Chiropractic IR(ME)R Procedures

For Practices where chiropractors undertake their own chiropractic radiographic images

It is intended that these procedures are to be read in conjunction with the associated document, IR(ME)R, an Explanation Guide for Chiropractors. The Procedures must only be regarded as draft examples. The explanation guide contains a summary of the legislation and outlines the requirements of the Regulations.

**All** the suggested text and examples must be carefully adapted to be specific to each individual clinic and ensure they match local practice. Any text displayed in red will need to be carefully considered to demonstrate local ownership and practice. The most successful way to write IR(ME)R procedures is to think about what happens within the practice and start by writing down ‘what you do’. Procedures should standardise practice and ensure that all chiropractic staff are working to the same standards.

## In this document the terms referrer, operator and practitioner are designated persons as defined under the IR(ME)R Regulations and no other definition.

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| XXXX Practice Employer’s Procedures **Written Procedures for Chiropractic Exposures** | |
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| Authorised by | Signature of Employer |
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IR(ME)R Employer’s procedures

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| EP 1 | Entitlement of Duty Holders | XXXXX Practice |

## 1. Objectives

* To outline the method for entitling individuals as duty holders under IR(ME)R
* To ensure that each duty holder has appropriate registration, qualifications, experience and training (as appropriate) for their entitlement
* To clarify who holds the training records for each duty holder

# 2. Responsibilities

# (named person, employer or job title) will entitle duty holders and ensure that structures are in place to maintain records of agreed qualifications, experience and training required for individuals to perform the roles of duty holders for all types of chiropractic exposures (Appendix 1).

(named person, employer or job title) will agree the range of tasks to be included in the competence document for staff under their management, which is appropriate and supported by verifiable training and experience, and this will define the duty holder’s scope of practice. (For Chiropractic Practices with multiple sites, it may be appropriate for the Lead Person at each site to assess their staff’s competence and then provide this information to the employer or named person for entitlement).

Each Duty Holder is responsible for maintaining their own personal training record containing their evidence of training and continuing professional development. The employer is legally required to keep up to date records of Training

Practitioners and operators must comply with the employer’s procedures.

**3. The process of entitlement**

Entitlement is demonstrated by (named person or employer) (the Entitler) signing an individual’s competence document (Appendix 2) on behalf of the employer. The Entitler must decide whether the evidence presented is sufficient for each individual to be entitled in the role of practitioner, operator, and/or referrer for X-ray exposures. Duty holders themselves also must have agreed and signed this document. If this is the same person it will only be signed once as the Entitler. The agreed competence for each individual will create their own scope of entitlement which they must adhere to.

(named person, employer or job title) will agree the range of tasks to be included in the competence document for staff under their management, which is appropriate and supported by verifiable training and experience, and this will define the duty holder’s scope of practice. (For Chiropractic Practices with multiple sites, it may be appropriate for the Lead Person at each site to assess their staff’s competence and then provide this information to the employer or named person for entitlement).

The competence document will evolve and be updated as an individual’s scope of entitlement changes without the need to be resigned by the Entitler.

Competence will be assessed for each practitioner and operator by an appropriately trained person. A Competence assessor may assess their own competence.

The Medical Physics Expert (MPE) will be entitled on appointment. They should only be appointed if they are adequately trained for this specific role.

Entitlements should be reviewed on an annual basis by a named person, employer or job title

**Appendix 1**

Agreed qualifications, experience and training required for individuals to perform each duty holder role

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| --- | --- | --- |
| **Registrant Group** | **IR(ME)R Duty Holder** | **Qualifications/Training/Experience required** |
| **Chiropractor** | Referrer | Registration with GCC |
| Practitioner | Registration with GCC |
| Operator | Registration with GCC |
|  | Operator | Appropriate local training/radiography training/qualification |
| **Medical Physics Expert** | Operator | Science degree or equivalent  Experience in the application of physics, within chiropractic use of ionising radiation  HCPC Registration  Clear appointment to this role |
| **Medical Physicist/Technologists** | Operator | *Appropriate qualification* |

**Appendix 2**

Example Tasks for entitlement as a Duty Holder under IR(ME)R at XXXXX Practice

|  |  |
| --- | --- |
| Name of Duty Holder | Job Title |
| Qualification(s) and date obtained |  |
|  |  |
|  |  |
| Registration Number | Date last checked |
| Training records held by |  |

