



NON MEDICAL REFERRALS FOR RADIOLOGY IMAGING PROCEDURES

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If the review date has passed please contact the Author for advice.

Disclaimer

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

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Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Radiography Team
Nursing Directorate
Head of Audiology
Head of Podiatry
Head of Physiotherapy

Circulated to the following for Consultation

Date	Role / Designation
November 2020	Radiation Protection Committee
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1 Introduction

Multi-disciplinary working and the introduction of extended roles for many clinical professions has led to a need for staff other than registered medical or dental practitioners to be able to request imaging procedures. This may be through:

- delegation when staff request a test under agreed protocols and the result may still be sent to and acted on by a medical or dental practitioner; or
- as an autonomous practitioner with a defined scope of practice where the result would be returned to the referrer for consideration and appropriate action.

Such changes in practices can be in the interests of patients in simplifying care pathways and reducing waiting times. However, if a process has not been documented, agreed with the relevant imaging department and adopted as local procedure there is potential for inappropriate requesting; wasted resources; potentially unnecessary radiation exposures; inappropriate clinical action or in the worst-case lack of action in dealing with a report of an unanticipated serious medical condition.

Within Powys, Radiographers, Minor Injury Unit Emergency Nurse Practitioners, Physiotherapists, Podiatrists, & the Consultant Nurse for Endoscopy & Gastroenterology, GP/ Emergency Nurse Practitioners, Audiologists (henceforth collectively termed “non-medical referrers” in this document) currently undertake consultations with and examinations of patients that require specific imaging to confirm a diagnosis. However, other registered health professionals may also request entitlement to refer for diagnostic imaging. There is therefore a need for a formal agreed procedure in order to comply with radiation legislation.

Referrals for imaging procedures which involve radiation exposure to patients are governed by the requirements of the Ionising Radiation (Medical Exposure) Regulations 2017 and the Ionising Radiation (Medical Exposure) Amendment Regulations 2018 .

These include a requirement for employers to ensure written procedures are in place to identify individuals entitled to request such procedures (referrers as defined in the legislation). This policy takes account of these statutory requirements.

2. Objectives

To outline the Powys Teaching Health Board procedure governing referral for imaging investigations by state registered healthcare professionals other than those registered with the General Medical Council and General Dental Council.

To outline the procedure for referring, and identify mechanisms for training, incidents, unexpected findings, audit and quality control.

This procedure should be read in conjunction with the RAD 002 Powys Ionising Radiation Policy and RAD 004 Standard Operating Procedures.

Covers entitlement to refer for investigations using ionizing radiation such as X-ray and CT but also MRI and ultrasound.

3 . Definitions

PTHB – Powys Teaching Health Board

IR(ME)R – Ionising Radiation (Medical Exposure) Regulations

CPD – Continued Professional Development

RPS - Radiation Protection Supervisor

AHP – Allied Health Professional

RIS – Radiology Information System

RadIS - Radiology Information System

CRIS - Computerised Radiology Information System

PACS - Picture Archiving Communications System

4. Role / Responsibilities

Within Powys, registered health care professionals such as Nurses and AHP's can request specific imaging to confirm a diagnosis following consultations with and examinations of patients and are therefore collectively termed "non-medical referrers" in this document

All relevant staff identified above need to read and understand this protocol and ensure training is up to date.

5. Authorisation of new referrers

The Professional Head employing the potential new referrer should submit evidence setting out the clinical case to the Clinical Director of the Radiology Department of the Host Health Board who support the X-ray Department in Powys they will be referring to, including a clear description of scope of practice, the types of investigation required, how the results (including unanticipated results) will affect treatment,

and to whom they will be transmitted. If agreed, the new referrer should demonstrate that appropriate training has been undertaken before their name is recorded as an authorised referrer for the defined list of investigations.

