

Equality Impact Assessment:

Title of work: Radiation Safety Policy Review Feb 2024	Date of completion: 26/02/2024	Completed by: Peter Cook, Radiation Policy Lead and Head of Medical Physics
Description of work: 2024 scheduled review of the Radiation Safety Policy to update, ratified by the Radiation Safety Committee.		
Outcome of work: <i>Policy re-issue for compliance anticipated in March 2024. No direct impact of policy on equality anticipated; some indirect impacts through effect of policy application on patient pathways.</i>		
Who: Stakeholders: (who will this work affect?) <i>Who: Patients undergoing procedures involving exposure to ionising or non-ionising radiation. How: Patients are evidently affected by the level of radiation safety achieved by policy in governance of clinical procedures. Patients may also be affected by level of access to particular clinical pathways as affected by policy decisions and implementation with particular groups, some of which are aligned to protected characteristics or identified as requiring specific consideration (for example pregnancy, low literacy/numeracy, island or remote and rural communities).</i> <i>Who: Staff responsible for any aspect of procedures involving exposure to ionising or non-ionising radiation. In the particular case of IRMER for instance, this includes staff with the defined roles of Practitioner, Operator or Referrer but also Staff with formal roles under statute or policy including but not limited to Radiation Protection Adviser, Radioactive Waste Adviser, Medical Physics Expert, Laser Protection Adviser, Radiation Protection Supervisor, MR Safety Expert. How: Procedures and work practices put in place by policy implementation may evidently have implications for some staff groups (pregnant staff being an obvious example). Staff responsibilities and authorisation for particular roles by necessity requires specific relevant qualifications and registration.</i>		
How do you know: Stakeholder engagement: How will you know what impact this will have - please detail what work you have done to find this out? Remember to consider the way in which you use language matters.		

*In the case of procedures and work practices required of staff, these are in vast majority derived from requirements or conventions from national bodies or wider professions; impacts are similar more widely than NHS Highland.
For patient pathways, there are also conventions from wider professional contact nationally, but also the established routes of feedback from patients and other clinical services.*

What will the impact of this work be? (see appendix 1 for list of protected characteristics and other groups that you may wish to identify)
Radiation Safety Policy revision itself has low direct impact. Implementation of pathways and procedures under policy should have individual consideration whenever reviewed.

Given all of the above what actions, if any, do you plan to take?
Require that procedures implemented under this policy themselves give due consideration to EQIA. Two clauses added to Radiation Safety Policy, one for Service Leads and one for oversight by the Radiation Policy Lead, of due consideration of EQIA in implementing the policy.

Approved by:



Peter Cook, Radiation Policy Lead – Feb 2024.