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| **Referrer tasks at XXXXX Practice** | **Assigned as competent** |
| **Date & signature/initials of duty holder and assessor** |
| Refer for all chiropractic examinations excluding fluoroscopy |  |
| Refer for fluoroscopic examinations |  |

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| **Practitioner tasks at XXXXX Practice** | **Assigned as competent**  **Date & signature/initials of duty holder and assessor** |
| Competent to justify requests for all chiropractic examinations excluding fluoroscopy |  |
| Competent to justify requests for fluoroscopic examinations |  |

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| **Operator tasks at XXXXX Practice** | **Assigned as competent** |
| **Date & signature/initials of duty holder and assessor** |
| Competent to carry out patient identification |  |
| Competent to authorise all chiropractic exposures for which guidelines have been provided by a practitioner |  |
| Competent to undertake all chiropractic examinations excluding fluoroscopy |  |
| Competent to undertake fluoroscopic examinations |  |
| Competent to process x-ray films |  |
| Competent to change chemicals in a x-ray processor |  |
| Competent to process CR plates |  |
| Competent to process a digital image |  |
| Competent to clinically evaluate all chiropractic examinations undertaken at the practice |  |
| Competent to clinically evaluate all chiropractic examinations undertaken elsewhere |  |
| Competent to make pregnancy enquiries |  |
| Competent to carry out quality assurance on equipment |  |

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| --- | --- |
| Entitled by | Date |
| Name of Entitler | Date |
| Signature of Duty Holder (DH) | Date |
| IR(ME)R procedures read by DH | Date |

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| EP 2 | Referrals for Chiropractic examinations | XXXXX Practice |

# Objectives

* To outline how a referral may be made for a chiropractic exposure
* To ensure that the referrer provides sufficient information for the patient and the referrer to be identified and sufficient clinical information for the exposure to be justified and authorised by a practitioner or authorised by an operator

# 2. Responsibilities

The employer must ensure that Referrers are GCC Registered Chiropractors or other Registered Health Professionals.

The employer shall establish recommendations concerning referral criteria for chiropractic radiographs/fluoroscopy and shall ensure that these are available to the referrer. These should include an indication of the typical effective dose to the patient for each type of radiographic examination.

The referrer shall supply the practitioner with sufficient medical data (such as previous diagnostic information or medical records) relevant to the chiropractic exposure to enable the practitioner to decide on whether there is sufficient net benefit for the exposure to be justified.

### The Process of referral

A clinical assessment of every patient’s anatomy should be performed prior to requesting any radiographs.

#### 3.1 When the referrer is also the practitioner and operator

Where the referrer also acts as the practitioner and operator for a chiropractic exposure, he/she must ensure that the request for the radiograph/fluoroscopy is documented within the patient’s chiropractic record/ notes Within this entry the clinical indications for the radiograph should be clear, fit with the referral criteria, and the referrer must be identifiable by signing/initialling the referral.

##### 3.2 Referring to a different operator

If a different entitled operator is to carry out the chiropractic exposure then a request card/referral form/letter/note must be completed legibly by the referrer and be available before the chiropractic exposure can be carried out.

The essential information required on each request card/referral form/letter is listed below.

* + Patients full name, date of birth and address
  + Chiropractic radiographic examination requested
  + Sufficient clinical information relevant to the chiropractic exposure requested
  + Signature of referrer
  + Name of Referrer (Printed) (must be a GCC Registered Chiropractor or Registered health professional)
  + Date of referral
* Patient contact telephone number (if relevant and available)

##### 3.3 Referring to another chiropractic practice or hospital

If a referral to carry out the chiropractic exposure is made to an external site then a request card/referral form/letter must be completed legibly by the referrer in line with the external sites procedures.

**3.4 Accepting referrals from another chiropractic practice**

The following essential information is required on each request card/referral form/letter:

* + Patients full name, date of birth and address
  + Chiropractic radiographic examination requested
  + Sufficient clinical information relevant to the chiropractic exposure requested
  + Signature of referrer
  + Name of referrer (Printed) (must be a GCC Registered Chiropractor or Registered health professional)
  + Date of referral
* Patient contact telephone number (if relevant and available)

**3.5 Incomplete referrals**

Any referral to another practitioner or operator found to be incomplete shall be returned to the referrer and the examination shall not be undertaken until all essential information has been entered.