Each named non-medical referrer would require an authorisation pack (example: appendix 2 a) South Sites and b) North Sites (using Betsi Cadwaladr Health Board documentation) to be completed before being able to request imaging examinations which includes

5.1 Statement of authorisation

Documenting proof of state registration, and completion of appropriate clinical and IR(ME)R training as set out in the RAD 002 Powys Ionising Radiation Policy and RAD 004 Standard Operating Procedure C (Identification of Referrers, Practitioners and Operators Annex A). This is signed by:

- Powys Teaching Health Board; / Directorate Professional Head of Radiography the Clinical Mentor,
- Host Health Board: the Clinical Director/lead of Radiology Department of the Host Health Board (if not the same person).
- and the individual non-medical referrer concerned.

5.2 Scope of practice

The scope of practice Defines explicitly what categories of examinations can be requested, with referral and limiting criteria and is defined on the NMR application. It defines the rationale the practice is based upon; the anatomical area concerned; the working hours concerned and any associated time constraints; the clinical and financial support for the practice - naming all individual leads concerned; the scope, range, and limitations of the practice; a statement of how the practice will benefit patient management, specification of arrangements for receipt of reports, recording of clinical evaluation; what action is taken - including arrangements for acting on unanticipated results which have implications outside the scope of practice of the referrer; what audit and quality control measures are in place; and how the practice will be monitored. This is signed by the individual non-medical referrer and their Professional Head, and Clinical Mentor.

Appendix 2 - Application for Non-Medical/Dental Referrer (NMR) Status

5.3 Continued Professional Development and Training

Certificate of attendance of essential training, and relevant CPD. This must include regular refresher training in relation to ionizing radiation.

5.4 Powys THB indemnity statement

A designated Clinical Mentor should be assigned for each non-medical referrer to provide clinical supervision, who for Hospital-based staff would normally be a GP or Consultant. This mentor will certify that the non-medical referrer in question has clinical skills that are deemed adequate and comprehensive for the purposes of Radiological referring, will regularly check that the non-medical referrer is acting within their agreed scope of practice, and act as a point of contact between the non-medical referrer and the Radiology Department. The radiology department of the host Health Board must also be informed and certify their approval.

Only when the above has been satisfied will the non-medical referrer be entitled to refer by the Professional Head of Radiography.

6. Training

6.1 Training elements

All non-medical referrers that have been nominated by their line manager to refer for Radiological Imaging will be required to demonstrate competency to request these referrals. This includes:

Competency in appropriate consultation and assessment skills, such that Radiological Imaging requests are:

- Appropriate to the patients presentation, and in line with advice on clinical criteria for referral within the Royal College of Radiologists' guidelines "[irefer.org.uk](https://www.irefer.org.uk/)" <https://www.irefer.org.uk/> (as relevant to the types of investigation within the agreed scope of practice).
- Supported by adequate and relevant documented information, to inform the diagnosing clinician who will be reporting on the images
- Compliant with agreed local policies.

Knowledge of the current Ionising Radiation (Medical Exposure) Regulations (IRMER17, including an awareness of the ALARP principle (*As Low As Reasonably practicable*) in all matters concerning ionising radiation. RAD 002 Powys Ionising Radiation Policy and RAD 004 Standard Operating Procedures, Procedure N

Additionally, those referrers who receive investigation reports must be able to demonstrate their ability to understand and act on them and have the competence to have an informed discussion with the reporting radiologist when necessary. Such competence might result from experiential learning or from formal training courses.

6.2 Identified Trainers

- The Clinical Mentor identified above should ensure appropriate training has been undertaken, before signing to confirm that the individual has demonstrated observed competence to meet criteria (1) above. This may include clinical knowledge and skills training in; anatomy and pathology appropriate to the agreed scope of practice, patient examination and consultation, and documenting evidence.
- During the training course, the local Radiation Protection Supervisor (RPS) should provide training on Ionising Radiation and Radiation Protection, and/or arrange attendance at a Radiation Awareness Sessions. This should include instructions on completing a request form, correct procedures for patient identification, benefits and risks of ionizing radiation, radiation safety, referral of pregnant patients, and the responsibilities within the various designated roles as outlined in IR(ME)R 17 & additions, and the Powys Ionising Radiation Policy and Standard Operational Procedures in Radiography. They can also inform the applicant on the range of current imaging modalities and examinations available and their practical application for diagnosis of specific pathological conditions, and the referral and image reporting system within their Hospital.
- The Professional Head of Radiography will advise on the acceptability of other training that meets the training outlined in the bullet point above e.g. training provided by other health boards.
- The Team Lead Radiographer for the department that the referrer will be referring to, will provide support in training and authorisation for the use of Radiology information and image archiving systems, such as RIS, RadIS, CRIS and PACS as required and appropriate with the Host Health Board or access to the clinical reporting system / clinical portal in use by the Host Health Board.

