

IR(ME)R Employers Procedures for Making, amending and cancelling x-ray imaging referrals

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Note which Trust, where applicable.

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet or document management system.

Consultation

The following were consulted during the development and/or review of this document:

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Head of CT/MR
Head of Breast Imaging
Head of Xray
Business support managers
Medical physics expert EARRPS
Radiology Governance and accreditation Lead

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a standard operating procedure applicable to James Paget hospital; please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

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1. Introduction

1.1. Rationale

This Employer's Procedure covers the arrangements for, management of, and guidance for referrals to x-ray imaging services as required under the Ionising Radiation (Medical Exposures) Regulations 2017 (IRMER17) amended by the Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024.

Referrals include those for medical diagnosis and treatment, for individuals as part of a health screening program, for patients or other persons voluntarily participating in medical or biomedical, diagnostic or therapeutic, research program and for individuals undergoing a non-medical imaging exposure.

1.2. Objective

To ensure compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 and amendment Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024 - covers the arrangements for, management of, and guidance for referrals to x-ray imaging services.

1.3. Scope

All IRMER Duty Holders (Referrers, Practitioners and Operators) must be aware of and comply with this procedure.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
Referrer	These are the persons who are entitled under these procedures to request radiological examinations of individuals. They must be a registered healthcare professional
Practitioner	A registered health care professional who is entitled in accordance with the employer's procedures to take responsibility for "the justification of" an individual exposure."
Operator	These are persons entitled under these procedures to carry out practical aspects related to medical exposures.
ICE	IT solution for radiology referrals
RIS	Radiology software solution for managing referrals and bookings
CDC	Community diagnostic centre
ERS	Electronic referral service
JPUH	James Paget University hospital NHS foundation trust

2. Responsibilities

- Employer- has a responsibility to establish referral guidelines. This is delegated to the Head of Department and Clinical Lead who are experts in

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their fields. Referral guidance needs to be available and there should be methods for feeding back and auditing referrals.

- Referrers -must supply sufficient medical data for the practitioner to be able to justify the referral. The referrer is also responsible for ensuring any changes in the referral are communicated to prevent unnecessary or unwanted exposure. The referrer should provide contact details to enable communication regarding the referral.
- Practitioners- responsible for justifying the exposure- must also ensure they have a clear process to communicate any changes or to seek out additional information from the referrer, if required prior to justification.
- Operators-have a responsibility to ensure they communicate verbally or via the Admin emails any amendments or cancellations they receive from referrers ,with the booking coordinators and/or Imaging department assistants, if they are unable to make the amendment on CRIS . Operators are most likely to receive changes relating to Inpatient and emergency referrals. Planned and booked OP and GP referrals generally occur through the booking telephone line.
- BSM's have a responsibility to ensure they have a booking procedure in place and that staff who undertake bookings are trained and competent to do so.
- Booking coordinators and Imaging Department assistants - must follow the booking procedure to ensure patients are notified of cancellations and amendments and that referrers are notified of cancellations and rejections.

3. Policy Principles

3.1. Definition

The definition of a referral under IRMER is stated as “*a request for an exposure to be performed, not a direction to undertake an exposure*”. A referral must be made by an appropriately entitled registered healthcare professional, as defined by IRMER. The departments holds a list of all non- medical referrers who are entitled to refer for imaging within their scope of practice. This is held on the Radiology teams channel.

3.2. Referral Guidelines

The Employer must establish recommendations concerning referral guidelines for medical exposures to which these Regulations apply, including radiation doses, and ensure that these are available to all authorised Referrers. This must include access to the national standard (Royal College of Radiologists guidance iRefer- www.irefer.org.uk) and to any local guidance on referrals. iRefer is available via the hospital clinical dashboard by clicking on the iRefer icon

Additionally, there are guidelines for primary care on referrals for adults and children into the services provided by the Trust. (Justification criteria and projection guidelines for adult general radiography- Q-pulse GIT11 and Justification Criteria and Projection guidelines for Paediatric General Radiography (< 16 years) Q-pulse ref: GIT75)

National screening programmes such as lung cancer screening and breast screening have their own defined criteria.

