IR-001 - Employers Procedure 2b – Making, Amending and Cancellation of referrals for exposure

1. Governing Policy

IR-001 Employers Procedure – Employer statement

2. The Procedure

2.1. Introduction

2.1.1.   Referrers occasionally make inappropriate requests or even duplicate requests for medical imaging. These requests can place additional burden on the workload of the Imaging department.

2.1.2.   Employers should have a procedure in place that outlines how referrals are made, submitted, changed and cancelled and how this is communicated to relevant parties.

2.1.3.   This procedure aims to ensure that high-quality imaging referrals are made, vetted, amended, and cancelled in compliance with the latest IR(ME)R 2024 regulations and RCR guidelines, thereby promoting patient safety and the effective use of imaging services.

2.2. Making an Imaging Referral

2.2.1.   Only authorised referrers, such as registered medical practitioners, dentists, or other healthcare professionals specified by the employer, are permitted to make referrals. Refer to Ramsay Employers Procedure 3

2.2.2.   It is a legal requirement for RHCUK to establish referral criteria to guide referrers in making appropriate imaging requests. Each Ramsay imaging service is required to develop referral guidelines tailored to their specific services and make these available to referring clinicians. Additionally, generic referral guidelines from the Royal College of Radiologists can be accessed via iRefer.

2.2.3.   All referrals should be made in accordance with Ramsay IR(ME)R EP 2 and this document. If a referrer is uncertain about the appropriateness of a request, they should consult with a Radiologist before proceeding. All ionising radiation, MRI, and ultrasound procedures must adhere to the Society of Radiographers' Pause and Check safety checklists. These checklists must be prominently displayed in consulting rooms, at the control panel or, in the case of ultrasound, within the room.

2.2.4.   The referral must include:

- Patient's full name, date of birth, and unique identifier.
- Clinical details justifying the need for the radiological examination.
- Specific type of radiological examination requested.
- Any relevant patient history, including previous imaging studies.
- The referrers name, role, professional registration number and contact details.

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2.2.5. The Ramsay standardised (electronic or paper) referral form must be completed, ensuring all mandatory fields are filled.

2.2.6. The referral form can be submitted electronically through the Ramsay Electronic Referral System (MAXIMS), external referrer portal or via secure email.

2.2.7. Clinically urgent referrals must be clearly marked as such. Time-critical referrals (e.g., those requiring imaging within 24-48 hours) must be discussed with a Radiologist prior to submission.

2.2.8. Occasionally, a referral will be sent to the imaging department requesting a future appointment. Examples might include where a Consultant has performed a bone density scan and wants a follow-up scan in 12-months' time, or where a consultant has requested a steroid injection to be administered under ultrasound and the second appointment will required in approximately 6-months' time. In these situations, the order will usually be generated in MAXIMS as a future planned appointment or by adding a note to the 'Other Booking Info' section.

2.2.9. Upon receipt of a referral, the Imaging Admin Team or Radiographer will process the request. Any paper referral will be manually entered and scanned into the Radiology Information System (RIS) to create an electronic record. The referral will then be managed through the RIS system as per standard Imaging procedure described in this document.

2.3. Duplicate Referrals

2.3.1. If an Imaging service receives duplicate requests (e.g., the same examination is requested by both a GP and a Ramsay Consultant), the GP referral should be cancelled as the 'duplicate'. A comment must be added to the Consultant request (using the patient log in RIS) to ensure a copy of the report is also sent to the GP.

2.4. Non-medical Imaging

2.4.1. Non-medical imaging procedures, such as those purely for medico-legal purposes, should clearly identify that the procedure is requested on non-medical grounds and provide sufficient information to allow justification. Refer to Ramsay EP 14.

2.5. Research Trials

2.5.1. When the imaging procedure is requested as part of a research trial, this should be clearly indicated on the request, accompanied by the trial name, even if the imaging would form part of standard clinical care for the patient's condition. All trials must have approval as set out in CM-003 – Research & Development Policy

2.6. Future Planned Appointments

2.6.1. If a referral is received requesting a future appointment, the status of the referral needs to be amended by the Imaging Admin team. The referral should be selected from the 'Ordered/Pending' worklist, and the' Request Priority' field edited to select 'Future Planned'.

