



## IR(ME)R 2024 Employers Procedures

### DCHFT EP18 – Making, amending and cancelling x-ray imaging referrals

<b>Policy Title</b>	IR(ME)R 2024 Employers Procedures - DCHFT EP18 – Making, amending and cancelling x-ray imaging referrals		
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<b>Applicable to</b>	All Trust staff		
<b>Aim of the Policy</b>	Compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 and amendment Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024 (S.I 2024, No 896) - covers the arrangements for, management of, and guidance for referrals to x-ray imaging services.		
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<b>Expert Group</b>	Trust Medical Exposures Group		
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### DCHFT EP18 - Making, amending and cancelling x-ray imaging referrals

#### IRMER17<sup>[1]</sup>, Regulation 6, Employer's Procedures, Schedule 2, 1.(p):

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 (SI 2024, No 896) <sup>[1][2]</sup>

#### Introduction

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.

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

#### Definition

The definition of a referral<sup>[2]</sup> is stated as “....a request for an exposure to be performed, not a direction to undertake an exposure”.

#### 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 national standards (Royal College of Radiologists guidance iRefer – [www.irefer.org.uk](http://www.irefer.org.uk)) and to any local guidance on referrals.

#### 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. These processes should be described fully in local standard operating procedures.

Where electronic referral systems are used, each Referrer should be given a unique log-in identifier. As per the recommendation from the RCR<sup>[3]</sup>, it is a disciplinary offence to use another member of staff log-in to initiate a referral.

In the case of paper referrals, as per the recommendation from the RCR<sup>[3]</sup>, the use of pre-signed paper referral forms is prohibited.

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It is the responsibility of the Referrer to ensure the referral includes information such as:

- Accurate, up-to-date patient identification information (to enable a 3-point ID check)
- Relevant clinical history
- 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

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)

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. This must be monitored as per local protocol.

If there is insufficient information on the x-ray 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 system must be able to demonstrate the identity of the Referrer to ensure that any query relating to the referral and any report produced following the x-ray procedure, is directed back to the correct Referrer.

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

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

### **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 should be given to ensure referrals are actioned with a timely and consistent approach.

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

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## 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.

These processes should be described fully in local standard operating procedures.

## 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.

If the referral is cancelled by the imaging team, a reason must be provided to the Referrer, either by electronic communication (e.g. Ordercomms) 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.

## Requirements for Audit

As per IRMER Employers Procedure for Quality Assurance Procedures, the quality of x-ray exposure referrals should be part of an audit program. This can help identify Referrer training needs.

## 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

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***The IR(ME)R 2017 Employers Procedures – Making, amending and cancelling x-ray imaging referrals will be brought to the attention of all IRMER Duty Holders and will be reviewed biennially by the Medical Exposures Group (MEG).***

Signed:  \_\_\_\_\_ Date: 10/07/2025

**Chair of the MEG, Dorset County Hospital NHS Foundation Trust**

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