HSE NATIONAL GUIDELINE

PHYSIOTHERAPY AUTHORITY TO REFER FOR MEDICAL RADIOLOGICAL PROCEDURES

National Policy ☐ National Procedure ☐ National Protocol ☐ National Guideline ☒
National Clinical Guideline ☐

HSE NATIONAL GUIDELINE FOR PHYSIOTHERAPY AUTHORITY TO REFER FOR MEDICAL RADIOLOGICAL PROCEDURES

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Short summary:
This national guideline provides information and guidance to support the health service provider with the implementation of referral for medical radiological procedures in Health Service Executive (HSE) and HSE funded services (Section 38 & 39).
Description:
Physiotherapist authority to refer for medical radiological procedures (MRP) is an expanded role that Physiotherapists can perform following successful completion of a CORU approved education programme and entry onto the CORU Referral for Radiological Diagnostic Procedures Division of the Physiotherapists Register, having regard to legislation, associated regulations, professional regulation, and subject to national and local health service providers PPPGs. The guideline outlines areas of responsibility and accountability that support Physiotherapists with authority to refer adults and paediatric patients for MRP that are underpinned by legislation and regulation. The aim of this national guideline is to provide guidance and a clinical governance framework for health service providers, within HSE and HSE funded services (Section 38 & 39).

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Contents

1.0 Planning

1.1 Overview

Physiotherapist authority to refer for medical radiological procedures (MRP) is an expanded role that Physiotherapists can perform following successful completion of a CORU approved education programme and entry onto the CORU Referral for Radiological Diagnostic Procedures Division of the Physiotherapists Register, having regard to legislation, associated regulations, professional regulation, and subject to national and local health service providers PPPGs.

The medical radiological procedures that the Physiotherapist referrer has authority to refer for are based on their agreed scope of practice and local PPPGs. The Physiotherapist referrer's scope of practice may change over time in response to service requirements and technology advances subject to approval of their Radiation Safety Committee (RSC) / Local Implementation Group (LIG).

1.2 Purpose

The purpose of this national guideline is to provide guidance and a clinical governance framework for health service providers, within the HSE and HSE funded agencies (Section 38 & 39) on Physiotherapist referral for MRP. The guideline outlines areas of responsibility and accountability that support Physiotherapists with authority to refer adults and paediatric patients for MRP that are underpinned by legislation and regulation. Health service providers can adopt this national guideline or develop their own local PPPGs incorporating the regulatory requirements and the relevant legislation outlined in this document. A template SOP is provided in the Appendices.

1.3 Background

- A Department of Health (DOH) policy decision to designate appropriately trained physiotherapists to refer for MRP was approved in July 2023 to support the delivery of effective and efficient patient care. The policy decision was based on

support and evidence from various sources across the healthcare system.

- Between 2018 and 2020 the DOH received communication citing the clinical need from multiple stakeholders in the HSE, including Clinical Leads in the National Clinical Programmes for Trauma and Orthopaedic Surgery, Rheumatology, and Emergency Medicine, as well as the Chief Academic Officer and Chief Clinical Director.

- The DOH also received a written submission from the ISCP supporting increased scope of physiotherapist practice to include, among other measures, referral for MRPs. A report by the ISCP titled Advanced Practice Physiotherapy in Ireland (March 2021) presented a review of evidence, current practice and barriers, and included recommendations for DOH, HSE and ISCP.

- To support the development and implementation of this policy, the Physiotherapist Referral for Radiological Procedures Expert Working Group (EWG) was established in March 2024. This group includes representation from Department of Health, Health Service Executive (HSE) National Health and Social Care Professions Office, HSE National Clinical Programmes, HSE Access and Integration, National Radiation Protection Committee, CORU, University College Dublin, and the Irish Society of Chartered Physiotherapists.

- Work of the EWG included the development of the relevant training courses, legislative amendment, and establishment of clinical and regulatory oversight. Consideration was given to this practice in operation, including integration across and within clinical services and programmes, and the development of imaging referral guidelines. Consideration was also given to the national requirements for physiotherapist to refer for medical radiological procedures.

- Council Directive 2013/59/EURATOM laying down the basic safety standards for protection against the dangers arising from exposure to ionising radiation, (BSSD) was transposed into Irish law by the European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018 (S.I. No. 256 of 2018) (“the 2018

Regulations").

- S.I. No.3/2025 bye-law, effective 7/01/2025, sets out the criteria for entry to Referral for Radiological Diagnostic Procedures Division of the Register of Physiotherapists established by the Physiotherapists Registration Board.
- In 2024, CORU developed the Standards of Competence for Referral for Radiological Diagnostic Procedures and the Requirements for Education and Training Providers offering Referral for Radiological Diagnostic Procedures Education and Training Programme to prepare for the anticipated legislative changes stipulated in S.I. No. 245/2025.
- In May 2025, A National Physiotherapy Referral for Radiological Procedures Implementation & Oversight Group was established by the National Health & Social Care Professions Office (NHSCPO). Upon successful implementation of Physiotherapy Referral for Radiological Procedures throughout the HSE, a National Advisory Group will be established.
- In June 2025, the 2018 Regulations were amended by S.I. No. 245 of 2025 to include physiotherapists in the list of referrers: "(f) a person whose name is entered in the register established and maintained by the Physiotherapists Registration Board pursuant to section 36 of the Health and Social Care Professionals Act 2005 (No. 27 of 2005), only if such person meets the standards and requirements set down from time to time by the Physiotherapists Registration Board in relation to the referral for medical ionising radiation by physiotherapists."
- All CORU registered Physiotherapists must be listed on the Referral for Radiological Diagnostic Procedures Division of the Physiotherapists Register to act as a referrer and comply with the Code of Professional Conduct and Ethics for Physiotherapists.

1.4 Scope of Guideline

- Physiotherapists Registration Board Code of Professional Conduct and Ethics

for Physiotherapists (PRB, CORU 2019) states that all Physiotherapists must "act within the limits of your knowledge, skills, competence and experience". The scope of an individual Physiotherapist's practice can be defined by their role, function, responsibilities, activities and services, underpinned by relevant education and competency requirements and insurance requirements. This scope is unique to the individual and influenced by development, experience and career (ISCP, 2023). The protection and best interests of the public are central to any changes in the Physiotherapy scope of practice (ISCP, 2023).

- The 2018 Regulations define a "referrer" as "a person, being a member of one of the classes of persons referred to in Regulation 4(1), who is entitled to refer an individual for medical radiological procedures to a practitioner."

- An individual referrer's scope of practice is shaped by various factors, including the healthcare setting, the specific needs of patients, the Physiotherapist's own competence, and the guidelines of the service they work in (e.g. PPPGs for referrals for MRP and oversight of the local RSC). Section 3.2 of this document details the local governance procedures for Physiotherapist authority to refer for MRP.

- As Physiotherapists acquire new skills and knowledge, their personal scope of practice may expand and evolve subject to approval of their RSC/LIG. This may include referring for non-ionising medical imaging procedures for example, Magnetic Resonance Imaging (MRI) and Ultrasound or a new patient cohorts such as paediatrics. Physiotherapist referrers who expand their practice, as agreed by their RSC/LIG, must be accountable for their role and associated responsibility and undertake appropriate CPD to ensure their competence in the area.

- The named medical Consultant[5] holds ultimate clinical responsibility for a person referred for a radiological procedure and their care, where the Physiotherapist functions as part of the multidisciplinary team. The referred person's named

[5] As Governance Structures and pathways evolve, a named General Practitioner may take on this role

Consultant has responsibility for treatment actions that may be necessary as a result of findings/incidental findings on a radiological procedure that the Physiotherapist may have requested.

- Physiotherapist referrers are accountable for their practice, which includes being responsible for one's professional judgments, actions, and omissions, and being able to explain their decisions. It involves maintaining competence, ensuring quality care, and maintaining professional standards.
- Physiotherapist referrers must keep up to date with advances in MRP and clinical practice and acknowledge any limitations in their competence in line with Section 10 of CORU's Code of Professional Conduct and Ethics
- Referral practice of the physiotherapist should take account of CORU's Requirements for Education and Training Providers offering Referral for Radiological Diagnostic Procedures Education and Training Programme and CORU's Standards of Competence for Referral for Radiological Diagnostic Procedures, along with the relevant legislation and associated regulations, national and local health service providers PPPGs.

