Division of Cancer Diagnostics & clinical Support
Imaging Business Unit

Reporting Agreement

University Hospitals of Derby and Burton NHS Foundation Trust

Reference Number: CDCS-I / CR & PC 02	**Version Number** 5.1		**Status:** **Draft**	**Document Owner:** Dr Mario De Nunzio **Job Title:** Imaging Clinical Director
Version / Amendment History	**Version**	**Date**	**Author & Role**	**Reason**
	5.1	01/12/2020	Mike Barnard CM - Compliance	Review following the merger of the Derby and Burton Trusts, changes to Trust structures, a new version of IRMER and advice from new MPE's from NUH.
	4.5	14/11/2017	Mike Barnard CM - Compliance	Reformatting prior to Uploading to QPulse. No Other Change
	4.4	May 2015	Mike Barnard Superintendent Radiographer GQA	Review: No change
	4.3	October 2013	Mike Barnard Superintendent Radiographer GQA	Revision of document structure to allow Divisional and Business Unit sign-off. Changes to process for documenting post examination requests for Imaging reports of examinations normally evaluated by Referrer.
	4.2	October 2013	Mike Barnard Superintendent Radiographer GQA	Revision of arrangements for requests from all orthopaedic outpatient departments to include all plain film examinations on patients except 'non-orthopaedic' examinations
	4.0	May 2012	Mike Barnard Superintendent Radiographer GQA	Revision – Following CQC statement of July 2011 and resultant compliance audit
	3.3	April 2012	Mike Barnard Superintendent Radiographer GQA	Revision – Addition of Guidance for Radiographers concerning Paediatric Patients

	3.0	May 2011	Mike Barnard Superintendent Radiographer GQA	Revision – Addition of Guidance for Radiographers concerning Adult Patients
	2.0	June 2004	Paul Selmic General Manager	Revision – following introduction of PACS archive
	1.0	May 2002	Paul Selmic General Manager	First archived version

Intended Recipients – Essential to Role (Copy Holders in QPulse) Radiologists, General Manager, Deputy General Manager and Clinical Managers	**Intended Recipients – For Awareness / Reference** (Notified via QPulse) None
Communication: Emails via QPulse	**Training:** N/A

To be Read in Conjunction with:

Ionising Radiation (Medical Exposures) Regulations (IR(ME)R) 2017

Trust Policy for Radiation Safety and linked documents such as IRMER procedures

Groups & Stakeholders Consulted Radiology Advisory Group Trust Radiation Protection Group	**Equality Impact Risk Assessment** **Stage 1:** Completed **Stage 2:** N/A

Approving Group:

Radiology Advisory Group

Imaging Patient Experience, Quality, Risk and Safety Committee

Authorising Committee:

Trust Radiation Protection Group

Approving Manager Mike Barnard Clinical Manger - Compliance	
Approving Senior Manager Dr Mario De Nunzio Clinical Director: Imaging	

Trust Radiation Protection Committee Sign Off: **Chairman:** Dr Magnus Harrison Executive Medical Director, Chair of Trust Radiation Protection Group and Trust Responsible officer for Radiation Protection Legislation compliance.		
Active from:	Review Frequency: Yearly by Imaging	Review Due: Please see QPulse
Uncontrolled when printed. Staff should consult the electronic master copy for the definitive version This document remains in force until replaced or withdrawn.		

Contents

1. Introduction

Regulation 12 (9) of the Ionising Radiation (Medical Exposures) Regulations indicate that it is the responsibility of the employer to:

'The employer must take steps to ensure that a clinical evaluation of the outcome of each exposure, other than where the person subject to the exposure is a carer or a comforter, is recorded in accordance with the employer's procedures including, where appropriate, factors relevant to patient dose'.

At UHDB, most diagnostic examinations utilising medical exposures of ionising radiation are conducted by the Imaging department and interpreted by a Radiologist; or staff from other professions who have received specialist training, in the form of a report. Such reports are made into the Computerised Radiology Information System (CRIS) and supplied electronically to Trust referrers via systems such as Lorenzo, Meditech and PACS. External referrers receive reports electronically via the Anglia interface or as hardcopy. Records in Trust electronic systems form part of the Patient's healthcare record and so meet the legislative requirement. Print outs of such reports are also supplied to referrers in some situations.

