Standards of delivery of a Nuclear Medicine Service

Report August 2011
The British Nuclear Medicine Society offers purchasers of nuclear medicine services the following policy statement on standards for the safe practice of Nuclear Medicine.

### Medical Standards

1. The clinical nuclear medicine service shall be delivered under the responsibility of one or more clinicians holding the relevant ARSAC certificates for that site*.

2. The number of dedicated consultant sessions shall be appropriate for the workload.

3. Consultants responsible for the delivery of the clinical nuclear medicine service shall be trained to an appropriate standard, usually that defined by the specialist professional body.

4. Medical reports shall be the responsibility of one or more consultants with appropriate experience and training. A medical opinion can only be given by a medically qualified individual.

5. Adequate arrangements for consultant cover shall be in place at all times.

6. Adequate provision for study leave and/or continuing education for clinical staff shall be identified in Terms and Conditions of Service.

### Scientific and Technical Standards

1. Scientific and technical support shall be provided through dedicated medical physicists and technologists in accordance with the recommendations of the IPEM, BNMS, HSG(95)3 and relevant current legislation. Such staff shall be trained to an appropriate standard as defined by the appropriate professional bodies*.

2. The services of a radiation protection adviser shall be available for the provision of advice on relevant current legislation and other radiation protection matters*.

3. A radiation protection supervisor shall be appointed by the provider unit*.
1. The nuclear medicine service shall be managed by a suitable person with the organisational and administrative authority to deliver a safe service.

2. Radiopharmaceuticals shall be made available through qualified staff in an approved environment. Written procedures for the preparation, dispensing, and administration of such agents shall be accessible and reviewed at regular intervals*.

3. UK licensed products shall be used except when written authorisation on an individual patient basis is provided by the clinician holding the relevant ARSAC certificate.

4. The provider site shall hold a certificate of registration for the keeping and use of radioactive materials and be appropriately authorised to accumulate and dispose of radioactive waste in accordance with relevant current legislation, unless exempt from so doing*.

5. Procedures shall be in place to ensure that the transport of radioactive materials meets relevant current legislation*.

6. Measures to monitor and control the radiation exposure of patients, staff and members of the public must satisfy the requirements of relevant current legislation*.

7. The policies, procedures and delivery of the service shall be subject to organisational audit at agreed intervals.

8. All investigations or therapies shall be performed only on receipt of forms signed by a medical practitioner, and these forms shall be made available by the provider unit.

9. Audit standards for the delivery of the service shall be agreed to
include the range of services to be supplied, interval between request and appointment and other quality measures.

10. An adequate staff mix for the safe delivery of the service and appropriate patient care shall be in place.

11. Services shall be provided in an environment which is conducive to good patient care, with particular emphasis on cleanliness, timeliness, pleasant attitude and appearance of staff. Patient privacy, dignity and ethnic origin shall be respected.

12. All research procedures shall be performed in accordance with the terms of the Local Research Ethics Committee and the ARSAC certificate specific to the project*.

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**Equipment and facilities**

1. The service shall be delivered through safe equipment that meets current accepted standards of performance.

2. Performance of equipment, in particular gamma cameras and dose calibrators, shall be assessed at suitable intervals. Records shall be maintained and be available on request.

3. Radiation monitoring, imaging, counting and data processing facilities appropriate to the level of service shall be available.

* Statutory requirement

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**Glossary**

**ARSAC**

**BNMS**
British Nuclear Medicine Society.

**IPEM**
Institute of Physics and Engineering in Medicine.
HSG(95)3

NHS Executive Health Service Guideline entitled Health Service Use of Ionising Radiations, issued January 1995.

References

3. Tindale WB, Williams NR, Physics support in nuclear medicine. Nucl Med Commun 1999; 20 779-780