Out of scope of guideline

- Referral for Radiotherapy is not within the scope of this guideline
- This guideline does not address matters related to image interpretation or the formulation of diagnoses based on radiological images, both of which are undertaken by Practitioners/ Radiologists.
- This guideline does not address the practical aspects of undertaking medical exposures

Target users

This guideline is available to everyone working in health care and is particularly relevant to:

- Physiotherapist referrers employed in the HSE and HSE funded agencies (Section 38 & 39), who have completed an approved education programme, whose names have been entered onto the CORU's Referral for Radiological Diagnostic Procedures Division of the Physiotherapists Register and who have been approved by the local Radiation Safety Committee/LIG to refer for specific MRP and received a commencement date to commence referrals.

- All key stakeholders supporting Physiotherapist referral for MRP in the HSE and HSE funded agencies (Section 38 & 39).

1.5 Relevant Legislation & Regulation

- Council Directive 2013/59/EURATOM laying down the (basic safety standards for protection against the dangers arising from exposure to ionising radiation, (BSSD) was transposed into Irish law by the European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018 (S.I. No. 256 of 2018) ("the 2018 Regulations")

- This legislation covers medical exposures associated with imaging modalities for example:
  - General X-ray, Computed Tomography (CT), along with
  - Any other ionising procedures within their scope practice and in keeping with local policies, procedures and guidelines.

Regulatory Authorities

- Under S.I. No. 256 of 2018, the Health Information and Quality Authority (HIQA) is the competent and regulatory authority for MRP. HIQA has responsibility for inspecting, monitoring and enforcing these regulations. HIQA has responsibility for establishing national procedures for clinical audit of MRP involving medical

exposure to ionising. HIQA also has responsibility for the justification of new practices, and the specific justification of medical radiological procedures to be performed as part of a health screening programme, before they are generally adopted.

- The Environmental Protection Agency (EPA), under Statutory Instruments No. 30 of 2019 is responsible for the authorisation of medical facilities. The EPA monitors compliance with regulations and issues licences to medical radiological facilities. The EPA is responsible for the protection of workers and the public against the dangers arising from exposure to ionising radiation (see Appendix 2 for further information on the role of HIQA and EPA).

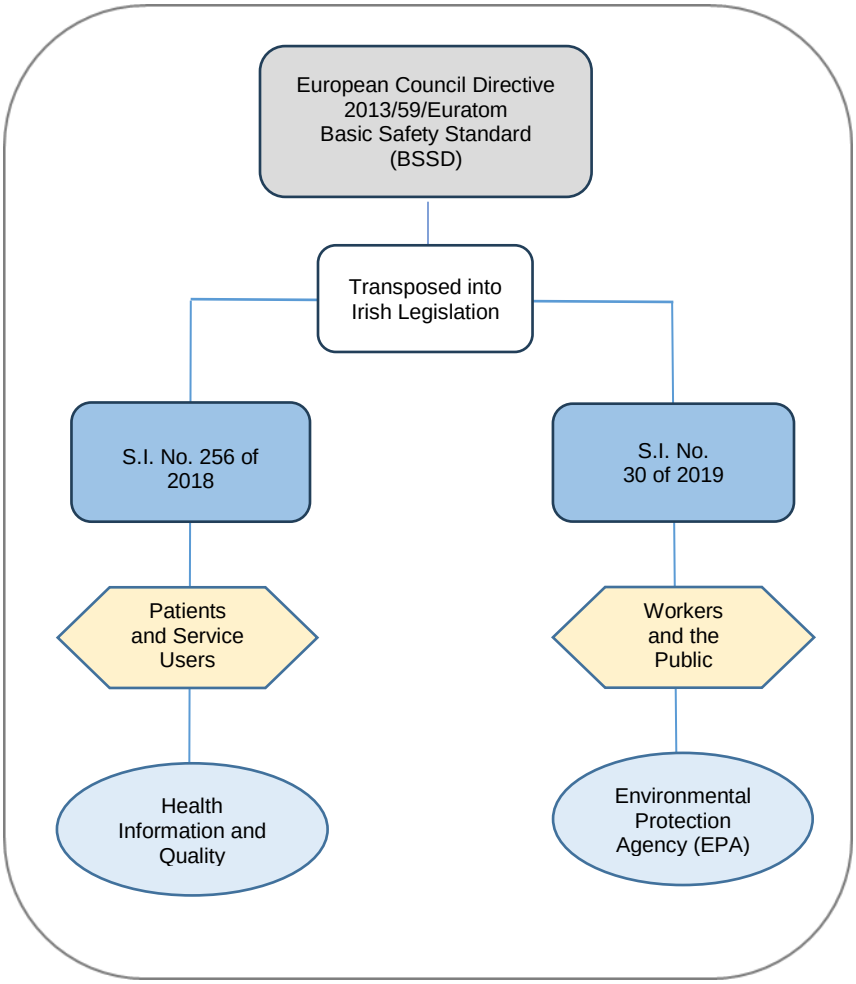

Figure 1: Legislative Framework for Radiation Protection

- Other legislation, regulation and guidance that inform Physiotherapist referral for MRP are:

➢ Assessment Judgement Framework for Undertakings Providing Medical Exposure to Ionising Radiation (Health Information and Quality Authority, 2025) https://www.hiqa.ie/sites/default/files/2019-10/Assessment-judgment-framework-for-ionising-radiation.pdf

➢ National Procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation (Health Information and Quality Authority, 2024).

➢ Ionising Radiation National Dose Report (Environmental Protection Agency, 2024)

➢ Dose bands for typical adult examinations (iRefer/ESR/ACR) (Irish institute of Radiography and Radiation Therapy)

➢ Diagnostic Reference Levels: guidance on the establishment, use and review of diagnostic reference levels for medical exposure to ionising radiation (Health Information and Quality Authority, 2023).

➢ Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023.

➢ National Open Disclosure Framework, (Department of Health National Patient Safety Office Advocacy and Legislation, 2023).

➢ Assessment and-judgment framework for ionising radiation and associated guidance (Health Information and Quality Authority, 2023).

➢ Guidance for Undertakings on the Application of the Ionising Radiation Regulations (IRR19) (Environmental Protection Agency, 2022)

Regulatory and professional bodies

To place medical radiological procedures in an appropriate context, it is useful to describe the key policy, regulatory and professional bodies involved in radiation safety and protection as shown in Figure 2 and described in Appendix 2.