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3.3. Making referrals

The Employer must ensure there is a robust system in place to allow all authorised Referrers access to imaging services. The referral system must be fit for purpose and enable the Referrer to supply the Practitioner with information to enable patient identification and sufficient medical data to allow the justification process. This can either be electronic (e.g. ICE) or a paper method.

At the James Paget and associated CDC's we accept referrals from primary care via ERS and ICE. Internally ICE is used. External referral paper requests are still accepted provided they comply with required information. Paper forms will also be used as part of business continuity plans. The paper will be scanned into the RIS event.

Where electronic referral systems are used, each Referrer should be given a unique log-in identifier. It is a disciplinary offence to use another member of staff log-in to initiate a referral.

In the case of paper referrals the use of pre-signed paper referral forms is prohibited. It is the responsibility of the Referrer to ensure the referral includes:

- Accurate, up-to-date patient identification information (to enable a 3-point ID check)
- Relevant clinical history
- Suspected or known clinical diagnosis
- Requested examination
- Specific clinical question to be answered
- Relevant previous medical history
- Information on research trials (where relevant)
- Information relating to pregnancy (where relevant)
- Referrers name and contact details including responsible clinician

In addition, the following information is also useful for the imaging service and should be included where relevant:

- Clinical findings on examination
- Mobility status
- Allergies (where relevant)
- Co-morbidities (where relevant)
- Medication (where relevant)
- Accessibility problems including need for an interpreter, learning disability etc
- Weight

Where certain groups of Referrers have limited scope of practice (e.g. non-medical referrers), they must NOT request imaging outside of their agreed scope.

If there is insufficient information on the referral to either ensure correct identification of the patient or to allow the justification process, the referral must be returned to the Referrer with a clear explanation on why it has been refused.

The referral must demonstrate the identity of the Referrer to ensure that any query relating to the referral and any report /clinical evaluation produced following the procedure, is directed back to the correct Referrer.

When making a referral, Referrers must take medical and previous imaging history into account to ensure a duplicate referral is not made.

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The referral must only be made if the outcome of the examination or procedure is likely to affect the management of the patient.

3.4. Reviewing an X-ray exposure referral

Some initial receipt and processing of referrals may fall to non-IRMER duty holders such as administration staff. Training of these staff is given to ensure referrals are actioned with a timely and consistent approach. They are made aware of priority categories and how these relate to national waiting time standards.

When reviewing an X-ray referral, Practitioners and Operators must take previous imaging history into account.

3.5. Amending imaging referrals

There must be robust governance processes in place to ensure that if an imaging referral is amended, either by the Referrer or imaging team, that the correct (amended) imaging or treatment takes place.

Where an imaging referral is incomplete or inaccurate, it is the responsibility of the Referrer (and not the imaging department) to amend the imaging request.

The process for rejecting a referral based on inadequate information is detailed in Radiology admin process. In the case of a referral that is urgent attempts should be made to contact the referrer or responsible doctor to make them aware. This should be documented on RIS. If imaging amends a referral to an alternative imaging technique the referrer will be alerted by telephone for inpatient referrals or via email for OP and GP referrals. Comments are also added to ERS if this was the method of referral.

3.6. Cancelling imaging referrals

There must be robust governance processes in place to ensure that if an imaging referral is cancelled, either by the Referrer or imaging team, an accidental x-ray exposure does not subsequently occur.

Cancellations made by Referrers should be communicated promptly to the imaging department. A telephone call to the booking coordinators in the chosen modality enables a prompt amendment.

CT is 3260 or via switchboard out of hours

Xray- Ext 3456, fluoroscopy/ultrasound- Ext 3659, Gynae/DEXA Ext 3464 is or via switchboard or bleep 1559 Out of hours

Breast imaging is Ext 2885 or 2051

If the referral is cancelled by the imaging team, a reason must be provided to the Referrer, either by electronic communication or with the use of an accompanying letter sent back with a paper referral.