7 Radiological referral procedure

Please refer to Powys RAD 002 Ionising Radiation Policy and RAD 004 Standard Operating Procedures.

8 Statement of intent

- Radiological investigations will only be requested when the results, either positive or negative, will alter patient management.

Non-medical referrers requesting radiographs will be guided by

(a) this procedure,

(b) the Royal College of Radiologists' i-ref

<https://elh.nhs.wales/guidelines/guidelines/irefer/> from an NHS Wales computer

(c) RAD 002 The Powys Ionising Radiation Policy and RAD 004 Standard Operational Procedures in Radiography.

All referrers (non-medical and medical) should be aware that the radiographers responsible for performing the examination(s) requested have a duty under IR(ME)R to query any referral with the referrer that they feel to be inappropriate or where further clinical information is required, and ultimately to refuse a referral that they deem to be unjustified under the regulations.

9 Protocol for Radiological requests

Radiological referral requests made by the non-medical referrer following a patient consultation and/or examination should:

- Be within their agreed scope of practice (please refer to appendix 1)
- Be explained in full to the patient including the benefits and risks/, or their carer / guardian if the patient does not have the capacity to consent.
- Provide sufficient clinical information to enable the IR(ME)R practitioner to justify the request, without abbreviations (e.g.; clearly identifying LEFT or RIGHT where appropriate) (RAD 004 Standard Operating Procedure F Justification/Authorisation of a Medical Exposure)
- Be completed as stated in the Powys Ionising Radiation Policy and Standard Operational Procedures in Radiography Standard Operating Procedure D Making a Referral (RAD 004 Procedure to Correctly Identify the Individual to be Exposed to Ionising Radiation Standard Operating Procedure A Patient Identification Procedures).
- Be compliant with RAD 002 Powys Ionising Radiation Policy and RAD 004 Standard Operational Procedures in Radiography, Standard Operating Procedure B, Procedure for Females of Child Bearing Age.
- Under IR(ME)R 17 the non-medical referrer is legally responsible for the legibility, completeness and accuracy of the Radiological request form.

The Radiological request form is sent to the relevant section of the Radiology department or else discussed with the Radiology Department and/or Radiographer to ensure the procedure is performed when most suitable for patient management and Departmental working practice. The Radiographer may suggest alternative imaging that is more appropriate.

Radiological requests made by the non-medical referrer should be recorded in the patient's case notes to ensure the examination is not duplicated.

10 Referrers to Multiple sites within Powys

Professional Groups who visit multiple sites across Powys will be required to gain entitlement for each site visited by gaining a Statement of Authorisation as set out above and presenting this to the Professional Head of Radiography who will arrange entitlement

Site	Host Organisation
Ystradgynlais	Swansea Bay University Health Board
Brecon	Aneurin Bevan / Cwm Taf Health Board
Llandrindod	Hereford Hospitals NHS Trust
Machynlleth	Hywel Dda Health Board
Newtown	Betsi Cadwaladr Health Board
Welshpool	Betsi Cadwaladr Health Board

11. Unanticipated findings

Imaging investigations may sometimes show unexpected findings requiring urgent medical attention outside the scope of practice of the referrer. For example, a Chest radiograph requested to diagnose heart failure might unexpectedly show signs suggestive of malignant disease. In these circumstances the Radiology Department will normally send an urgent "Red Flag" report to the referrer.

The responsibility for arranging further investigations when required lies with the referrer, as does liaising with the patient and / or patient's GP. Steps must be taken to ensure that abnormal results are identified and acted upon.

