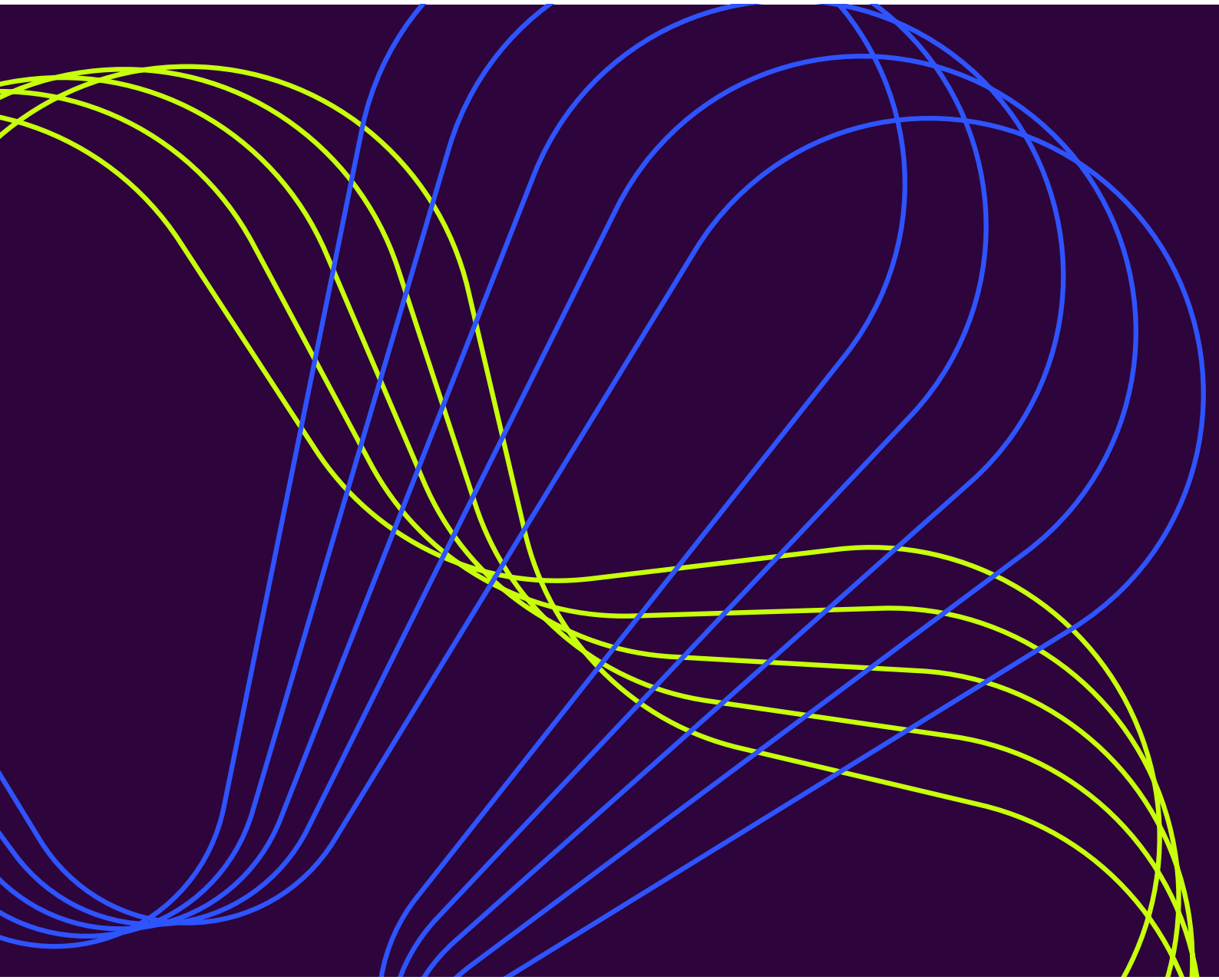
IR(ME)R:
Self-audit tool for providers

OCTOBER 2026

The Royal College of Radiologists



SoR THE SOCIETY OF RADIOGRAPHERS

IPEM Institute of Physics and Engineering in Medicine

UK Health Security Agency

Introduction

This self-audit tool has been developed to support providers in assessing local compliance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) as amended and the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland). Guidance on the implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine and radiotherapy is available. The self-audit tool is written for UK healthcare settings and is suitable for internal audit or governance reviews. The tool should be adapted to reflect the service it is being applied to (eg NHS radiology dept, CDC, outsourced services, radiotherapy, nuclear medicine).

The tool is designed to assist in the baseline assessment of compliance against the regulations and subsequent monitoring of progress to drive continual improvement. It is recommended that the self-audit is a dynamic process and is undertaken by a multidisciplinary team to ensure ongoing compliance and interdisciplinary commitment.

