



Procedure: EP2	Entitlement and Responsibilities of Medical and Dental referrers for medical exposures
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1. Purpose

To describe the means of entitling medical and dental referrers for diagnostic procedures in NHS Shetland, to state the duties of medical and dental referrers under IR(ME)R and to notify referrers of the referral criteria recognised by NHS Shetland. Non-medical referrers are identified and entitled in accordance with related departmental procedures.

2. Means of Entitlement

All qualified medical and dental practitioners employed by NHS Shetland, doctors and dentists working independently, and all General Practitioners not employed by NHS Shetland but who are on the prescribers list, are hereby entitled by the Chair of the Radiation Safety Committee as Referrers. Their scope of referral entitlement is listed in Table 1. Visiting doctors employed by other Health Boards are entitled by the Chair of Radiation Safety Committee as referrers. Their scope of referral entitlement is also listed in Table 1.

3. Responsibilities of the Referrer

Referrers are legally obliged to supply the information listed below:-

- Accurate, unique identification of the patient, including name, date of birth and address
- Accurate clinical information sufficient to allow justification to take place
- Where relevant, information on pregnancy/LMP
- Unique identification of the referrer; if using a paper request you should print your name as well as signing the request.
- If the referral is for an exposure as part of a research study or medico-legal exposure then sufficient details should be included on the referral to allow justification to take place.
- The referrer should check available records to ensure there have been no recent examinations which may satisfy the requirements of the request.

By signing the request the referrer is taking responsibility for the information on the request. Any referral which does not fulfil the above criteria will be returned to the referrer to complete. Any referral that has been 'pp'd' or signed by a proxy will be rejected and returned to the referring clinic.

The use of abbreviations in referral forms can lead to the wrong examination being performed and therefore the practice is generally discouraged. We have been specifically advised not to accept referrals for spine radiography written in abbreviated form; thus the use of C, T and L spine is not acceptable and the anatomical area must be written/typed in long hand.

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4. Referral Guidelines

Guidelines on appropriate criteria for referral are described in the RCR booklet 'IRefer: Making the best use of clinical radiology (8th edition) and 'Selection Criteria for Dental Radiography' (published by the Faculty of General Dental Practice) The RCR booklet is available online at <http://www.irefer.scot.nhs.uk/> . Hard copy version of the dental criteria is available in the Medical Imaging and Dental departments. Additional referral criteria for GPs are detailed in Appendices 1, 2 & 3.

Staff Group	Scope of referral entitlement
Hospital Consultants Visiting Consultants Staff and Specialist Grade	For all exposure procedures.
Junior Doctors	For all exposure procedures except Interventional Procedures
General Practitioners	For all plain X-ray examinations plus: cranial CT for headaches; CTKUB; & CT Chest/Abdo/Pelvis for unidentified suspected malignancy following the additional referral criteria in EP2 - Appendix 1, 2 & 3); specific body CT for fast track pathways as advised by, and on behalf of, consultant clinical specialists. Exclusions: Interventional procedures
Dental practitioners (GDP) and Salaried Dental Officers.	Intra Orals; Cephalostats, OPT radiographs. Chest radiographs for Foreign body inhalation, facial views, TMJts. NB. Dentists may refer for CT of regions of the head/face/neck, under the direction of a relevant consultant.

Table 1 Scope of referral entitlement for medical & dental practitioners

5. Information

All existing medical and dental staff will receive or have access to the information leaflet in Appendix 1 of Procedure EP1, which describes their duties as referrers along with their scope of entitlement. New staff will receive a copy of this information in their induction pack.

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EP2 – APPENDIX 1

Primary Care Direct access to Cranial CT for headache

Which patients?

Those patients in whom there is a low index of suspicion for organic pathology, but sufficient concern for a secondary care referral. The patient would be managed in primary care if the scan is normal.

Appropriate:

- New persistent, chronic headache (if short duration discuss with neurology)
- Change in headache frequency, characteristics, type or associated symptoms.
- New headache in patient with PMH of cancer (but only if not currently still being followed up by secondary care)
- In exceptional circumstances scan required for patient reassurance

Not appropriate if needing urgent assessment:

- Thunderclap headache: admit for exclusion of SAH
- Suspicion of meningitis / encephalitis: admit for assessment and treatment
- Suspicion of GCA: ESR +/- steroids and referral for assessment / temporal artery biopsy

Also **not appropriate**: high index of suspicion – referral to secondary care recommended (admit, discuss with neurology or urgent OP referral):

- Progressive headache with new focal neurological symptoms or signs
- Headache waking patient, changing with posture or with valsalva – symptoms of raised intracranial pressure
- Uncertainty about headache type
- Patient who needs specific assessment, especially if they are likely to need different imaging (e.g MRI for low pressure headache)

Cautions

- Almost all scans will be normal, but GPs must be willing to take responsibility for abnormal results.
- Wrong management e.g. Medication overuse headache needs medication withdrawal not scan
- Incidental findings – patients should be consented regarding this

Procedure

- Referral according to guidelines as above, giving appropriate clinical information to allow justification.
- Usual referral letter, sent to CT, ARI – signed by GP (not trainee).