12. Incidents

Incidents where a patient undergoes an incorrect investigation and is exposed to radiation as a result of a deficiency in clinical and demographic information supplied by the referrer must be investigated immediately in accordance with the Ionising Radiation (Medical Exposure) Regulations 17, RAD 002 Powys Ionising Radiation Policy and RAD 004 Standard Operating Procedures, Procedure J (Significant Accidental or Unintended Exposures (SAUE)). Such incidents must be reported to the Radiation Protection Supervisor (RPS) of the base Hospital (listed below), and the professional head/service manager of the referrer's department must co-operate fully in the investigation and in the implementation of changes to minimise the likelihood of future incidents.

The most common risk is placement of incorrect addressograph labels on request forms. The following measures would help reduce this risk:

- ensuring staff are aware that they should not add addressograph labels to forms after the referrer has signed to confirm the accuracy of the information recorded;
- checking that the correct addressograph labels are in the patient notes on receipt in the department;
- working with one set of patient notes at a time;
- a tidy working environment.

13. Radiation Protection Supervisors

Role		Location
Senior Radiographer	RPS	Ystradgynlais
Team Leader Radiographer / Senior Radiographer	RPS	Brecon
Senior Radiographer	RPS	Llandrindod
Senior Radiographer	RPS	Welshpool
Professional Head of Radiography / Senior Radiographer	RPS	Newtown, Machynlleth

14. Quality control measures

A copy of each non-medical referrer's signature is to be kept:

- On a master list held in the Radiology Department by the Team Lead Radiographer.

- On a list held in the area of the Radiology Dept where the non-medical referrer refers to, such that it can be checked by the radiographers receiving the referral forms.
- By their direct line manager.

A copy of each non-medical referrer's clinical training and their signed authorisation pack is to be held by:

- The individual non-medical referrer.
- The relevant Clinical Mentor.
- The Team Lead Radiographer of the department the referrer refers to.

The Radiology Department of each non-medical referrer's base Hospital will keep an up to date matrix of approved referrers to that Department, to include the agreed scheme of work for each named individual as set out in the RAD 002 Powys Ionising Radiation Policy and RAD 004 Standard Operating Procedure, procedure C.

15. Audit

Referrals from non-medical referrers should undergo annual audit by their Professional Head in conjunction with the Radiology Department; for appropriateness, quality and outcome of referral (Standard Operating Procedure M Evaluation of Exposure), and compliance with this procedure. The results should be fed back to the relevant individuals and their Clinical Mentors, and be linked to the individual non-medical referrer's Personal Development Plan.

The non-medical referrer's department should also audit the recording of the clinical evaluation outcome of the investigation in the patient's notes, and that appropriate clinical action has been taken.

16. Review and Change Control

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

Areas and Scope of Practice for Non-Medical Referrers within Powys Teaching Health Board

	Professional Group	Scope of Practice	Restrictions to Scheme of Work System of Work
1a 1b	Minor Injury Unit Emergency Nurse Practitioners	Upper limb, below and including the elbow, humerus Lower limb, below and including the knee Hip in cases of suspected fractured femur Shoulder in cases of suspected dislocation only (no AC Joints) Suspected radio opaque foreign body (including glass) in peripheral limb	Clinical Trials and Research Medico – legal issues Children as defined by the supervising Host Health Board / Trust Road Traffic Accidents
2	Physiotherapists	Upper Limb Lower Limb Pelvis Vertebral Columns	Clinical Trials and Research Medico – legal issues Children under the age of 16
3	Podiatrists	Plain radiography of ankle AP (mortise) and lateral (if within scope of practice) Plain radiography of toes: DP and oblique Plain radiography of foot: DP and oblique, weight-bearing, lateral.	Clinical Trials and Research Medico – legal issues Children under the age of 16
4	Consultant Nurse for Endoscopy & Gastroenterology	Plain Chest X-ray, Plain Abdominal X-ray, Abdominal / Pelvic Ultra sound scan	Clinical Trials and Research Medico – legal issues
5	GP/ Emergency Nurse Practitioners	As per MIU scope and chest CNS	Children under 5 years of age. Pregnant women. RTC patients.