Evidence of compliance should be recorded in each area (see scoring key below). Evidence may include written procedures and protocols, local IR(ME)R audit reviews and recommendations, clinical audit, analyses, minutes of relevant radiation safety meetings and staff meetings, appropriate action plans, staff entitlement, training and competency records, staff questionnaires, risk assessments (where applicable), analysis and learning from accidental or unintended exposures and locally reported near misses/good catches, exposure charts for standard examinations, equipment inventories, and quality assurance (QA) records.

The key below can be used to score the level of compliance found for each audit question.

☑ **Compliant**

! **Partially compliant**

☒ **Non-compliant**

N/A Not applicable

Evidence is required for all ☑ **responses**

On completion of the audit, any partially or non-compliant areas should be identified in an action plan as part of usual service planning processes and taken forward by the appropriate multidisciplinary team (eg local radiation protection safety committee) or a named responsible person. Timelines should be agreed at the outset alongside escalation measures where required.

Audit question	Regulation reference	Compliant	Evidence reviewed	Local recommendation	Action (with responsible person and timeline)
1. Governance, roles and responsibilities					
Employer under IR(ME)R is clearly identifiable	Reg 6	☑ ! ☒			
Co-operation agreements are in place between employers where required	Reg 6A	☑ ! ☒			
Employer's procedures documented, in date, accessible and reflective of clinical practice See appendix of Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine and IR(ME)R: Implications for clinical practice in radiotherapy, second edition. Guidance from the Radiotherapy Board	Reg 6(1)	☑ ! ☒			
Evidence-based and appropriate written protocols exist for each type of standard radiological practice, are available to all operators and are within the stated review period	Reg 6(4)	☑ ! ☒			
Valid employer licence is in place for the scope of the service See Notes for guidance on the clinical administration of radiopharmaceuticals and use of sealed radioactive sources	Reg 5	☑ ! ☒			
Valid practitioner licences are in place for the scope of the service See Notes for guidance on the clinical administration of radiopharmaceuticals and use of sealed radioactive sources	Reg 5	☑ ! ☒			
Referrers, practitioners, and operators are appropriately entitled	Reg 6 Sch 2 EP 1(b)	☑ ! ☒			
Scope of practice is documented for each duty holder	Reg 6 Sch 2 EP 1(b)	☑ ! ☒			
Entitlement documents are current and accessible	Reg 6 Sch 2 EP 1(b)	☑ ! ☒			

Audit question	Regulation reference	Compliant	Evidence reviewed	Local recommendation	Action (with responsible person and timeline)
2. Referral and justification					
Referral guidelines are available to and used by referrers	Reg 6(5)a	☑ ! ☒			
Adequate clinical information and accurate patient identification is provided by referrers	Reg 10(5)	☑ ! ☒			
All medical exposures are justified by an entitled practitioner or authorised by an entitled practitioner or an entitled operator in accordance with authorisation guidelines issued by a practitioner	Reg 10(2)	☑ ! ☒			
Processes are used for non-medical imaging (eg medico-legal) where applicable	Reg 6(4)	☑ ! ☒			
3. Optimisation, diagnostic reference levels (DRLs) and dose reference levels (DoRLs)					
Optimisation procedures are evidenced and implemented	Reg 12	☑ ! ☒			
Local DRLs/DoRLs are defined and reviewed or evidence of national DRLs adopted where applicable	Reg 6(5) c/ca	☑ ! ☒			
Doses are regularly audited against local DRLs/DoRLs	Reg 6(7)	☑ ! ☒			
Action is taken and recorded when DRLs/DoRLs are consistently exceeded following dose audit	Reg 6(7)	☑ ! ☒			
Appropriate use of dose reduction techniques by duty holders can be evidenced	Reg 12(3)	☑ ! ☒			
Documented procedures for exposures to carers and comforters are in place	Reg 12(5) Sch.2 (n)	☑ ! ☒			

Audit question	Regulation reference	Compliant	Evidence reviewed	Local recommendation	Action (with responsible person and timeline)
Patient doses for each exposure are recorded and assessed	Reg 15(1)(a)(i) Sch.2 (e)	☑ ! ☒			
Clinical evaluation is undertaken and evidenced for each exposure (other than exposures to carers or comforters)	Reg 12(9) Sch 2 EP (1)j	☑ ! ☒			
Where research exposures are undertaken appropriate governance arrangements and processes are in place See Joint UK guidance on interpretation of IR(ME)R 2017 and IR(ME)R (Northern Ireland) 2018 in NHS research involving ionising radiation	Reg 12(9) Sch 2 EP (1)j	☑ ! ☒			

