

Radiotherapy Board

Ionising Radiation (Medical Exposure) Regulations: Guidance for compiling training records for clinical oncologists



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1. Background

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) require the employer to keep training records for all practitioners and operators, and make these available at inspection. Clinical oncologists may be entitled to act as operators, referrers and practitioners.

Clinical oncologists must have a clearly defined scope of practice and need training records to support their roles as operators and practitioners. While not explicitly required under IR(ME)R, it is considered best practice for referrers to complete some form of local process-awareness training – that is, in making, amending and cancelling referrals.

Training records should be linked to the individual's scope of practice for which they are entitled. Training records should focus on those elements not included in their professional qualification and on local procedures, equipment and techniques.

Training should be viewed as continuous. Records used to demonstrate continuing professional development (CPD) are likely to include evidence of local training, records of attendance at external learning events, additional qualifications, peer review, mentorship and self-directed learning.

2. Practitioner training records

Professional qualifications in Clinical Oncology – that is, Fellowship of The Royal College of Radiologists (FRCR) by examination and the subsequent Certificate of Completion of Training (CCT) as approved by the General Medical Council, or equivalent thereof through the Certificate of Eligibility of Specialist Registration (CESR) route - are suitable for use as evidence of competence to act as a practitioner for both treatment and concomitant exposures.

Practitioners in Molecular Radiotherapy (MRT) and brachytherapy require a valid licence issued by the [Licensing Authority](#) to be able to act as a practitioner for exposures involving the administration of radioactive substances. Section 3.11 of the Administration of Radioactive Substances Advisory Committee (ARSAC) [Notes for Guidance](#) details training requirements for inclusion in a new practitioner licence application. This includes numbers of procedures undertaken in the previous twelve months and attendance at relevant training courses. Sections 3.45 and 3.46 provide relevant guidance for renewal of practitioner licences and the requirement for CPD and linking an individual's training record to their scope of practice.

Practitioner training records are held by individuals as part of requirements for professional registration and are reviewed locally at agreed intervals to ensure they are up to date and support the individual's scope of practice. They should be made available for inspection if requested.

3. Operator training records

Training records for operators should be detailed and up-to-date, and should reflect training and competencies achieved as different skills are learned.

Some elements of the training records may be included in department induction processes. Equipment training records are often held centrally for all professional groups as part of the online Quality Assurance system. A certificate can be issued to individual operators to outline their scope of practice as an operator and made available for inspection if requested.

Evidence of regular IR(ME)R refresher training as part of operator training records is a helpful indicator that individuals are aware of their responsibilities under IR(ME)R. Additional training that should be recorded could include:

- software systems used for volume and organ delineation
- software systems used for plan evaluation and authorisation
- image review and evaluation software used for image fusion as part of planning or verification.

Operator training is usually provided by the subject matter expert – for example, training on the use of the treatment planning system by the Medical Physics Expert (MPE) or dosimetrist, or training on verification image matching by the imaging lead.

4. Principles for developing local training records

- 4.1 Areas of training need only reflect the tasks that the duty holder will undertake and should be linked to the individual's scope of practice for which they are entitled under IR(ME)R.
- 4.2 Training should be provided prior to role extension or increase of scope of entitlement.
- 4.3 It is the responsibility of each individual to recognise and work within the limitations of their own knowledge, skills and scope of practice.
- 4.4 The employer has a responsibility to have systems in place to ensure staff work within their scope of practice.
- 4.5 Training records should contain the date and nature of any training and need to reflect an individual's continuous development and local department-specific training, as well as that achieved through pre- and post-registration qualifications.
- 4.6 In the case of clinical use of new techniques, training must be undertaken related to new techniques and relevant radiation protection requirements. The detail or description of training should be available for reference.
- 4.7 Additional records will be required where individuals work across more than one site/provider, especially where protocols, procedures, processes, equipment, techniques or commissioning differ.
- 4.8 The date of initial training, review dates and refresher training dates should be included.
- 4.9 Records should be signed by the oncologist and trainer/assessor.
- 4.10 The link between completion of training and entitlement to act as a duty holder under IR(ME)R should be clear and traceable.
- 4.11 Training records used to support ongoing professional registration or existing local training records used for other professional groups (Clinical Scientists or Therapeutic Radiographers) should be reviewed and used to inform the approach adopted for clinical oncologist training records.
- 4.12 Medical staff from other specialties - for example, neurosurgeons who have not had specific training on working with ionising radiation as part of their professional qualifications - may undertake duty holder roles after appropriate theoretical and practical training. Staff must be trained on the equipment they are using and must be able to evidence this. [Schedule 3](#) of IR(ME)R should be used to inform the training package.
- 4.13 Training records for clinical oncologists should be reviewed at the time of appraisal or at a locally agreed frequency by the Clinical Director or IR(ME)R Lead.
- 4.14 Where individual duty holders have experienced a long-term absence – for example, sickness or parental leave - refresher training should be considered prior to resumption of clinical duties.
- 4.15 Trainers and assessors that sign off training records should be recognised locally as subject matter experts with the appropriate approval to undertake this task.