			Clinical Trials and Research Medico – legal issues
6	Audiologists	MRI head / internal auditory meatus	Children less than 16 years old

Example non-medical referrer authorisation pack (blank)

STATEMENT OF AUTHORISATION, SCOPE OF PRACTICE AND SCHEME OF WORK

FOR

Non-Medical Practitioners to Refer for Diagnostic Imaging Investigations

(Excluding Clinical Trials and Research)

NON MEDICAL REFERRER
STATEMENT OF AUTHORISATION

This is to certify that:

Title:	
First name:	
Surname:	
Position held:	
Regulatory Body and Registration no:	
Directorate/Dept:	

has undertaken a recognised programme of training with ***** which enables them to request Diagnostic Imaging Investigations as specified within their role, Powys Ionising Radiation Policy Standard Operating Procedures and in accordance with the relevant ***** Health Board policy. The Scope of Practice, Scheme of Work and Certificate of Attendance are contained within this Authorisation Pack.

Scope of Practice

The following identifies the scope of practice that applies to the named individual:

1. Why Rationale with regard to the basis of this practice
2. Where Powys Teaching Health Board, site, area clinic etc
3. When Clear statement of dates with any time constraints that might be applicable to the scope of practice
4. Who Supports clinical and financial resources with a clear statement who supports this practice from the GM, DM, Professional Head, Medical Lead etc. (Business Case)
5. Who.....will be responsible for interpretation of the images resulting from referrals, and for recording an outcome of the radiological investigation within the patients' medical notes prior to radiological opinion / formal report.
6. Who..... will receive the formal radiological report (electronic or paper copy or access to clinical reporting system)
7. Who.....will be responsible for acting on the radiological report
8. What Is the scope of the practice specific , with a clear statement of its range and limitations
9. How Clear indications of how this practice will be undertaken to benefit the service provided to the patient, what effect it will have upon their management, including arrangements for dealing with unexpected results with implications outside scope of practice.
10. Audit Statement regarding what arrangements are in place to ensure that there is a process of review and audit of the practice
11. Monitoring

Scope of practice

The following categories of Diagnostic Imaging Investigations may be requested by

Type of Exam	Clinical Indications	Referral Criteria
Exemplar or Example 1. Hip 2. Colon	1. ? # NOF 2. Staging or confirmed cancer diagnosis	1. Over age of 50 2. At request of MDT

Powys Teaching Health Board (PTHB) Indemnity Statement

The Health Board will indemnify the non-medical referrer (NMR) individual named in this document for work undertaken on behalf of the Health Board and performed within working environment(s) recognised by the trust. This is stated on the basis that the named individual does not deviate from the specified Scope of Practice and Scheme of Work contained herein.

Where changes occur due to service needs or otherwise the NMR practitioner must inform their direct line manager, DM or Professional Head of Service and ensure a review of their Business Case, Scope of Practice and Scheme of Work is undertaken and agreed by all signatories.

Non compliance with the relevant PTHB policy and/or deviation from the scope of practice and scheme of work will result in the immediate removal of requesting rights and the likely implementation of the Health Board Disciplinary Policy

Professional Indemnity

The Health Board recognises that role development is subject to the provisions of the statutory and professional Codes of Conduct. It therefore, expects all such staff to comply with the requirements imposed by their own statutory body as well as taking into account any advice or guidance from their professional body

Removal from RIS / RadIS

In the event of non compliance or when an individual changes role or leaves the Health Board, their direct line manager must inform the imaging department to facilitate their removal from the Radiology Information System.

Signature:

*Directorate Manager/ *Professional Head for: (*please delete)	
Signed:	
Print Name:	
Date:	

Clinical Mentor / Supervisor for:	
Signed:	
Print Name:	
Date:	

Non Medical Referrer	
Professional Status:	
I agree to abide by the conditions as set out within the Teaching Health Board procedure for the requesting of diagnostic imaging investigations for non-medical referrer	
Signed:	
Print Name:	
Date:	

Certificates of Training Attendance

(please add your certificates to this section – either hard copy or electronic)

Template Entitlement Letter

Date

Name of Refer to be Entitled

Professional Group

Address

Dear

Re: Entitlement to Refer for Imaging Investigations

Under the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R the employer must confirm entitlement status to patients for imaging investigations.

