The Provision of Radionuclide Diagnostic Services – British Nuclear Medicine Society

BNMS Nuclear Medicine Generic Quality Guidelines

For

The Provision of Radionuclide Diagnostic Services

1. Purpose

The purpose of these guidelines is to promote the provision of a high quality Nuclear Medicine service. This will include aspects of effectiveness, safety and timeliness.

2. Facilities

2.1 Facilities in which Radionuclide investigations are performed will be covered by ARSAC certification and comply with all relevant legislation.

2.2 Facilities will be sufficient to support all studies performed on site, including the disposal of unused radiopharmaceuticals and radioactive waste in accordance with current legislation.

2.3 Equipment will be appropriate for the level of service supplied and will be maintained and serviced regularly and conform to current performance criteria. It was agreed that ideally this should be cross-referenced to other documents but other than the BNMS tender documents these do not exist. Quality control and quality assurance procedures will be carried out regularly and the results recorded.

2.4 Staffing levels will be sufficient for the service provided and include an adequate mix of skills. Staffing levels will meet the recommendations of Intercollegiate Standing Committee in Nuclear Medicine(ref). There will be ready access to doctors, technical staff, medical physics experts, radiopharmacists and nurses as required to ensure the quality of the service on a daily basis and in compliance with IR(MER). The clinical aspects of the service will be directed by an appropriate ARSAC certificate holder. A Medical Physics Expert (MPE) will be available to provide scientific support and advice to the service.

2.5 Departments will submit to regular external peer review such as BNMS Organisational Audit Programme, as well as local audit programmes.

2.6 All staff will undergo annual appraisal and will maintain and demonstrate appropriate levels of expertise in accordance with the recommendations of Royal Colleges and professional bodies.

2.7 When more than one partner is involved in the provision of a service, the responsibilities for and the management structures of the individual partners must be formally agreed and documented to ensure a cohesive service with appropriate governance.

3. Patient referral

† 3.1 All referrals will be justified and authorised by the ARSAC certificate holder or a trained health professional to whom the task of authorisation has been properly delegated under the terms of IR(ME)R 2000 for appropriateness and level of urgency. The department must have personnel available for timely discussion of relevant clinical issues. (CPWP, 3rd Edition RCP, 2005)

3.2 Through a process of authorisation the investigation will be assigned to an appropriate protocol, e.g. SPECT.

† 3.3 Urgent procedures/studies will normally be performed within two working days.

† 3.4 The waiting time for non-urgent studies should not exceed two weeks unless the study is
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scheduled to coincide with other hospital attendance.

3.5 Appropriate referrals from GPs and other suitably qualified health care professionals will be accepted. A list of appropriate referrers will be held in accordance with legislative requirements.

† 3.6 Out patients will receive written appointments and all patients will receive suitable information about the investigation.

4. Performance of Study

4.1 Studies will be performed in accordance with written current site protocols and in accordance with legislative requirements.

4.2 Pregnancy status and breastfeeding status will be checked for all female patients of child bearing age.

4.3 The results of all relevant imaging and other appropriate investigations will be accessible at the time of the patient’s attendance.

4.5 A suitably qualified person will be available during the study to check the results, request additional views and obtain additional relevant clinical information.

4.6 Studies will routinely be performed in accordance with ARSAC Notes for Guidance and other best practice guidelines.

4.7 The study will be performed by staff appropriately trained in the use of that equipment and in the performance of that study with support and advice from appropriately trained scientific staff.

4.8 Adverse occurrences will be reported to the appropriate bodies. BNMS adverse reporting system

4.9 Study output/hard/soft copy display must be labelled with patient’s name, identifier, date of study and radiopharmaceutical used. Laterality and other relevant information must also be clearly displayed.

4.10 Compliance with legislation on patient confidentiality must be fully observed.

5. Reporting Study

† 5.1 All studies will be reported by an appropriately trained medical practitioner who must be a holder of a relevant ARSAC certificate, or the suitably trained delegate of such. It is the responsibility of the person issuing the report to be available for further consultation with the referrer. This is also important in the context of Multidisciplinary teams, when appropriate Nuclear Medicine expertise must be available for discussion of the implications of the report in the full clinical context.

5.2 A MPE and the technologist undertaking a study will be available for consultation with the person issuing the report.

5.3 The report will contain elements of description and interpretation. The goal is to provide a timely answer to the clinical question within the limits of the test.

5.4 Additional investigations will be recommended as appropriate.

5.5 Study output will be available to referrers.

5.6 Study data will be retained as appropriate.

5.7 The report will be retained as a record of the examination in accordance with NHS guidelines. [?Insert hyperlink].

5.8 A record of administered activity must be kept.
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5.9 Studies will normally be reported within 1 working day of completion of study and the report will be available within two working day following completion of the study.

5.9.1 There will be a departmental written procedure for the notification of urgent and/or unexpected results to the referring clinician.

6 Relevant legislation
Note that this list is not exhaustive. It includes legislation which was in force at the last revision date.

- Ionising Radiations Regulations 1999 (SI 1999 No 3232) London, HMSO
- Ionising Radiation (Medical Exposure) Regulations 2000 (SI 2000 No 1059) London, HMSO
- Radioactive Substances Act 1993 (chapter 12) London, HMSO
- Medicines Act 1968, London, HMSO
- Radioactive Material (Road Transport) (Great Britain) Regulations 1996 (SI 1996 No 1350) London, HMSO

7. Date Agreed / Approved
March 2005
### 8. Date for Review / Update April 2007

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