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QSE Referral Guidelines for diagnostic imaging at the Queen Square and Chenies Mews Imaging Centre			
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Introduction

The Ionising Radiation (Medical Exposures) Regulations 2017 lay down basic measures for the protection of patients from unnecessary or excessive exposure to X- rays during diagnostic examinations. They also have specific guidance for Employers, Practitioners, Operators and Referrers in their responsibilities as Duty Holders.

This document is intended to be a helpful guide to the practical applications of the regulations for Referrers and includes a section on the basic principles of radiation safety. It reflects compliance with IR(ME)R 2017 (as amended by the Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024) and with the Care Quality Commission (CQC) fundamental standards under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It also provides guidance on making a referral for diagnostic imaging to either the Queen Square Imaging Centre (CT and MRI) or Chenies Mews Imaging Centre (MRI only).

A Brief Overview of IR(ME)R 2017

IR(ME)R 2017 (as amended 2024) sets out the statutory duties for those involved in medical exposures to ionising radiation.

Categories of Duty Holder under IR(ME)R 2017

The Ionising Radiation (Medical Exposures) Regulations of 2017 identify different categories of duty holder, each of whom has a responsibility to ensure the safe administration of ionising radiation to patients undergoing medical exposures. The duty holders we are concerned with in this guide are:

- The Employer
- The Referrer
- The Practitioner/Operator

The Employer

Under IR(ME)R 2017, the Employer (QS Enterprises Ltd) is responsible for putting into place a system of policies, protocols and procedures which will govern referrals, ensure that justification of exposures takes place, and that a clinical evaluation of all diagnostic procedures is recorded. The aim is to ensure that radiation doses to patients are kept **as low as is reasonably practicable (ALARP)**. As the CQC-registered provider, the Employer also has overarching governance responsibility for ensuring compliance with the fundamental standards of safety and quality under the Health and Social Care Act 2008.

The Employer is responsible for ensuring that the diagnostic findings and clinical evaluation of each medical exposure is recorded in the patient's notes. If it is known before an exposure

that no clinical evaluation will occur, then the exposure cannot legally be justified and therefore should not take place.

The Medical Exposures Directive requires that each request for a medical exposure must be justified by a practitioner or authorised by a radiographer (Reg6(1)(a)) prior to exposure being made.

The Referrer

Medical and Non-medical Practitioners who act as Referrers are classed as Duty Holders who are entitled in accordance with the employer's procedures to refer individuals for medical exposure to a Practitioner. Referrers must be aware of their responsibilities under IR(ME)R before they may refer patients for diagnostic imaging examinations involving the use of ionising radiation.

QSE recognises the following medical Referrers for diagnostic examinations involving the use of ionising radiation:

- Hospital Consultants
- Junior Doctors
- General Practitioners

Non-Medical referrers may also be recognised by QSE's Medical Advisory Committee and given authorisation to refer for diagnostic examinations involving the use of ionising radiation. The scope of referral for non-medical referrers must be explicitly defined and limited to those modalities and indications approved by the Medical Advisory Committee.

Referrers have a legal obligation to provide all necessary clinical information relating to the patient and the examination. Guidance regarding these requirements is provided in the following section '*Referral Guidelines for Referrers*'.

Practitioners and Operators

The role of the Practitioner (usually the Radiologist) and the Operator (usually the Radiographer) can appear to overlap. The Practitioner (Radiologist) must be sufficiently knowledgeable to be able to justify an exposure before authorising it to take place. If, in certain circumstances it is not practicable to obtain justification from the Practitioner, the Operator can authorise an exposure for some examinations under Practitioner protocols or guidelines. Such protocols must be documented and approved by the Employer and be regularly reviewed to ensure continued compliance with IR(ME)R and local rules.

Practitioners and Operators must follow departmental guidelines and protocols as authorised by the Employer.

Practitioners and Operators have a legal obligation to refuse to justify an exposure when insufficient or incorrect clinical information is provided.

Justification

Practitioners and Operators are responsible for justifying and authorising individual medical exposures based upon an assessment of the information supplied by the Referrer.

Practitioners and Operators must consider:

- The specific objectives of the exposure and the characteristics of the patient involved.
- The total potential benefits, including direct health benefits to the individual and society.
- Any potential detriment to the individual.
- The efficacy, benefits and risks of all available alternative techniques.