However there are a range of diagnostic examinations utilising ionising radiation which are not reported by imaging staff. The decision that an Imaging report is not required to facilitate patient care has been jointly made by the Imaging Clinical Director and the Clinical Director for the referring specialty. Such examinations are marked as reported (auto-reported) in CRIS so as to allow checking processes to confirm all examinations performed have been reported. In such circumstances the referrer becomes responsible for the documented evaluation required by IRMER. The auto-reports used by Imaging indicate that an Imaging report is not provided for the examination and direct the reader to the location of the referrers documented evaluation. Examinations not requiring an Imaging report include:

- Examinations where Radiologists, or other Imaging staff, are not the recognised expert in the interpretation of the Radiographic appearances demonstrated. E.g. dental and some maxillo-facial radiographs performed to evaluate dentition.
- Follow up examinations where an initial diagnosis has already been made and the purpose of the examination is to assess the progress of healing. E.g. Examinations requested from Fracture Clinics, where an immediate interpretation of the radiographic appearances will be made by the referrer so as to plan further treatment.
- Examinations where medical exposures of ionising radiation are utilised to guide therapeutic procedures. E.g. Orthopaedic surgery.
- Examinations where imaging is combined with other diagnostic techniques in a single examination. E.g. Endoscopic Retrograde Cholangiopancreatography (ERCP), where Endoscopy and Imaging are used in a combined examination which is evaluated in a single report by the endoscopist.

2. Care Quality Commission

The Care Quality Commission are responsible for the enforcement of IR(ME)R via their IR(ME)R inspectorate.

In July 2011 the CQC issued a letter to executives at all NHS Trusts encouraging them to undertake audit to demonstrate that the requirement for clinical evaluation of the outcome of each exposure, is met for all exposures.

Following receipt of this letter, the Trust designated the Radiation Protection Group responsible for performing the audit recommended by the CQC.

3. Policy

This policy aims to:

Specify examinations for which it has been agreed that a report from the Imaging Department is not required and the referrer will document the result of the examination in the Patient's Healthcare record:

- Set out imaging department procedures for examinations which do not require an Imaging report.
- Set out the referrer's responsibility to document their clinical evaluation, and the therapeutic implications, of any examination they request covered by the reporting agreement.
- Set out requirements for other services using Imaging IT systems (CRIS and PACS) to archive images.

4. Definitions & Key Responsibilities

4.1 Referrer

The person requesting the Imaging examination. This may be a Doctor, Dentist or an approved Non-Medical Referrer.

The responsibilities of the referrer are outlined in IR(ME)R 2017 and the Trust's Policy and Procedures for compliance.

The responsibility to provide a timely clinical evaluation, including any therapeutic implications, transfers from the Imaging department to the referrer for all examinations covered by the reporting agreement.

The referrer must seek an expert opinion; either from within their own clinical specialty or from a Radiologist, for any image that they are unable to adequately interpret.

4.2 Lead Clinician

The person responsible for supervising the Patent's care. This is usually the Consultant for Trust referrals and the General Practitioner for Community referrals.

Lead Clinicians are responsible for ensuring that all examinations covered by the reporting agreement and requested by their team are clinically evaluated; and that this evaluation is documented in the Patient's Healthcare record. (Please see section 4.3)

4.3 Non-Medical Referrer

A Nurse or other state registered health professional who has received training and is authorised to request Imaging procedures. This role is undertaken as a delegated responsibility from the Lead Clinician, who remains responsible for the request.

The role of Non-medical Referrers varies considerable with regard to the evaluation of Images. If part of their role, this is also undertaken as a responsibility delegated by

the Lead Clinician. Whilst Imaging department staff may be involved in training non-medical referrers in image interpretation, it is not their responsibility to confirm their competence; this is the responsibility of the delegating Lead Clinician. Lead Clinicians must ensure that their arrangements for Image interpretation by Non-medical Referrers are adequately documented and include specific arrangements for examinations covered by the reporting agreement.

4.4 Operator

Imaging Staff

The person performing the Imaging examination. The role and responsibilities of the Operator are defined by IR(ME)R 2017 and the Trust's Policy and Procedures for compliance.

The operator is responsible for accurate identification of examinations covered by the reporting agreement and for the addition of the correct auto-report to CRIS.

The Referring Clinical Team.