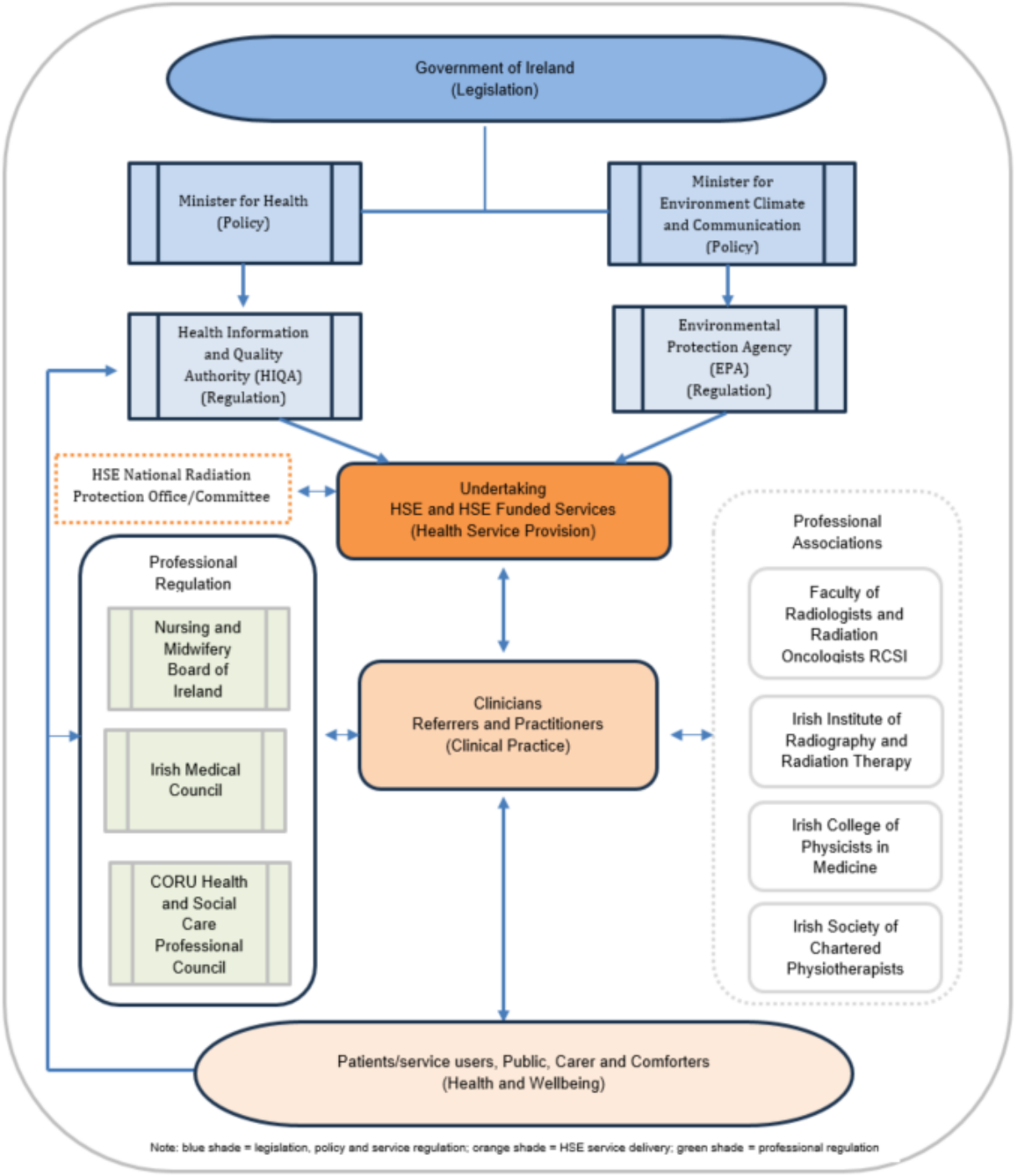

Figure 2: National Framework for Radiation Protection

1.6 Objectives

The objectives of this guideline are to:

- Support best practice regarding Physiotherapist referral for MRP.
- Facilitate the safety of patients/service users during the referral pathway.
- Support the health service provider where Physiotherapist referrers of MRP have been or are being implemented.
- Guide registered Physiotherapists undertaking referral for medical radiological procedures in the development of national clinical programmes and modernised care pathways.

1.7 Outcome

This national guideline provides information and guidance to promote and enhance evidence-based practice of Physiotherapist referral for MRP in Ireland.

1.8 Disclosure of interests

This national guideline was commissioned by the HSE. This process was fully independent of lobbying powers. The guideline content is based on current research evidence, legislation, associated regulation, professional regulation and relevant expertise. Conflict of Interest Forms were completed by the Guideline Implementation & Oversight Group and no conflicts of interest were noted.

2.0 Methodology

HSE National Physiotherapist Referral for Radiological Procedures Implementation & Oversight Group initiated the development of this guideline on behalf of the commissioners Dr Colm Henry, Chief Clinical Officer and Ms Jackie Reed, National Lead, Health & Social Care Professions Office. See Appendix 1 for membership. On completion of the work of the group, a National Advisory Group will be formed.

2.1. Key question this National Guideline will answer

The question underpinning this guideline is “What evidence or research is available which illustrates the effectiveness of Physiotherapists referring for radiological procedures”. The question and key words/terms along with the time scale (2019-2025) were shared with the HSE Library Team providing support for the literature search.

2.2. The evidence search

- A scoping review of literature to illustrate effectiveness of Physiotherapists referring for medical ionising radiation internationally was conducted and included in a report commissioned by the ISCP and published in 2021 (O’Mir, 2021).
- For the purpose of this guideline, an additional search of the literature was conducted by HSE Library Services to provide an update on evidence base between 2019 and September 2025 in relation to Physiotherapists referring for ionising radiation. Forty one documents including national and international publications were identified. Twenty five of these documents were excluded at title and abstract screening. On reviewing the remaining articles, three were identified to add to the previous knowledge on Physiotherapists as referrers for medical ionising radiation.
- The evidence base was reviewed by a sub-group of the National Physiotherapist Referral for Radiological Procedures Implementation & Oversight Group.

2.3. The method of screening and evidence appraisal

- Current international evidence indicates that Physiotherapists can safely and appropriately refer patients for diagnostic imaging.

- A prospective cohort study from Sweden demonstrated that Physiotherapist imaging referrals were equivalent to Physician referrals in terms of clinical appropriateness, with no adverse events and high patient satisfaction. Independent review by Radiologists and General Practitioners confirmed that referrals were clinically valid, enabled timely follow-up, and did not lead to overuse of imaging resources (Peterson et al. 2021).
- A five-year retrospective study by Keil et al (2019) found that 91% of Physiotherapist imaging referrals were appropriate. Utilisation rates were low, with referrals occurring in only 9% of cases for plain X-ray, indicating consistent and judicious use of referral privileges.
- More recent multicentre data further confirm these findings, with over 90% of Physiotherapist referrals meeting American College of Radiology Appropriateness Criteria. Imaging utilisation remained low, at 1% overall (Keil et al. 2025).
- While the current evidence supports the safety and appropriateness of Physiotherapist referral authority, further research is required to assess broader system impacts, including clinical outcomes, cost effectiveness, and time efficiency, to inform future policy development.

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3.0 Procedure

Governance for quality and safety involves having the necessary structures, processes, standards and oversight in place to ensure that safe, person centred and effective services are delivered. Governance ensures the establishment of learning systems so that all experiences within a service are shared and used to improve services (HSE, 2016).

3.1 Clinical governance

Health service providers, where Physiotherapist referral for MRP is carried out should be cognisant of the Principles for Clinical Governance Development (HSE, 2012) (Appendix 3). This framework supports health care teams who are accountable for the quality and safety of the care that they deliver. It is built on the model of the Hospital Chief Executive Officer / General Manager or equivalent working in partnership with the Regional Clinical Director, Regional Director of HSCP and service/professional leads. Health service providers must have formalised governance structures with clear accountability and responsibility arrangements (HIQA, 2024b).

The “Undertaking”, as defined in the legislation (2018 Regulations),means “a person or body who, in the course of a trade, business or other undertaking (other than as an employee), carries out, or engages others to carry out, a medical radiological procedure or the practical aspects of a medical radiological procedure.” The “Undertaking” (licence holder) is legally responsible for all medical exposures carried out and for providing safe, effective care to patients/service users and other service users undergoing medical exposures to ionising radiation within its service. The “Undertaking” must assure itself as to the quality and safety of any medical exposure carried out. It is important to ensure robust and effective corporate governance, operational and risk management arrangements are in place to ensure compliance with the regulations and communication across the organisation to ensure patient/service user safety.

The licence provided by the EPA to the “Undertaking” requires each registered location to have or be part of a Radiation Safety Committee (RSC). The RSC works in collaboration with other organisational quality and safety committees (such as audit and

risk management) and oversees quality and safety of ionising radiation. This includes clinical audit, incident reporting, risk management etc (HIQA, 2024a). There should be a clear allocation of responsibility for radiation protection for each person working within the service in relation to compliance with the regulations and they should be familiar with their individual and collective responsibilities (HIQA, 2023a). It is important that individual professionals/groups work in partnership and collaborate in the development of interprofessional service and educational programmes.

3.2 Specific roles and responsibilities

The health service provider must clearly outline the clinical governance and line management for Physiotherapist referral practice and all referral practice within the location (see Figure 3). The Physiotherapist referrer should link with their Physiotherapist Manager for support and guidance. The following sections outline the governance framework put in place by health service providers to support Physiotherapist referrers. The Physiotherapist authority to refer for MRP initiative must have overarching support and oversight from senior executive managers within the location.

