

Directorate: RADIOLOGY DIRECTORATE
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	(DGM)
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amendment :	
Review date:	14.05.2028
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Key amendments:	Date:
Individuals involved in developing / reviewing /	
amending this document: (titles only)	
Radiology Governance	May 2025
WAHT RPA/MPE	May 2025
General Radiographer Lead WRH	May 2025
Radiation Protection supervisors	March 2025
Key staff responsibilities	Post:
Responsible for creating, updating and ensuring	Radiology Clinical Services Manager
that the procedure is followed on all sites.	
To comply with this SOP	Radiographers / Assistant Practitioners
	/Radiologists / Sonographers /RDAs
	/Receptionists/Referrers
Provide adequate information on request and	Medical doctors / Non-medical
fulfil duties as designated under referrer in	referrers/dentists/Sonographer/Radiographer
IR(ME)R	

Amendment to regulation 7 Schedule 2 of the 2017 Regulations (employer's duties)

For Making, amending and cancelling any referrals for Radiation exposure.

## Introduction

The Ionising Radiation Medical Exposure Regulations 2017 have been updated following a parliamentary session in September.

Ionising Radiation (Medical Exposure) (Amendments) Regulations 2024 Statutory Instrument legislation are now due to come into force on 1 October 2024.

A wide range of improvements have been made to the regulations, in line with recommendations from the 2022-2023 post-implementation review, to better reflect current healthcare delivery practices.

New amendments will ensure the radiography workforce has a robust system within which professionals can confidently deliver patient and service user exposures that are appropriate, safe and effective.

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## Purpose of this Procedure/Procedure Statement

To clarify procedures for the making, submitting changing and cancelling of referrals for exposures involving ionising radiation. It has been acknowledged that this procedure will vary between health care establishments because it reflects local policies and practices. Referrals for medical exposures 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\* and written imaging protocols which have been reviewed and approved by the designated Practitioner

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Authorisation Coversheet.pdf

### Scope

This procedure should cover:

- All medical, non-medical imaging, screening or research exposures carried out by the organisation.
- The procedure is relevant to all referrals for such exposures originating from within or outside the organisation
- The procedure is inclusive of all referrers entitled under the Employments procedures
   (b) Entitlement of duty holders. This includes all non-medical referrers, names and assigned SOW detailed in spread sheet in Radiology Team Share point.

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NMR List.xlsx

Agreed Scope of practice/protocol assigned following robust Radiology Governance Application Process. 3-year mandatory renewal of IR\(ME)R training on esr, renewal process trigger off spreadsheet.

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## **Practice**

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• iRefer, RCR guidance for radiographic imaging is available to all referrers, operators and practitioners via link on the Trust Share point.



 Radiology Quality Governance approved Booking process (SOP)s followed by Radiographers and Booking staff to allocate appropriate appointments for Radiological Examinations



## **Acceptable methods of referral**

SOP BOOKING ROUTINE OUTSOUR

- Request for exposure to radiation are received electronically, ICE orders generating an event on the CRIS system.
- Paper requests can be submitted and accepted from establishments outside
   WAHT only. These requests can be posted paper version or uploaded to a
   confidential radiology admin email address. A new request would be created
   for the patient and the request scanned on to the patient's attendance. See
   subsection 3 of the Radiology Admin Duties Guide .... adding paper referrals
   /or referrals received electronically by email



 in the event of an IT incident whereby electronic orders/ request are not received correctly. CRIS /PACS downtime policy would be followed





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# **Acceptable source of referrals**

- Referrers from within Worcester Acute Hospitals Trust (WHAT)
- Non-Medical referrers
- GP within own ICB
- Specific Private Health care organisations
- External Orthodontic Practices
- Prison Services that fall within (WHAT) Methods of contact liked with in booking SOP.
- Requests generated from named Approved Research Programmes supported by WHAT