Making a clinical evaluation of diagnostic images and documenting this in the patient's healthcare record is an Operator function under IRMER 2017. The Trust regards any clinical staff that, as part of their expected job role, make such a clinical evaluation; prior to or in place of a report from the Imaging department; to be an Operator under the regulations.

4.5 Radiographer

Usually fulfils the role of Operator, but may be responsible for the supervision of non-state registered Operators such as Assistant Practitioners; or the supervision of Students Radiographers or Trainees.

Is responsible for authorising examination Requests and checking that they are Justified under IR(ME)R in accordance with the Protocol issued by the Clinical Director as Practitioner; although may act as the Practitioner in limited circumstances.

4.6 Radiologist

Radiologists are party to the reporting agreement

Normally undertakes the role of Practitioner. The role and responsibilities of the Practitioner are defined by IR(ME)R 2017 and the Trust's Policy and Procedures for compliance.

Justification is the primary task of the Practitioner, but this may be delegated to the operator via a written protocol. A Radiographer may act as Practitioner in limited circumstances.

Radiologists are responsible for providing a clinical evaluation in the form of a report for all examinations performed by the Imaging Department, except those covered by the reporting agreement. Such reports may be provided directly by Radiologists or via delegation to suitably trained specialist non-medical reporters.

Radiologists will provide a report for examinations covered by the reporting agreement when asked to do so by the referrer or other clinician involved in the Patient's care.

4.7 Specialist Non-medical Reporter

Radiographers, Sonographers, Clinical Technologists, or other Non-medical health professionals who have received additional training and are responsible for reporting specified Imaging examinations as a delegated task from the Radiologists.

Except for the role of Practitioner, the role of such staff is the same as that of the Radiologist under the reporting agreement.

4.8 Divisional Medical Director

Responsible for ensuring compliance with this policy within their Division.

Responsible for ensuring that all staff undertaking reporting under this policy are appropriately trained. Training records must be kept in a form which can be readily reviewed during audit by the Trust's specialist advisors or inspection by external agencies such as the CQC.

Responsible for ensuring that audit results and other relevant information is provided to the Trust Radiation Protection Group in a reasonable timescale when requested.

5. Identification of Need

This document sets out the arrangements in place within the Imaging Department to fulfil the requirements of the CQC and DoH guidance with regard to Regulation 12 (9) of IR(ME)R 2017.

6.0 Reporting Agreement – All Referrers

UHDB Radiologists have reached agreement that all examinations performed by the Imaging department will be reported except:

- Where agreement has been reached with the referring clinical specialty that a report is not required for particular categories of Imaging examination. (Please see 6.1 – 6.5 Below)
- Where the patient has had a series of films of the same area. E.g. Chest X-rays.

  (Normally a clinical report will be generated for the most recent examination. Prior examinations in the series will be reported 'see subsequent report'.)
- Deceased patients

Please Note:

1. Separate arrangements are in place for the reporting of examinations on Adults and Children. Please see appendices 1 & 2.
2. Imaging reports for examinations which include the teeth as part of the image will not include a clinical evaluation of the Patient's dentition. If such an evaluation is required, referrers should seek expert opinion from an appropriate Dental or Maxillo-facial specialist.
3. The Trust Radiation Protection Group may require Business Units to produce audit results to demonstrate they are meeting the requirements of regulation 12 (9) of the Ionising Radiation (Medical Exposures) Regulations and those of the CQC with

regard to the documentation of findings from examinations not reported by the Imaging department and covered by this agreement. Please see sections 1 and 2.

6.1 Reporting Agreement – Division of Surgical Services

6.11 Trauma & Orthopaedics

All examinations performed by the Imaging department will be reported except:

Adults

- Where agreement has been reached with the referring clinical specialty that a report is not required for particular categories of imaging examination:
    - Requests from Orthopaedic Outpatients, Fracture Clinic, Hand Clinic, and Spinal Clinic.
        - All radiographs of the axial or appendicular skeleton.

          Please Note: Non-orthopaedic examinations such as chest or abdominal X-rays requested from these locations will continue to be reported by the Imaging Department.
        - Post-operative Orthopaedic radiographs
        - Orthopaedic Theatre imaging

Children (Please see section 6.22)

- Where agreement has been reached with the referring clinical specialty that a report is not required for particular categories of imaging examination:
    - Follow up of known simple recent fractures.
        - This excludes pathological fractures through cysts.

