**Non-Medical Referrers Audit Template**

IRMER AUDIT – Non-Medical Referrer Compliance with IRMER

The Diagnostic Radiology Department at Dorset County Hospital has an agreement with several groups of non-medical personnel who are able to request certain types of imaging procedures. Each group or individual works under their own requesting protocol.

Every non-medical referrer is required to carry out a clinical audit of their imaging requests, as agreed when signing the NMR Application (requesting agreement) This is to ensure that the requests being made are within the protocol inclusion criteria and has a positive effect on patient care.

*Extract of ‘Audit’ section of the NMR responsibilities:*

***Audit***

* *Standards will be audited every two years to ensure that practice standards within the agreed protocol are being met and that the protocol is being adhered to.*
* *A random sample of 10% or a maximum of 50 of the imaging requests by the above referrer will be taken and reviewed in consultation with the responsible clinicians to ascertain that the inclusion criteria has been adhered to and that imaging has been appropriately requested in respect of their having bearing on the patient’s management.*
* *A copy of all audits must be sent to the NMR Team, Diagnostic Imaging, DCH,* *NMR@dchft.nhs.uk*
* *Where any standards are not met, it will be the responsibility of the above referrer, the responsible Clinicians and the Radiology Services Manager to develop an action plan or review the existing standards.*
* *If the referrer fails to attend IRMER training review and / or submit their audits in a timely fashion, Diagnostic Imaging reserves the right to revoke their referral status.*

The NMR team in radiology will provide each NMR with their Audit data.

Every authorised non-medical referrer is required to submit an audit report via e-mail (NMR@dchft.nhs.uk) to the NMR Governance Team – Diagnostic Imaging.

**Non-medical referrers who refer less than ten patients over a 24-month period should conduct this audit on all referred patients.**

**Non-Medical Referrer Audit Response Sheet**

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Place of employment |  |
| Delegating Clinician |  |
| Non- Medical Referrer Protocol Number |  |
| Refresher IRMER Training Completed | Online / Face to Face Date: |
| Date of audit completion |  |

|  |  |
| --- | --- |
| Audit Items | Responses  |
| Total number of imaging referral requests you have submitted over the 24-month period? |  |
| Start and end date for your audit period? |  |
| Who else has been involved in collecting the information for your audit? |  |
|  Number of imaging referrals audited. |  |
| What percentage of imaging requests is within the inclusion criteria of your requesting protocol? |  |
| *IRMER states that ‘each medical exposure should have a written outcome’.* What percentage of your imaging referrals achieved this? |  |
| What percentage of your imaging referrals confirmed your clinical diagnosis? |  |
| What percentage of your referrals were made following a clinical examination by you as the referrer? |  |
| What percentage of these examinations were requested as part of a pathway? E.g. cancer surveillance, NOF# pathway. |  |
| Please supply a brief qualitative evaluation *(e.g., What does this audit demonstrate)* with a reflection on current practice *(e.g., How will this audit modify your referring process?)*. |
|  |
| It is recommended that the findings of this audit are discussed at your annual performance review. |

Please attach a copy of your completed **10% Audit data spreadsheet** and send **electronically** to NMR@dchft.nhs.uk

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