2.6.2. A status filter can be applied to the 'Ordered/Pending' worklist so that only future planned appointments are displayed. The filter should be saved by the RIS user so that it can be applied at any time as a 'New View'. The user can then switch to the filtered view as required, however, selecting the 'Default' view on the ordered/pending worklist will always show all orders, regardless of status.

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2.7. Vetting (Triaging) and Protocolling Imaging Referrals

2.7.1. The ability to vet, amend, or cancel requests is crucial to ensure patients receive suitable examinations. Vetting, protocolling and IR(ME)R justification are all important processes in medical imaging, but they serve different purposes.

2.7.2. Vetting involves reviewing and assessing an imaging request by considering the patient's medical history, current condition, and the necessity of the examination requested to ensure it is appropriate and necessary; the referral may be accepted, modified, or rejected based on the medical information provided.

2.7.3. Protocolling refers to documenting the study/sequences required for the examination. This may include equipment parameters, patient positioning, sequences to be performed, administering contrast agents if needed, and adhering to Radiation/MRI safety procedures.

2.7.4. Justification is the legal process of evaluating whether the benefits of an ionising radiation exposure outweigh the risks. The referral may be accepted, modified or rejected based on Radiation Risks & Benefits.

2.7.5. **Radiologist Responsibilities**

Radiologists are responsible for justification, vetting and protocolling of referrals to ensure the appropriate investigation is requested. This involves reviewing clinical details and previous imaging studies to prevent unnecessary radiation exposure and duplicate examinations.

Justification and Vetting is completed using the appropriate module on RIS.

2.7.6. **Vetting Radiographer/Sonographer Responsibilities**

Modality-based Radiographers/Sonographers typically vet and protocol CT, MRI, and ultrasound requests. Radiographers who have not completed the necessary training and competencies to become entitled IR(ME)R Practitioners are **not permitted to justify examinations** involving ionising radiation. Under all circumstances, complex imaging requests or those requiring contrast administration must be vetted and justified by Radiologists.

2.8. Amending an Imaging Referral

2.8.1. The individual amending an imaging referral must clearly document the reason for any amendments, such as those required after vetting a referral, changes in clinical condition or additional any other information in the patient log on RIS.

2.8.2. Authorisation may need to be sought from the original referrer or another authorised healthcare professional, especially for Insured or Self-Pay patients.

2.8.3. Amending a booked referral may also be required to ensure accurate billing for examinations undertaken.

2.8.4. **Procedure for IR(ME)R Unjustified Referrals**

Referrals lacking sufficient information for justification under IR(ME)R will be returned, with an explanation, if contacting the referrer for discussion is not possible.

2.8.5. **Amending a Referral / Procedure Deviation**

As part of good clinical governance, most clinical imaging procedures have a protocol in place. However, deviations may be necessary in certain cases:

- Modify the technique to meet the patient's needs.

- Change the procedure to reflect the patient's condition.

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- Cancel due to patient condition or compliance.

2.8.6. Any procedure deviation from the standard protocol must be recorded in the event comments in RIS for the reporter to acknowledge within their findings.

2.8.7. Amending a referral, if it has already been scheduled, can be performed from the 'Scheduled Today' worklist:

- The 'Reschedule' option on this page can be used to change an appointment date or time,

- The 'Scheduling Group' can be used to change the performing hospital location

- The 'Awaiting Reschedule' option can be used to change the status of the referral and add it to the Awaiting Reschedule Worklist ready for when the patient has availability to re-book the appointment. If a patient wants to cancel an appointment, without ever requiring rebooking, please see the process in section 2.9.

2.8.8. Referrals may occasionally need to be amended after patient contact at the appointment stage. It is the responsibility of the imaging admin staff member to discuss any necessary amendments with the referring clinician, radiologist, or other relevant healthcare professionals to ensure the changes are appropriate and justified.

