

IR(ME)R (01) - Employer's Procedure to identify individuals entitled to act as Referrer, Practitioner and/or Operator, within a specified Code of Practice (includes procedure for authorisation of requests)

Document Control:

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Note which Trust, where applicable.

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet or document management system.

Consultation

The following were consulted during the development and/or review of this document:

Head of X-ray
Head of CT/MRI
Head of Breast Imaging
Clinical Lead Consultant Radiologist
Radiology Accreditation and governance lead
EARRPS Medical physics expert

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a standard operating procedure applicable to James Paget University Hospitals NHS Foundation Trust; please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

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1. Introduction

1.1. Rationale

The responsibility of compliance with IR(ME)R lies with the employer, each of the entitled duty holders and any other employees involved within the IR(ME)R pathway.

The roles and responsibilities of the duty holders are explained in this employer's procedure. Each duty holder has personal and professional responsibility for ensuring the regulations are complied with.

An individual duty holder's legal responsibility is to act in the way the employer has set out in the employer's procedures.

Professionally it is the responsibility of healthcare staff to challenge the decision of others if they feel patient safety is at risk. Doing so can avert serious adverse events. An individual can act as more than one duty holder. Responsibility cannot be delegated. A person can delegate a task to another individual (providing the individual is competent to do the task) but still remains responsible. This means the work must be overseen, reviewed or checked and must be signed for by the person responsible. Unnecessary delegation has been shown to be a cause of error and should be avoided e.g. if initiating the exposure, also identify the patient.

All duty holders must work within their scope of practice and competence.

1.2. Objective

The purpose of this procedure is to ensure that all referrals to Diagnostic Imaging satisfy the conditions as set out under IR(ME)R legislation, specifically schedule 2(b), which covers the procedure for identifying individuals entitled to act as referrer, practitioner or operator, (duty holders) and the procedure for the justification and authorisation of medical exposures.

1.3. Scope

These procedures cover all persons who in the course of their work for the JPUH, as an employer, fall into the categories of the duty holders as defined under IR(ME)R i.e. operators, practitioners and referrers.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
RPS	Radiation Protection Supervisor
EARRPS	East Anglian regional radiation protection service medical physics expert
CT/MRI	Computerised Tomography/Magnetic Resonance Imaging
RIS	Radiology Information System

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HCPC	Health and Care Professions Council
GMC	General Medical Council
ICE	IT systems used for referrals
IPM	In Patient Management IT systems
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations 2017 and Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024
ESR	Electronic Staff Records
DEXA	Dual energy X-ray absorptiometry
Q PULSE	Radiology document management system
eLFH	eLearning for healthcare
ERCP	Endoscopic retrograde cholangiopancreatography
NHSBSP	National Health Service Breast screening programme
Authorisation	The recording of the decision that an individual medical exposure is justified. This is separate from justification.
Justification	The decision made by a Practitioner that an individual medical exposure should go ahead based on an assessment of the associated risks and benefits.
Lead Operator	The radiographer initiating the exposure, except in the case of interventional exposures where the exposure is initiated by a clinician. In these cases, the Lead Operator is the radiographer assisting the clinician with the examination.
Operators	These are persons entitled under these procedures to carry out practical aspects related to medical exposures.
Assistant Practitioner	Member of staff trained to L4 to undertake specific examinations as an Operator working to set criteria. The person who has set the criteria is the Practitioner for the examination
Practitioners	A registered health care professional who is entitled in accordance with the employer's procedures to take responsibility for "the justification of" an individual exposure."
Referrers	These are the persons who are entitled under these procedures to request radiological examinations of individuals. They must be a registered healthcare professional
Registered healthcare professional	This is a person registered under the National Health Service Reform and healthcare Professions Act 2002
PACS	Picture Archiving and Commination Systems
MD	Managing director

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2. Responsibilities

- The Managing Director (MD) is ultimately responsible for ensuring that the Trust has in place procedures for staff to work to, ensuring that, if the procedures are followed, liability remains with the MD rather than individual staff members.
- Individual staff members involved in exposing persons to radiation, have a responsibility to adhere to the Trust's IR(ME)R Employer's Procedures.
- All staff justifying Radiology requests (Practitioners) and those acting as Operators are responsible for ensuring that this procedure is followed.
- Diagnostic Imaging Service Manager will be responsible for ensuring the Employer's Procedures are reviewed and audited for compliance
- The X-ray Radiation Assurance Group will be responsible for approving the Employer's Procedures when renewed or amended.