4. Patient information

Patient identification enquiry procedures are in place and followed by all operators	Sch 2 EP (1)b	☑ ! ☒			
Pregnancy and breastfeeding enquiry procedures are in place and followed	Sch 2 EP (1)c	☑ ! ☒			
Patients receive adequate information in proportion to the risk and benefit of radiation exposure	Sch 2 EP (1)i	☑ ! ☒			
An appropriately trained individual is available to discuss where requested	Sch 2 EP (1)i	☑ ! ☒			
Special consideration exists for vulnerable groups (children, individuals undergoing health screening, where high doses are involved, where pregnancy cannot be excluded or individuals who are breast feeding)	Reg 12(8)	☑ ! ☒			

Audit question	Regulation reference	Compliant	Evidence reviewed	Local recommendation	Action (with responsible person and timeline)
5. Training and competence					
All practitioners and operators have adequate training including theoretical knowledge and practical experience	Reg 17	☑ ! ☒			
Training and competency records are complete, up to date and accessible	Reg 17(4)	☑ ! ☒			
CPD relevant to radiation protection is evidenced	Reg 6(3)b	☑ ! ☒			
All staff are supervised until individuals are trained and entitled	Reg 17(3)	☑ ! ☒			
6. Equipment quality assurance					
Equipment inventory is maintained in line with requirements	Reg 15(2/ 2a)	☑ ! ☒			
Acceptance testing is completed and documented before clinical use	Reg 15(3)	☑ ! ☒			
Routine quality control and maintenance schedules are in place and followed as part of an overarching quality assurance programme	Reg 15(1)a	☑ ! ☒			
Medical physics expert (MPE) is appointed	Reg 14(1)	☑ ! ☒			
MPE is involved as appropriate (eg selection of equipment, analysis of incidents, optimisation)	Reg 14(2), (3) and (4)	☑ ! ☒			

Audit question	Regulation reference	Compliant	Evidence reviewed	Local recommendation	Action (with responsible person and timeline)
7. Accidental or unintended exposures (AUE)					
Process exists for detecting, investigating and reporting potential or actual AUE	Reg 8(2) and (3)	☑ ! ☒			
Incidents are appropriately investigated, documented and analysed and thematic review completed by an adequately trained person	Reg 8(4)	☑ ! ☒			
Thresholds for notification to the appropriate IR(ME)R authority are used in local investigation and formal notification process	Reg 8(4)	☑ ! ☒			
Individuals exposed or their representatives are informed where required	Reg 8(1)	☑ ! ☒			
Learning outcomes are shared with relevant stakeholders, and recommendations for improvement are acted upon	Reg 8(4)	☑ ! ☒			
Study of risk of AUE is in place as part of a quality assurance programme for radiotherapeutic exposures	Reg 8(2)	☑ ! ☒			
8. Clinical audit, IR(ME)R audit and continuing improvement					
IR(ME)R clinical audit programme is in place and undertaken	Reg 7	☑ ! ☒			
Findings are reported through clearly identified governance structures	Reg 7	☑ ! ☒			
Actions are identified and tracked to completion	Reg 7	☑ ! ☒			

9. Overall assessment

Areas of good practice	
Non-compliances identified	
Regulatory risk rating	Low Moderate High

10. Action plan

Action	Responsible person	Regulation	Deadline	Status

Auditor declaration

I confirm that this audit has been conducted against the requirements of IR(ME)R.

Name	
Duty holder/role	
Name of service self-audit had been applied to	
Signature	
Date	

The Royal College of Radiologists
63 Lincoln's Inn Fields
London, WC2A 3JW, UK

The Royal College of Radiologists
is a Charity registered with the
Charity Commission No 211540.

+44 020 7405 1282
enquiries@rcr.ac.uk
rcr.ac.uk

@RCRadiologists

The Royal College of Radiologists

The Royal College of Radiologists. *IR(ME)R: self-audit tool for providers*. London:

The Royal College of Radiologists, 2026.
The Royal College of Radiologists is a Charity registered with the Charity Commission No. 211540

© The Royal College of Radiologists, October 2026.

For permission to reproduce any of the content contained herein, please email permissions@rcr.ac.uk

This material has been produced by The Royal College of Radiologists (RCR) for use internally within the specialties of clinical oncology and clinical radiology in the United Kingdom.

It is provided for use by appropriately qualified professionals, and the making of any decision regarding the applicability and suitability of the material in any particular circumstance is subject to the user's professional judgement.

While every reasonable care has been taken to ensure the accuracy of the material, RCR cannot accept any responsibility for any action taken, or not taken, on the basis of it. As publisher, RCR shall not be liable to any person for any loss or damage, which may arise from the use of any of the material. The RCR does not exclude or limit liability for death or personal injury to the extent only that the same arises as a result of the negligence of RCR, its employees, Officers, members and Fellows, or any other person contributing to the formulation of the material.