

Alliance Medical Limited (AML)

Clinical Operating Procedure

PET-CT Referral by MDT Co-ordinators under Medical delegation

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1. Introduction, background and purpose

The Aim of this COP is to specify the process for Multi Disciplinary Team (MDT) Co-ordinators referring patients for PET-CT under delegation from GMC registered Consultant Practitioners, to reduce treatment delays for patients. This role is intended to enhance the quality of care delivered in relation to PET-CT provided by Alliance Medical.

2. Who should use this COP?

This COP should be used by MDT Co-ordinators requesting PET-CT scans from Alliance Medical under delegation from referring Medical Consultants as delegating GMC registered Consultant Practitioners.

3. When this COP Should be Used

This COP should be used whenever an MDT Co-ordinator refers a patient for PET-CT under delegation from GMC registered Consultant Practitioners. All cases referred must have been discussed at the MDT meeting and the reason for referral agreed and noted.

4. Procedure(s)

4.1 Examinations

- 4.1.1 Examinations and requests will follow the exact recommendation from MDT to include area of body to be scanned and Isotope requested.

- 4.1.2 Each MDT Co-ordinator will provide Alliance Medical with a signed proforma confirming details of their delegation by named Medical Consultants. The proforma at Appendix 1 can be used if required. This will include the MDT Co-ordinators full name, specimen signature, together with details of the delegating Medical Consultants and details including their GMC number. The list must be reviewed annually and re-submitted to AML.
- 4.1.3 All PET-CT referrals will be validated, and a scanning protocol assigned, by the relevant ARSAC holder or delegate.

4.2 Queries

- 4.2.1 Queries regarding these Imaging requests will be made to the delegating GMC registered M Consultant practitioner, and not the MDT Co-ordinator, by the ARSAC or delegate
- 4.2.2 If the ARSAC or ARSAC delegate feels that a PET-CT request is unjustified or poorly localised, she/he has the right to discuss the referral with the chair of the relevant MDT, as in the case with Medical staff.
- 4.2.3 All such incidents must be brought to the attention of the AML Clinical Services Director – PET-CT as soon as possible

4.3 Making the Referral

- 4.3.1 The MDT Co-ordinator will make PET-CT imaging requests using the AML IMOGEN e-referral system or paper request only during the periods of IT downtime. Access to the AML IMOGEN e-referral portal will be given on submission of the delegation proforma and a signed copy of the Terms and Conditions of use.
- 4.3.2 The MDT Co-ordinator will:
- Ensure all relevant patient demographic data is provided
 - Agree referral information with the delegating medical professional in advance of making the referral
 - Provide concise relevant clinical information, i.e surgery, malignancy findings on examination, what is the clinical question that you want answering, as agreed with the delegating medical professional.
 - State the date of LMP where applicable
 - State whether or not any relevant imaging examination has been carried out before
 - Provide full clinical details to allow justification of the imaging request, as agreed with the delegating medical professional.
 - Complete the Clinical Indication coding
 - Name the delegating Medical Consultant quoting their GMC number

4.4 Action to be taken when a patient does not wish to receive treatment in accordance with this protocol

Refusal of treatment should be met with initial discussion with the delegating Medical Consultant and failing that, discussion with the chair of the relevant MDT. This should be documented in the patient's clinical notes.

4.5 Status of staff authorised to take responsibility for undertaking this protocol

MDT Co-ordinators:

- Delegated by GMC registered Consultant Practitioners from their MDT

5. Training

5.1 Mandatory Training

There is no mandatory training associated with this procedure.

5.2 Specific Training not Covered by Mandatory Training

None

6. Monitoring Compliance with this Document

The table below outlines AML's monitoring arrangements for this COP/COP/Guidance. AML reserves the right to commission additional work, or change the monitoring arrangements to suit the needs of the organisation.

Aspect of compliance or effectiveness being monitored (key measurables of procedure)	Monitoring Method (Tool/technique to be used)	Individual Responsible for the monitoring	Monitoring frequency	Group or committee that receive the findings and monitor actions from the report
Quality of requests – including number of requests by individual MDT Co-ordinators, Appropriateness of request and any disputes regarding examination.	Audit of 10% of referrals for quality of data and approval by ARSAC	PET-CT Director	6 monthly	Clinical Governance Committee. Continued poor quality requests would lead to retraining and ultimately lead to withdrawal of requesting rights

7. References

Nil

8. Associated Documentation

Non-Medical Referrers Policy v2.0 30th July 2015

9. Appendices

Appendix One – Schedule of MDT Co-Ordinators delegated to use this COP

Name of NHS Trust:	
Name of MDT:	
Name of MDT Co-ordinator	
Date:	
Signature:	

Name of GMC registered Consultant Medical Practitioner delegating referrals	Job Title	GMC number	Delegation Date	Signature of Medical Cons

Please submit this form the AML. The form should be reviewed annually to ensure the staff listed continue to meet the requirements of the COP and re-submitted to AML