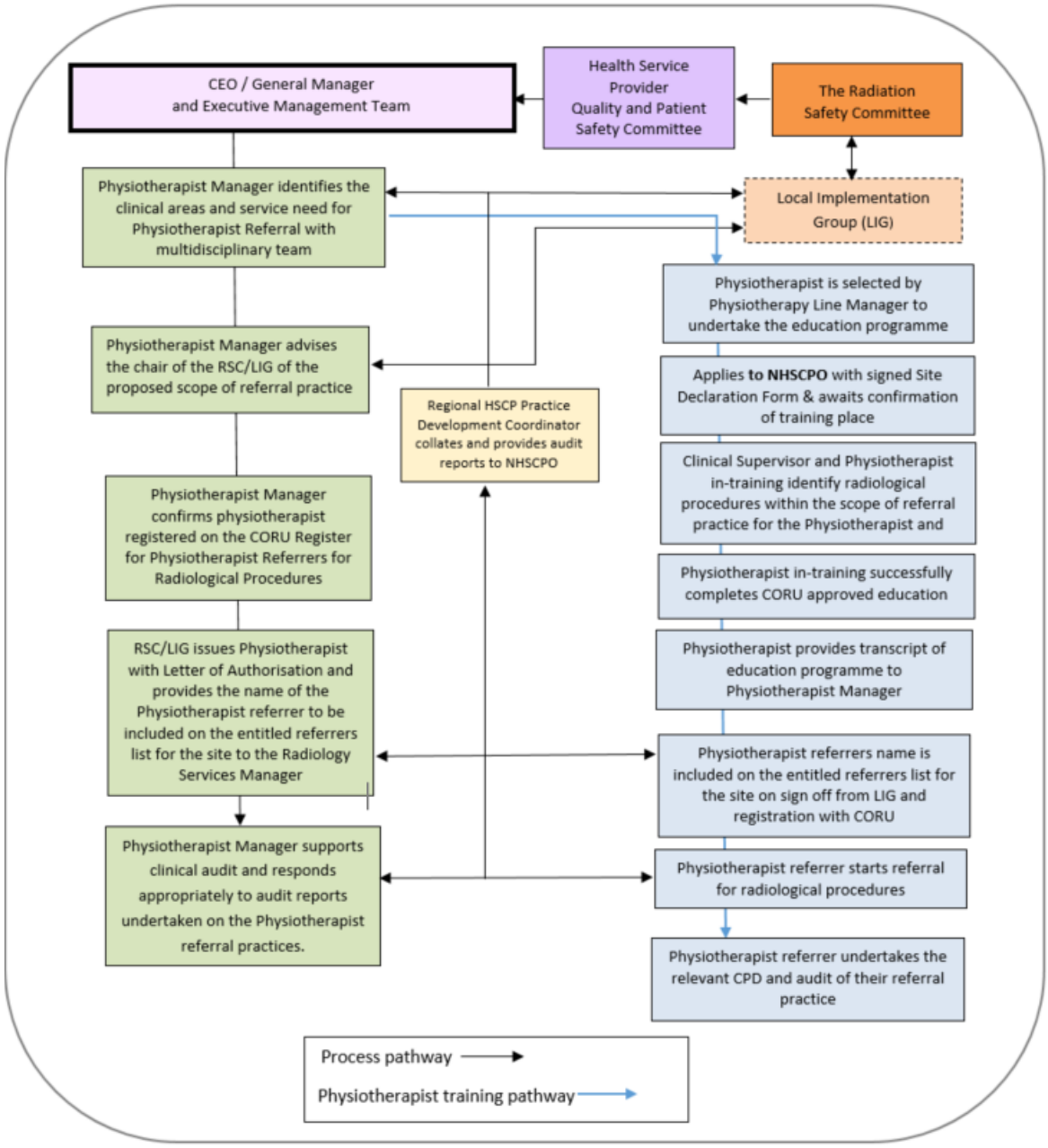


Figure 3: *Physiotherapist Referral for Medical Radiological Procedures Flow Diagram*

3.2.1 Hospital Chief executive officer/general manager or other senior manager

The Hospital chief executive officer/general manager or other senior manager designated with radiation safety responsibility for the location within the integrated health service provider is responsible for:

- identifying, in partnership with the Clinical Director or relevant clinical lead, Regional Director of HSCP and Physiotherapist Manager/ service manager / designate, the strategic direction of Physiotherapist authority to refer for MRP and provide the structures and processes required for safe and appropriate referrals
- governance and management arrangements, which must be in place to provide a quality safe service in compliance with the 2018 Regulations, in respect of all referrers including Physiotherapist referrers
- ensure recognised healthcare professionals with appropriate knowledge, training and expertise, as defined in Regulation 4 of the 2018 Regulations, can refer a patient/service user for MRP medical radiological procedures
- practitioners accepting the referral and personnel carrying out the practical aspects of the medical exposures, ensuring that the referrals for MRP are from an appropriate individual (named on local list of entitled referrers, see Appendix 4 for Local Governance Checklist)
- a Local Implementation Group (LIG) reporting to the Radiation Safety Committee is in place, with representation from Physiotherapist referrers on both committees, to implement and support Physiotherapist referrers to refer for MRP

3.2.2 Roles related to safety in medical radiological procedures

Each radiology department has a multidisciplinary group responsible for different safety aspects of medical radiological procedures. Typically, this group convenes as part of the local Radiation Safety Committee (RSC) and includes Radiologist, Referrer, Radiographer, Radiation Protection Adviser (RPA), Medical Physics Expert (MPE), and Radiation Protection Officer (RPO). For further information on the roles not described below, see your local TOR/PPPG for RSC and Section 3.2.8

3.2.3 Regional HSCP Practice Development Co-ordinator

The Regional HSCP Practice Development Co-ordinator is responsible for supporting the implementation of Physiotherapist referral for MRP as delegated by the Regional Director of HSCP. This may involve:

- supporting Physiotherapist referral practice at the local health service provider level
- liaising as required with the Physiotherapist Manager, Education providers, and Lead for Physiotherapist Referral for MRP Radiological Procedures within the NHSCPO
- collation and reporting of audit results for referral of MRP by Physiotherapists for their region
- supporting audit and responding appropriately to audit reports undertaken on the Physiotherapist referral practices within their region

3.2.4 Physiotherapist Manager

The Physiotherapist Manager is responsible for:

- ensuring governance arrangements are in place to oversee Physiotherapist referrals for radiology procedures
- ensuring compliance with legislation, regulations and CORU professional requirements and the HSE “National Physiotherapist Authority to Refer for Radiological Procedures Guideline” (HSE, 2026) and local PPPGs
- ensuring that Physiotherapists applying to undertake the education programme are selected according to identified clinical areas and service need
- signing the Education Providers “Site Declaration Form” on behalf of the respective health service provider (available from the relevant HEI website or NHSCPO)
- agreeing with the Physiotherapist referrer and the clinical supervisor the MRP the Physiotherapist will be referring for, and liaising with the chair of the RSC/LIG regarding these proposed MRP
- ensuring that the Physiotherapist referrer has registered with CORU on the Division for Physiotherapist Referrers for Radiological Procedures
- maintaining a list of Physiotherapist referrers for the location and making this available on request

- providing the names of authorised Physiotherapist referrers, for inclusion on the entitled referrers list, to the Radiography Services Manager
- a copy of the Physiotherapist referrer's application form for Radiology Information System (RIS)/ Picture Archiving and Communication System (PACs), commencement letter, and audit evidence is being stored appropriately (HR file, central repository)
- securing necessary resources for safe and effective Physiotherapist referral for MRP
- ensuring local PPPGs are in place
- adherence to Hospital risk management systems and processes for the reporting and monitoring of incidents and near misses
- addressing identified issues or breaches of the Physiotherapist referral practices
- consulting with the multidisciplinary team in identifying the service need for Physiotherapist referral for MRP
- supporting the continuing professional development of the Physiotherapist referrer (for CPD, audit, radiation protection education etc.)
- informing their Line Manager of any issues associated with the Physiotherapist referral practices and taking appropriate action in line with local escalation policy
- supporting audit and responding appropriately to audit reports undertaken on the Physiotherapist referral practices

3.2.5 Physiotherapist referrer for MRP

The Physiotherapist referrer for MRP is responsible for:

- informing and presenting to the Physiotherapist Manager confirmation of successful completion of an approved education programme (transcript)
- reviewing and agreeing the proposed scope of practice for referral for MRP with their Physiotherapist Manager and local RSC / LIG
- receiving in writing from the Physiotherapist Manager, the commencement date (by way of commencement letter) on which they are authorised to commence referrals for medical radiological procedures (Appendix 5)

- ensuring their name is listed on the CORU Division for Physiotherapist Referral for Radiological Diagnostic Procedures before commencing referral
- being accountable and professionally responsible for all aspects of their referral authority
- practising within a framework of professional accountability and legal boundaries
- referring within their scope of practice and competencies
- effectively and efficiently communicating with the patient/service user
- documenting the relevant clinical history
- undertaking a physical examination / virtual assessment of the patient/service user
- considering pre-existing medical conditions, contra-indications and previous diagnostic information which may affect the choice of radiological procedure to be referred for
- having a valid clinical relationship with the patient/service user and only refer if they have appropriately assessed the patient/service user and received their consent
- communicating clearly with the patient/service user in a language that they understand, using communication aids where necessary depending on the patient's needs, including
    - the type and name of the procedure,
    - the purpose of the referral,
    - the benefit/risk of the examination
- utilising the health service providers RIS/PACs to support data collection of referrals as per the local PPPGs
- maintaining on-going communication and collaboration with members of the multidisciplinary team
- participating in audit and other quality and safety assurance processes as per the local health service provider
- communicating with the collaborating medical consultant as required throughout the referral process and on completion of the patient's episode of care
- providing contact details to the radiology department to allow prompt communication pathways for the benefit of the Consultant Radiologist in the event of radiology alerts. A local escalation protocol must be in situ within the Hospital 'Physiotherapist

as referrer service' which outlines escalation process for communication between all relevant stakeholders