Such decisions must also be made available to the Out of Hours Radiology team, to ensure a consistent service is provided at all times.

All cancellation processes should be described fully in local standard operating procedures- radiology admin process

4. Training & Competencies

All Booking coordinators, reception staff, IDAs and Radiographers/Sonographers are trained and signed off as competent with regard to amending and cancelling bookings on RIS.

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5. Related Documents

SOP Radiology administration process guide for X-Ray, Ultrasound & Fluoroscopy
CT booking specific scan types
CT MRI booking appointments general guide
iRefer RCR imaging guidelines
Primary care justification guidelines
IRMER employers procedure to identify referrer, practitioner, and operator

6. References

- [1] UK Government. The Ionising Radiation (Medical Exposure) Regulations 2017, No.1322, 2017
[2] UK Government. The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024, No.896, 2024
[3] IRMER Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine, Royal College of Radiologists, June 2020

7. Monitoring Compliance / Audit of the process/policy principles/service to be delivered

Compliance with the process will be monitored through the following:

Key elements (including sustainability)	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Audit of near miss and incidents relating to amendment and cancellation errors	Inphase audit/monitoring	Governance group	Governance	Annually

8. Equality Impact Assessment (EIA)

Policy or function being assessed: IRMER employers procedures making, amending and cancelling x-ray imaging referral

Department/Service: Radiology

Assessment completed by: Anita Haylett

Date of assessment: 1/5/26

1.	Describe the aim, objective and purpose of this policy or function.	Ensure a process is in place identifying responsibilities of duty holders for amending and cancelling referrals to imaging		
2i.	Who is intended to benefit from the policy or function?	Staff X	Patients X	Organisation X
2ii	How are they likely to benefit?	Correct patient received correct imaging if required		
2iii	What outcomes are wanted from this policy or function?	Safe patient care		
For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings:				
3.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their race/ethnicity ?	n		
4.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their gender ?	n		
5.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their disability ? Consider Physical, Mental and Social disabilities (e.g. Learning Disability or Autism).	n		
6.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their sexual orientation ?	n		
7.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their pregnancy or maternity ?	n		
8.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their religion/belief ?	/n		
9.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their transgender ?	/n		
10.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their age ?	n		

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11.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their marriage or civil partnership ?	/n	
12.	Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function?	na	
13.	Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g. providing specific training to a particular group.	/na	
14.	Specific Issues Identified		
	Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment	Page/paragraph/section of policy/function that the issue relates to	
	1. N/A	1.	
15.	Proposals		
	How could the identified detrimental impact be minimised or eradicated?	N/A	
	If such changes were made, would this have repercussions/negative effects on other groups as detailed in Q. 3-11?	N/A	
16.	Given this Equality Impact Assessment, does the policy/function need to be reconsidered/redrafted?	N	
17.	Specific Issues Identified		
	Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment		
	1. N/A		
18.	Policy/Function Implementation	Page/paragraph/section of policy/function that the issue relates to	
	Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/function should be adopted by the Trust. Please print: Name of Director/Head of Service: _____ Title: _____ Date: _____ Name of Policy/function Author: imaging service manager Anita Haylett Title: _____ Date: 1/5/26	1.	

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	(A paper copy of the EIA which has been signed is available on request).	
18.	Proposed Date for Policy/Function Review	
	Please detail the date for policy/function review (3 yearly): 3 yearly	
19.	Explain how you plan to publish the result of the assessment? <i>(Completed E.I.A's must be published on the Equality pages of the Trust's website).</i>	
	Standard Trust process	
20.	The Trust Values	
	In addition to the Equality and Diversity considerations detailed above, I can confirm that our Trust Values are embedded in all policies and procedures. Collaboration We work positively with others to achieve shared aims. Accountability We act with professionalism and integrity, delivering what we commit to, embedding learning when things do not go to plan. Respect We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride. Empowerment We speak out when things don't feel right; we are innovative and make changes to support continuous improvement. Support We are compassionate, listen attentively and are kind to ourselves and each other. I confirm that this policy/function does not conflict with these values. ☒	