

Title of Document:	IR(ME)R PROCEDURE (B): To identify individuals entitled to act as referrer, practitioner or operator within a specified scope of practice
Directorate:	RADIOLOGY DIRECTORATE

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Update to operator table following update to IRMER procedure J	08.02.2024
Wording amendment to be inclusive of nuclear medicine. Correction to QA of non nuclear medicine equipment. New line added to referrers to include list of Nuclear medicine referral. Removal of radiographers from the practitioners duties. Addition of authorized NM radiographers.	19.12.2025
Individuals involved in developing / reviewing / amending this document: (titles only)	
Radiology Clinical Services manager	
Radiation Protection Advisor	
Quality Governance Lead Radiographer	
Radiation Protection Supervisors	
Key staff responsibilities	Post:
Responsible for establishing who can act as referrer, practitioner, and operator.	Worcestershire Acute Hospitals NHS Trust, Radiology Clinical Director, Radiology Services Manager and Quality/Governance Radiographers
Responsible for creating, updating and ensuring that the procedure is followed on all sites.	Radiology Clinical Services Manager
Responsible for the day to day implementation of the procedure	Lead Superintendent Radiographers for each site
To comply with this procedure	Radiographers / assistant practitioners / radiologists / sonographers /RDAs /receptionists
Provide adequate information on request and fulfil duties as designated under referrer in IR(ME)R	Medical doctors/Non-medical referrers/dentists/Sonographer/Radiographer

In-line with regulation 6 schedule 1 (b) requirements within IRMER 2017, the purpose of this procedure is to clearly identify who is entitled by Worcestershire Acute Hospitals Trust (WAHT) to act as a referrer, practitioner and operator and their duties.

This procedure applies to all exposures in Radiology, Cardiology and interventional.

Employees receive clear communication of any duty holder role that they have been given entitlement for. Roles such as operators are included in the job description. Practitioners and referrers are entitled formally in writing and where appropriate are given certificates to confirm this.

1. Duties and Responsibilities of referrer:

“Referrer” means a registered health care professional who is entitled in accordance with the employer’s procedures to refer individuals for exposure to a practitioner; It is a legal obligation that the referrer provides all necessary clinical information relating to the patient and the exam, to enable the practitioner to decide whether there is a sufficient net benefit giving appropriate weight to:

- (a) The specific objectives of the exposure and the characteristics of the individual involved;
- (b) The total potential diagnostic or therapeutic benefits, including the direct health benefits to the individual and the benefits to society, of the exposure;
- (c) The individual detriment that the exposure may cause; and
- (d) The efficacy, benefits and risk of available alternative techniques having the same objective but involving no or less exposure to ionising radiation.

As a requirement of Worcester Acute Hospitals Trusts, the referrer must always supply the following information:

- The patient specific details to include, full name, address and Date of birth and hospital number where possible, so that they can be accurately and uniquely identified prior to an examination.

Where the patient’s identity is unknown, standard Trust identification procedures must be followed.

- Accurate clinical information to justify the associated medical exposure.
- Information on pregnancy and breast feeding, and whether the referrer wishes (subject to practitioner approval) any restrictions to be waived for female patients undergoing x ray procedure, which involves irradiation of the abdomen and all nuclear medicine procedures.
- A clear name and role uniquely identifying the referrer; this can be electronic if processed through the ICE order comms to RIS system.
- To act on the outcomes of the referrals within a timely manner and in the patients best interests.

- Referrals for medical exposures (Including Nuclear Medicine) should be made in accordance with documented referral criteria. The criteria used by the WAHT will be based on those provided in the latest version of “iRefer - Making the best use of clinical radiology” document, published by the Royal College of Radiologists*. (* iRefer is available internally from the radiology pages of the Trusts website: [iRefer](#))
- We ask that all referrers adhere to Appendix A: Pause & check IR(ME)R referrers checklist when requesting a diagnostic procedure to ensure all requirements are met.
- It should be noted that there is no requirement for a named referrer when an individual undergoes an exposure as part of a national screening programme following an invitation (e.g. the Breast Screening Programme). However Breast screening is covered by separate IR(ME)R procedures.
- Please note self-referrals are not accepted.