- undertaking annual CPD to maintain their competence for referral authority, submitting and keeping records of CPD in line with legislation and regulatory requirements. This is particularly important when changes are made to their scope of practice such as inclusion of additional MRP or patient groups (e.g. paediatrics)
- acting as a peer mentor for other Physiotherapists undertaking the Physiotherapist authority to refer for MRP' education programme
- informing their Physiotherapist Manager of any concerns pertaining to their competence regarding their referral authority
- discussing with their Physiotherapist Manager any situations where these responsibilities cannot be fulfilled
- understanding that the authority to refer does not move with them to an alternative employer. A letter of authority to refer must be obtained from any new employer in the public health services where a Physiotherapist referrer is employed and wishes to refer for MRP

3.2.6 Physiotherapist referrer in-training for MRP

A Physiotherapist referrer in-training is a registered Physiotherapist who is undertaking an approved programme of education and training leading to Authority to Refer for MRP or a registered Physiotherapist who has successfully completed the approved education programme and is in the process of receiving Authority to Refer for Medical Radiological Procedures.

The Physiotherapist referrer in-training must:

- ensure they are registered on the CORU Physiotherapists register
- seek the approval and support of their Physiotherapist Manager to apply for the CORU approved education programme
- identify a clinical supervisor who will support them during the education programme
- comply with the application process for the education programme

- comply with sponsorship arrangements at local level, setting out study leave and financial agreement
- liaise with the Physiotherapist Manager as required
- work with the clinical supervisor during the education programme to acquire the relevant clinical referral experience to be deemed a competent referrer
- determining the scope of practice, in consultation with the Physiotherapist Manager, the supervising Medical Consultant, and the RSC/LIG, the medical radiological procedures that patients/service users will be referred for within the specialty
- under direct supervision (clinical supervisor/delegate), undertake a variety of referrals within the scope of medical radiological procedures that the Physiotherapist referrer in training will refer for (as per HEIs educational requirements)
- successfully complete an approved education programme prior to commencing referrals

3.2.7 The clinical supervisor

A clinical supervisor is a Medical Consultant[5] who has committed to provide clinical instruction and supervision within the specific clinical practicum for the duration of the education programme. The clinical supervisor is responsible for:

- confirming their commitment to be a clinical supervisor through the inclusion of their signature on the education providers “Site Declaration Form”
- engaging with the HEI/EP programme director /coordinator and receiving information on module descriptors, clinical competency portfolio, learner programme handbook and contact details for the coordinator
- exploring with the Physiotherapist referrer in-training, at the start of the education programme, their clinical learning needs and agreeing a programme/contract of learning. This is specific for each referrer in-training, reflecting their differing clinical skills and experience

- determining the scope of practice with the Physiotherapist referrer in-training, in consultation with the Physiotherapist Manager, the radiologist in charge, and the RSC/LIG, the medical radiological procedures that patients/service users will be referred for within the specialty
- providing the Physiotherapist referrer in-training with direct supervision, support, teaching and learning opportunities over the duration of the programme. Aspects of this learning may be delegated to other experienced members of the team or experts in the specialty/area
- providing the referrer in-training with direct supervision of a variety of referrals including the scope of medical radiological procedures that the Physiotherapist referrer in-training will refer for upon completion of their training
- providing learning opportunities and information updates necessary for evidence-based referral practices
- meeting formally with the Physiotherapist referrer in-training at regular intervals during the programme to review progress
- formally assessing the progress of the Physiotherapist referrer in-training in the clinical setting using the assessment tool provided and at the end of the education programme, completing and ‘signing off’ the referrer in-training Competency Booklet/Clinical Supervisor Declaration

3.2.8 National Radiation Protection Committee, Hospital Radiation Safety Committee and Local Implementation Group

National Radiation Protection Committee (NRPC):

The HSE National Radiation Protection Committee (NRPC) oversees radiation protection practices nationally to ensure legal obligations are met. The NRPC provides advice and information to the HSE, patients and members of the public that there is national oversight, support for radiation protection and safe practice in operation across all HSE locations offering a radiological service. There is a legal requirement for equivalent structures to be in place in all private radiology services.

The Radiation Safety Committee

The Radiation Safety Committee (RSC) oversees the use of ionising radiation in the health service provider's location. The RSC is responsible for radiation safety of patients / service users / workers and the public. The RSC ensures and monitors compliance with EPA licence conditions and relevant guidance for "Undertakings" (EPA, 2022).

The RSC will:

- ensure and monitor compliance with S.I. No. 30 of 2019 and the 2018 Regulations, including amendments
- ensure compliance by the undertaking providing medical exposure to ionising radiation as per the HIQA guidance and EPA guidance
- monitor risks and incidents
- monitor quality assurance and safety programmes
- review and prioritise clinical audit including audits of the Physiotherapist referral practices
- monitor radiology equipment, maintenance and replacement criteria,
- monitor staff education and training
- monitor patient/service user dose levels
- ensure that Diagnostic Reference Levels (DRLs) have been established for the location.

There may be other responsibilities, as may be delegated by the regulatory authorities HIQA and/or the EPA, the HSE National Radiation Protection Committee (NRPC) and the local health service provider.

For additional information see the EPA Guidance for undertakings (IIR19)

Local Implementation Group

It is recommended that each health service provider has a Local Implementation Group (LIG) in place with specific terms of reference, reporting to the health service providers

RSC and ultimately the health service providers overall Quality and Patient Safety committee.

The purpose of the LIG is to support the implementation of Physiotherapist referral for MRP in the service within a collaborative multidisciplinary context. The functions of the LIG may be subsumed into the overall radiology services' governance arrangements i.e. the RSC. The professional groups work collaboratively and in partnership in the development of interprofessional service and education initiatives. Representatives from all the relevant professional stakeholders in the local health service provider should be included in the membership of the LIG, including Physiotherapist Manager and Physiotherapist referrer. Terms of reference should be agreed by the local health service providers RSC in respect of Physiotherapist referral for MRP.

The Terms of Reference for the LIG can include the following:

- proposing the governance structure for Physiotherapist referral for MRP
- reporting to the health service providers RSC
- propose and implement PPPGs to support Physiotherapist referrers
- ensuring robust clinical competency assessment systems are in place
- ensuring risk management structures and incident management processes are adhered to
- confirming, with a commencement letter, the scope of MRP that each Physiotherapist will be referring for, as informed by the Physiotherapist Manager
- ensuring audit systems are in place to enable the sharing of learning and improvements
- overseeing evaluation process of referral practice,
- distributing minutes of meetings to all LIG members, also to the chair of the RSC,
- supporting actions in a timely manner relating to Physiotherapist referrers, agreeing where appropriate to communicate electronically between LIG meetings.

3.3 Writing a referral for a radiological procedure

The Physiotherapist referrer for MRP should adhere to the specific standards for writing referrals as required by legislation, regulation and the local health service providers PPPGs and safety practices. Referral records should be written in line with local PPPG. It is mandatory that referral records:

- are in writing/electronic and legible
- shows that MRP requested are appropriate in relation to the clinical details captured
- state the clinical indication/rationale to justify the decision to refer for the radiological procedure, including relevant current and past medical history as well as information on any relevant imaging procedures that have been performed outside of the institution

3.3.1 Documentation

The Physiotherapist referrer for MRP should document in the patient/service user healthcare record, the following:

- patient / service user consent
- the patient/service user assessment as appropriate
- the clinical indication/rationale to justify the referral
- pregnancy status, where relevant to the examination
- previous diagnostic information/procedures
- evidence of benefits and risks of the medical radiological procedure has been discussed with patients/service users and carers or comforters
- when a practitioner has sought further medical data where necessary prior to the exposure taking place
- and any other requirements as per local PPPGs.

3.4 Principles of radiation protection

The system of radiation protection is based on the International Commission for Radiological Protection (ICRP) recommendations. The three key principles of radiation

protection as outlined by the ICRP are “Justification”, “Optimisation” and “Dose Limitation”. Justification is the first and, for referrers, the most important principle in radiation protection that applies to the medical use of ionising radiation.