      Please Note: If the fracture has not been documented, i.e. the initial examination has not been reported, the current examination should be placed on the paediatric work list for a radiological report.
    - Manipulation of fractures in theatre.
    - Arthrograms in theatre

Fluoroscan

- The Trust has a number of Fluoroscan 'mini c-arms', which are used in operating theatres and areas such as plaster room. These do not belong to the Imaging department are used by staff working for other Business units, typically within the Division of Surgery.
- Records of examinations performed with Fluoroscan equipment and images acquired are kept within CRIS and PACS, so this activity impacts on the Imaging departments processes to ensure all examinations are clinically evaluated and this is documented in the patient's healthcare record. Such examinations MUST be reported in CRIS using an auto-report directing the reader to the location of a report elsewhere in the Patients medical record. The responsibility for a documented interpretation of the images resulting from such examinations lies with the Surgeon.

6.12 General Surgery & Urology

All examinations performed by the Imaging department will be reported except:

- Where agreement has been reached with the referring clinical specialty that a report is not required for particular categories of imaging examination:
    - Urology examinations in theatre.
    - Operative cholangiograms.
    - Non-radiologist vascular Imaging in theatre. As such examinations may impact on future examinations or procedures performed by Imaging staff, these examinations will be reported on CRIS by the vascular surgeon. In order to prevent disruption to the checking systems in place within Imaging such examinations must be reported within 7 days of the images being acquired.

6.13 Maxillo-facial, Orthodontics, ENT, Audiology and Opthamology

All examinations performed by the Imaging department will be reported except:

- Where agreement has been reached with the referring clinical specialty that a report is not required for particular categories of imaging examination:
    - Dental radiographs
    - Maxillo-facial radiographs to demonstrate dentition

Please note

1. Imaging reports of examinations which include the teeth as part of the image will not include a clinical evaluation of the Patient's dentition. If such an evaluation is required, referrers should seek expert opinion from an appropriate Dental or Maxillo-facial specialist.

6.14 Audit

The Trust Radiation Protection Group may require Divisions or Business Units to produce audit results to demonstrate they are meeting the requirements of regulation 12 (9) of the Ionising Radiation (Medical Exposures) Regulations with regard to the documentation of findings from examinations not reported by the Imaging department and covered by this agreement. Please see sections 1 and 2.

Please see 'Scheme of Work' below and appendices 1 and 2.

Signed on Behalf of the Division of Surgery:

Name: **Designation:** Divisional Medical Director

Signature: …… **Date:**

6.2 Reporting Agreement – Division of Women's and Children's Services

6.21 Ultrasound performed within Obstetrics or Gynaecology

For ultrasound examinations performed by Obstetric or Gynaecology staff, such as those performed in the Fetal Medicine Department; there is no Imaging Department involvement, but the Radiology Information System (CRIS) and Picture Archive and Communication System (PACS) are utilised to archive acquired images. Such examinations MUST be reported in CRIS. This can be achieved by:

- An auto-report directing the reader to the location of a report elsewhere in the Patients medical record.
- A report produced by the performing clinician in CRIS

6.22 Paediatrics

1. Examinations performed by the Neonatal Intensive Care Unit where there is no Imaging Department involvement but the Radiology Information System (CRIS) and Picture Archive and Communication System (PACS) are utilised to archive acquired images. Such examinations MUST be reported in CRIS. This can be achieved by:
   - An auto-report directing the reader to the location of a report elsewhere in the Patients medical record.
   - A report produced by the performing clinician in CRIS within 7 days

2. Trauma & Orthopaedics (please see section 6.11)
   - Follow up of known simple recent fractures. This excludes pathological fractures through cysts. If the fracture has not been documented, i.e. the initial examination has not been reported, the current examination should be put on the paediatric work list for a radiological report.
   - Manipulation of fractures in theatre.
   - Arthrograms in theatre

6.23 Audit

The Trust Radiation Protection Group may require Divisions or Business Units to produce audit results to demonstrate they are meeting the requirements of regulation 12 (9) of the Ionising Radiation (Medical Exposures) Regulations with regard to the documentation of findings from examinations not reported by the Imaging department and covered by this agreement. Please see sections 1 and 2.

Please see 'Scheme of Work' below and appendices 1 and 2.