3. Procedures to be followed

3.1. Procedure to identify individuals entitled to act as referrer or practitioner or operator (Schedule 2 (b))*

The responsibility for compliance with IR(ME)R lies with the Employer and each of the Entitled Duty Holders (Referrer, Practitioner and Operator).

Entitlement is delegated by the Employer to Referrers to be able to request imaging, and to the Practitioner and Operator, who are able to undertake practical aspects of medical exposures following appropriate training and working within a strict scope of entitlement.

The Trust must be able to individually identify Practitioners and Operators for each exposure and hold records of adequate training as evidence of their competence to act in these roles. For these duty holders, adequate training means that which satisfies the requirements of Schedule 3 of IR(ME)R as relevant to their specific area of practice.

In many areas persons may act in more than one role and there is often more than one operator for any exposure. Duty holders may be limited to specific areas of practice determined by their training and the responsibility given to them by the Radiology Service.

Theoretical IR(ME)R training for duty holders is available via the NHS England online eLearning for healthcare (eLfH) platform. Appendix 3 outlines a list of requirements for specific duty holders. Completion of these modules will be recorded and monitored to ensure compliance. All modules are available via personal log in on ESR.

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Following initial training refreshers are expected every 3 years.

3.1.1. Referrers

Referrers can be any registered medical or dental practitioner. Requests may be accepted from medical practitioners outside the area.

Other named registered health care professionals have the ability to refer for procedures strictly within the scope of a written protocol that has been approved by Radiology Governance following agreement between the Radiology Service, the staff involved and their manager. The protocol outlines the IR(ME)R training requirements and competency of the staff member to refer. It is ratified and maintained through the Trust Clinical Skills New Techniques and Treatment group and is available on the Trust Intranet, and via a link to Q-pulse. A list of professionals covered by the protocol, including what they can request, is maintained by Radiology and going forward this will be held in a centralised database, held within the Radiology Teams channel.

In the case of a health screening programme such as the National Health Service Breast Screening Programme (NHSBSP), the Referrer is the person who initiates the invitation to the Breast Screening Centre. The invitation letters will normally be in the name of the Director of Screening. It is sufficient to confirm that the patient attending meets the requirements of the NHSBSP and local procedures. Where a patient has been recalled for further assessment following mammography screening, the Referrer remains the Director of Screening.

3.1.2. Practitioners

A registered health care professional who is entitled in accordance with the employer's procedures to take responsibility for "the justification of" an individual exposure. The process of recording justification (authorisation) is detailed in section 3.5.

- Any Consultant Radiologist employed by the Trust is entitled to act as Practitioner for any medical exposure *within the scope of their knowledge*. E.g., only specialist Breast Imaging Radiologists can authorise mammography exposures, only those trained to report cardiac CT scans can authorise such scans. Records of competency are held within Radiology and with medical staffing.
- Radiologists employed by Medica and providing a service for the Trust, are entitled to act as Practitioner for any routine CT exposure that the Trust currently offers.
- A Specialist Registrar in Radiology is entitled to act as Practitioner for examinations in which they have been assessed as competent. Records of competency are held on the Z:Drive, and reviewed for each placement.
- The Practitioner for non-medical imaging exposures must always be a Consultant Radiologist.

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- For CT and Xray examinations which are authorised by an Operator following written justification guidelines, the author of those guidelines is the Practitioner. This is the Lead Consultant or the Clinical Lead for Radiology appropriate.
- As per the IR(ME)R standard operating procedure for carers and comforters (Q-Pulse Ref: SOP11) qualified and signed off radiographers are entitled to be practitioners for these occurrences.

For radiographic examinations which are authorised by Assistant Practitioners following written justification guidelines, the author of those guidelines is the Practitioner. This is the Clinical Lead of Breast imaging for mammography and the Clinical Lead for Radiology for X-ray services.