The Practitioner must pay special attention to:

- The necessity of the exposure
- Exposures on medico-legal grounds
- Exposures that have no direct health benefit for the individual
- The urgency of the exposure in cases involving a female where pregnancy cannot be excluded, in particular if the abdominal and pelvic regions are exposed.

If the Practitioner or Operator considers the request not to be compliant with IR(ME)R, they are legally bound to refuse to justify the imaging request. Such decisions must be documented and communicated to the referrer in accordance with the Employer's procedures.

Referral Guidelines for Referrers

Requirements for Patient Identification

To avoid an unintended radiation exposure or wrong imaging investigation on a patient, all imaging requests must correctly identify the individual for whom the examination is intended. QSE staff are bound by the QSE Policy for Patient Identification.

To enable this, imaging request forms must bear at least three unique patient identifiers from the following list;

- Full name
- Address

- Postcode
- Date of birth
- Hospital Number (EPIC MRN Number), if known.

A contact telephone number and/or email address is also desirable so that our administration team can arrange the patient's attendance quickly and efficiently.

Referrals must be submitted through secure communication channels in accordance with the Data Protection Act 2018 and UK GDPR requirements.

Requirements for Clinical Information

Sufficient clinical information for the examination to be justified must be included on the request. This must include details of previous diagnostic examinations and/or medical records relevant to the medical exposure requested. Without this information the Practitioner will be unable to consider the potential benefits or detriment of the request and will therefore be legally unable to justify the exposure.

If the information provided is insufficient, the department is legally bound to return the request to the Referrer with a request for more clinical information.

If the Practitioner considers that a medical exposure cannot be justified, they will not legally be able to proceed. This decision will then be communicated to the Referrer.

Authorising your Referral

It is a legal requirement that all radiology referrals are authorised by the referrer. Subsequently, **all request forms must be signed and dated by the authorised referrer.** Electronic referrals may be accepted but must be submitted from the authorised referrers secure access account.

To facilitate the efficient return of results to the referrer, a practice address and preferred method of receipt is also required.

Referrers are reminded that radiology request forms constitute legal documents and must be completed legibly and in accordance with the Employer's procedures.

Assistance with Referrals – "iRefer"

Referrals for medical exposures should be made in accordance with documented referral criteria. The criteria used by QSE's practitioners will be based on those provided in the "iRefer - Making the best use of clinical radiology" document, published by the Royal College of Radiologists.

QS Enterprises has set up a generic user account for iRefer within its own license. Referrers may access iRefer using the following details:

Web: www.irefer.org.uk

User: imaging@queensquare.com

Password: iRefer2025!

Referrers should ensure they consult the latest edition (currently 7th edition, RCR 2024) when considering referral appropriateness.

Making A Referral

Referrals can be made to either to the Queen Square Imaging Centre (CT and MRI) or the Chenies Mews Imaging Centre (MRI only) either electronically via EPIC order or via a standard request form which should be submitted through secure communication channels.

QSE's request forms are available for download using the following links.

- To refer to the Queen Square Imaging Centre, the relevant referral form may be downloaded or completed online and submitted securely at:

www.queensquare.com/professionals/referral/

To refer to the Chenies Mews Imaging Centre, the appropriate referral form may be downloaded or completed online and submitted securely at:

www.cheniesmews.com/referral/

When making a referral, please communicate any special requirements, including the need for an interpreter, special assistance, or any specific booking requirements. Our administration team will then make direct contact with the patient to schedule an appointment and provide them with all necessary advance information. All patients will be treated in accordance with the Accessible Information Standard (DCB1605) to ensure information is provided in a format they can understand and communicate.

Training Requirements for Referrers

There is no legal requirement within the Regulations that Medical or Non-Medical Referrers are trained in radiation safety/IR(ME)R awareness prior to being entitled to act as referrers. However, it is normal practice for Radiology Departments to require such training to be undertaken.

Medical Referrers who hold current GMC registration are deemed to have received this training prior to their recognition by QSE as a referrer. QSE maintains records of all recognised referrers within its Radiology information System, including GMC number and practice address.

Non-Medical Referrers will be required to present evidence of formal training in radiation safety/IR(ME)R awareness to the QSE Medical Advisory Committee as part of the approval process.

All recognised Referrers should refresh their IR(ME)R awareness training at least every three years, in line with the CQC Single Assessment Framework requirement for ongoing competence.