**4. Referral criteria**

Copies of the referral criteria document used at this Practice, (such as the recommended Chiropractic Radiology referral guidelines), are made available to the referrers in each room/personal copy.

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| EP 3 | Justification and Authorisation | XXXXX Practice |

## Objectives

* To ensure that every chiropractic exposure is justified and authorised

# 2. Responsibilities

It is the responsibility of the practitioner to justify each individual chiropractic exposure taking the following into account

* the specific objectives of the exposure and the characteristics of the individual involved
* the total potential diagnostic benefits, including the direct health benefits to the individual and the benefits to society, of the exposure
* the individual detriment that the exposure may cause
* the efficacy, benefits and risk of available alternative techniques having the same objective but involving no or less exposure to ionising radiation

Operators cannot undertake justification. However, in the absence of an entitled practitioner, authorisation may be undertaken by a properly entitled operator, in accordance with **signed** written guidelines provided by a practitioner. The responsibility for justification remains with the practitioner who has provided the guidelines, but the operator is responsible for the proper interpretation of these guidelines.

If the practitioner/operator is aware, at the time of authorisation, that a recorded clinical evaluation shall not result from the exposure, then the exposure must not be authorised and cannot take place.

### 3. The Process for justification and authorisation

#### 3.1 When the referrer is also the practitioner and operator

If the chiropractor is acting as entitled referrer, IR(ME)R practitioner and operator, the referrer’s signature/ electronic personal code in the clinical notes next to the request for an x-ray will demonstrate authorisation of the exposure.

##### 3.2 When the referrer is also the practitioner but not an operator

If the referrer is also acting as the IR(ME)R practitioner, then the request card/referral form/letter/electronic record provided to the operator must also be authorised to demonstrate that justification for the exposure has been carried out. Authorisation for the exposure is taken to be the signature, initials or electronic personal code in the patient’s chiropractic notes against the referral for radiography, or on the referral card/form/letter/electronic record

**3.3 When the referrer is not the practitioner**

If the referrer is entitled as a referrer but not practitioner then the request for a chiropractic radiographic exposure must be either:-

1. **Justified and authorised by an entitled practitioner**

The practitioner must initial or sign the referral (state where on the referral or electronic record) to demonstrate authorisation if they are satisfied that the exposure is authorised or;

1. **Authorised by an entitled operator using guidelines**

Entitled operators may undertake authorisation using specific guidelines **set out and signed by a** **Practitioner**. Entitled operators must check the clinical details against the appropriate guideline and, if the details match a criterion, the operator initials or signs the referral (state where on the referral or electronic record) to designate that the chiropractic exposure has been authorised.

Referrals which do not fall within the guidelines issued by the practitioner cannot be authorised by an operator and must be referred to a practitioner for justification.

**4. Special attention for justification**

Special attention for justification is required for the justification of the following types of exposure

1. exposures on medico-legal grounds
2. exposures that have no direct benefit for the individuals undergoing the exposure e.g. research
3. exposures to children.

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| EP 4 | Patient Identification | XXXXX Practice |

## Objectives

## To ensure that each authorised chiropractic exposure is delivered by the entitled operator to the intended patient

# 2. Responsibilities

The operator who undertakes the exposure is responsible for ensuring that the correct patient receives the correct examination.

**3. The Process for patient identification**

The operator who undertakes the exposure is responsible for ensuring that the correct patient receives the correct examination

A clinical assessment of every patient’s anatomy should be performed prior to undertaking any radiograph. The operator undertaking the exposure can then be confident that the correct patient is receiving the correct radiographic examination.

#### 3.1When the patient is already in the consulting room

When the patient is already in the consulting room it is not practical, or suggested, that they should be asked to formally identify themselves again.

When a patient is called into the consulting room their identity should be confirmed prior to the chiropractic examination starting using the method outlined in 3.2. If an operator, other than the chiropractor, e.g. receptionist carries out an initial identification ID MUST BE CONFIRMED AGAIN by the chiropractor prior to the clinical examination starting.

If the referrer, practitioner and operator are the same person, then the operator might be confident that they have the correct patient for the correct radiograph but this should confirmed and written confirmation of this made.