Signed on Behalf of the Division of Women's and Children's Services:

Name: **Designation:** Divisional Medical Director

6.3.1 Reporting Agreement – Division of Medical Services

6.31 Endoscopy

1. All examinations performed by the Imaging department will be reported except where agreement has been reached with the referring clinical specialty that a report is not required for particular categories of imaging examination:

    - Endoscopic Retrograde Cholangio-pancreatography (ERCP).

The clinical evaluation of images acquired during ERCP will form part of the endoscopy report for the examination. The Examination will be auto-reported on CRIS.

2. Examinations performed by the Endoscopy Department where there is no Imaging Department involvement but the Radiology Information System (CRIS) and Picture Archive and Communication System (PACS) are utilised to archive acquired images. Such examinations MUST be reported in CRIS. This can be achieved by:

    - An auto-report directing the reader to the location of a report elsewhere in the Patients medical record.

    - A report produced by the performing clinician in CRIS within 7 days of the examination.

6.32 Cardiology

All examinations performed by the Imaging department will be reported except:

1. Examinations performed by the Cardiology Department but the Radiology Information System (CRIS) and Picture Archive and Communication System (PACS) are utilised to archive acquired images; for example Cardiac Catheter Lab studies. The responsibility for a documented interpretation of the images resulting from such examinations lies with the Cardiologist. Such examinations MUST be reported in CRIS using an auto-report directing the reader to the location of a report elsewhere in the Patients medical record.

2. Examinations performed by the Imaging BU but reported by Cardiologists, for example some Cardiac MRI studies. Such examinations must be reported in a within 7 days of the examination.

3. Examinations performed by third parties, such as mobile MRI providers, where the Radiology Information System (CRIS) and Picture Archive and Communication System (PACS) are utilised to archive acquired images to be reported by Cardiologists. Such examinations must be reported in a within 7 days of the examination.

6.33 Audit

The Trust Radiation Protection Group may require Divisions or Business Units to produce audit results to demonstrate they are meeting the requirements of regulation 12 (9) of the Ionising Radiation (Medical Exposures) Regulations with regard to the documentation of findings from examinations not reported by the Imaging department and covered by this agreement. Please see sections 1 and 2.

Please see ‘Scheme of Work’ below and appendices 1 and 2.

Signed on Behalf of the Division of Medicine:

Name: **Designation:** Divisional Medical Director

Signature: …… **Date:**

6.4 Reporting Agreement – Division of Cancer, Diagnostics and Clinical Support

6.41 Radiotherapy Planning Scans

All examinations performed by the Imaging department will be reported except

a. Scans performed directly by Radiotherapy using their own Scanner, where there is no Imaging Department involvement but the Radiology Information System (CRIS) and Picture Archive and Communication System (PACS) are utilised to archive acquired images.

b. Scans performed by the Imaging department for the sole purpose of radiotherapy planning.

Such examinations MUST be reported in CRIS. This can be achieved by:

- An auto-report directing the reader to the location of a report elsewhere in the Patients medical record.
- A report produced by the performing clinician in CRIS within 7 days of the examination.

6.42 Audit

The Trust Radiation Protection Group may require Divisions or Business Units to produce audit results to demonstrate they are meeting the requirements of regulation 12 (9) of the Ionising Radiation (Medical Exposures) Regulations with regard to the documentation of findings from examinations not reported by the Imaging department and covered by this agreement. Please see sections 1 and 2.

Please see 'Scheme of Work' below and appendices 1 and 2.

Signed on Behalf of the Division of Cancer, Diagnostics and Clinical Support:

Name: Dr Will Elston **Designation:** Divisional Medical Director

Signature: …… **Date:**

6.5 Reporting Agreement – Derbyshire Community Health Services

All examinations performed by the Imaging department will be reported except where agreement has been reached with the referring clinical specialty that a report is not required for particular categories of imaging examination:

- Requests for Plain Film Imaging from Podiatry Clinic.

Such examinations MUST be reported in CRIS. This can be achieved by:

- An auto-report directing the reader to the location of a report elsewhere in the Patients medical record.

Signed on Behalf of Derby Community Health Services:

Name: **Designation:**

Signature: …… **Date:**

7. Requests for a Report on an Examination Covered by the Reporting Agreement

7.1 Referrers may request a report on an examination covered by the reporting agreement when they feel that they are not able to adequately interpret the image or wish an expert opinion. Where a report concerning dentition is required, referrers should seek expert opinion from an appropriate Dental or Maxillo-facial specialist.