Category of Referrers:

Referrer Group	Expected level of Training	Scope of referral	Entitled by
Medical or Surgical Consultant or Senior Registrar	State Registration & Appropriate Royal College Fellowship	All ionising radiation examinations including, Cardiology, Urology and interventional procedures	Clinical Director
Medical or Surgical Consultant or Senior Registrar	State Registration & Appropriate Royal College Fellowship. Urology, Oncology and breast surgeons.	Nuclear medicine	
Resident Medical Officer (RMO)			Clinical Director
General Practitioners	Medical Degree & registration	All non-restricted diagnostic exam	Clinical Director
Junior Doctor	Provisional Registration & Medical degree	As above (may be some restrictions)	Clinical Director
General dental Practitioners / orthodontist	State Registration & Dental Degree	All plain radiography of the head and jaw. Chest x-ray for inhaled tooth	Clinical Director

Non-medical referrers	Registration, Appropriate degree, IRMER training modules 00-03 via Electronic Service Record (ESR)/e-LfH. Requesting competencies and support from relevant Clinical director. Requires radiology approval.	Only the examinations laid down in their referral protocol included in 'Nurse/ Non-Medical Requested X-ray Policy'/SOP	Quality / Governance Lead radiographer New groups agreed by Clinical Director
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Non-Medical Referrers

All non-medical referrers are requesting on behalf of a medically qualified responsible referrer.

A list of all non-medical referrers is kept centrally within radiology: <M:\Acute\Radiology\Radiology Team Share Point\NON MEDICAL REFERRERS>
 This list is updated by a person designated by the Radiology Directorate and enables the operators/Practitioners to use as a reference guide as to who is an authorised non-medical referrers and their scope.

All Non-medical referrers are expected to as a minimum have completed:

- Training to include e-learning IRMER modules 01-03 via Electronic Service Record (ESR)/e-LfH, (refreshed at a minimum every 3 years)
- Completed relevant continuing professional development
- Competencies for radiology requesting

They must be approved by the Radiology Quality/ Governance following the application process documented:

<http://whitsweb/KeyDocs/KeyDocs/DownloadFile/1981>

All applications, training, certificates of entitlement and other relevant documentation for referrers are saved electronically within Radiology and are reviewed as a whole every 3 months to ensure updates and relevant requests for training are completed.

2. Duties and Responsibilities of the Practitioners

“practitioner” means a registered health care professional who is entitled in accordance with the employer’s procedures to take responsibility for an individual exposure; the practitioner is responsible for the justification of an exposure to ionising radiation and, to the extent of their involvement, keeping the dose to the patient as low as reasonable practicable consistent with the intended purpose. This involves ensuring that the requested examination is the most suitable examination for the clinical question/patient.

The Practitioner must:

- Check that patient has not already had the examination recently, on the RIS system (or other relevant system). There will be some clinical reasons for the same examination to be undertaken again.
- When the practitioner agrees with the examination request and relevant clinical history this will be recorded electronically on the RIS System as per appropriate vetting SOP.
<M:\Acute\Radiology\Radiology Team Share Point\SOPs\VETTING SOPs>
- Radiographers who have undertaken appropriate training in CT Colonography are allowed to include a CT Thorax if they determine that the CT scan requires further CT imaging.
- Radiographers, who are not entitled to act in the role of a practitioner, must follow justification criteria in the relevant IRMER folder, under that specific examination. The Clinical Director will act as practitioner for most Radiology examinations. For Nuclear Medicine this will be the ARSAC license holder.

Newly appointed radiographers will be assessed after their induction period by Band 6/7 radiographer as to whether they are competent to act as a practitioner for plain films. If not then in-house training will be provided. A list of practitioners can be found under appendix C.

An examination must not be carried out without a written/electronic request from the referrer. If the request is incomplete the following must be undertaken:

1. Outpatient requests are to be rejected as per vetting SOP
2. Inpatient requests require you to contact referring clinician for discussion and rejection. If contact cannot be made then the above process should be followed.

All actions must be documented under CRIS event comments and any non-conformance should be raised as an incident on DATIX.

Category of Practitioner:

Practitioner Group	Expected level of Training	Scope of justification	Entitled by
<u>Plain film/CT/DEXA</u> Consultant Radiologists	GMC registration FRCR	All medical exposures for Radiology examinations (Including dental, excl. Nuclear Medicine) All Non-medical exposures for radiology examinations	Clinical Director
Authorised Nuclear Medicine Radiographers	HCPC Registration, Diagnostic Radiography degree	All Nuclear Medicine procedures as per vetting SOP	Clinical Director ARSAC License/Certificate