The signature/initials of the operator undertaking the exposure must be recorded on the referral (state where on the referral) or by another method e.g. electronic

#### 3.2 When the operator undertaking the exposure is not the referrer

When a patient is called from a waiting area or room by an entitled operator who was not the referrer, the following identification process **MUST BE CARRIED OUT.**

Where possible, the operator must ask the patient to give the 3 identifiers. The procedure must be positive and active i.e.

“What is your name?”

“What is your address?”

“What is your date of birth?”

If the patient is deaf these questions can be asked using written cards.

On completion of this the operator must verify that this patient identification procedure has taken place by entering their name/ signature/initials on the referral form (state where on the referral)or by another method e.g. electronic to enable the operator to be identified.

If a paediatric patient is too young to be able to identify themselves, their parent or guardian should be asked all 3 identification questions on behalf of the child.

If the patient through illness, physical or mental disability, or language barrier is not able to confirm

his/her identity:

* Always treat them with dignity and respect
* A carer or relative may be asked to identify the patient if they are escorted
* Examine any personal photographic identification they may have such as a passport or photographic driving licence
* For patients with language difficulties, the operator may identify the patient through an interpreter if one is available
* When possible, the referrer may be asked to confirm the identify of the patient

When the patient is unable to identify themselves the method used to confirm patient identity should be recorded (state where). The operator must verify the patient identification procedure as above adding which method of identification was used.

If there is any doubt about the patient's identification, the operator must not carry out the chiropractic exposure.

#### 

**2. Differences between patient identifiers**

If one aspect of the patient identifiers does not correspond between the referral and the information obtained, but the operator is sure it is the correct patient, e.g. one digit different in date of birth or different address (old address), then the operator may use their professional judgement and the details may be changed. Clerical staff should be informed of the change to allow this to be changed on the patient’s chiropractic record.

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| EP 5 | Pregnancy Enquiries | XXXXX Practice |

### Objective

To prevent unnecessary exposure of a foetus from a medical exposure.

1. **Responsibilities**

The justifying Practitioner shall take account of the patient’s pregnancy status in deciding whether to authorize or to delay the medical exposure.

The Operator who initiates the exposure shall re-check pregnancy status with the patient and shall record the result of this enquiry in accordance with this Procedure.

The Medical Physics Expert shall, when requested by the Practitioner, assist the Practitioner in risk assessments, dose calculations and appropriate techniques to minimize the dose to the foetus.

1. **Practical Procedure**

**3.1 Referral process**

The Referrer must provide the Practitioner with sufficient clinical information to enable him/her to justify any examination. The Referrer shall therefore:

* Record in the request if the patient is known to be pregnant, or might be pregnant, at the time of the referral.

**3.2 Justification process**

In justifying any exposure the Practitioner shall:

* Take account of any information supplied by the Referrer.
* Consider whether any other procedure not involving ionising radiation would be more appropriate.
* Make the decision to justify the exposure if this is appropriate. The decision may be taken in consultation with the Referrer but the decision to justify the exposure remains the Practitioner’s responsibility. When a decision is made by the Practitioner to justify an exposure of a patient who is or may be pregnant, a record of the decision must be made in the patient’s records.

**3.3 Immediately prior to radiation exposure**

Immediately prior to any radiation exposure, the Operator undertaking the exposure shall determine whether the patient is, or could be, pregnant.

The Operator shall ask the Patient the following questions:

1. “Is there any possibility that you may be pregnant?”
2. “What is the date of the first day of your last period?” (LMP)

If the patient is certain of not being pregnant she shall then be asked to complete a pregnancy status form. If pregnancy cannot be excluded the Operator should use the LMP and enforce the 10 day /28 day rule. On completion of this the operator must verify that this patient pregnancy enquiry procedure has taken place by entering their name/ signature/initials on the referral form (state where on the referral)or by another method e.g. electronic to enable them to be identified. Consideration should be given to delaying any exposure if it is not urgent until the patient is sure of her pregnancy status if there is any doubt

**3.4 Girls aged 12 to 15 years**

All young people who can give valid consent,(i.e. with decision making capacity), have a fundamental legal and ethical right to determine what happens to their own bodies. Consequently the Operator should normally make enquiries on pregnancy status for girls of child-bearing potential between the ages of 12 and 15 years in private, with the parents not present if possible.1