This letter entitles the above named *Health Professional* to refer patients for Imaging Investigations at *Named Sites*. The referral criteria are set out in your completed Non-Medical Referrer Authorisation Pack.

Entitlement will be reviewed annually by the Radiology Department at *Host* Health Board and will be renewed subject to satisfactory audit and compliance with the referral criteria.

Yours sincerely

Mrs Michelle Kirkham
Professional Head of Radiography

Cc Director of Therapies and Health Science
Head of Therapies
Superintendent Radiographer

Appendix 2b (North Sites)

Betsi Cadwaldr Health Board

GUIDANCE & PROCEDURE FOR NON-MEDICAL /

DENTAL REFERRALS FOR RADIOLOGICAL INVESTIGATIONS

Application for Non-Medical/Dental Referrer (NMR) Status

(Before completing this form please discuss with the Head of Quality & Governance Radiology)

APPLICANT DETAILS

Name:

Department:

Work base:

E-mail address:

Contact Telephone
Number:

PROFESSIONAL DETAILS

Job Title:

Profession:

Current Professional Qualifications and Date Achieved:

Professional Registration Number:

Employing CPG:

Current Position:

Current Banding:

Date of Commencement in Current Post:

Professional Line Manager:

Contact Telephone Number:

Supervising Consultant/GP/GDP:

Contact Telephone Number:

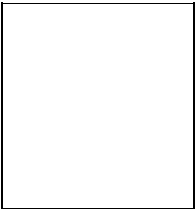
SCOPE OF PRACTICE (please explain your role or proposed role in relation to referring University Health Board patients for imaging and attach the proposed referral protocol. It is also imperative that you indicate the scope of practice agreed by your CPG within Section 3 of this procedure i.e. 3.1, 3.2 or 3.3.)

Scope of Practise level (please circle) 3.1 3.2 3.3

Please describe the benefits and improvements this scope will make to the patients pathway