	Completion of relevant competencies/SOW		holder and Clinical Director
<u>Nuclear Medicine</u>			
ARSAC license/certificate holder	GMC registration FRCR Possession of valid ARSAC license / certificate appropriate to scheme of work.	As per examination schedule on ARSAC license / certificate.	Clinical Director
Consultant Radiologists	GMC registration FRCR, Authorisation from the ARSAC license holder & certificate appropriate to scheme of work.	Those studies agreed by the ARSAC license holder	ARSAC License/Certificate holder and Clinical Director
<u>Cardiology</u>			
Consultant Cardiologists	GMC Registration, Royal College Registration	Cardiology Angiographic and interventional procedures	Clinical Director
<u>Fluoroscopy</u>			
Consultant Radiologists	GMC registration FRCR	MII & fluoro lists for orthopaedic	Clinical Director
Oral Surgeons and Orthodontists	GMC Registration, Appropriate Dental Degree and Royal College Registration	Intra-oral films	Clinical Director

3. Duties and Responsibilities of the operator:

“operator” means any person who is entitled, in accordance with the employer’s procedures, to carry out practical aspects including those to whom practical aspects have been allocated, medical physics experts and, except where they do so under the direct supervision of a person who is adequately trained, persons participating in practical aspects as part of practical training; all **operators** have a duty to ensure that, in their role, the radiation exposure to the patient is as low as reasonably achievable and compatible with the diagnostic purpose. Reporting is seen as an operator function under IR(ME)R.

A person undergoing practical training may undertake certain operator duties whilst under the supervision of an appropriately trained operator.

No ionising radiation may be used unless an appropriately trained operator is present. The operator must inform the RPS if there is a need to change the exposure chart e.g. better exposure for a certain view. This needs to be updated in that room’s control panel and exposure chart.

List of all operators can be found in Appendix B

The operator must:

- Follow the Society of Radiographers ‘Paused & Checked’ directive as documented in IR(ME)R procedure A.
- Check that examination has been justified **BEFORE** the examination either on Radiology Information System (RIS) or on request.
- Make a **final check** on RIS that the examination has not been performed recently before the exposure takes place.
- If outside of these criteria then advice must be sought from senior radiographer or radiologist and documentation of who has justified the request must be made on the form and RIS.
- Examination can now take place.
- Ensure that the image is evaluated for quality and technical requirements.

Practical Aspects of Operator	Category of operator	Requirement	Entitled by
Authorising exposure and performing examination in Radiology exams	Radiographers	Diagnostic Radiography degree. With exam protocol or agreed justification of practitioner.	Radiology Services Manager
	Named Trainee/ Assistant Practitioners	Attending/ completed recognised assistant practitioner course	Radiology Services Manager
	Student Radiographer	With the agreement and supervision of the	Radiology

		HCPC registered radiographer	Services Manager
Performing interventional and fluoroscopic procedures	Consultant Radiologist	FRCR registration	Clinical Director
	Named Radiographers with Scheme of Work	Radiography degree/ Diploma in Radiography & additional training with radiologists	Clinical Director
Performing barium swallows & meals & proctogram examinations	Consultant Radiologist	FRCR	Clinical Director
	Named Radiographers with Scheme of Work	Radiography degree/ Diploma in Radiography & additional training with radiologists	Clinical Director
Assisting during interventional, Cardiology and fluoroscopic procedures	Consultant Radiologists	FRCR	Clinical Director
	Radiographers	Radiography degree/ Diploma in Radiography	Radiology Services Manager
Performing fluoroscopy during orthopedic procedures in theatre & department	Radiographers	Radiography degree/ Diploma in Radiography	Radiology Services Manager
	Named Orthopedic Consultants (mini C Arm only)	Consultant qualification in orthopedics and IR(Me)R certificate	Clinical Director
Performing CT scans (Excluding CT Colon) or assisting in the performance of all CT scans	Radiographers	Radiography degree/ Diploma in Radiography plus in- house CT training	Radiology Services Manager
Performing CT colon studies	Named Radiographers with Scheme of Work	Radiography degree/ Diploma in Radiography plus in- house CT training Attended a recognised CT colon course & in house	Clinical Director