- For mobile fluoroscopy examinations, excluding Radiologist led interventional procedures such as nephrostomies and antegrade ureteric stenting in theatre, the Consultant Radiologist Clinical Lead is the practitioner.
- For DEXA, barium studies, and speech and language therapy, specific radiographers who have fulfilled training requirements can act as Practitioner. These staff members will be listed as practitioner a Competency matrix, available in the Radiology Teams channel. Mammography screening conforms to the guidelines of the NHSBSP. The practitioner will be the Clinical Lead Radiologist for Breast Imaging.
- Mammography Symptomatic the practitioner will be the supervising Radiologist with a speciality in Breast Imaging.
- Locum and / or Agency Radiologists and Radiographers are entitled to act as Practitioner in accordance with the above parameters, to the extent that is relevant to their professional qualifications, training and expertise.

3.1.3. Operators

These are persons entitled under these procedures to carry out practical aspects related to medical exposures. These personnel will have had theoretical training as stipulated by IR(ME)R schedule 2, and practical training on the x-ray equipment they operate (where applicable). The practical components of this training are demonstrated in their competency sign off, and recorded in a competency matrix, which is available in the Radiology Teams Channel. Theoretical radiation safety training is via eLFH and is recorded in the Electronic Staff Record (ESR). Anyone reviewing imaging should receive PACS training before gaining access to the system (this requirement is currently under review).

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Job Title	Tasks entitled to act as Operator for (as appropriate to individual's training knowledge and competence)
Consultant Radiologists	Authorisation of exposures. Clinical evaluation of exposures. Initiating exposures.
Cardiologists (those trained in CT imaging to level 3)	Authorisation of exposures for CT cardiac imaging Clinical evaluation of exposures for CT cardiac imaging
Medica Radiologists	Authorisation of exposures for CT imaging Clinical evaluation of exposures for CT imaging
Radiology SpRs	Authorisation of exposures. Clinical evaluation of exposures. Initiating exposures.
Anaesthetists	Practical components of pain clinic and vascular access procedures. Clinical evaluation of pain clinic and vascular access procedures.
Urologists	Practical components of urology procedures. Clinical evaluation of urology procedures.
Orthopaedic Surgeons	Practical components of orthopaedic procedures. Clinical evaluation of orthopaedic procedures.
Dentists, Oral Surgeons and Maxillo Facial Surgeons	Clinical evaluation of dental images. Practical components of dental procedures. Initiating exposure
Suitably Trained Dental Nurses	Authorisation of exposure Practical components of radiology procedures Initiating exposures
Speech and Language Therapists	Practical components of speech and language procedures. Clinical evaluation of speech and language procedures.
Radiographers	Authorisation of exposures.

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Job Title	Tasks entitled to act as Operator for (as appropriate to individual's training knowledge and competence)
	Practical components of radiology procedures. Equipment performance testing. Initiating exposures. Clinical evaluation of exposures (Reporting Radiographers working within their scope of practice).
Mammographers	Authorisation of exposures (acting to protocol). Practical components of radiology procedures. Equipment performance testing. Initiating exposures. Clinical evaluation of exposures (Reporting Radiographers working within their scope of practice).
Student Radiographers	Practical components of radiology procedures. Initiating exposures.
Apprentice Radiographers	Practical components of radiology procedures. Initiating exposures.
Imaging Assistants (X-ray only)	Practical components of imaging processing. Completion (post processing) of RIS records.
Assistant Practitioners	Authorisation of exposures (working to a set criterion of examinations within scope). Practical components of radiology procedures. Equipment performance testing. Initiating exposures.
Trainee Assistant Practitioners	As above dependent on the trainee's training records and the relevant Trainee Supervision Policy.
EARRPS (Scientists and Technologists)	Equipment performance testing.
Non-Medical Referrers	Clinical evaluation of exposures (only where included in the scope of referral entitlement).

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3.2. Processing referrals

All ICE referrals are submitted onto the RIS system with the exception of mammography patients. (Symptomatic breast imaging are in process of reviewing this practice with a view to aligning). Breast Screening referrals are dealt with as per NHSBSP procedures.