If patient has previous history of malignancy we will usually administer

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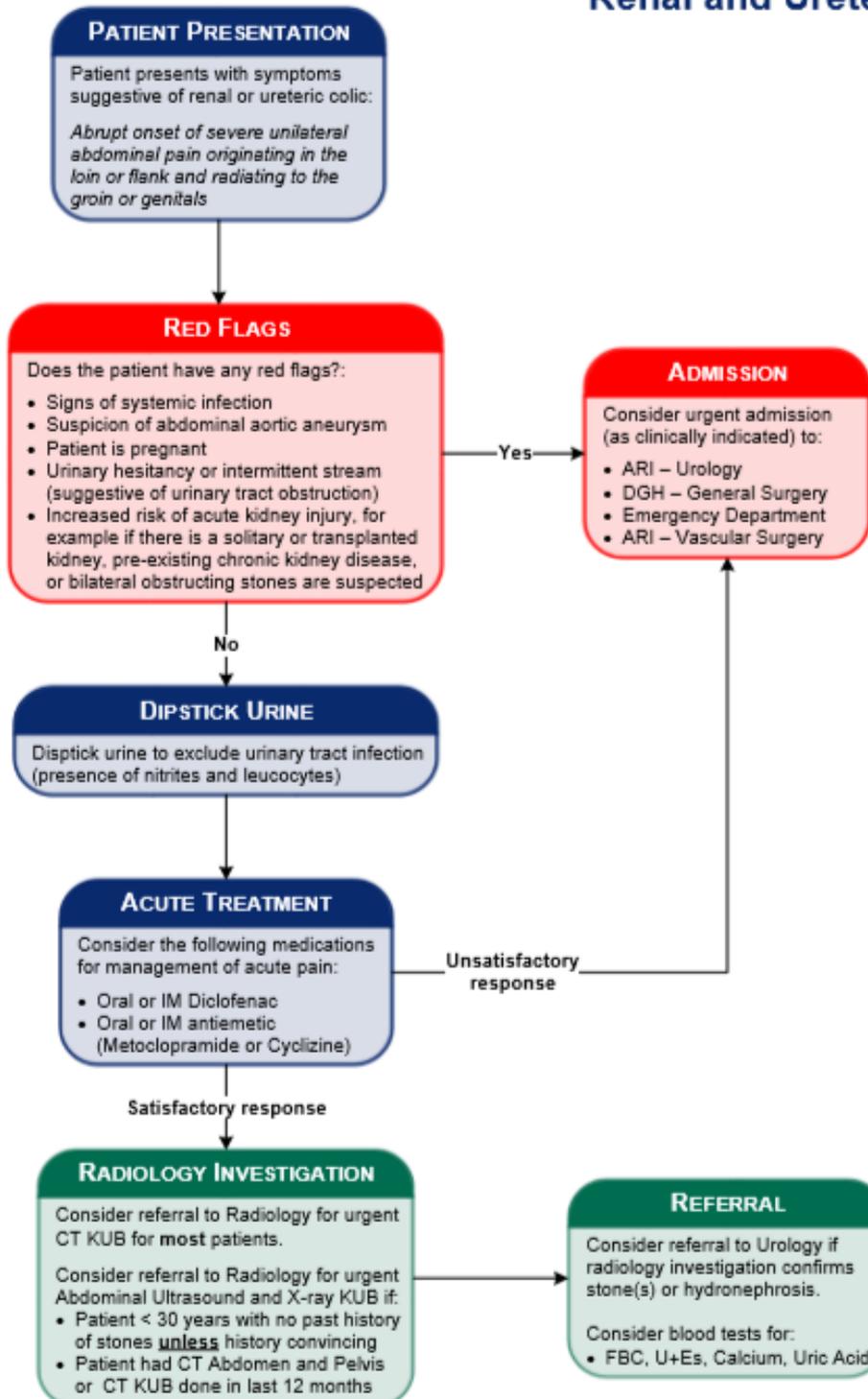
- iodinated intravenous contrast – need an **eGFR** within previous 6 months
- Appointing and scan, as per current departmental practice (written appointment letter)
- Report by consultants only
To SCI store and written copy to GP.
If significant and/or urgent finding, will fax report to practice and/or telephone to discuss

