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# Self referral to Allied Health Professionals : A position statement in relation to diagnostic and therapeutic radiographers

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## Summary

SCoR publishes this position statement in response to a number of recent intitiatives which have promoted the role for allied health professionals to accept patients for assessment and treatment without them requiring referral from a medical practitioner or other registered healthcare practitioner. It is timely, therefore, to consider the role of both diagnostic and therapy radiographers.
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## Introduction

The NHS Review carried out by Lord Darzi[1] in 2008 and a subsequent report 'Framing the Contribution of Allied Health Professionals'[2] indicated that there was a role for allied health professionals (AHPs) to accept patients for assessment and treatment without them requiring referral from a medical practitioner or other registered healthcare practitioner; effectively 'self-referrals'. This concept is further promoted by the proposal to increase access to diagnostic services by establishing provision in the primary healthcare sector[3]. A number of pilot studies have been conducted, principally in physiotherapy, which have resulted in improved access for patients and reduced 'hand offs' between clinicians[4]. For therapeutic radiographers, acknowledgements in the Cancer Reform Strategy (CRS) of the need for co-ordinated care led by experts[5] provide opportunities for patients to access the skills and services of therapeutic radiographers directly.

Importantly, both diagnostic and therapeutic radiographers as well as all other AHPs must only accept self-referrals from patients within clearly defined governance frameworks.

Patients who self-refer to AHPs present themselves for assessment by the AHP with their own clinical history in the form of a completed questionnaire. The pilot studies report no significant increase in demand and there is no 'queue jumping', as those for whom active, planned treatment is required join the existing waiting list for that treatment[4]. The time saving element is identified as the removal of the need for a consultation with a General Practitioner (GP) and avoidance of duplication of assessment by both the GP and the AHP.

It is timely, therefore, to consider the role of radiographers in the context of healthcare policy supportive of providing the public with appropriate opportunities to self-refer* directly to allied health professions' services rather than the usual route of seeking initial consultation with their registered medical practitioners before onward referral.

Although the majority of evidence to support self-referral to radiographers is drawn from England, this statement is applicable throughout the UK.

* Precedents already exist for patients to 'self refer' to radiographers. Good examples include breast screening for those aged over 70 and radiographer led patient/public support services.

## Self-referral to diagnostic radiographers

Typically, diagnostic radiographers practice within broad multidisciplinary clinical imaging services, and, within such services, they are the primary and often sole interface for patients requiring imaging examinations and outcomes. Increasingly, too, clinical imaging is undertaken in community and primary healthcare settings, and by independent providers where the radiographer constitutes the clinical imaging member of the healthcare team.

The radiographer is responsible for ensuring that requests for imaging are properly justified and for employing the most appropriate imaging modality or technique relative to the clinical questions raised, and the signs and symptoms exhibited by the patient. Accordingly, clinical governance frameworks must ensure that radiographers are appropriately experienced and enabled to refer patients for alternative and/or additional imaging.

In 2007, agreement was reached whereby a request for diagnostic imaging is not necessarily a request for a radiological (medical) opinion but a request for an 'expert' opinion[6]. This can be provided by radiographers with the necessary education, training and competences, and in 2007 radiographer reporting constituted in excess of 15% of all imaging examination reports[7]. It is entirely possible, therefore, for diagnostic radiographers to accept referrals directly from patients provided that there are clear clinical governance frameworks in place to support the practice.

It should be noted that the term 'self referral' in this context is quite distinct from that related to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000/2006[8]. Patients and members of the public do not have the specific knowledge required under the terms of the legislation to refer themselves for imaging examinations involving the use of ionising radiation. Nevertheless, it is possible for them to present themselves to a diagnostic radiographer concerned about an aspect of their healthcare and believing that they need an imaging examination. In this self-referral situation, the radiographer would need to carry out the clinical examination required to determine whether imaging is required, proceeding to justify and carry out the imaging examination where appropriate. Hence, self referral in the wider context is where patients present themselves directly to diagnostic radiographers with healthcare problems that, potentially, require investigation by imaging.

## Principles underpinning self referral by the public to diagnostic radiographers

The opportunity for patients to self refer to a diagnostic radiographer is likely to be limited to primary health care settings.

Where there is self referral to diagnostic radiographers, there must be a recognised care management framework in place to ensure anticipated findings are dealt with effectively[9], and so that unexpected or serious adverse outcomes can be addressed properly through agreed onward referral pathways. Where no abnormal findings are present, radiographers may discharge patients in accordance with agreed local protocols.

All clinical imaging examinations undertaken by diagnostic radiographers following self- referral by

patients must be conducted within a clear care pathway devised on either a disease or systemic basis (e.g. diabetes, coronary pathways).

The Department of Health (England) proposals for self referrals to AHPs relate to NHS care provision and so all patients will have an NHS care record. The results of all imaging examinations conducted must be placed in the relevant patient's record.

There must be clarity of funding of imaging examinations undertaken through self referral to diagnostic radiographers. In particular, where patients are referred on to an acute hospital, and additional imaging is deemed necessary, it must be clear in advance that both imaging episodes have the appropriate funding.