**(A procedure must be in place should any girl under 15 years is/could be pregnant)**

**3.5 Limitations of pregnancy testing**

Due to the potential of high rate false negatives during early pregnancy, the use of pregnancy testing kits should not be considered as conclusive evidence that a patient is not pregnant

**Reference**

* + - 1. Gillick Competency and Fraser Guidelines

[http://www.nspcc.org.uk/inform/research/questions/**gillick**\_wda61289.html](http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html)

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| EP 6 | Assessment of Patient Dose | XXXXX Practice |

### The process for recording factors relevant to dose

### All operators initiating a chiropractic exposure should adhere to the pre -set settings ,if available, based on body part thickness, unless further optimisation is possible or necessary. All exposures should be recorded in the radiography log book. This includes body part thickness, kV, mAs and source to receptor distance. (DAP meter readings should be recorded if these are available) These, along with the total number of exposures must be recorded within the radiographic log book by the operator that undertook the exposure.This will include the reason for carrying our any repeat exposures. In addition, the reasons for significantly exceeding any DRLs should be recorded (see EP7)

The operator undertaking the exposure will be aware of the range of doses or Diagnostic Reference Levels (DRLs) that result from the exposure factors set within the protocols.

The employer will implement a programme for carrying out patient dose surveys in consultation with the MPE to ensure compliance with local and National DRLs.

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| EP 7 | Diagnostic Reference Levels | XXXXX Practice |

### 1. The process of establishing Diagnostic Reference Levels (DRLs)

DRLs provide standard values of dose that are derived from a dose audit. They are typical values for typical examinations of average size patients.

* The DRLs will be set by the employer in consultation with the Medical Physics Expert, as laid out within their contract/based on recent national dose surveys and will be subject to an audit every *3 years*
* Current DRLs will be made available by the relevant x-ray machine/in the Radiation Protection File
* Once set, these DRLs are not expected to be exceeded (for average patients) when good and normal practice regarding diagnostic and technical performance is applied

#### 2. Using DRLs

#### The operator undertaking the exposure, when possible, must ensure that after each exposure any dose information is considered in relation to the DRL.

#### 2.1 Dose information available

#### If following each exposure, the x-ray machine provides a DAP value or some other dose indicator this should be reviewed by the operator with regard to the appropriate DRL.

#### If the DRL is exceeded it should be recorded along with any extenuating circumstances in designated book / electronic record. If the DRL is found to be consistently exceeded the reasons must be investigated immediately. The operator must inform (the employer/line Manager/RPS/MPE) as soon as they are aware that the DRL is being consistently exceeded.

**2.2 No dose value available**

#### If following each exposure, the x-ray machine does not provide a DAP value or other dose indicator, it is not possible to consider the dose with regard to the DRL. However there are some reassurances that the intended dose has been given depending on the image acquisition method.

1. **CR or DR images**

The resultant image includes a Sensitivity/Exposure Index or graph. This will be compared the manufacturers recommendations. If the value/graph is unexpectedly outside the recommended range then the RPS/lead chiropractor will be informed and further tests may be made.

1. **Film**

The amount of radiation reaching the film may be assessed by evaluating the image quality. If the chemistry is known to be correct and the film is too dark, then it may be that too much radiation is being emitted and therefore the DRL may be exceeded. The RPS will be informed and further tests may be made if necessary.

### 3. Reviewing DRLs that are consistently exceeded

#### The MPE, RPS or operator must inform the employer as soon as they are aware that the DRL is being consistently exceeded.

If the DRL is believed to be consistently exceeded (either as identified by the MPE, operator or RPS) the reasons must be investigated immediately by the employer/named person/MPE so that corrective action may be taken.

Any corrective action should be documented and communicated to relevant staff.

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| EP 8 | Clinical Evaluation | XXXXX Practice |

### 1. The Process of recording a clinical evaluation

Following a chiropractic exposure each image must be clinically evaluated by an operator so entitled, usually a chiropractor, and the findings documented in the patient’s record /electronic record/notes.

This evaluation of the whole image shall include:

* The identity, signature or initials of the operator undertaking the evaluation
* The details of all findings including
  + Findings relevant to the patients management or prognosis
  + No abnormality detected.