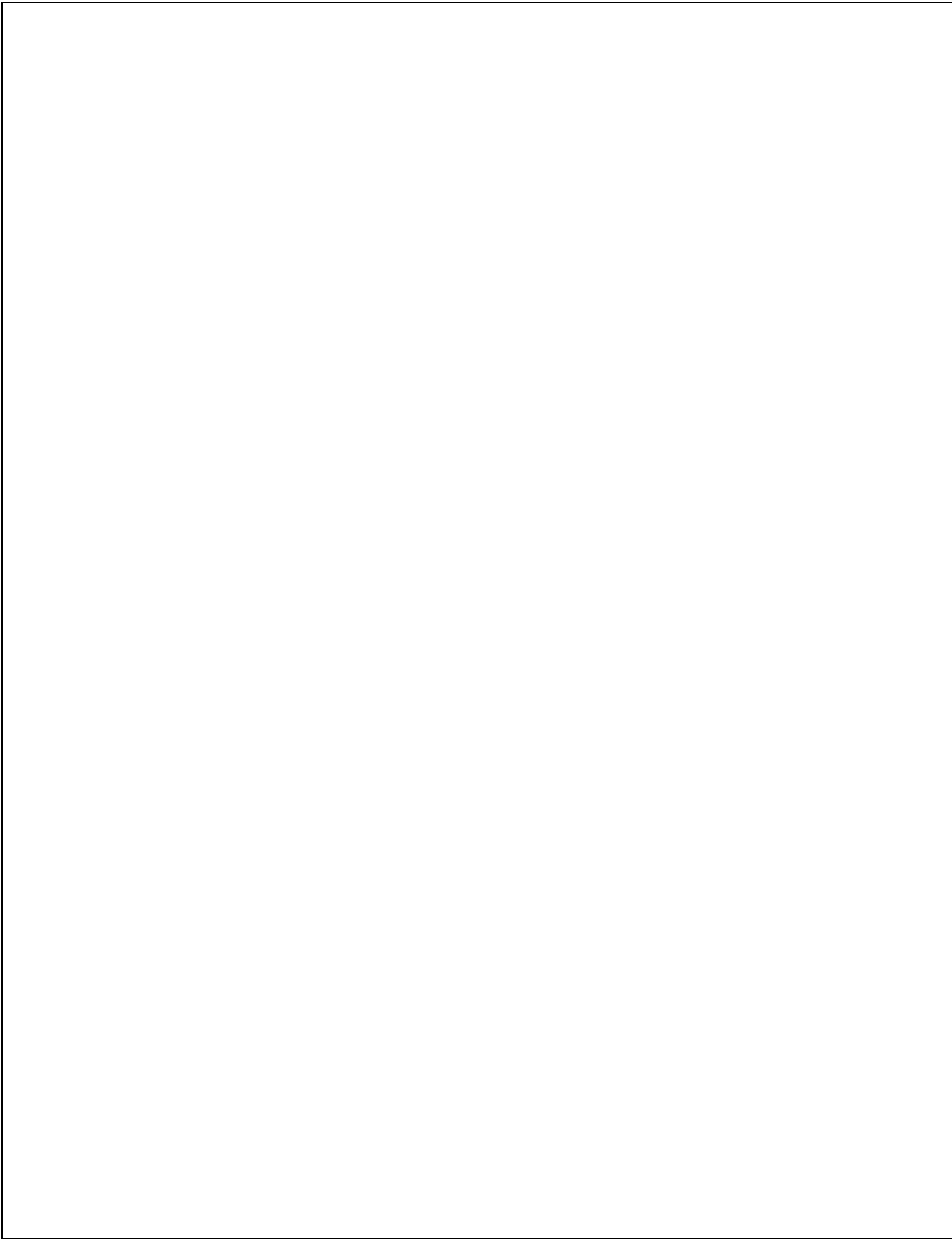
Examinations to be requested

Clinical Indications for referral

Please indicate who will review the imaging that has  been requested

Where the referrer will act as an operator for Clinical evaluation (6.7 above) e.g. minor injuries Please describe what will be done and why.

Please indicate what safety arrangements are in place to ensure compliance with the NPSA 16 Failure to act on radiological results.



AUDIT DETAILS

Please specify what arrangements are in place to ensure that there is a process of review and audit of the practice

MONITORING

Please specify what arrangements are in place to ensure that referral practices are safe?

EVIDENCE OF COMPETENCE

BCUHB Radiation Awareness Training Including IR(ME)R

Date of attendance:

BCUHB Radiation Policy

Have you read and understood the above policy?

Yes / No

Shadowing Within Radiology Department

Where:

Date of attendance:

Role Specific Training (Please provide evidence for each body area/examination identified in the scope of practice)

Title of course(s):

Date of attendance:

Training For Clinical Evaluation (Where appropriate)

Describe training Completed

Provide evidence of Competence

I confirm that appropriate arrangements for supervision and maintenance of competence for clinical evaluation have been put in place by the
.....department.

Department Managers signature

Date

Name of Medical Supervisor assessing competence to assess patients and refer for imaging:

Date competence achieved:

DECLARATION

I declare that the information I have given on this application is correct and complete. I agree to abide by the conditions as set out within the BCUHB policy and procedure for the requesting of radiological examinations by a non-medical referrer. I also confirm I have undertaken a suitable programme of training.

Name of applicant (please print):

Signature:

Date:

Name of Professional Line Manager (please print):
e.mail address

Signature:

Date:

PLEASE SEND COMPLETED FORM TO THE HEAD OF QUALITY AND GOVERNANCE RADIOLOGY - ANY INCOMPLETE FORMS WILL BE RETURNED. (The outcome of your application will be communicated to yourself and your professional line manager. If successful, practice must NOT commence, under any circumstances, until you have received formal notification of the decision).