The 'referrer' identified on the RIS system will be the local GP or JPUH Consultant acting as the professional lead for the patient. This individual is not necessarily the individual who made the referral (the IR(ME)R Referrer). For example, a junior doctor could make the IR(ME)R Referral with the Consultant being entered on the RIS (Radiology Information system). In all cases, the identity of the individual acting as IR(ME)R Referrer is available from the ICE request on the RIS system. The exam request will be booked to the professional lead for the patient (e.g. GP, Consultant.) The ICE request does include printed name and professional registration code.

In the case of Non-Medical Referrers, the IT department should only give referral rights to those NMR staff Radiology have approved once training requirements, as outlined within the associated protocol, have been met.

Paper referrals are still accepted at times when contingency processes are deployed and coming from areas external to the Trust e.g. tertiary hospital referral. Electronic records will be updated once the IT system has been restored.

3.2.1. Doctors and Dentists

- All request forms/ICE referrals must be either signed by the referrer if paper or have referring clinicians contact details and satisfy our referral criteria (see appendix 1)
- The Consultant, G.P or Dentist in charge of the patient will be recorded on RIS using their personal professional registration code (GMC / GDC).

3.2.2. Non-medically qualified referrers*

All ICE requests must have the referring clinicians contact details and satisfy our referral criteria. (see appendix 1)

- Non-medically qualified health professions are recorded on RIS using their professional body registration number.
- Lists of NMR's who can request, and their scope of practice, are currently held within Q-pulse. These lists are soon to be transitioned into a centralised database within a Radiology Teams channel, that Radiology Operators and Practitioners can access. These lists contain information on which examinations groups of NMRs are entitled to request, as outlined in their documented protocol.
- The specific protocol that the NMR is requesting under is available on the hospital intranet, and accessible to Radiology staff via a link to Q-pulse.
- Some NMR's will have responsibility assigned within the lead clinician box – this must be noted in their scope of practice with the name of the clinician who takes responsibility for this.

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*Note: an NMR strategy, standardised protocol template, and centralised NMR database are in development.

3.3. Procedure for the Justification and Authorisation of medical exposures (Schedule 2 (b))*

3.3.1. Justification of medical exposures

The justification of medical exposure must be carried out by a Practitioner recognised within these procedures. No one shall carry out a medical exposure unless it has been justified. This justification must consider the hazard associated with the procedure and the clinical information supplied by the Referrer. The individual detriment should be weighed against the potential diagnostic or therapeutic benefits, including those to society in the case of research exposures.

If it is not practicable for the Practitioner to review individual requests for imaging, an Operator may authorise the exposure under written guidelines issued by the Practitioner.

If after reviewing cross sectional images an examination that has been justified by one Practitioner requires post contrast imaging, the examination should be re-justified by the Practitioner supervising the examination and recorded in RIS.

If after reviewing plain film images, additional projections may be performed to include the area of pathology and answer the clinical question. This does not need re-justification as the radiographic Operator is acting within their professional judgement, as defined within the Justification criteria and projection guidelines for adult / paediatric general radiography.

The justification of any exposure must now also consider justification of the exposure to carers and comforters; the Practitioner recognised within these procedures will provide the justification directly or indirectly via written procedures authorising Operators to undertake the role.

'IR(ME)R – Employer's Standard Operating Procedures for "Carers and Comforters" in relation to Ionising radiation' (Q-pulse Ref: SOP11)

Justification of exposure to comforters and carers must also consider the risk associated with the procedure and the clinical information supplied by the referrer. The individual detriment to the patient, carer and comforter should be weighed against the potential diagnostic or therapeutic benefits, including those to society in the case of research exposures.

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3.3.2. Authorisation of medical exposures and Documentation

Authorisation is the means by which it can be demonstrated that justification has been carried out. Authorisation may be carried out by the Practitioner, or the Operator under the written protocol, with a named Practitioner identified in the post processing screen within RIS*.

Authorisation is evidenced in RIS following justification.

Where there is a system failure and referrals cannot be accessed via RIS, paper referrals will be used. This is stated in the Radiology Business Continuity Plan.

*It is recognised in IR(ME)R reg. 11(5) that it is not practicable for a practitioner to consider every request for a medical exposure. Practitioners should therefore produce protocol which must be followed by operators when it falls to them to authorise an exposure.