Responsibilities of the Referrer

A radiology request is a legal document and must be filled in accordingly. To avoid unnecessary delay to scheduling, it is essential that correct patient identification details are included, as well as enough clinical information and a provisional diagnosis. Finally, referrers must provide a legible signature or submit the referral via secure access control to authorise the referral.

Referrers are responsible for ensuring that referrals are appropriate and clinically justified, that patients have been informed of the benefits and risks of ionising radiation, and that all relevant information is accurately recorded and transmitted securely. Referrers must also comply with relevant Data Protection, Information Governance, and Equality and Diversity policies.

Informing the Patient of the Risk and Benefit of Radiation Exposure

Under IR(ME)R 2017 “wherever practicable, and prior to an exposure taking place, the patient or their representative is provided with adequate information relating to the benefits and risks associated with the radiation dose from exposure”.

In the first instance, this discussion should be had with the patient by the Referrer prior to referral for examination. The discussion should include how the imaging will allow them to be able to make a diagnosis or monitor the progress of the patient’s treatment. This should also include an explanation of how the benefits of the examination (in making the right diagnosis or providing the correct treatment) outweigh the very low risk involved with the exposure itself.

It should be emphasised that the risk of cancer induction is extremely low and an indication of approximate average UK background equivalent radiation time given.

Referrers must document that the discussion of benefits and risks has taken place, in accordance with the Duty of Candour (Regulation 20, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

UK Background equivalent radiation equivalent times for examinations relevant to QSE’s scope of practice include:

Examination	Equivalent Background Radiation Dose
CT Head	6 Months
High Resolution Chest CT	5 Months
CT Chest	2 Years
CT Chest and Abdomen	3 Years
CT Chest, Abdomen and Pelvis	4 Years
CT C-Spine	1 Year
CT Pulmonary Angiogram	2 Years

Source:

*Ionising Radiation Exposure of the UK Population: 2010 Review, PHE, 2016**HPA-CRCE-012 Frequency and Collective Dose for Medical and Dental X-Ray Examinations in the UK 2008, HPA, 2010*

The Possibility of Pregnancy

The Referrer is also required to check the LMP (Last Menstrual Period) dates of all patients capable of reproduction, aged 12 – 55 years before referring them for an examination of the abdominal, pelvic or upper femoral regions (any region between diaphragm and knees).

Failure to do so may result in the Radiographer being unable to carry out the examination until checks can be made. This might result in delay to the examination and ongoing care.

Patients who have doubts about their dates, or who could be pregnant, should be offered a pregnancy test.

Referrers should clearly indicate on the request form if it is known or suspected that a patient is pregnant at the time the request is made and must indicate that the clinical necessity of performing the examination overrides the question of possible pregnancy.

For patients that are known to be pregnant, a formal consent form must be completed with the patient by the referrer prior to referral and sent with the referral to the imaging department.

All such cases must be clearly flagged to the Radiology Department so that a Practitioner can review and document the justification for exposure in line with IR(ME)R Regulation 6 and the Employer's Procedure (Exposures involving pregnancy).

Recording of Clinical Evaluation

It is the responsibility of the referrer to carry out and record a clinical evaluation of each examination report. Radiology reports will be issued direct to the referrer by QSE and in most cases, also be available on EPIC. It is QSE policy that all clinical examinations (including those

that may have been abandoned prior to the completion of the examination) will be reviewed by a radiologist and a report published.

Referrers must ensure that reports are reviewed and acted upon appropriately and within clinically acceptable timescales. Where the report identifies urgent or unexpected findings, the Referrer must ensure that appropriate follow-up is arranged in accordance with QSE's Imaging Reporting Policy.

Supplementary Information

It is also helpful to the imaging department if the referrer would consider the following when referring a patient for examination:

- The need for pain relief and removal of radio-opaque objects prior to examination. This can prevent unnecessary repeat exposures due to patient movement, or obscuration of the area under investigation.
- Patients who are informed are generally more co-operative. Patients should be informed by the referrer why the referrer is requesting an examination, where they are going and what to expect.

Referrers should also consider any mobility, cognitive or sensory needs to ensure the patient's experience is equitable and in line with the Accessible Information Standard.

Risk Management and Incident Reporting

QSE expect all employees to undertake training in risk management and maintain awareness of QSE policies on risk management and incident reporting. Any patients, who undergo a procedure that was not intended as a result of mistaken identification, or other procedural failure, and who has consequently been exposed to an unnecessary ionising radiation dose, will be considered as having received an unintended dose of radiation. (Regulation 4(5)).