3.4.1 Justification process

The justification process includes several sequential and parallel activities beginning with the initial presentation of the patient and ending with the authorisation for an exposure to take place (Ebdon-Jackson and Frija, 2021). The justification of a medical exposure is the decision whether to carry out the medical exposure on the basis that the radiation exposure should do more good than harm. Justification of a medical radiological procedures requires that the benefits of the use of radiation must outweigh the associated radiation risks (risk versus benefit). There must be written PPPGs relating to justification of referrals for all referrers in the health service provider which may include, but are not limited to:

- the framework for justification of individual exposures
- education and training for those delegated responsibility
- the use of clinical decision support tools: referral guidelines, i.e. the iRefer Guidelines, where applicable

There must be documented evidence in the healthcare record that all parts of the justification process have taken place, including but not limited to:

- review and appraisal of the referral
- review of medical information and previous imaging, to provide evidence that further medical information is sought where relevant
- evidence that individual patient/service user characteristics have been considered,
- evidence that justification process is carried out by both the referrer and the practitioner

Regulation 10(3) of the 2018 Regulations state the undertaking shall ensure that the justification process of individual medical exposures involves a) the practitioner and b) the referrer. The involvement of both the referrer and practitioner in justifying the

medical exposure is essential in protecting the patient/service user by ensuring that only a medical exposure that is beneficial is carried out. This means that justification should occur when a) a referrer refers a patient/service user for a radiological procedure and b) by the practitioner on receipt of the referral (HIQA 2023c).

3.4.2 Optimisation

Once a referral has been justified each exposure must be optimised. Optimisation should be evident right through the patient/service user's pathway, from referral to the practical aspects of the medical exposure. The undertaking must ensure that the optimisation process involves the practitioner, the medical physics expert and those carrying out the practical aspects of medical radiological procedures. For a patient/service user, optimisation ensures that the radiation dose they receive is "As Low As Reasonably Achievable" (ALARA) while ensuring that the required clinical outcome is achieved.

3.4.3 Radiation doses

In medical imaging procedures, radiation dose is usually measured in millisieverts (mSv). General X-rays deliver a low radiation dose compared to other modalities such as CT and PET/CT. The level of risk to the patient is associated with the radiation dose delivered. This is dependent on which radiological modality being employed and the characteristics of the individual patient, for example age and gender.

The HSE website has some information on radiation doses during medical ionising procedures, including doses for typical adult examinations (iRefer/ESR/ACR) for reference. Information on safety is also provided in the CORU approved Physiotherapist referral education programme, local and international guidance, and in CPD events. In line with CORU's Standards of Competence for Referral for Radiological Diagnostic Procedures, and in particular standard 1.2, Physiotherapist Referrers must "be able to critically evaluate the strengths and limitations of a range of modalities used in diagnostic imaging".

Training on radiation safety is available via the following links by logging into HSELand:

An Introduction to Radiation Safety Awareness

Ionising Radiation – Protecting Our Patients in the Healthcare Setting

3.4.4 Decision support tools

When a patient/service user is being referred for a radiological procedure, the process should incorporate the use of clinical decision support tools: referral guidelines, such as the iRefer guidelines, to inform the referrer of the most appropriate examination. This provides assurance to patients/service users that the examination they are having is the best procedure for them and that another referrer would have made the same decision. The Physiotherapist referrer should be knowledgeable of best practice for referring for medical radiological procedures. This includes determining:

- if there is an alternative radiological procedure that does not use ionising radiation that the patient/service user could be referred for, for example ultrasound or MRI
- if the radiological procedure is appropriate to refer the patient/service users in the Physiotherapist referrers area of clinical practice

3.4.5 Pregnancy and breast feeding

Referrers have a legal responsibility to enquire about pregnancy and breast feeding, where relevant, and to record the answers in writing (Regulation 16 of the 2018 Regulations, Special protection during pregnancy and breastfeeding).

All referrers must follow the local procedures to determine, where relevant, if a patient/service user is pregnant or breastfeeding. Special attention should be given to the justification process in situations where pregnancy cannot be out ruled and an exposure to ionising radiation may be required to proceed. All referrers employed by the health service provider must be aware of their responsibility regarding enquiring as to the pregnancy status of the patient /service user they are referring for medical

radiological procedures and the referrers obligation to record the answer to such an inquiry in writing.

A HSE National Pregnancy Policy is currently being developed and is due for completion by end 2026. This will be available on the HSE website when finalised.

3.4.6 Children and medical ionising radiation procedures

The physiotherapist referrer must be aware of the special protection responsibilities involved in referring children for medical ionising radiation procedures (S.I No. 256 of 2018, Regulation 15, Special Practices).

3.5 Additional safety considerations for medical imaging procedures

Referrers must also be cognisant of additional safety considerations related to MRP, which may impact on the justification of particular procedures. For example, this includes risks associated with the administration of contrast agents in CT, MRI, US or fluoroscopically guided procedures. Referrers must be aware of such risks and the need to question patients regarding risk factors, contraindications or renal status, as appropriate, in line with current recommendations (ESUR, 2026). Relevant information must be provided to the practitioner for consideration.

Magnetic resonance imaging (MRI) and ultrasound are MRP that do not use ionising radiation with ultrasound considered to be a relatively safe imaging modality. However, there are additional hazards associated with MRI that all referrers should be aware of when making a referral. These relate to the strength of the magnetic fields, magnetic field gradients, and radiofrequency (RF) pulses used by used MRI equipment that have the potential to heat the patient causing RF burns, or attract, rotate, heat or damage metal objects. The MRI can seriously affect the operation of some life support devices.

It is imperative that no metal objects are inadvertently taken into the MRI area. This includes:

- implanted medical devices in any part of the body, for example stents, joint implants, aneurysm clips, pacemakers, defibrillators, or other implanted medical devices
- or other metallic objects anywhere in the body, for example in a patient's eye from metal work, some tattoo ink, some hair extensions, some nail polish, and certain clothing brands.

Referrers must check if there is a possibility that there could be metal in any part of the patient's body. Each location provides a MRI safety checklist which is available from the MRI department. The existence / suspicion of any metal must be indicated on the referrers request for an MRI examination.

Information on safety in non-ionising MRP is provided in the CORU approved Physiotherapist referral education programme, local site-specific guidance, international guidance and in CPD events. Potential safety issues related to MRI must be clearly documented on all referrals as per local policies and procedures.

3.6 Competencies

Competence refers to the ability of Physiotherapist referrers to consistently demonstrate the necessary skills, knowledge, judgment, and behaviours required to provide safe, effective, and ethical care. This includes not only technical expertise in clinical tasks but also the capacity to assess and respond to the physical, emotional, and psychological needs of individuals. The level of competence is influenced by educational preparation, frequency of clinical exposure and duration of experience in a clinical setting. Competence changes and develops over time.

Upon successful completion of the CORU approved education programme for Physiotherapist Authority to Refer for Medical Radiological Procedures, the Physiotherapist referrer will have attained the knowledge, skills and competencies to be eligible to refer patients for examinations that fall within their scope of practice. They will also have developed the requisite skills to be able to understand and act on the radiology report relating to the radiological examination.

3.7 Radiological Report

A referral is a request for a clinical opinion from a practitioner. A radiological report is produced, having reviewed the images from the radiological examination in conjunction with the clinical details provided in the referral. The accuracy of these clinical details within the referral are of paramount importance and responsibility for this lies with the referrer.

It is also very important to be aware of and communicate the details of any imaging performed outside of the primary institution to avoid unnecessary exposure or delay to a patient but also to ensure no important history is omitted e.g. a past history of cancer.

There is a responsibility on the referrer to read and act on the radiology report and processes need to be put in place in order to perform this in an efficient, confidential and robust manner.

If there is a finding in the report that is outside the understanding or the competency of the referrer, there must be a process in place to communicate and escalate this as necessary.

Occasionally, there may be an alert generated by the reporting Radiologist if there is a critical, urgent or unexpected/clinically significant finding.

Definitions of Radiology alerts

- **Critical Finding**

  Any new or unexpected findings on an imaging study that suggest conditions that are life-threatening or would require an immediate change in patient management.

  The following six findings are always defined as Critical Results:

  - Tension pneumothorax
  - Evidence of ischemic bowel
  - Intracerebral haemorrhage
  - Leaking or ruptured aortic aneurysm
  - Significantly misplaced tubes or catheters
  - Unstable spine fracture

Requirements for Communication

Critical Results require immediate communication from the practitioner to the referrer, a covering medical consultant, or other care team member who can initiate the appropriate clinical action for the patient.