Imaging	Method of authorisation
X-ray, DEXA Requests and theatre fluoroscopy	Any Operator undertaking a plain X-ray examination will be responsible for authorising that examination to protocol. For theatre fluoroscopic examinations, the clinician justifies the clinical reasons for the examination, and the radiographer will authorise the ICE request in that x-rays are required as part of the procedure. The Clinical Lead will be identified as the practitioner for the examination. An electronic record of this will be held on the Radiology Information System (RIS), and on the acquisition information on the Picture Archiving Communications system (PACS), where examination images are stored. For Endoscopy procedures (ERCP's / Stents etc), the clinician justifies the clinical reasons for the examination, and the radiographer will authorise the ICE request in that X-rays are required as part of the procedure. The Clinical Lead will be identified as the practitioner for the examination. An electronic record of this will be held in RIS and PACS, where examination images are stored. Assistant Practitioners can only authorise under the supervision of a registered health care professional, and perform protocol led examinations, as outlined in their scope of practice. If the examination has been authorised by an Assistant Practitioner using a protocol, the Practitioner will always be the Radiology Consultant who wrote the guidelines. Any deviations from the protocol must be justified by a Practitioner.

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Fluoroscopic, and Interventional procedures within the Radiology Department	All of these are justified and authorised by the Radiologists or nominated specialised Radiographers (see section 3.1.2). Once the ICE request is submitted, the information is added to the RIS system under practitioner.
Mammography Screening (Referrals via NHSBSP)	Breast screening conforms with the standards and guidelines of the NHSBSP, and the Mammographer performing the procedure will authorise the request using the Breast Screening guidelines. This is recorded on the screening form, and the client record on NBSS (National Breast Screening Service database). Self-referrals must be signed by a Radiographer.
Mammography Symptomatic	Radiographers authorise the requests under the delegated authority of the supervising Radiologist and justification is based on the agreed referral guidelines. Interventional procedures in Breast Imaging, such as core biopsies, are justified by Radiologists and Practitioners with a speciality in Breast Imaging. Paper requests are signed to show authorisation and scanned on to the RIS system under Practitioner.
CT scanning	All routine and planned referrals for CT scans are justified through electronic authorisation in RIS by a Radiologist on individual RIS logins. In the case of cardiac CT scans this may be an appropriately trained consultant Cardiologist. During the normal working day all patients presenting as emergencies/urgent via the Emergency Department will also follow this process. Justification and authorisation are undertaken by selection of an appropriate protocol within RIS, which stipulates the protocol number an Operator must select when undertaking the examination. The individual login for the RIS system acts as an electronic signature for authorisation, this sits against the individual examination entry. The practitioner box on RIS will automatically populate with the name of the Radiologist who justified and authorised the request. This may not be the supervising/reporting Radiologist, however, so if clinically indicated to amend the protocol when the patient attends for their examination, the Practitioner box on RIS will be adjusted to reflect who justified and authorised the change. The exceptions to this process are: a) patients presenting who are potentially suitable for CT angiography and/or thrombolisation where it is accepted

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	within the stroke pathway/protocol that they can call the Radiographer direct to save time, the named practitioner for this is the Radiology Clinical Lead or the trouble shooting radiologist if they are present. b) Out-of-hours (20:30-08:30 weekdays, and 17:00-8:30 weekends) Radiologists will not be present on-site to authorise examinations; during this timeframe, Medica radiologists will authorise examinations via the imaging portal for examinations outside the list for radiographers authorising under a protocol. The details given within the portal are copied into the CRIS event comment box, with the radiologist's name also captured. 'Medica' will be indicated in the practitioner box in these cases. The Radiographer will be able to accept head scans, CT carotids and perfusion scans for acute stroke and polytrauma requests directly so long as they meet the agreed criteria as outlined in the associated out-of-hours protocol. The practitioner for these will be the Lead Consultant Radiologist. In these instances, it is accepted that the Radiographer will perform the scan without directly written authorisation from the Radiologist, and the Radiographers name will be noted on the event in RIS in the comments box (preferably under REQUEST ACCEPTED), and the practitioner will be identified within RIS. The external company have their governance processes in place for audit.
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3.4. Post Processing Documentation

The person acting as practitioner will be identified in the practitioners' box on RIS (in CT this may be found in the comments box for out-of-hours referrals).

