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IR(ME)R UPDATE 2020

Virtual event

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IR(ME)R UPDATE 2020

Building on the success of previous BIR IR(ME)R updates, this half-day virtual event aims to provide an invaluable multi-disciplinary forum to hear about current practice and the direction of flow of IR(ME)R. You will learn about the new guidance on diagnostic and therapeutic aspects of the regulations – if you don't know what they are – register and find out!

It provides the opportunity to consider the issues that came out of planning for COVID-19 (both from and RPA and radiographer's perspective) and what happens when our inspectors are inspected.

Educational aim:

To provide information on the changing shape of IRMER and how it is to be applied in practice; including an opportunity to discuss the wider sphere of influence and involvement of IRMER

Sign up

Create your free MyBIR portal to register onto the event and make sure to opt in for our educational emails. If you have already created a MyBIR portal, make sure you have your opt in preferences set to ensure you receive our educational emails and updates to keep informed about the latest information and free COVID-19 resources.

Sponsor

If you are interested in sponsoring this virtual event please email:
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25
SEPTEMBER
2020

- 13:00** **Welcome and introduction**
Mr Peter Hiles, Head of Radiation Physics, Glan Clwyd Hospital
- 13:05** **Setting up an NHS Nightingale field hospital – Radiation protection aspects**
Dr Julie Horrocks, Head of Radiation Safety, Barts Health NHS Trust
- 13:30** **Setting up an NHS Nightingale field hospital – Radiographers perspective**
Ms Alexandra Cook, Imaging Workforce Transformation Lead, NHS England (previously Lead Radiographer, NHS Nightingale London)
- 13:55** **Inspecting the inspectors – experience of UK inspectors being inspected by the IAEA**
Ms Holly Warriner, IR(ME)R Clinical Specialist Inspector, Care Quality Commission
- 14:20** **Break and chat room**
- 14:35** **IR(ME)R guidance – outline of the new and expanded guidance on IR(ME)R for diagnostic radiology**
Dr Stewart Redman, Consultant Radiologist, Royal United Hospitals Bath NHS Foundation Trust; Radiation Protection Adviser, Royal College of Radiologists
- 15:00** **IR(ME)R guidance – outline of the new and expanded guidance on IR(ME)R for Radiotherapy**
Mr John Burton, Principal Radiographer (Pre-Treatment, Radiotherapy), Edinburgh Cancer Centre - Western General Hospital
- 15:25** **Panel Q&A**
- 15:45** **Close of event**

Programme Organiser

Mr Peter Hiles, Head of Radiation Physics, Glan Clwyd Hospital

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017, which came into effect 6 February 2018, lays down a framework to protect patients from the hazards associated with ionizing radiation. Clinical imaging departments can ensure compliance with the new regulations and guidelines by implementing DoseMonitor® to measure, control, and monitor radiation dose for patients. DoseMonitor is fully automated and is known for its easy-to-use interface for frictionless compliance in less time.

DoseMonitor® answers these requirements for IR(ME)R:

6. – Procedures and Quality Assurance

- Alerts are sent immediately to appropriate staff so that corrective action can be taken without undue delay.
- Reports can be exported to Excel and automatically sent (e.g. daily, monthly, quarterly) to appropriate groups.
- Easy-to-use interface with unique access based on role.
- Review low dose scans and their associated image quality to drive consistency in imaging practices.

6.5.c. – Use and Regular Review of Diagnostic Reference Levels

- Set National UK DRLs and/or local DRLs, review when DRLs are exceeded, and compare exposure levels regularly.

6.6. – Dose Constraints for Medical Exposure

- Set individual dose threshold limits in advance, and ensure the constraints are consistent with the dose limit for the sum of doses to the same individual from all authorized practices.

8. – Accidental and Unintended Exposure Incidents

- Create alerts for elevated levels of exposure. High risk and extreme incident alerts can be set to automatically send to the manager for management visibility.
- Have all exam information readily available to report appropriately when notifying intended authorities.

10.5. – Sufficient Medical Data

- Complete patient dose history information displayed in DoseMonitor to enable practitioner to decide whether there is sufficient net benefit for future exams. Dose data can be out-bounded to hospital's RIS.

11. – Justification of Medical Exposures

- Ability to justify high dose exposure exams (e.g. obese patient) in a customized drop-down menu and fillable text area and keep an audit of all justifications.
- Evaluate the risk of radiation exposure before exams take place using the DoseMonitor organ dose calculator (e.g. for asymptomatic individuals, research volunteers, and for health screening).
- Review doses and dose constraints for each individual or group in comparison to target dose over time.