7.11 If the requirement for an Imaging Department report is identified prior to the request being made, the need for a report should be indicated in the request.

7.12 If the requirement for an Imaging Department report is identified after the examination has been performed, the referrer must contact the Imaging department to arrange for a report to be issued as an addendum to the original 'no report required' auto-report.

Such reports should include an indication that the examination was initially auto-reported but an Imaging report has subsequently been requested. Such requests should be noted in the log book kept at reception desks and details of the request should be recorded on CRIS.

7.13 When a Radiologist is approached directly by the Referrer, the examination will be reported by them.

7.14 When a request for an Imaging report is made to Radiographic or Clerical staff the examination will be added to the appropriate work list and will then be reported via the normal process.

8. Scheme of Work – Imaging Examinations Covered by the Reporting Agreement

8.1 Identification of Relevant Examinations

The Operator is responsible for identifying examinations which are covered by the reporting agreement. Please see Appendices 1 and 2.

The Operator is responsible for identifying when an examination is normally covered by the reporting agreement but the Referrer has indicated that an Imaging report is required as part of the referral.

Where there is doubt concerning regarding the need for an Imaging report advice should be sought from Senior Radiographic staff or a Radiologist. Where such advice is not available, examinations should be submitted for reporting.

8.2 Auto-reports

Examinations covered by the reporting agreement are auto-reported in CRIS. This allows the department to run checking procedures which provide assurance that all examinations performed have been reported.

It is the responsibility of the Operator to allocate the correct auto-report to such examinations.

Examinations normally covered by the reporting agreement but requiring a report should not be auto-reported. Such examinations should be added to the appropriate work list for reporting.

Where an examination is auto-reported in error, the examination should be added to the correct reporting worklist. Where possible, the error should be brought to the attention of the appropriate Radiologist or Specialist Non-medical Reporter. Such examinations will then be reported via the addition of an addendum. Such reports should include an indication that the examination was initially auto-reported in error.

8.3 Reporting Worklists

Examinations covered by the reporting agreement do not need an Imaging report and so should not be added to a worklist.

Examinations auto-reported in error should be added to the correct worklist, please see section 7.12.

Examinations covered by the reporting agreement which are added to a reporting worklist in error should be fully reported or auto-reported. Radiologists and Specialist Non-medical Reporters should avoid issuing reports which do not contain a clinical evaluation of the examination.

8.4 Series of Films

In examinations where the patient has a series of films of the same area, the radiologist will report the first and last film. All intervening examinations will be reported with the standard phrase, 'Superceded, please see last report'.

8.5 Deceased Patients

Deceased patients' films will not be formally clinically reported. Such examinations will be reported with a standard phrase, indicating that the patient was deceased when the films were submitted for report and; 'If a formal report is required, please contact the Imaging department'.

8.6 Examinations Performed in Error

In accordance with the requirements of the Ionising Radiation (Medical Exposures) Regulations, Images acquired in error but of diagnostic quality should be archived and an interpretation made in the Patient's medical record.

Images acquired in error by Imaging staff should be submitted for report by a Radiologist, or appropriately trained Reporting Advanced Practitioner Radiographer, regardless of whether the examination would normally be reported by the referrer. The Operator should add the examination to CRIS with an appropriate note regarding how they were acquired and archive the Images to PACS.

9 Approval & Assurance of Documents

Reviewed and approved by Imaging Patient experience, Quality, Risk and Safety in consultation with the Trust Radiation Protection Group.

10 Dissemination & Training

Divisional Medical Directors are responsible for compliance with this policy within their division. Lead Clinicians are responsible for ensuring arrangements are in place

to ensure that an appropriate and timely clinical evaluation is recorded in the Patient's Healthcare record when an examination covered by the reporting agreement is requested by their team.

11 Review and Revision Arrangements

11.1 Process for the Review of Documents

This document will be managed via QPulse.

This document will be available to Imaging staff via QPulse and to other staff via the Trust Intranet, Net-i.

11.2 Version Control

This document will be managed via QPulse

12. Document Control

12.1 Register/Library of Procedural Documents

This document will be managed via QPulse

12.2 Archiving Arrangements

This document will be managed via QPulse

12.3 Process for retrieving Archived Documents

This document will be managed via QPulse

13. Monitoring Compliance With and the Effectiveness of Procedural Documents

The Trust Radiation Protection Group is responsible for conducting audit to demonstrate the Trusts compliance with regulation 12 (9) of IRMER.