# **Types of Referrals**

- GP referrals/Specific private Health care organisations: standard plain film radiographic procedures, Fluoroscopy, CT scans with and without contrast, bone density, Nuclear Medicine.
- Hospital Consultant Lead Teams, standard plain film radiographic procedures, fluoroscopy, CT examinations, Bone density and Nuclear Medicine studies.
- Non-Medical referrers. Following an agreed SOW, allocated by Radiology Quality Governance Team, Scope inclusive of Plain Film radiography, fluoroscopy, CT, Nuc medicine and Bone density studies.
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   REFERRERS\NON-MEDICAL REFERRER POLICY.PDF

# **Specific referral Pathways:**

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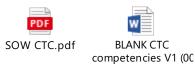




• Cardiac Catheriziation/interventional are an inherent part of a wider procedure, The Cardiologist/ Radiologist act as the Referrer, Operator and Practitioner, In the case of Primary PCI the request is received retrospectively in some cases that are time sensitive, the duty radiographer will proceed with a manual data input that is integral to the cardiac system. The Cardiologist has the responsibility of submitting an ICE order when the patient has been stabilized, the images are stored on the Cardiac internal PACS system.



 Colon Trained radiographers are permitted to add a CT Chest on as a supplementary study in the presence of colon pathology supported by a Quality Governance approved Scheme of Work (SOW).



## **Advice for referrers**

- Further advice for referrals can be sought by contacting the radiology department,
   out of hours the Duty Radiologist can be contacted on 39165
- If the radiographers/ Booking team are unable to offer resolution, then further guidance can be sought from the Duty radiologist

## **Deferred orders on ICE**

The deferred list is checked Monday –Friday 0830 – 1700 by the admin staff on each site



## **Booking Process:**

 Requests are vetted and justified by radiographers / Radiologists following the appropriate vetting SOP

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 The radiology staff and dedicated booking team follow booking guidance outlined in the Radiology Quality Governance approved booking SOPs (Standard Operational Procedure). Training /competence recorded in staff induction matrix

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SOP BOOKING ROUTINE OUTSOUR

## **How to amend or Cancel a referral**



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- It would be expected that the referrer would contact the radiology Department immediately if a request was to be cancelled or amended. Appropriate comment to be placed in the patient CRIS attendance. Radiographers should not cancel/amend requests exams unless instructed to by the referring team. (ref Inpatient SOP)
- When a patient is discharged form Hospital with an outstanding inpatient request that is no longer required the CRIS attendance is cancelled. Status "refer Cancel "Where the X-ray request indicants a follow-up procedure for example a 6 week follow up CXR then this request is placed on a planned waiting list, converting to a patient request by location only
- Where a request is placed in error and the radiology department is informed then the
  request is *Rejected* on CRIS by the radiographer. A supporting comment will be placed
  in the event comments section.

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- Where a request is placed on CRIS but is NOT performed a NOT performed status can be applied to the event. (Ref inpatient SOP)
- Where an examination is abandoned due to patient intolerance a SOP is followed that



 $$\operatorname{\mathsf{SOP}}\nolimits$  ABANDON provides feed back to the referrer.  $^{\mathsf{EXAM}}\nolimits$  DUE TO PATIE

• Where a referral is not justified the event is rejected and reason for rejection is placed in the status comment box, accountability of rejection based on CRIS log in

### Further Guidance:

https://www.gov.uk/government/publications/ionising-radiation-medical-exposure-regulations-2017-guidance/guidance-to-the-ionising-radiation-medical-exposure-regulations-2017

https://www.rcr.ac.uk/media/mmab2tga/rcr-publications\_ir-me-r-implications-for-clinical-practice-in-diagnostic-imaging-interventional-radiology-and-diagnostic-nuclear-medicine june-2020.pdf

https://www.rcr.ac.uk/media/smmkkrsa/ionising-radiation-medical-exposure-regulations-implications-for-clinical-practice-in-radiotherapy.pdf