QSE will investigate these occurrences, supported by the nominated Radiation Protection Advisor. The detailed investigation required by this regulation will be aimed at:

- Establishing what happened
- Identifying the failure
- Deciding on the remedial action required to minimize the chance of a similar failure in future.
- Estimating the doses involved and recording the incident.

All notifiable incidents will be reported to the Care Quality Commission (CQC) in accordance with Regulation 8 of the Ionising Radiation (Medical Exposure) Regulations 2017 (as amended 2024). Findings and corrective actions will be documented and shared through the QSE governance structure.

'ALARP'

Legislation assumes that no radiation dose is entirely free from risk and Radiographers have a legal duty to ensure that doses are 'As Low As Reasonably Practicable' - this includes a legal responsibility to refuse to carry out procedures if the risk /benefit is not clear.

Referrers are strongly encouraged to consider the following question when referring a patient for medical exposure:

Will this examination influence /affect the immediate management of the patient?

"Before you request a test, you should first ask yourself what you are going to do if the test is positive, then ask yourself what you are going to do if the test is negative. If the answer is the same, do not do the test."

Cochrane's Law

Referrers should also ensure that duplicate or unnecessary repeat imaging is avoided by checking prior imaging history, including PACS access where available.

Summary and Key Contacts

This guide is intended to provide referrers with an overview of the requirements set out within the Ionising Radiation (Medical Exposures) Regulations 2017, as well as practical guidance on managing referrals for diagnostic imaging. However, circumstances may arise where further guidance or advice is needed.

Referrers are encouraged to contact the following key personnel:

For CT/Ionising Radiation related enquiries:

CT Clinical Lead Radiographer and QSE Radiation Protection Supervisor

Mr Trent Sparks

Email: tsparks@queensquare.com

Phone: 020 7833 2513

Superintendent Radiographer and Deputy Radiation Protection Supervisor: Queen Square Imaging Centre

Ms Eleonora Giankou

Email: egiankou@queensquare.com

Phone: 020 7833 2513

For all MRI and MRI Safety related enquiries:

MR Safety Officer and Superintendent: Queen Square Imaging Centre

Ms Eleonora Giankou

Email: egiankou@queensquare.com

Phone: 020 7833 2513

MR Safety Officer and Cardiac MRI Superintendent: Chenies Mews Imaging Centre

Ms Kim Le

Email: kle@cheniesmews.com

Phone: 020 3887 0566

Relevant Regulations, Policies and Procedures

- *Ionising Radiation (Medical Exposure) Regulations 2017 (SI 2017 No. 1322), as amended by the Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024 (in force 1 October 2024).*
<https://www.legislation.gov.uk/uksi/2024/896/made>
- *Ionising Radiations Regulations 2017 (SI 2017 No. 1075) – for protection of staff and the public.*
- *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – CQC fundamental standards and Duty of Candour.*
- QSE IR(ME)R Employer's Procedures
- QSE Local Rules for Radiation Safety in CT.
- QSE Escalation of Incidents Procedure.
- QSE Ionising Radiation Safety Policy.
- QSE Radiation Contingency Plans and Risk Control in Diagnostic Radiology.
- Royal College of Radiologists, *iRefer Imaging Referral Guidelines*, 7th Edition (2024).
- Accessible Information Standard (DCB1605), NHS England 2025.
- Data Protection Act 2018 and UK GDPR.

Equality Impact Assessment (EIA)

This Equality Impact Assessment provides evidence for meeting the Company's commitment to equality and the responsibilities outlined above, for more information about QSE's commitment to equality, please refer to the Diversity, Equality, Inclusion and Human Rights Policy and Equal Opportunities Policy.

For each protected characteristics, answer the questions below by indicating Yes (Y) or No (N)	Sex (male / female / transgender)	Age	Race/Ethnicity	Disability	Religion/Belief	Sexual Orientation	Marriage/Civil Partnership	Pregnancy and Maternity	Carers	Other Group	List Negative/Positive Impacts below
Does the policy have the potential to affect individuals or communities differently in a negative way?	No	No	No	No	No	No	No	No	No		
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups (a positive impact)?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
For each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	No	No	No	No	No	No	No	No	No		

Assessor Name:	Peter Sutton	Role:	Operations Manager	Signed:	P.Sutton	Assessment date:	17/08/2023
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