### Clinical evaluation of radiographs taken on patients from other practices

All external referrers who also act as operators for the clinical evaluation of images undertaken at xxxx Practice will be entitled for this role by named person/job title/employer. As such, they are responsible for ensuring that a competent clinical evaluation will be made and recorded on all images returned to them from this practice. XXXX Practise can take no responsibility for the competence of the clinical evaluation of these images; however we retain the right to include a check on whether these images are being properly evaluated in our clinical audit programme under the Regulations.

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| EP 9 | Training and Education | XXXXX Practice |

## Objectives

* To ensure all entitled practitioners and operators have received adequate training for the duties they are entitled for, and that records of such training are maintained and reviewed
* To ensure that entitled practitioners and operators undertake continuing professional education and training after qualification including, in the case of clinical use of new techniques, training related to these techniques and the relevant radiation protection requirements

# Responsibilities

The employer will ensure that arrangements are in place to maintain an up to date list of qualifications and duties for each duty holder (see EP1 Appendix 2).

The employer is responsible for ensuring that the training records are reviewed on an annual basis and that this review is used to confirm a duty holder’s scope of entitlement.

Practitioners and operators shall satisfy themselves that they have appropriate training and experience to undertake duties that they are entitled to perform, and shall maintain a personal portfolio of their education, training, experience and competence. They must not carry out any duty for which they have not been trained and entitled.

### Process

The employer MUST maintain an up-to-date record of qualifications, training, and tasks for each entitled practitioner and operator. This also includes documentation of local equipment training, procedures and protocols.

Each duty holder is responsible for maintaining their own personal training record containing their evidence of training and continuing professional development.

Each duty holder’s personal portfolio should demonstrate the nature of any training and the date on which training was completed. The employer is legally required to keep up to date records of Training.

Annual appraisals will ensure that ongoing relevant professional education is undertaken for each duty holder by the duty holder’s line manager. Each duty holder should provide their own personal training records for this appraisal to ensure that a maintained competence for each duty holder role can be demonstrated.

## (named person, employer or job role) must check the registration for all referrers and practitioners on an annual basis. A record of such registration and the date checked is held within the individual’s competence document.

On induction and with the implementation of any new radiation equipment or equipment software, there must be associated training by appropriate staff such as experienced Chiropractors or an application specialist when new equipment is installed. This training will be documented within the duty holder’s training record. Their scope of practice should be assessed by a competence assessor.

Practitioners and operators shall satisfy themselves that they have appropriate training and experience to undertake duties that they are entitled to perform. They must not carry out any duty for which they have not been trained and entitled.

Where the employer enters into a contract with another to engage a practitioner or operator (e.g. agency staff or MPE), the latter (e.g. MPE) shall be responsible for keeping their training records. All records need to be made available if required

Any students or other trainees may undertake any aspect of the duty for which they are being trained provided if this is done under the supervision of a person who is themselves adequately trained and entitled for that duty.

This is expected to be ‘direct’ supervision and the supervisor shall take responsibility for the activity as if they had carried it out themselves.

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| EP 10 | Reducing the Probability andMagnitude of unintentional exposures (inc. incident reporting) | XXXXX Practice |

### 1. Process

The XXXXX Practice will reduce the risk of unintentional exposures by adopting the following

* Employers procedures and protocols will be in place and regularly reviewed to ensure they match local practice
* All equipment will regularly undergo quality assurance to ensure it is functioning correctly
* Additional equipment QA checks carried out if over 5% of images are deemed unacceptable
* Staff feedback given following incidents
* Training and competence assessments will be undertaken including when new equipment and procedures are introduced
* Induction programmes for new staff
* Grading and review of chiropractic images
* Clinical audit
* Audit of procedures
* Good practice and technique applied
* Investigation of near miss incidents
* Peer review of images – looking at image quality to include positioning, collimation, density, sharpness and exposure

All duty holders will comply with the employer’s procedures.

Practitioners and operators will cooperate to ensure that the doses arising from an exposure are kept as low as reasonably practicable consistent with the intended purpose.

The XXXXX Practice will also reduce the risk of unintended exposures by investigating all near miss and actual incidents using following procedure.

### 2. Internal incident and near miss reporting

If it is suspected that an unintended patient exposure, overexposure or near miss has occurred, the individual who discovered the error shall record the following information on an incident form/other method of recordingand provide it to the employer/RPS immediately.