When post processing examinations on RIS, the first box must contain the identification of the Lead Operator - the person who initiated the exposure. Other staff involved in the examination (including Imaging Assistants) are entered in the remaining Operator boxes.

4. Training & Competencies

All training documents and subsequent competency checks or changes are held in personal records within the Radiology Service, and a competency matrix is held within the Radiology Teams Channel.

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Training requirements for Non-medical referrers are outlined within their associated protocol. A record of completion of IR(ME)R training is held within the Radiology service, and a list of staff entitled to work as Non-Medical Referrers is available for reference. An NMR strategy is in development to standardise the process going forward.

Radiation safety training is on ESR via e-IRMER and eLFH (we are in the process of getting approval to mandate this for certain staff groups).

5. Related Documents

Ionising Radiation (Medical Exposures) Regulations 2017 and (Amendment) Regulations 2024

‘IR(ME)R – Employer’s Standard Operating Procedures for “Carers and Comforters” in relation to Ionising radiation’ (Q-pulse Ref: SOP11)

Radiology Staff Competency Matrix (available in Teams)

[Have you paused and checked? An IR\(ME\)R Referrers checklist for referring a patient for a diagnostic | SoR](#)

Strategy for training and governance of IR(ME)R Non-Medical Referrers to Diagnostic Imaging at JPUH (Currently in Draft)

https://jamespaget.interactgo.com/Interact/Pages/Content/Document.aspx?id=4525&utm_source=interact&utm_medium=general_search&utm_term=out-of+hours&searchId=3306780

6. References

The principal legislation governing this document are the IR(ME)R 2017 regulations and 2024 amendment which are monitored by The Care Quality Commission (CQC).

7. Monitoring Compliance / Audit of the process/policy principles/service to be delivered

Compliance with the process will be monitored through the following:

Key elements (including sustainability)	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Referral rights	Controlled by ICE team, who should only grant referral rights to NMR if approved by Radiology.	NMR administration group / RPS	Radiology Audit Group / X-ray Radiation Assurance Group	Annually

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	Monitoring of compliance by cross reference of ICE / Radiology NMR databases			
External referrers to Trust	Random selection of referrals to ensure professional registration code is included	Radiology Audit Group	Radiology Audit Group / X-ray Radiation Assurance Group	Annually

The audit results are to be discussed at relevant Radiology Audit Group / X-ray Radiation Assurance Group meetings to review the results and recommendations for further action. Then sent to Radiation Protection Group who will ensure that the actions and recommendations are suitable and sufficient.

8. Appendices

IR(ME)R (01) - Employer's Procedure to identify individuals entitled to act as Referrer, Practitioner and/or Operator, withing a specified Code of Practice (includes procedure for authorisation of requests)

8.1. Appendix 1 - Referral Criteria

[Have you paused and checked? An IR\(ME\)R Referrers checklist for referring a patient for a diagnostic | SoR](#)

Referrals to Diagnostic Imaging should meet the following criteria:

- Uniquely identify the patient including, as a minimum, 3 points of ID e.g., full name, DOB, NHS number, Hospital number and address (except for unidentified patients within the Emergency Department).
The referrer should check the ID on the request is correct before submitting.
- Contain sufficient clinical information consistent with the patient's condition, including information about known, relevant and recent radiological exposures the patient has received.
- Specify the area of concern to be imaged and lead on the clinical question being asked.
- Contain information on pregnancy status for persons of childbearing potential (12-55 years old).
- Clearly identify the named Referrer, their role and professional registration code. They should include a bleep number or telephone number, so that they are easily contactable by the Radiology department.
- Where a referral is made as part of a research protocol, the request will clearly state details of the relevant study.
- Where a non-medical exposure referral is made (i.e., there is no medical indication for the exposure/cat 2), the request will clearly state that it is a non-medical exposure referral and come through as a Cat 2 on RIS.
- Paediatric CT referrals are only accepted from Consultants. Potential suspected physical abuse cases should be labelled as such, if known at that stage.
- Please also be aware of the "Guideline for the Administration of IV Contrast Media in Patients at Risk of Contrast Induced Nephrotoxicity (CIN)" available on the Intranet and the requirement for patients undergoing contrast examinations requiring eGFR and renal function results to be available on the referral form also. Detail is within that document.
- Forensic cases are accepted from the Coroner, and they specify what imaging they require.