Additional details are as follows:

- the communication must be made via a live conversation within 60 minutes of the time that the finding was noted
- the communication must be from the radiologist to either the referrer, the patient's named Medical Consultant, or delegate. If communication is via the referrer, the referrer must ensure the patient's named Medical Consultant is informed so that they can initiate patient care appropriately.
- if the primary contact cannot be reached in a timely fashion, a defined escalation process must be in place to assure that appropriate communication occurs within 60 minutes

This highlights the importance of selecting the correct account / named medical Consultant details as well as providing a suitable phone/bleep number on the request that can be used for communication

- **Urgent Finding**

  Urgent Results are any new or unexpected findings on an imaging study that suggest conditions that could result in mortality or significant morbidity if not appropriately treated urgently (within 2-3 days).

  Examples of Urgent Results include:

  - a new or unexpected intra-abdominal abscess
  - an impending pathological hip fracture

  Requirements for Communication

  Urgent Results require notification from the practitioner to the referrer, a covering medical consultant, or other care team member who can initiate the appropriate clinical action for the patient.

- the communication must be made within 24 hours of the time that the finding was noted
- the communication must be directly from the radiologist to either the referrer, named Medical Consultant or delegate. If communication is via the referrer, the referrer must ensure the patient's named Medical Consultant is informed so that they can initiate patient care appropriately.
- if communication via a live conversation is not possible, it should be via an alternative method that is approved by the institution and that permits accurate documentation and auditing
- if the primary contact cannot be reached in a timely fashion, a defined escalation process must be in place to assure that the communication occurs within 24 hours

- **Unexpected and Clinically Significant Results**

Unexpected and Clinically Significant Results are any new or unexpected findings on an imaging study that suggest conditions that could result in significant morbidity if not appropriately treated, but are not immediately life-threatening.

Examples of Unexpected and Clinically Significant results include:

- a lung nodule or a solid renal mass suspicious for a new carcinoma

Requirements for Communication

Unexpected and Clinically Significant Results require notification from the practitioner to the referrer, a covering medical consultant, or other care team member who can initiate the appropriate clinical action for the patient.

- the communication must be made within 6 days of the time that the finding was noted
- the communication must be from the radiologist to either the referrer, a named Medical Consultant or other registered caregiver
- the dictated report must specify the concern in question if the communication is not via a live conversation. It should be via an alternative

method that is approved by the institution and that permits accurate documentation and auditing

- if the primary contact cannot be reached in a timely fashion, a defined escalation process must be in place to assure that the communication occurs within 6 days

Process for communication and escalation:

- Define acceptable mechanisms of communication based on the degree of urgency of the findings and the local resources. For critical findings, typically a direct vocal communication of results may be required. For less urgent reports individual hospitals may permit other mechanisms of reporting, for example electronic mail, or a 'flagging' mechanism on an electronic patient record. The mechanism chosen must ensure that the named Medical Consultant is informed by the physiotherapist referrer in a timely manner. The process should make it clear to the Radiologists what mechanism of communication is to be used in each degree of urgency.
- Identify clearly the responsibilities of personnel, other than Radiologists, who may be integral to the communication process.
- Define a mechanism whereby both the sending of the critical, urgent or unexpected and clinically significant report and the acknowledgement of its receipt is recorded (closing the loop). This system should highlight reports that have not been reviewed within their agreed timeframes as per local policy.
- The mechanism should contain an appropriate escalation policy if it is not possible to notify the referrer within the timeframe determined by the hospital policy. For example, if a given Medical Consultant has failed to respond within a timeline, the Radiologist should inform his/her Clinical Director.
- Should be clear, transparent and subject to audit.

3.8 Continuing professional development

Continuing professional development (CPD) is how professionals continue to learn, develop and maintain their knowledge, skills and competencies, required to ensure safe and effective care. Continuing education is a lifelong learning process which takes place

after the completion of an education and training programme and is a vital component of continuing professional development (CPD). It is essential for each Physiotherapist referrer to engage in CPD, in order to acquire new knowledge and competence to continue to practise effectively in an ever-changing healthcare environment. Sections 9 and 10 of the CORU Physiotherapy Code of Professional Conduct and Ethics outlines regulatory requirements in this area.

The individual Physiotherapist referrer is responsible for undertaking relevant CPD activities to develop and maintain their professional referral practice, including radiation safety training. This in particular applies when the physiotherapists scope of practice changes, such as referring for additional imaging modalities or patient groups (e.g. paediatrics).

Inter professional relationships, team working, peer support and clinical supervision facilitate CPD. These factors are in place in Ireland through the interdisciplinary approach, and through the provision of regular CPD days for Physiotherapist referrers. Other mechanisms for CPD can include reflection, journal clubs, multidisciplinary team meetings with case reviews, attending conferences and webinars.

3.9 Risk management

Risk Management should be managed in line with local PPPGs.

The HSE recognises the importance of adopting a proactive approach to the management of risk to support both the achievement of its objectives and compliance with governance requirements. The HSE is committed to ensuring that risk management is seen as everybody's responsibility and is embedded both as part of the normal day-to-day business and informs the strategic and operational planning and performance cycle. Enterprise Risk Management (ERM) in healthcare promotes a comprehensive framework for making risk-based decisions that guide the protection and development of high-quality services and their contribution to improving healthcare outcomes. HSE Enterprise risk management policy and procedures (HSE 2023b) are available to support services in addressing risk.

3.10 Incident management

Incident Management should be managed in line with local PPPGs.

The HSE Incident Management Framework (2020) defines an 'incident' as an event or circumstance which could have, or did lead to unintended and/or unnecessary harm. Incidents include adverse events which result in harm; near-misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention; and staff or patient/service user complaints which are associated with harm (HSE, 2018, 2020).

The Incident Management Framework (HSE, 2020) which is consistent with legislative and regulatory requirements states all incidents should be identified, reported and reviewed so that learning from events can be understood and shared to improve the quality and safety of services. In addition to the requirements set out in the framework, patient/service user safety incidents require disclosure in accordance with the requirements of the HSE Open Disclosure Policy (HSE, 2025).

3.10.1 Incidents, accidental or unintended exposure to radiation during medical radiological procedures

Reporting incidents and near misses highlights the need for vigilance and structures that ensure patient/service user safety when they are exposed to medical ionising radiation. Reported accidental and unintended radiation exposures remain low in Ireland. Radiation incidents should be used as learning opportunities to improve radiation protection practices by preventing the reoccurrence of similar incidents (HIQA, 2024).

3.10.2 Reporting of incidents, radiation incidents and significant events

HIQA and the HSE National Radiation Protection Committee analyse and report on radiation incidents and significant events. The most recent quarterly reports from National Incident Management System (NIMS) can be found on the HSE National Radiation Protection Office website. All non-notifiable incidents must be recorded locally and made available to HIQA at an inspection.

Reporting of radiation incidents

All health service providers (Undertaking) are required under Regulation 17 (1)(c) in the 2018 Regulations, to implement an appropriate system for record keeping and analysing events or near misses involving accidental or unintended radiation exposures to patient/service users. There is a statutory obligation under Regulation 17 1(e) to notify HIQA "*promptly and as soon as possible, of the occurrence of any significant event*".

The health service provider with responsibility for personnel carrying out medical radiological procedures must ensure that the appropriate arrangements are in place to report the radiation incidents on NIMS, as well as to HIQA and the EPA as appropriate. The regulations identify the specific roles and responsibilities of a health service provider regarding mandatory notifications (HIQA, 2019). The local HSE health service providers' radiology department also has responsibility to report incidents to the HSE National Radiation Protection Office.

The Physiotherapist referrer must be aware of the process for reporting and analysing radiation incidents. When an incident occurs or is identified that involves a patient/service user that has been referred for a radiological procedure, the first response must be to the person directly affected. It is important to focus first and foremost on the affected person's physical needs through the provision of appropriate medical treatment or other care to manage the potential harm that may have occurred, relieve suffering and minimise the potential for further harm.

When any immediate action has been taken, the staff identifying the incident should, notify the incident to the manager on duty within the area where the incident occurred.

Following the occurrence of a significant event, appropriate immediate actions and corrective measures must be implemented to ensure the safety and wellbeing of all patients/service users and to avoid the reoccurrence of such events. HIQA has defined a list of notifiable significant events reportable to them that meet criteria outlined by them see: https://www.higa.ie/sites/default/files/2019-10/Guidance-notification-of-significant-events.pdf

Some incidents may be notifiable to more than one competent authority: HIQA and the EPA (who are the competent authority for the protection of workers and members of the public), have a dual and collaborative role in the regulation of ionising radiation in Ireland under their respective legislation.