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Renal and Ureteric Colic



Version – 0.1	Title – Renal and Ureteric Colic	Department – Urology	DRAFT
Creator – Ismail Mokadem	Lead – Nicholas Cohen	Last Review – 03 January 2019	Next Review – 03 January 2021

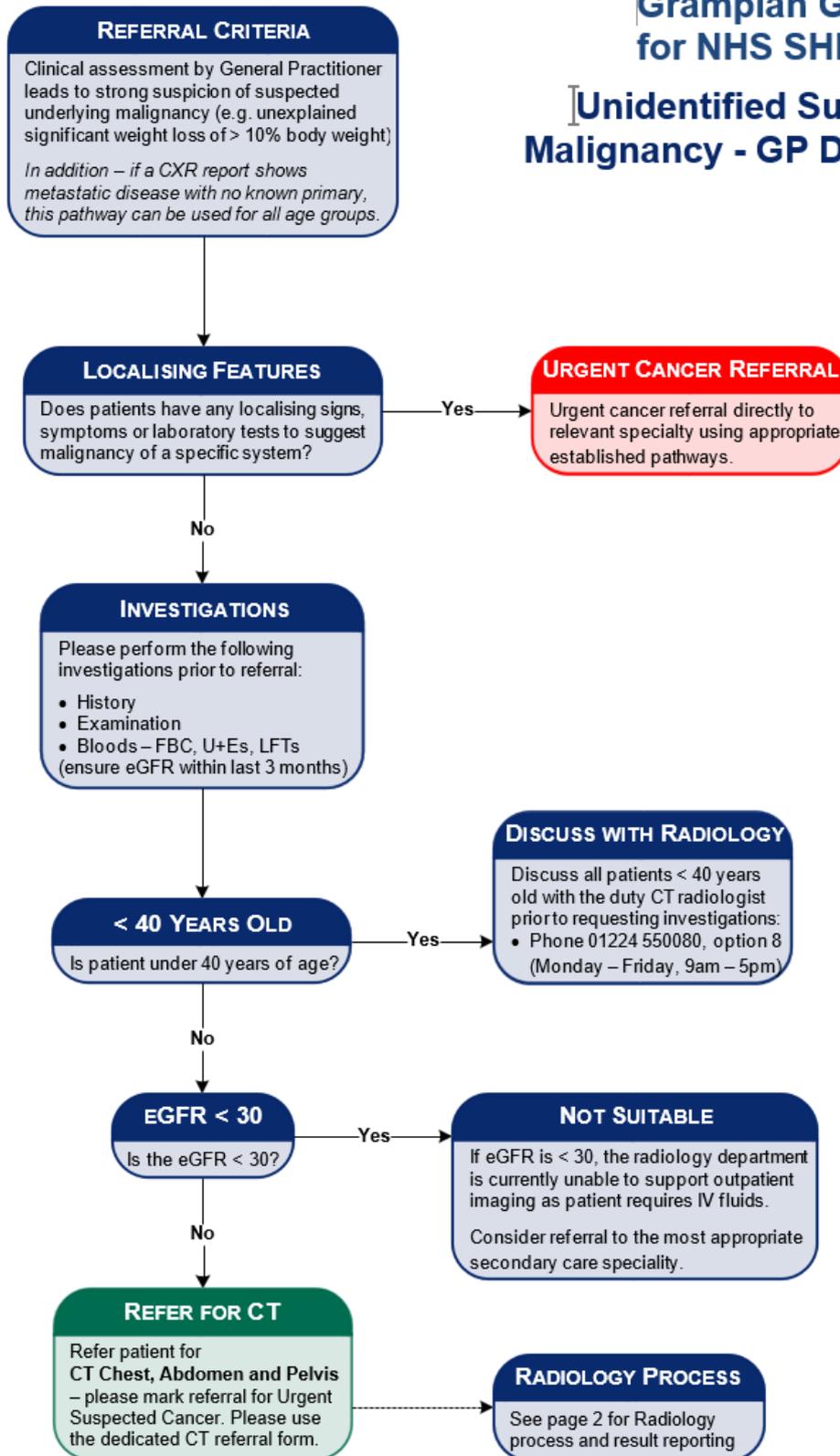
All guidance will routinely be reviewed every 24 months from the "last review" date. Information contained in this document is intended as guidance of best practice.