* The age and demographic details of the patient
* The x-ray machine settings, the kV and mAs and dose area product (DAP) (if known)
* Any other relevant information e.g. error codes, time for which the exposure appeared to continue, or unusual signals
* What happened and why
* Any other relevant information

If it is suspected that the incident is due to an equipment malfunction, named person, employer or job title must ensure the equipment is withdrawn from use and other staff notified. Warning signs should be placed on the faulty equipment. The equipment must not be reused until the reason for the incident has been clarified. Call the equipment service engineer or RPA for assistance if necessary.

**3. Internal incident and near miss investigation**

Named person or the employer shall assemble evidence to determine what events lead to thenear miss or incident and to allow the dose to be calculated in consultation with the MPE or RPA. The report from this investigation shall include details of what happened and why, the dose assessment, whether the patient has been informed, what actions have been taken to minimise the risk of a similar incident occurring in the future and any other recommendations.

If advised that the incident is reportable by the MPE or RPA, the (Named person or employer or MPE/RPA)will inform the relevant authority

Regulations require that incidents involving a exposure of a patient to a radiation dose ‘much greater than intended‘ are reported to :-

the Health and Safety Executive (HSE) if they are due to an equipment fault (IRR99/IRR(NI) 2000)

or the CQC/HIW/RQIA/Scottish ministersif they result from an error or procedural failure (IR(ME)R) in cases of medical exposures in chiropractic imaging.

See the HSE and DH website or consult your RPA or MPE, for information on what constitutes much greater than intended.

**4. Records and learning**

(Named person, employer or job title) shall place copies of the incident report in the Radiation Protection file and the patient’s chiropractic /electronic records. This report shall be retained for at least 2 years if it was not much greater than intended. If the incident was reportable to the CQC/HIW/RQIA Scottish ministersa record must be kept for at least 10 years. For incidents reported to HSE a record must be kept for at least 50 years.

Any lessons arising or changes to practice following the investigation will be implemented to ensure that the risk is minimised in the future. Relevant staff will be informed of all incidents, any lessons arising from the investigation and any changes to practice bye-mail, staff meeting or handover book*.*

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| EP 11 | Document Quality Assurance | XXXXX Practice |

## Objectives

* To ensure appropriate document control for all IR(ME)R documents

1. **Responsibilities**

The employer will ensure that the Employer’s Written Procedures and Employer’s Written Protocols are reviewed every 3 years or sooner if practice changes or new equipment is installed. These will have unique numbers, for Employer’s Written Procedures EP1 etc., and for Employer’s Written Protocols PRO1 etc.

If a procedure or protocol changes it is the responsibility of the Authoriser to inform all relevant staff.

The author of a document is responsible for the content whilst the Authoriser is responsible for ensuring the document is in place

### 3. Document control

Each document shall be uniquely identified.

**3.1 Employer’s procedures** will display the following front page

|  |  |
| --- | --- |
| XXXXX Practice Employers Procedures **Written Procedures for Medical Exposures** | |
| Author |  |
| **Version Number** |  |
| Authorised by |  |
| **Issue Date** |  |
| Reviewer |  |
| **Review Date** |  |

Each individual procedure will display a **Header** e.g.

|  |  |  |
| --- | --- | --- |
| EP 1 | Entitlement of Duty Holders | XXXXX Practice |

Each individual procedure will also display a **Footer** e.g.

IR(ME)R Employers procedures Version 1 Page 4 of 2728

**3.2 Written protocols and other IR(ME)R documents**

These will display a header and footer, examples given below.

**Header**

|  |  |  |
| --- | --- | --- |
| PRO1 | Protocols for radiographs | XXXXX Practice |

**Footer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Issue Date: | Version No. | Authorised by | Author | Review date: | Page 2 of 4 |

* 1. **Document holding and control**

Named person, employer or job title, will review and update when necessary all procedures at least once every 3 years or when new equipment/change in procedural organisation requires changes to practice.

All employer’s written procedures and written protocols shall be available to all practice staff and contained in the radiation file.