All Referrers should review the results of any previous imaging available to them to reduce the risk of the patient receiving an unnecessary dose of radiation.

Our primary care referral guidance is available on the G.P knowledge pages, and iRefer is available for internal referrers on the clinical page with its own tile. These guidelines can be used by Referrers as an indicator of the types of procedures that are likely to be accepted by Radiology, and also includes information regarding radiation doses.

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Under IR(ME)R, the Practitioner is responsible for justifying the use of radiation for a clinical investigation. The information the Referrer supplies aids this justification, so sufficient details must be provided if the request is to be accepted by Radiology. If there is any uncertainty about the appropriateness of any request, please contact an appropriate Practitioner for discussion.

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8.2. Appendix 2 - List of situations where Radiographic staff are entitled to act as Practitioners for specific examinations

Barium Enema studies:

- Radiographers who have studied at Post Graduate level and are qualified to report barium enema studies.

Upper G.I studies and Video Fluoroscopy:

- Radiographers who have successfully completed an upper G.I post graduate course including video fluoroscopy.

DEXA scanning:

- Radiographers who have trained to carry out DEXA examinations

8.3. Appendix 3 - Theoretical Radiation training requirements for duty holders

At point of commencement within the duty holder role, and then every 3 years, the following training/refresher should be undertaken on e-learning for health (elfh) available through the electronic staff record (ESR.)

e-IRMER modules – all subdivide into sessions

0 guide and tools

1 Fundamental physics of radiation

2 Patient selection

3 legal requirements

4 Diagnostic Radiology

Operators and Practitioners 0-4 to be completed

Non- medical referrers 0-3 to be completed

All ancillary staff who work in close proximity around radiation equipment – porters, domestic staff and estates staff, IDA's and Admin teams in Radiology

Staff can access this via ESR and search in My Learning - Health and Safety- Radiation protection – and scroll down to bottom of list and select - **000 e Rads- Radiation safety for staff .**

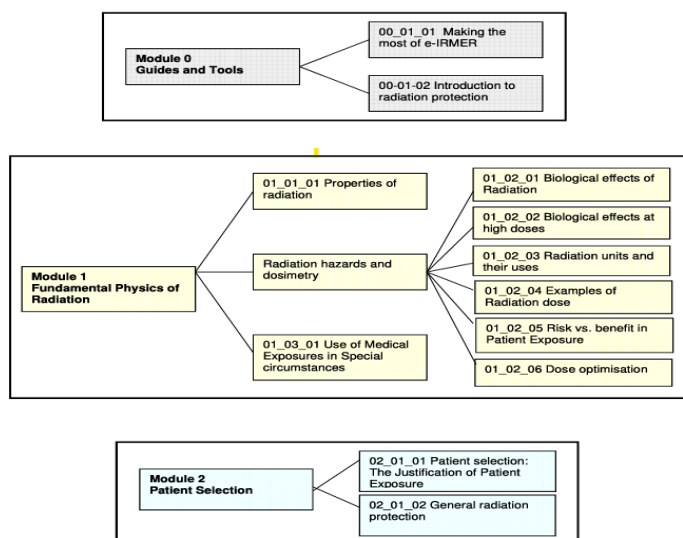
This is also available alternatively on link below.