Further information is available in the Radiotherapy Board publication [IR\(ME\)R: Implications for Clinical Practice in Radiotherapy](#) and the ARSAC [Notes for Guidance](#).

The appendix to this guidance contains an example of a clinical oncologist training record.

Appendix

This Appendix contains an example of a clinical oncologist training record. The content can be adapted to reflect local practice and the individual's scope of practice. This might include anatomical sites (for example, breast and skin disease) and/or techniques (for example, Intensity Modulated Radiotherapy or Proton Beam Therapy) and/or types of exposures (for example, planning, verification or treatment). These are sometimes referred to as practice privileges.

Sample Clinical Oncologist IR(ME)R training record

Document reference	XXX V0.1		
Policy Name	Clinical Oncologist training record		
Author (Name and Job title)	XXXXXX XXXXXX		
Reviewer: (Name and Job title)	XXXXXX XXXXXX		
Date of issue	XX/XX/XXXX	Review date	XX/XX/XXXX

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1. Scope and responsibility

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) require the employer to keep up-to-date training records for all practitioners and operators and make these available for review.

Clinical oncologists may be entitled to act in one or more of the duty holder roles as referrers, practitioners and operators.

Clinical oncologists must have a clearly defined scope of practice, and training and competency records to support their roles as operators and practitioners. While not explicitly required under IR(ME)R, it is considered best practice that referrers complete local referral awareness training prior to being entitled – that is, making, amending and cancelling referrals.

Training records should be available to support competency sign-off and link to the individual's scope of practice for which they are entitled to act.

Staff must read and understand reference documents such as employer's procedures, local departmental procedures and protocols specific to the work undertaken.

It is the responsibility of each individual to recognise and work within the limitations of their own scope of practice.

Locally-entitled IR(ME)R operators, practitioners and referrers should be listed, with their scope of practice, within the quality management system (*reference specific document here*).

2. Aim

The aim of this document is to evidence training, competency and continued professional development for individuals to be entitled as IR(ME)R duty holders.

3. IR(ME)R General and Annual Review

Name: **Job Title:**

Registration body and number: **Checked by and date:**

For brachytherapy practice confirm:

Practitioner licence reviewed: **Checked by and date:**

Nature of training	Oncologist signature/ date	Trainer signature/ date
Radiation protection e-learning training (ESR) – annually		
Review IR(ME)R employers procedures – annually <i>(reference local procedures)</i>		
Review ionising radiation policy– annually <i>(reference local procedure)</i>		
Referrer scope of practice and entitlement record reviewed <i>(reference specific document here)</i>		
Operator scope of practice and entitlement record reviewed <i>(reference specific document here)</i>		
Practitioner scope of practice and entitlement record reviewed <i>(reference specific document here)</i>		
Brachytherapy - HDR Local Emergency Training update		
Additional training needs identified		

In signing this record the individual named above confirms they have received and understood the training provided, and read and understood the reference documents.

Signature of individual / date:

Signature of assessor / date:

.....

.....

Completed copies of this document should be kept in the employee personnel file.

This document should be submitted as part of annual appraisal.

4. IR(ME)R Referral awareness training record

Name: Job Title:

Confirmation individual is a registered healthcare professional:
(e.g. GMC number)

Nature of training	Oncologist signature/ date	Trainer signature/ date
Induction only		
Access to local referral guidelines <i>(reference local procedure in Quality Management System and consider on-site and off-site access as required)</i>		
Access and overview to local referral system <i>(consider access on-site and from off-site clinics)</i>		
How to submit a referral <i>(reference local work instruction)</i>		
How to amend a referral <i>(reference local work instruction)</i>		
How to cancel a referral <i>(reference local work instruction)</i>		
Awareness and access to view individual scope of practice for entitlement <i>(reference local procedure)</i>		
CPD / update / refresher training		
<i>e.g. return to practice refresher</i>		
<i>e.g. software update training</i>		
<i>e.g. significant changes to local practice</i>		

In signing this record the individual named above confirms they have received and understood the training provided, and read and understood the reference documents.

On completion of training the named individual will be deemed competent to be entitled as an IR(ME)R referrer in the *(local radiotherapy department)* for the tasks listed above for the practices listed in their scope of practice.

Signature of individual / date:

Signature of assessor / date:

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.....

Completed copies of this document should be kept in the employee personnel file.

This document should be submitted as part of annual appraisal.