Controlling CT fluoroscopy only	Consultant Radiologists	FRCR	Clinical Director
QA (including testing before use and routine level B tests)	Medical Physics Expert Clinical Scientists (Physicists) Clinical Technologists	See list of staff of IRS personnel and qualifications obtained	Radiology Services Manager
Imaging processing QA excluding Nuclear Medicine	Radiographers	In-house training & with IRS	Radiology Services Manager
Nuclear Medicine equipment QA	NM Radiographers	Radiography degree/ Diploma in Radiography and in house NM training.	ARSAC license/ certificate holder
Performing Nuclear Medicine Imaging / Non imaging procedures including: <ul style="list-style-type: none"> - Administration of radiopharmaceuticals to patients - Drawing up of radiopharmaceuticals from multi dose vials 	Radiographer	Radiography degree/ Diploma in Radiography. In house NM training +/- SOR training appropriate to administration route of radiopharmaceutical being administered. Acting under protocol approved by an ARSAC license/certificate holder whose schedule lists the procedure being carried out.	ARSAC license/ certificate holder
	ARSAC license/certificate holder	ARSAC license/certificate holder whose schedule lists the procedure being carried out	ARSAC license/ certificate holder
Reporting NM imaging	Radiologist with ARSAC license/certificate holder	FRCR ARSAC license/certificate holder whose schedule lists the procedure being carried out	Clinical Director

	Named Radiographer/Radiologist within scheme of work	Acting under written instructions from an ARSAC license/certificate holder whose schedule lists the procedure being carried out. In house competencies	ARSAC license or certificate holder & Clinical Director
Reporting DEXA (technical report)	Radiographers	DEXA trained and in-house competency assessment	Clinical Director
Appendicular and Axial Reporting (including dental)	Radiographers	Postgraduate Diploma	Clinical Director
	Radiologist	FRCR	Clinical Director
Chest and Abdomen Reporting	Radiographers	Postgraduate Certificate	Clinical Director
	Radiologist	FRCR	Clinical Director
Appendicular Skeletal Reporting	Radiographers	Postgraduate Certificate	Clinical Director
	Radiologist	FRCR	Clinical Director
Reporting CT Head (OP only)	Named Radiographer within scheme of work	Postgraduate Certificate in head reporting	Clinical Director
Reporting CT imaging	Radiologist	FRCR	Clinical Director
Reporting Cardiac CT	Radiologist	FRCR	Clinical Director
	Cardiologist	Consultant qualification in Cardiology and IRMER training	Clinical Director
Reporting Fluoroscopy	Radiologist	FRCR	Clinical Director
	Radiographer	Postgraduate Certificate	Clinical Director
Reporting Fluoroscopy Urology exams	Radiologist	FRCR	Clinical Director
	Urologist	Consultant qualification in Urology and IRMER training	Clinical Director

Reporting Angiography exams	Radiologist	FRCR	Clinical Director
	Cardiologist	Consultant qualification in Cardiology and IRMER training	Clinical Director
Reporting Interventional Radiology exams	Radiologist	FRCR	Clinical Director
	Vascular Consultant	Consultant qualification in Vascular and IRMER training	Clinical Director

Appendix A:

Diagnostic Radiology Referral

Have you “Paused & Checked”?

An IR(ME)R Referrers checklist for referring a patient for a diagnostic imaging examination

P	Patient	Ensure correct patient (3-point ID) Ensure it is physically possible for the patient to undergo the examination (e.g. any mobility issues) Ensure patient has been given adequate information and understands and agrees to examination
A	Anatomy	Ensure correct body part/laterality specified
U	User Checks	Confirm most appropriate investigation and consider non ionising radiation alternative (use of iRefer/local referral guidelines) Check previous investigations Confirm timing of examination (is date required clear?) Ensure pregnancy/breastfeeding status is verified Ensure any special needs/interpreter/disabilities/mobility documented (eg hoist required?) Ensure implantable cardiac defibrillator devices documented Ensure allergies documented and appropriate pathology results are available where requested
S	System & Settings	Confirm correct examination (code) requested Confirm correct imaging modality selection Confirm relevant clinical information is adequate to enable the Practitioner to justify the examination Confirm relevant clinical information will assist in the evaluation of the study
E	End	Confirm entitled Referrer against IR(ME)R procedures – eg unique identifier/correct user login Final check that this is the CORRECT patient Confirm the above and submit request
D	Draw to a Close	Ensure you have received an evaluation of the examination Ensure the results are discussed with the patient Confirm whether further investigation is required



IR(ME)R requires all duty holders to comply with their local employer's procedures. This 'pause and check' poster does **not replace** these procedures but represents a shortened summary of the main checks. **You must adhere to your local procedures at all times.**

Appendix B – Operators:

[M:\Acute\Radiology\Radiation Protection and IR\(ME\)R\IR\(ME\)R list of Operators-Practitioners\OPERATORS LIST IR\(ME\)R B C-WIDE.xlsx](#)

Appendix C – Practitioners:

[M:\Acute\Radiology\Radiation Protection and IR\(ME\)R\IR\(ME\)R list of Operators-Practitioners\PRACTITIONER LIST IR\(ME\)R B C-WIDE.xlsx](#)