2.9. Cancelling an Imaging Referral

2.9.1. Notification of Cancellation

There may be occasions where a patient initiates a cancellation. Examples might include where:

- They have had the examination elsewhere.

- The symptoms have ceased.

- They refuse the examination.

- They are not able to attend in the foreseeable future.

There may be occasions where the Imaging department may need to cancel patient appointment. Examples may be due to:

- a staff absence

- issues with scanners or machines not working as planned

- issues with the room or facilities

- Referrals that do not meet justification/vetting criteria or contain inadequate/illegible information

2.9.2. Cancelling a referral (before booking)

Referrer-initiated cancellations can be performed on MAXIMS if the referral is still at an 'Ordered' status. The RIS request will then be removed and no longer visible to the imaging teams.

Radiology-initiated cancellations must be performed on RIS via the Ordered/Pending worklist. The reason for cancelling a referral must be provided as part of this process. The 'Status' of the referral will then be displayed under the patient record in the 'Past Exams' section, with further information obtained by viewing the 'Patient Log'. A cancellation message (with reason) is sent back to MAXIMS to alert the Referrer.

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2.9.3. **Cancelling a booked appointment**

If a referrer cancels a referral that has been already scheduled an appointment, the referrer should cancel the examination in MAXIMS which will alter the RIS record to the status of 'Cancelled by Referrer'. The referrer must also promptly inform the Imaging Admin Team or relevant modality staff to prevent an unnecessary exposure to ionising radiation.

Cancellations initiated by the imaging team must be performed on RIS via the 'Scheduled Today' worklist. Once the patient appointment is selected, the ellipsis should be selected and a reason for cancelling a referral must be selected under the 'Status Change To' option. The 'Status' of the referral will then be displayed under the patient record in the 'Past Exams' section, with further information obtained by viewing the 'Patient Log'

2.9.4. **e-RS Cancellation Process**

To cancel a referral, the referrer should be requested to log into e-RS as a referring clinician, search for the patient's NHS number or UBRN, select a reason for the cancellation from the 'reason' dropdown (mandatory), and enter any comments before clicking 'Cancel Request'.

2.9.5. **Re-instating a cancelled referral**

Once a referral has been cancelled on RIS to cannot be re-booked. A new referral is required from the Referrer.
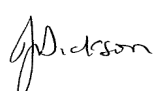
2.10. Training

2.10.1. All referrers should be familiar with the IR(ME)R 2024 requirements as described in the Ramsay Employers Procedures. The Head of Clinical Services / Hospital Director is responsible for providing information on making, amending, and cancelling referrals in their induction training and also via the proforma letter provided to referrers outlining their responsibilities under IR(ME)R.

2.10.2. External Referrers must be directed to the Ramsay internet 'Referrer Portal' where information on referral processes is described.

2.10.3. All imaging teams (both clinical and non-clinical) must be provided with adequate training on Ramsay IR(ME)R Employers Procedures and the effective use of RIS. It is the responsibility of the Radiology Manager to ensure that competency documents are retained in staff training files.

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3. Approval

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name	Abiola Adebayo	**Date**	06.09.2024
Signature			

Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward electronic copies to the Integrated Governance Assistant who has responsibility for disseminating and implementing the document and for maintaining the organisation's database of approved policies and procedural documents.			
Name	J. Dickson	**Date**	06.09.2024
Signature			

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4. References

- [The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024](#)

- Society of Radiographers (2017) Have You Paused and Checked? IRMER Have you paused and checked? IR(ME)R | SoR.

- Society of Radiographers (2016) Have You Paused and Checked? IR(ME)R Referrers Have you paused and checked? IR(ME)R Referrers | SoR.

- The Royal College of Radiologists: Vetting (triaging) and cancellation of inappropriate radiology requests. London: RCR, 2021. https://www.rcr.ac.uk/media/1llaemff/rcr-publications_vetting-triaging-and-cancellation-of-inappropriate-radiology-requests_may-2021.pdf
- The Royal College of Radiologists: iRefer: making the best use of clinical radiology. London: The RCR
- www.choosingwisely.co.uk/
- www.realisiticmedicine.scot/

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