5. IR(ME)R Practitioner training record

Name: Job Title:

Confirmation individual is a registered healthcare professional:
(e.g. GMC number)

Confirmation of attainment of FRCR Part 1 date:

Confirmation of attainment of FRCR Part 2 date:

Other relevant qualification/ name and date:

For brachytherapy practice confirm:	
Practitioner licence number	
Expiry date	
Procedure codes from the licence	

Nature of training	Oncologist signature/ date	Trainer signature/ date
Induction only		
Understand local site-specific planning guidance (reference local procedure)		
Access agreed dose/fractionation regimes (reference local procedure)		
Use of local e-prescribing system (reference local procedure)		
Prescription approval (reference local procedure)		
How to amend a prescription (reference local procedure)		
How to stop a treatment (reference local procedure)		
Introduction to authorisation of a deviation from protocol (reference local procedure)		
Participation in peer review meetings (reference local procedure)		
Brachytherapy – Practitioner Licence management process (reference local procedure)		
Brachytherapy – Employer Licence awareness		

<i>(reference local procedure)</i>		
Awareness and access to view individual scope of practice for entitlement <i>(reference local procedure)</i>		
CPD / update / refresher training		
<i>e.g. Successful completion of ESTRO - Falcon Online Course - Breast Cancer (certificate of attendance available)</i>		
<i>e.g. Attendance at ESTRO Multidisciplinary Management of Breast Cancer (certificate of attendance available)</i>		
<i>e.g. Invited speaker at RCR study day on radiotherapy in breast cancer</i>		
<i>e.g. Contributed to RCR consensus guidance on breast radiotherapy</i>		
<i>e.g. Led local review of breast clinical protocol</i>		
<i>e.g. Completed literature review as evidence basis for local breast protocol</i>		
<i>e.g. Participation in peer review</i>		
<i>e.g. Appointed local lead breast consultant clinical oncologist</i>		

In signing this record the individual named above confirms they have received and understood the training provided, and read and understood the reference documents.

On completion of training the named individual will be deemed competent to be entitled as an IR(ME)R practitioner in the *(local radiotherapy department)* for the tasks listed above for the practices listed in their scope of practice.

Signature of individual / date:

Signature of assessor / date:

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Completed copies of this document should be kept in the employee personnel file.

This document should be submitted as part of annual appraisal.

6. IR(ME)R Operator training record

Name: Job Title:

Nature of training	Oncologist signature/ date	Trainer signature/ date
Induction only		
Access and overview of Quality Management System (reference local procedure)		
Access to and use of local incident learning system (reference local procedure)		
Access and use of local oncology management system (reference local procedure)		
Access and overview of treatment planning system (TPS) (reference local procedure)		
Overview of image fusion tools (reference local procedure)		
Use of contouring tools in TPS (reference local procedure)		
Use of expansion tools in TPS (reference local procedure)		
Approval processes in TPS (reference local procedure)		
Plan review in TPS (reference local procedure)		
Awareness of local Image Guided Radiotherapy (IGRT) protocols (reference local procedure)		
2D IGRT image matching tools (reference local procedure)		
3D IGRT image matching tools (reference local procedure)		
4D IGRT image matching tools (reference local procedure)		
IGRT image approval tools and processes (reference local procedure)		
Awareness of local patient review protocols (reference local procedure)		
Use of patient review recording systems (reference local procedure)		

Brachytherapy – prostate seed insertion (reference local procedure)		
Brachytherapy – gynaecological applicator insertion (reference local procedure)		
Brachytherapy – use of ultrasound for verification (reference local procedure)		
Brachytherapy – access and use of TPS (reference local procedure)		
Brachytherapy – use of contouring tools (reference local procedure)		
Brachytherapy – approval processes (reference local procedure)		
Brachytherapy - HDR local emergency training (reference local procedure)		
(Include other specialist equipment e.g. MR Linac, superficial as appropriate)		
Awareness and access to view individual scope of practice for entitlement (reference local procedure)		
CPD / update / refresher training		
e.g. return to practice refresher		
e.g. software update training		
e.g. significant changes to local practice		

In signing this record the individual named above confirms they have received and understood the training provided, and read and understood the reference documents.

On completion of training the named individual will be deemed competent to be entitled as an IR(ME)R operator in the (*local radiotherapy department*) for the tasks listed above for the practices listed in their scope of practice.

Signature of individual / date:

Signature of assessor / date:

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Completed copies of this document should be kept in the employee personnel file.

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7. Peer review records

Name: **Job Title:**

In addition to the training records outlined previously in this document, staff should complete a minimum of 10 clinical cases for peer review as part of induction and then annually thereafter. This document is for keeping a record of completed cases and should be submitted at annual appraisal.

Clinical competencies: Target outlining record, body site specific – minimum of 10 cases per anatomical site over a 12-month period. An exception may be made for rare and less common tumours.					Oncologist signature / date	Peer reviewer signature / date
Number	Date	Body site	Pt No.	Peer review/volume		

Evidence in this document provides evidence of training and competence. In signing this record the individual named confirms they understand local requirements and the peer reviewer is satisfied as to their competence.

Signature of individual / date:
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Signature of assessor / date:
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Completed copies of this document should be kept in the employee personnel file.

This document should be submitted as part of annual appraisal.