The need to repeat imaging examinations is undesirable, and health care systems that support self referral to diagnostic radiographers must be sufficiently integrated to avoid unnecessary and inappropriate repeat examinations.

The following outlines the principles for self referral for specific imaging examinations:

### X ray and CT imaging

The ability of patients to self refer for imaging involving the use of ionising radiation is limited by legislation which requires the referral process to be undertaken by an entitled registered healthcare practitioner. At self referral, the radiographer would need to satisfy him/herself that the clinical history and presenting signs and symptoms are sufficient to warrant and, importantly, justify the use of ionising radiation. Therefore, the radiographer acts as both the Referrer and Practitioner under IR(ME)R and, if carrying out the examination, also as Operator.

There must be full compliance with the local Employer's Procedures required by the IR(ME)R legislation.

### Ultrasound examinations

Self referrals for ultrasound examinations must be properly justified, and all scans must be undertaken within a recognised clinical governance and quality assurance framework in a medical or clinical setting[10] .

### Magnetic Resonance Imaging

Opportunities for the public to self refer for magnetic resonance imaging are likely to be minimal. There is limited capacity to support self referral currently as this scarce resource requires strict clinical prioritisation in terms of its usage. Nevertheless, self referral may be possible in some situations, subject to the clinical justification of the examination.

### Nuclear Medicine

At this point in time, nuclear medicine examinations are not considered to be at all amenable to self referral.

## Self referral to therapeutic radiographers

To ensure the safe and effective organisation of radiotherapy services, cancer services must comply with clearly defined standards of delivery and care within appropriate clinical governance frameworks[11]. The role and practice of therapeutic radiographers within the service specification of these frameworks is typically within broad multidisciplinary clinical teams situated in large acute, secondary, and tertiary care centres.

Therapeutic radiographers are the primary interface for patients undergoing cancer treatment, and care, seeing most patients on a daily basis for several weeks. During this acute treatment phase, they are responsible for monitoring the effects of treatment on the patient during both the course of treatment and the immediate follow up after treatment. There are opportunities for patients to self-refer for additional advice and support outside of the standard treatment and care pathway, for example, when seeking information and support on associated problems or sequelae[12].

Patients may have concerns about an aspect of their care, believing that they need additional support not already identified or planned. This may occur during the acute radiation treatment phase, for example, where there is sudden onset of treatment side effects, or where additional symptoms may arise as a result of disease progression. Patients self identify these and raise them with their radiographer when they next attend or by making additional direct contact. In these circumstances, therapeutic radiographers are responsible for examining the patient, making clinical decisions and taking appropriate treatment/care actions, and for ensuring the patient is referred on to an appropriate clinical colleague where necessary.

There is also need for patients to be able to access therapeutic radiographers in the community, and a further opportunity for development of a patient self-referral pathway exists[13] Such opportunities need to grow to enhance the quality and personalisation of care for people living with cancer, and their families and carers[5].

National standards govern the delivery of accurate, safe and effective cancer treatment[11, 14, 15], and all systems using self-referral to therapeutic radiographers must demonstrate adherence to these.

Self-referral to therapeutic radiographers can lead to quality improvements in the care provided, by streamlining care, accelerating the speed of care delivery, and securing rapid and appropriate onward referral[16].

## Principles underpinning self referral by the public to therapeutic radiographers

The opportunity for patients to self refer to a therapeutic radiographer is likely to occur both in acute and in primary health care settings.

Systems in which self referrals to therapeutic radiographers are enabled must operate within strong clinical governance frameworks to secure high quality care.

Radiographers accepting self referrals must work within a clinical supervision framework that provides support and an advisory capability.

Where there is self referral to therapeutic radiographers, there must be a recognised care management framework with agreed protocols to ensure that patients are managed appropriately and effectively.

The proposals for self referrals to AHPs relate to NHS care provision and so all patients will have an NHS care record. The outcomes and care management decisions and actions of all self referrals must be placed in the relevant patient's record.

There must be clarity of funding for self referrals to therapeutic radiographers. In particular, this clarity is required at the interface between acute care and continuing care, especially where the radiographer may be employed in one sector, delivering services in the other.

## Summary

The ability of diagnostic radiographers to accept self referrals directly from patients should result in an overall reduction in the time from diagnosis to treatment by eliminating some of the 'hand offs'.

Self referral to therapeutic radiographers will improve the quality of cancer service delivery and also assist those living with cancer to be more in control of their own care.

There are considerable challenges, including:

- Transforming current services to enable self-referral to diagnostic and therapeutic radiographers where appropriate;
- Funding of such services, particularly as they are likely to overlap primary and acute care sectors;
- Providing the necessary education and training for radiographers to undertake these roles with confidence;
- Ensuring that radiographers accepting self referrals do so from within a clinical team setting and a strong governance framework, whether the traditional clinical imaging or clinical oncology and radiotherapy team and structures, or others.

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