Queensland’s Arrangements for Obtaining Diagnostic Procedures

It is a requirement under the Radiation Safety Act 1999 that only an authorised person may request a diagnostic procedure for another person. This information sheet has been developed to provide some guidance about this requirement.

Definitions

In day to day practice, the words ‘refer’ and ‘request’ tend to be used interchangeability, however, it must be noted that the word ‘request’ has a special meaning under the Act. The Radiation Safety Act 1999 does not define the meaning of ‘refer’. A referral for a diagnostic procedure may be made by anyone, but, under the Act, ‘request’ is a special function used only in relation to authorised persons.

- **‘authorised person’**
  
  ‘Authorised person’ is defined in the Radiation Safety Act 1999. For a diagnostic procedure, an ‘authorised person’ is, amongst other things, a person listed in Schedule 6 of the Radiation Safety Regulation 2010. For example, an appropriately registered dentist under the Health Practitioner Regulation National Law may request intra-oral and extra-oral dental diagnostic radiography of the teeth and facial bones.

  Only a person described in section 64 of the Radiation Safety Regulation 2010, or listed in Schedule 6 of the Regulation, may authorise another person to be irradiated for diagnostic purposes.

- **‘request’**

  ‘Request’ has a special meaning and is defined in the Radiation Safety Act 1999. A request for a diagnostic procedure may only be made by an authorised person. A request must be made in written or electronic form and must state –

  (a) particulars of the radiation source to be used; and

  (b) particulars of the diagnostic information sought from the procedure.

  Note: (a) above might be suggested by the referrer and (b) above should be provided by the referrer.

Why is an ‘Authorised Person’ necessary?

Under the Radiation Safety Act 1999, only persons who have appropriate qualifications and skills are able to request a diagnostic procedure involving the irradiation of another person. This requirement is to ensure that the diagnostic procedure to be performed uses the most appropriate modality and that it is justified on clinical grounds. Additionally, once the requested diagnostic procedure has been performed, the exposure would not be justified if the radiology (e.g. clinical assessment) was not performed by a person sufficiently skilled and experienced to make the clinical assessment (i.e. an authorised person) and provide the advice to the referrer.

The person making the request (i.e. the authorised person) will decide on the best modality to be used, whether the request is justified on clinical and radiological grounds, and the extent of the procedure required. This decision should therefore implicitly take the risk/benefit considerations into account. The authorised person should consider whether a comparable diagnostic outcome is able to be achieved using a non-radiation related procedure.

Schedule 6 of the Radiation Safety Regulation 2010 recognises that additional specialist medical qualifications and skills are required to request complex diagnostic procedures, such as CT scans, fluoroscopy etc. This helps to ensure that the required medical practitioner or specialist involvement does, in fact, occur for these procedures.
What are the Responsibilities of the Use Licensee?

Use licensees also have responsibilities under the Act in relation to requests for diagnostic procedure. A use licensee:

(a) must not carry out a diagnostic procedure unless the licensee reasonably believes the procedure has been requested by an authorised person

(b) must ensure the treated person does not receive a radiation dose from the carrying out of the diagnostic procedure in an amount, or a way, that does not comply with the request for the procedure.

How can Use Licensees be Assured that a Procedure is Authorised?

Many professional groups (such as physiotherapists) require diagnostic procedures to assist them in determining the appropriate treatment program for a patient. These professional groups refer the patient to a radiology service provider for this procedure to be performed. In this situation, it is the radiologist or the medical practitioner at the practice who would be the person authorising the procedure to be performed (i.e. the authorised person).

Use licensees need to assure themselves that each diagnostic procedure is authorised by an authorised person. They can do this by checking that:

(a) the request for the procedure has been made by an authorised person prior to the procedure being conducted; or

(b) the radiology practice has a written internal protocol describing the actions to be taken on receipt of categories of referrals from other persons. In this instance, referrals may be accepted without use licensees gaining specific prior approval from an authorised person.

If use licensees are unclear about a referral which has been presented, they should seek the advice of an authorised person at the radiology practice.

Note: ‘Blank’ request forms pre-signed by authorised persons are not acceptable under any circumstances. The pre-signing of request forms is an indication of poor clinical practice and such matters should be referred to the relevant health practitioner registration board for investigation.

What Information should be included in an Internal Protocol?

It is a matter for the authorised persons at a radiology practice to determine what referrals would be acceptable without prior authorisation by an authorised person. It is expected that these internal protocols would:

(a) be developed in consultation with the relevant stakeholders within the practice

(b) contain details such as:
   o who the referrals are to be accepted from
   o the particulars of the radiation sources to be used for particular diagnostic procedures
   o the particulars of the diagnostic information to be sought from the procedures
   o details of the extent of the radiography required for the particular types of procedures

(c) be referenced in the licensee’s radiation safety and protection plan.

What Information should be included on a Referral?

In order to optimise the diagnostic value of a diagnostic procedure, relevant clinical data should be supplied to the authorised person and the use licensee in addition to the details of the clinical question which is to be answered by performing the diagnostic procedure.

As a guide, the RANZCR Imaging Guidelines, recommends that the following information should be contained on any referral for medical imaging:
• Patient details (name, address, date of birth, and hospital ID number (if relevant))
• Examination requested (area to be examined and type of examination)
• Clinical Information (such as relevant history and allergies/contraindications)
• Main objective of the examination (clinical questions to be answered by performing the procedure)
• Identifying mark of referrer (signed, dated and legible identification)

Summary

1. Requests for diagnostic procedures may only be made by authorised persons (ie a person described in section 64, or a person listed in schedule 6, of the Radiation Safety Regulation 2010).
2. Use licensees may only carry out a diagnostic procedure if they reasonably believe the diagnostic procedure has been requested by an authorised person.
3. The Radiation Safety Act 1999 does not place any restrictions on who may refer patients for a diagnostic procedure.
4. In-house protocols may be developed to permit the general authorisation of certain types of diagnostic procedures following referrals by specified clinicians without a patient-specific prior authorisation being made.
5. ‘Blank’ request forms pre-signed by authorised persons are not acceptable under any circumstances.

Enquiries

For further information, please contact an officer at Radiation Health on (07) 3328 9987 or, alternatively, via email at radiation_health@health.qld.gov.au.