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EP2 – APPENDIX 3

**Grampian Guidance
for NHS SHETLAND**

**Unidentified Suspected
Malignancy - GP Direct CT**

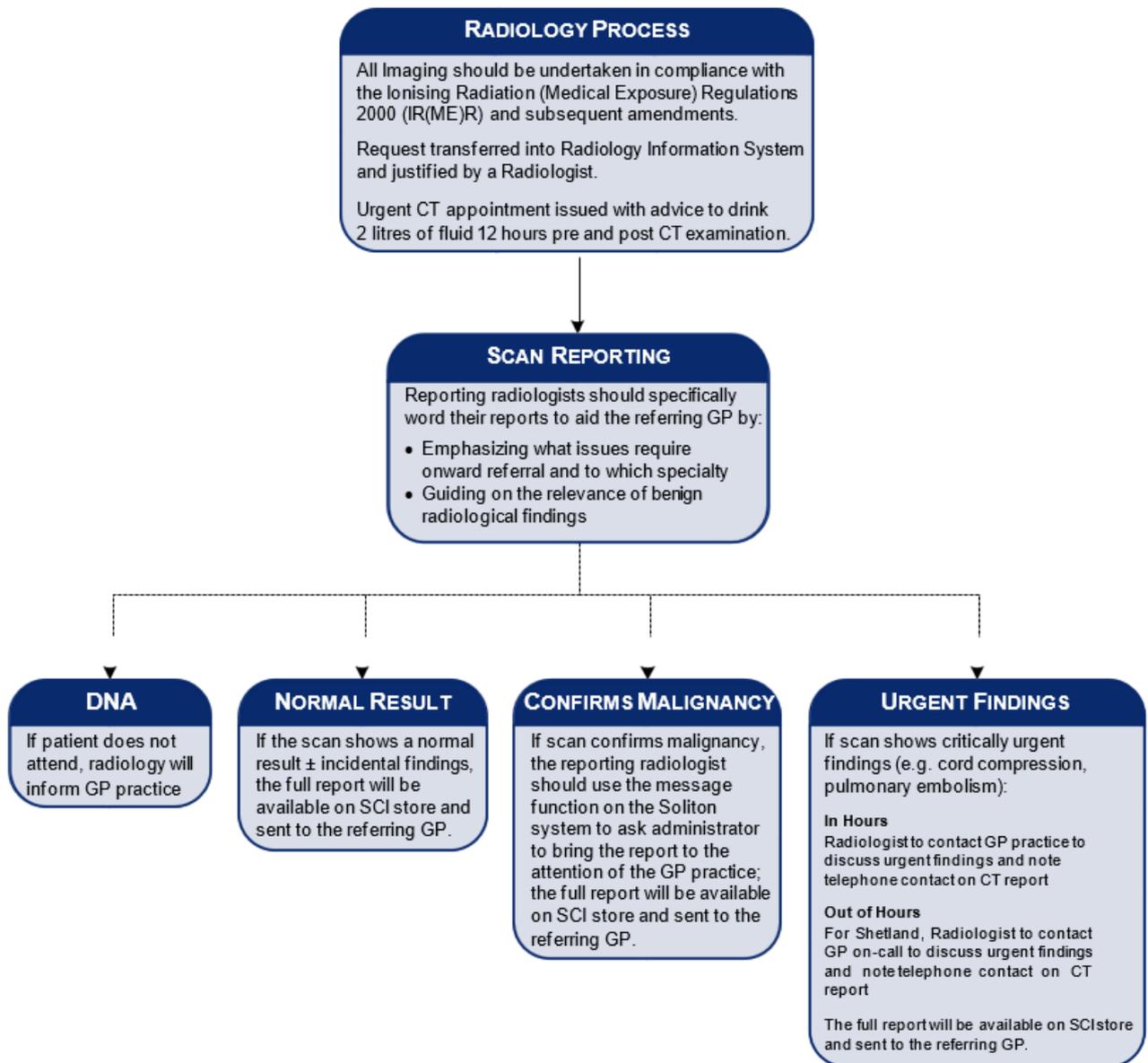


Version – 4	Title – Unidentified Suspected Malignancy - GP Direct CT	Department – Radiology	DRAFT2
Creator – Emma Ramage	Lead – Dymrna McAteer	Last Review – 22 December 2020	Next Review – 22 December 2022

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Grampian Guidance for NHS SHETLAND

Unidentified Suspected Malignancy - GP Direct CT



Version – 4	Title – Unidentified Suspected Malignancy - GP Direct CT	Department – Radiology	DRAFT2
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