

Registered Health Practitioner Initiated Radiology Referrals Procedure

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Purpose

This procedure recognises the evolving role of Midwives, NP and registered health practitioners in the provision of healthcare at Canterbury DHB and the associated need for them, in approved circumstances, to be able to complete radiology referrals for imaging or simple imaging guided procedures in order to expedite the clinical assessment and management of patients. The Chief of Radiology or his/her delegate is responsible for approving NP/nurse/Midwife/Allied Health initiated radiology referral policies or standing orders.

Radiologists have ultimate responsibility for ensuring that any examination undertaken is justified and that an appropriate imaging investigation is performed. Inappropriate referrals will be challenged and/or declined. Expanding the scope of other Registered Health Practitioners to encompass referring for Radiology is not expected to increase the expectations of, or transfer any additional responsibility to the Radiology service or its staff.

Scope

It will describe the procedure by which a registered health professionals may initiate radiology referrals at Canterbury DHB and includes:

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- Midwives
- Nurse Practitioners
- Registered Nurses
- Clinical Team Co-ordinators
- Allied Health Staff
- Clinical Directors or Chiefs of referring services, SMOs, RMOs
- Chief of Radiology
- Radiologists
- Medical Radiation Technologist staff
- Radiology Nursing Staff

Associated documents

- Service specific, Canterbury DHB Radiology approved, Health Practitioner initiated radiology referral policy (or alternatively a standing orders document)
- Health Practitioner initiated radiology referrals training package
- Radiation Safety Act 2016
- Health Practitioners Competence Assurance Act.

Definitions

Approved Clinical Circumstance – Any circumstance where a service specific health practitioner initiated radiology referral agreement has been approved by Radiology.

Health Practitioner: Every clinician who practises in a regulated profession in New Zealand must be registered with the relevant responsible authority and hold an Annual Practising Certificate (APC) issued by that authority. Additionally, the Act specifically bars any individual from claiming to be a practitioner of a regulated profession, or in any way imply that they practise or are willing to practise a regulated profession, unless they are appropriately qualified, registered with the relevant authority, and hold an APC.

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Equipment and forms

- CDHB Radiology electronic order entry system
- CDHB Diagnostic Radiology Consultation Form
- CDHB Interventional Radiology Consultation Form

Relevant training

The Canterbury DHB Health Practitioner Initiated Radiology training package can be accessed via CDHB online learning site. This must be completed before submitting any radiology referrals.

Application Process

1. Clinical areas need to determine a clinical need for Health Practitioner initiated radiology referral agreement
2. Submit an agreement document to the Radiology Service with the following outlined:
 - 2.1. Clearly define the clinical indication(s) and clinical pathways for which Health Practitioner staff may refer. These must meet local criteria for appropriate use of imaging.
 - 2.2. Clearly outline the model of care which supports the need for a Health Practitioner initiated radiology referral ie provide justification for Health Practitioner completing referrals.
 - 2.3. Specify the examinations to be included in scope (include imaging modality, and body area).
 - 2.4. Confirm that your service accepts responsibility for ensuring;
 - 2.4.1. Clear processes are in place so that Health Practitioner referring for Radiology knows which senior medical officer or team to identify as responsible for the results when the referrer is not a Senior Medical Officer, Nurse Practitioner or Midwife.
 - 2.4.2. Health Practitioner staff complete all necessary training.
 - 2.4.3. There is strict compliance with the agreed scope of practice.
 - 2.4.4. There is strict compliance with the requirement for ensuring the appropriateness, accuracy and quality of referrals.
 - 2.4.5. Processes are in place to follow-up on referrals and act on any abnormal reports.
 - 2.4.6. Annual audits of compliance will be performed by your service.

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- 2.5. Application to be signed by the Chief of Service and/or Clinical Director
3. Following receipt of an application from a clinical service, Radiology (via the Chief of Radiology or his/her delegated authority) will consider proposed agreement for approval. Services will be notified in writing if a policy has been accepted.

Procedure Owner	
Procedure Authoriser	
Date of Authorisation	

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