14 References

1. Trust Radiation Safety Policy and linked documents.
2. Ionising Radiation (Medical Exposures) Regulations 2017

Appendix 1

PLAIN FILM REPORTING – ADULTS

ED Patients

All ED Imaging requests should be reported including requests by Maxillo-facial and Orthopaedic referrers made for Patients in ED.

Orthopaedic Out-Patients

The 'No Report Required - Orthopaedic Referral' auto-report should be used for all outpatient plain film X-ray requests except those for non-orthopaedic examinations, e.g. chest or abdominal x-rays. This includes requests from Fracture Clinic, Hand Clinic, and Spinal Clinics. Requests from Physiotherapists and other Non-medical Referrers based in Orthopaedic Outpatient Clinics are also included.

Please note:

Orthopaedic referrals made for Patients in the Emergency Department should be sent for report.

Staff should take particular care to identify requests normally covered by the reporting agreement but which request a report. Such examinations should be added to the appropriate work list for reporting in the normal way.

Dental Requests

The 'No Report Required - Dental Referral' auto-report should be used for all dental examinations including those from Maxillo-facial outpatient clinics, but excluding patients attending from the Emergency Department

Please note:

Maxillo-facial referrals made for Patients in the Emergency Department should be sent for reporting

Imaging Department reports on images including the teeth do not include a clinical evaluation of the dentition. If referrers require such interpretation of the Image they should seek a review by an appropriate Dental or Maxillo-facial specialist.

Podiatric Requests

Requests from Podiatrists / Podiatric Surgeons performed at Ilkeston Community Hospital X-ray should be auto-reported as 'No Report Required' since the images will be reviewed by the Podiatrist / Podiatric Surgeon upon the patient returning to clinic.

Please note:

Requests from Podiatrists / Podiatric Surgeons performed at other locations should be sent for report.

All Other Out-Patients

All other out-patient examinations should be sent for report.

***Please note**:*

Staff should take particular care with referrals for diabetic foot clinic patients – these must be reported but can easily be confused with orthopaedic requests.

Examinations in Theatre

Examinations which should be sent for reporting:

- Operative Cholangiograms
- Procedures such as EVAR and PCNL are reported by the Interventional Radiology examinations performed in theatre, e.g. EVAR and PCNL, will be reported by the Radiologist performing the examination.

Examinations not reported by Imaging:

- All orthopaedic theatre images - Please use the 'No report required – Orthopaedic Referral' auto-report.
- All other theatre imaging e.g. Urology examinations, vascular imaging performed by surgeon. Please use the 'No Report Required' auto-report.

In-Patients

Examinations which should be sent for report:

All in-patient requests should be reported, except the examinations listed below.

Examinations which should not be sent for reporting:

No Report Orthopaedic (NRO) – Follow the same rule as Orthopaedic out-patients, extremities do not need reporting if x-rayed with the last 12 months. All orthopaedic post-op check examinations do not require a report.

Post-operative Maxillo-facial examinations – please use the 'No Report Required – Dental Referral' auto-report.

Requests for Reports on Completed examinations

Radiographers or Clerical staff who receive requests for a report on an examination which has already been auto-reported should add the examination to the appropriate work list, (normally the MSK – Musculo-skeletal Radiologist work list). Such requests should be recorded in the log book, kept at reception; and make a note on CRIS indicating who requested the report and when.

Appendix 2

PLAIN FILM REPORTING - CHILDREN

Patient Group

All children X-rayed at DHFT until they reach their 18th birthday wherever they are X-rayed.

Orthopaedic

All orthopaedic examinations should be reported by a Radiologist with the exception arthrograms in theatre

Fracture Clinic

A Radiologist report is required for first time attendees or if the diagnosis is uncertain (e.g. continuing symptoms, query fracture or other cause).

An (NRO) auto report is required in the following circumstances:

1. Follow up of known simple recent fractures. This excludes pathological fractures through cysts. If the fracture has not been documented, i.e. the initial examination has not been reported, please put the current examination on the paediatric work list for a radiological report.

2. Manipulation of fractures in theatre.

If in doubt, put through for reporting.

Maxillo-Facial Examinations

An (NRR) auto report is required when the examination is for dentition.

A radiologist report is needed for all other requests (trauma, abscess etc).