12. – Optimisation

- Review individual exams in DoseMonitor to ensure dose is as low as reasonably practicable (ALARP).
- **Paediatrics:** Evaluate and track doses for children. Paediatric phantoms offer precise dose exposure.
- **High-dose examinations:** DoseMonitor records exams where doses exceed a threshold trigger level. Peak Skin Dose mapping is available for angiography and fluoroscopy procedures to identify high dose points visually.
- **Pregnancy:** NCICT and Virtual Dose monte-carlo phantom models can calculate the organ dose for pregnant patients and foetus dose at any stage of the pregnancy.
- **Clinical evaluation:** Export the patient dose report into the interpretive report (voice recognition software).

13. – Estimates of Population Doses

- Sort data and chart the doses given by age and gender, and easily provide reports to the Secretary of State.

17. – Education and Training

- Use DoseMonitor as an educational tool by pinpointing exams with dose values that are out of range.
- Improve radiologic procedures throughout facilities by establishing best-practices based on data.

Biographies



Mr Peter Hiles, Head of Radiation Physics, Glan Clwyd Hospital

Mr Peter Hiles is Head of Radiation Physics in North Wales and the current chair of the BIR's Radiation Protection Special Interest Group. He is also one of the BIR trustees of the Mayneord Philips Trust.

He has over 30 years experience in medical physics and has acted as an adviser to the IAEA and EU on radiation protection and quality assurance.



Dr Julie Horrocks, Head of Radiation Safety, Barts Health NHS Trust

Dr Julie Horrocks is Head of Radiation at Barts Health NHS Trust and is an honorary professor of Medical Physics in the Department of Medical Physics and Biomedical Engineering at UCL. Julie has over 30 years' experience in diagnostic X-ray physics and radiation protection.

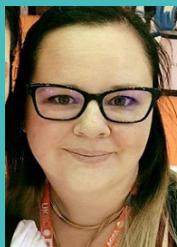


Ms Alexandra Cook, Imaging Workforce Transformation Lead, NHS England (previously Lead Radiographer, NHS Nightingale London)

Ms Alexandra Cook started her career in the NHS as a HCA in 2007 where she was supported by Oxford University Trust to become a radiographer and she graduated in 2011. Alex worked as a radiographer and senior radiographer until 2014 at the John Radcliffe Hospital, Oxford working in plain film, Interventional and Cath lab.

In 2014 Alex moved to the Royal Brompton Hospital and in 2016 was part of the team at Chelsea and Westminster Foundation Trust to open the Cath lab service. In 2018 she joined the Imaging department and the deputy head of imaging. This year Alex moved on to the Nightingale to set up and be the Lead Radiographer and the Interim Site Lead at Whipps Cross at Barts Health. As of September 2020 Alexandra Cook has taken the role of Imaging Workforce Transformation Lead at NHS England.

Biographies



Ms Holly Warriner, IR(ME)R Clinical Specialist Inspector, Care Quality Commission

Ms Holly Warriner worked as a diagnostic radiographer for 6 years before joining the CQC and has been working as an inspector for almost 5 years.

Within the IR(ME)R team, Holly leads on the policy and process elements in the team whilst also carrying out inspections and investigating SAUE notifications.



Dr Stewart Redman, Consultant Radiologist, Royal United Hospitals Bath NHS Foundation Trust; Radiation Protection Adviser, Royal College of Radiologists

Dr Stewart Redman has been a Consultant Radiologist at the Royal United Hospitals, Bath since 2007. He chairs the local Radiation Protection Committee and sits on 2 other Radiation Protection Committees.

Stewart is Honorary Secretary of the British Nuclear Medicine Society, a Clinical Radiation Expert for the Health Research Authority and sits on ARSAC. In 2019 he was appointed as the Radiation Protection Adviser at the RCR. He was a working party member for the “IR(ME)R – Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine” guidance.



Mr John Burton, Principal Radiographer (Pre-Treatment, Radiotherapy), Edinburgh Cancer Centre - Western General Hospital

Mr John Burton is the Principal Radiographer (Pre-Treatment, Radiotherapy) at the Edinburgh Cancer Centre - Western General Hospital.

John also chaired the working party for RT Board (ScOR / IPEM / RCR) which produced the newest version of Irmer guidelines for RT practice: <https://www.rcr.ac.uk/sites/default/files/guidance-on-irmer-implications-for-clinical-practice-in-radiotherapy.pdf>

IR(ME)R UPDATE 2020

VIRTUAL EVENT



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