All duty holders must comply fully with employer’s written procedures**,** and appropriately withwritten protocols (allowing appropriate latitude for professional judgement), so each employee is responsible for ensuring that they are working to the current version of these procedures and protocols (which may be printed for convenience).

|  |  |  |
| --- | --- | --- |
| EP 12 | Audit | XXXXX Practice |

### 1. Process

The employer will ensure that an audit program is in place to outline the methods to be used to carry out each audit. The audit program will describe the person responsible for carrying out each of the audits, the standards, criteria, timescales and details of the audit process.

The audit programs can be found in the audit file/electronic folder.

The employer will feed back the results of the audits to the relevant staff.

The **following ANNUAL** audits shall be undertaken at XXXX Practice (amend as appropriate):

1. Assurance that all procedures and protocols are within date and will be reviewed by the review date
2. An audit to ensure all procedures and protocols are actually being followed
3. An audit of duty holders’ entitlement along with their supporting qualifications and training. This audit should ensure that their entitlement matches the duties performed and that it is supported with evidence of training and continuing professional development
4. An audit of referrals to ensure that they have been made according to EP2 and that a clinical evaluation has been carried out in line with EP8. This will ensure that the referrer, practitioner and operator(s) for each exposure can be identified
5. An audit of referrals to ensure that they have been justified and authorised in line with EP3 and that the practitioner can be identified
6. An audit to ensure that the patients are identified in line with EP4 and the operator can be identified
7. An audit of patient dose should be undertaken 3 yearly by the MPE.
8. An audit of operator compliance with EP6, should also be undertaken
9. An overview of all near miss and incidents reported in the last 12 months including outcomes
10. Review of image quality and repeat exposures
11. An audit to ensure that research exposures have been taken in line with EP13
12. An audit to ensure that medico-legal exposures have been taken in line with EP14

|  |  |  |
| --- | --- | --- |
| EP 13 | Research Exposures | XXXXX Practice |

No research exposures are currently undertaken at XXXX Practice

In which case please delete the rest of EP13

### 1. Process

Research Exposures are only permitted in accordance with prior written approval from the National Ethical Committee obtained via submission of an application, in conjunction with the MPE, through the ‘Integrated Research Application System’ (IRAS) (<http://www.myresearchproject.org.uk>).

The employer will ensure that systems are in place to inform any practitioner and operator who might be involved in an exposure, that patients may be part of a research study when they are referred for imaging. This will be communicated by e-mail/staff meeting/ handover book.

It is the responsibility of the individual practitioner for a research study to ensure that every request is justified. Special attention is required for the justification of exposures that have no direct benefit for the individuals undergoing the exposure.

A protocol for each research project will be written by the research practitioner and be made available to all operators in the research folder/ electronically.

The Practitioner shall ensure that operators are aware that a request is part of a research study.

* Operators must follow the research protocol specifically developed for the research study ensuring that the number of X-ray exposures of a particular type of X-ray on a particular participant will not be exceeded by a further X-ray exposure
* Operators must report to named person*/*their line manager any instances where exposures are being made for research purposes where this has not been clearly indicated on the request or if they suspect that the study has not been approved
* The clinical evaluation must be performed by an appropriately entitled operator, and reported through appropriate communication arrangements

### 2. Patient consent

All potential participants must receive a written explanation of the research programme and its risks and have the opportunity to discuss these with a responsible person before agreeing to take part. The explanation must make clear that treatment will not be prejudiced by failure to take part.

All individuals taking part in a research programme do so voluntarily. Each participant will sign a statement indicating that the whole procedure has been properly explained, that they voluntarily undertake the procedure and are aware of the risks including those from the radiation exposure.

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| EP 14 | Medico-LegalExposures | XXXXX Practice |

No medico-legal or occupational health exposures are undertaken at XXXX Practice

In which case please delete the rest of EP14

### 1. Process

Medico-legal referrals are those examinations performed for insurance or legal purposes of any kind without a medical indication, for example:

* Assessment of accidental injury for legal or insurance purposes
* Assessment of non-accidental injury

Please delete or add any other types of medico-legal exposure here

Referrals for medico-legal examinations must be clearly identified and must be justified by a chiropractor.

No person shall carry out a medico-legal exposure unless it complies with the employer’s procedure for such exposures

The radiographic history of each patient attending for medico-legal or occupational heath surveillance examinations should be checked by the chiropractor and recent similar examinations should be taken into account. For instance it may not be necessary to complete a whole series of radiographs if some have been taken recently.