgement to ensure patient dose is as low as reasonably practical (ALARP).

A single individual maybe be for example both:

- Referrer and Operator (e.g. Radiographer who decided that further view not originally requested are necessary).

OR

- Practitioner and Operator (e.g. Radiographer justifying a general x-ray request).

The term "Operator" also includes those members of staff who can test and or calibrate equipment.

2. DEPARTMENT PROCEDURES

Written procedures exist for:

- The positive identification of patients (see Patient ID protocol).
- Establishing the pregnancy status of female patients of child bearing age (see LMP protocol).
- Quality assurance of exam protocols and departmental procedures
- Recording the evaluation of examinations, including factors relevant to patient dose (exam exposures entered on Lumeon on patient record).
- Reporting any known or suspected radiation incidents (inform your manager immediately and fill out an incident form available on intranet/shared drive).

3. EXAMINATION PROTOCOLS

- Standard Operating Protocols must be written for all examinations.
- These protocols must include Diagnostic Reference Levels (reference dose).
- Special consideration must be given to dose limitation in the case of children, nursing mothers (nuclear medicine) and medico-legal examinations.

4. REFERENCE DOSES

- Diagnostic Reference Levels (DRL), in line with the UK or European standards must be established for all examinations.

5. PROCEDURE AUDIT

- An operator may depart from a written protocol and /or exceed a DRL providing that it can be justified in terms of net benefit to the patient.
- All such incidents must be recorded and be subject to effective audit.

6. JUSTIFICATION

- A radiographer may be designated to act as a Practitioner in a specific area and may justify a limited range of procedures as defined by a written protocol.
- All procedures must be justified prior to the examination taking place.

7. OPTIMISATION OF PATIENT DOSE

- Each person involved in a medical exposure must use their professional judgement to ensure that the patient dose is ALARP, consistent with the “intended purpose” of the examination

8. CLINICAL EVALUATION

- A clinical evaluation {i.e. report} must be recorded of the outcome of every clinical exposure. The responsibility for producing such a report does not, necessarily rest with the Radiology Department.

9. EXPERT ADVICE

- An appropriately qualified and experienced physicist must be available to give advice on all diagnostic procedures.
- This appointment should be considered as being distinct from Radiation Protection Adviser (RPA) responsibilities.

10. RESEARCH

- IR(ME)R includes all medical research programmes involving ionising radiation.