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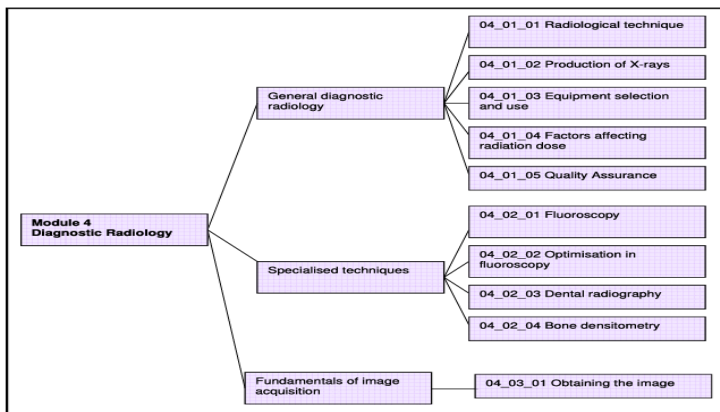
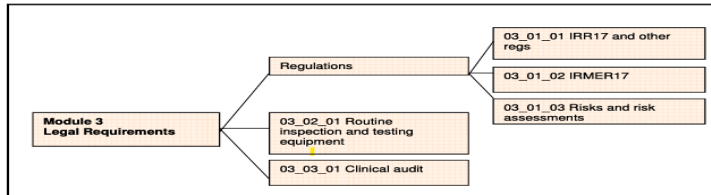
<https://learninghub.nhs.uk/catalogue/radiation-safety-for-staff> Introduction to basic radiation protection module from the Radiation safety for staff course
Only one module required.

Please print certificates at the end of each module and give to your line manager.
We recommend that you save a copy of the certificate also.

Info graphic below showing e-irmer modules and subsections



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9. Equality Impact Assessment (EIA)

Policy or function being assessed: IR(ME)R- EMPLOYER'S PROCEDURE TO IDENTIFY INDIVIDUALS ENTITLED TO ACT AS REFERRER, PRACTITIONER AND/OR OPERATOR WITHIN A SPECIFIED CODE OF PRACTICE
(includes procedure for authorisation of requests)

Department/Service: Radiology

Date of assessment: 13/05/26

Assessment completed by: Anita Haylett

1.	Describe the aim, objective and purpose of this policy or function.	Compliance with IRMER legislation	
2i.	Who is intended to benefit from the policy or function?	Patients X	Organisation X
2ii	How are they likely to benefit?	Safe care of patients undergoing ionising radiation procedures	
2iii	What outcomes are wanted from this policy or function?	Appropriate patient care and safe practice for ionising radiation events and processes	
For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings:			
3.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their race/ethnicity ?	n	
4.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their gender ?	n	
5.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their disability ? Consider Physical, Mental and Social disabilities (e.g. Learning Disability or Autism).	n	
6.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their sexual orientation ?	n	
7.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their pregnancy or maternity ?	n	
8.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their religion/belief ?	/n	

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9.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their transgender ?	/n	
10.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their age ?	n	
11.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their marriage or civil partnership ?	n	
12.	Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function?	na	
13.	Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g. providing specific training to a particular group.	na	
14.	Specific Issues Identified		
	Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment	Page/paragraph/section of policy/function that the issue relates to	
	1. N/A	1.	
15.	Proposals		
	How could the identified detrimental impact be minimised or eradicated?	N/A	
	If such changes were made, would this have repercussions/negative effects on other groups as detailed in Q. 3-11?	N/A	
16.	Given this Equality Impact Assessment, does the policy/function need to be reconsidered/redrafted?	N	
17.	Specific Issues Identified		
	Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment		
	1. N/A		
18.	Policy/Function Implementation	Page/paragraph/section of policy/function that the issue relates to	

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	Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/function should be adopted by the Trust. Please print: Name of Director/Head of Service: Anita Haylett Title: Diagnostic Imaging Service Manager Date: 13/05/26 Name of Policy/function Author: Anita Haylett Title: Diagnostic Imaging Service Manager Date: 13/05/26 (A paper copy of the EIA which has been signed is available on request).	1.
18.	Proposed Date for Policy/Function Review	
	Please detail the date for policy/function review (3 yearly):	
19.	Explain how you plan to publish the result of the assessment? <i>(Completed E.I.A's must be published on the Equality pages of the Trust's website).</i>	
	Standard Trust process	
20.	The Trust Values	
	In addition to the Equality and Diversity considerations detailed above, I can confirm that our Trust Values are embedded in all policies and procedures. Collaboration We work positively with others to achieve shared aims. Accountability We act with professionalism and integrity, delivering what we commit to, embedding learning when things do not go to plan. Respect We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride. Empowerment We speak out when things don't feel right; we are innovative and make changes to support continuous improvement. Support We are compassionate, listen attentively and are kind to ourselves and each other. I confirm that this policy/function does not conflict with these values. ☒	

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