In some cases, local review, analysis and trending of all radiological safety incidents may lead to reclassification of incidents initially deemed non-notifiable to notifiable. Identification of multiple similar non-notifiable incidents may, on review, be identified as a potential safety concern, this means that such non-notifiable incidents are collectively reportable to HIQA. All significant events must also be reported onto the National Incident Management System (NIMS) to meet the health service provider's statutory obligation to inform the State Claims Agency, and as part of the HSE's national incident management processes.

Near miss

A near miss is a potential patient/service user radiation incident that is detected before the radiological procedure takes place. The potential risk was identified and prevented. All non-notifiable incidents and near miss incidents must be recorded locally and made available to HIQA at an inspection.

An updated HIQA guidance for Undertakings on the assessment of compliance in the provision of medical exposure to ionising radiation can be found here.

3.11 The Clinical Indemnity Scheme: State Claims Agency

State indemnity for clinical claims is operated by the State Claims Agency (SCA) through the Clinical Indemnity Scheme (CIS). Through the CIS, State indemnity is provided to State Authorities in respect of the provision of professional medical services. State Authorities for the purposes of the CIS are primarily the HSE and organisations in the voluntary health and social care sector to which the Minister for Health has provided an indemnity in respect of clinical claims.

Under the CIS, State Authorities assume legal liability for their employees' alleged clinical negligence. When a claim is made against a State Authority, it remains the legal

defendant. However, the SCA take over responsibility for managing and resolving the claim on the State Authority's behalf, in line with their statutory mandate. The State Authority remains responsible for all damages and third-party costs associated with settling the claim. This cover is for the treatment of patients of public hospitals/health service agencies covered by the CIS.

The referral for medical radiological procedures is an expanded role that physiotherapists may undertake subject to the following conditions:

a) they are appropriately trained for the expanded role

b) have their name entered to the Referral for Radiological Diagnostic Procedures Division of Physiotherapist Register maintained by CORU,

c) demonstrate that appropriate radiation protection and interdisciplinary governance arrangements are in place

d) are acting with the authority and consent of the hospital / health and social care service.

With respect to physiotherapist referral for MRP, the CIS provides indemnity cover to all physiotherapists who undertake this expanded role, subject to the aforementioned conditions, and who are providing professional services for and on behalf of the health and social care service.

The CIS does not provide cover in respect of criminal matters i.e. where the Director of Public Prosecutions directs criminal charges against a health practitioner.

The CIS does not provide legal representation for healthcare practitioners in relation to fitness to practice at disciplinary proceedings or before professional regulatory bodies. In this regard, the SCA advises healthcare practitioners to ensure they have supplemental insurance to cover such matters.

The State Claims Agency has issued a statement in relation to clinical indemnity in respect of Physiotherapist referrers in the HSE and HSE funded agencies (Section 38). Details of cover provided for all clinical practitioners involved are outlined in Appendix 6

4.0 Consultation

4.1 Stakeholder involvement

This national guideline has been developed in partnership with key stakeholders to comply with the HSE statutory obligations and to give practical effect to the governing legislation. Invitations to provide feedback were sent to key stakeholders, and clinical and operation experts to build consensus on this national guideline. Relevant stakeholders were invited as members of the Physiotherapy Referral for Medical Radiological Procedures Implementation & Oversight Group and associated sub-groups, and webinars were run by the National HSCP Office to provide opportunity for stakeholder feedback.

The National Physiotherapy Implementation and Oversight Group acknowledges the significant level of support received by the National Advisory Committee for Nurse/Midwife Authority to Refer for Medical Radiology Procedures in the sharing of their resources and expertise.

4.2 External review

External agencies such as the Department of Health, CORU, State Claims Agency, HIQA, EPA, relevant professional bodies, and patient/service user organisations were invited to provide feedback on this guideline based on their relevant expertise.

5.0 National implementation plan

It is the responsibility of the local health service provider to adopt this national guideline and develop addenda in relation to local governance or develop their local PPPG to support the implementation of Physiotherapist referral for MRP. A sample implementation plan template is available in Appendix 9 of the National Template, available on the home page of the HSE National Central Repository. The National HSCP Office can be contacted @ HSCP.NationalOffice@hse.ie

6.0 Governance and approval

The governance and approval arrangements rest with the HSCP National Lead. The Physiotherapy Authority to Refer for Medical Radiological Procedures was commissioned by the HSCP National Lead and HSE Lead for Integrated Care. Following development of the National Guideline, a Checklist was used in assessing that the National document met the standards outlined in How to Develop HSE National PPPGs – A Practical Guide, and signed and dated by the Chairperson of the Development Group.

The Physiotherapy Referral for Medical Radiological Procedures Implementation and Oversight Group submitted the final document and Checklist to HSCP National Lead, Ms Jackie Reed and Professor Shaun O'Keefe, HSE Lead for Assisted Decision Making and Consent, for sign off.

The Physiotherapy Referral for Medical Radiological Procedures Implementation and Oversight Group recommended the National Guideline to the CCO Clinical Forum on 5th February 2026 with a signed and dated copy of the Checklist.

Once approved, the final version was converted to a PDF document to ensure the integrity of the National Guideline and uploaded to the HSE National Central Repository. A signed and dated copy of the Checklist was attached to the master copy, which is retained with HSCP National Lead.

7.0 Communication and dissemination plan

The guideline has been shared by the Commissioners via email with:

- Office of Regional Executive Officers
- Office of the Chief Clinical Officer
- HSE Regional Directors/ HSCP Regional Integration & Development Leads
- Regional Clinical Directors
- Physiotherapist Managers

- Radiography Service Managers
- National Radiation Safety Committee
- Radiation Protection Advisors
- Radiation Protection Officers
- Radiology Department Leads
- Medical Physics Experts
- National Advisory Committee for Nurse/Midwife Authority to Refer for Medical Radiology Procedures
- And all other relevant stakeholders

The document can be accessed only on the HSE National Central Repository, the single trusted source for accessing, storage and document control for all National PPPGs and National Clinical Guidelines.

8.0 Sustainability

8.1 Plan for monitoring and audit

The health service provider monitors and evaluates the effectiveness of Physiotherapist referral for medical radiological procedures through evaluation and audit, and takes appropriate action.

Evaluation provides assurance to the health service provider that all medical exposures carried out are justified and optimised in line with relevant legislation, regulation and evidence-based practices such as:

- monitoring that all referrers have authority to refer,
- monitoring compliance with optimisation processes,
- monitoring compliance with the justification process (HIQA, 2023a).

The health service should conduct multidisciplinary audits that encompass:

- justification process for referrals for medical radiological procedures,
- quality and safety of referrals
- rejection rates of non-justified referrals
- provision of information to patients/service users or their representatives and carers and comforters

The clinical audit results and reports must be documented and reported to the relevant person with overall responsibility and authority for the governance of medical exposure (HSE, 2020) as per the local governance arrangements for review and implementation of improvement plans and subsequent re auditing.

8.2 National audit tool

The Commission on Patient Safety and Quality Assurance (2008) identified clinical audit as a key and essential component of clinical governance, stating that it 'constitutes the single most important method which any healthcare organisation can use to understand and assure the quality and safety of the service that it provides' (DOHC, 2008, p. 12).

"Clinical audit is a clinically led quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit specific clinical standards or clinical guidelines and acting to improve care when clinical standards or clinical guidelines are not met. The process involves the selection of aspects of the structure, processes and outcomes of care which are then systematically evaluated against explicit specific clinical standards or clinical guidelines." (DOHC, 2008, P. 152; Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023).

The BSSD and HIQA (2024a) define clinical audit for radiology services as follows:

"a systematic examination or review of medical radiological procedures which seeks to improve the quality and outcome of patient care through structured review, whereby medical radiological practices, procedures and results are examined against agreed

standards for good medical radiological procedures, with modification of practices, where appropriate, and the application of new standards if necessary."

Multidisciplinary engagement in clinical audit enhances the learning from audit. Following clinical audit, improvements, if required, are implemented at an individual, team or organisational level and then the care re-evaluated to confirm improvements. (DOHC 2008, p. 152) (HSE NCCA Nomenclature, Glossary of Terms for Clinical Audit). Further guidance on Clinical Audit is available in the National Centre for Clinical Audit, as well as education resources available through HSELanD.

HIQA published the National procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation in August 2024 and it is the responsibility of an undertaking to ensure that clinical audit is carried out in line with these national procedures.

The Physiotherapist referrer for medical radiological procedures must undertake audit of their referral practices to ensure that their practice is safe, appropriate, consistent and effectively monitored (HIQA, 2024a) as determined by their local audit process for referral. Twice yearly audit (peer) for the first year of referral practice and yearly thereafter is proposed. Template toolkits (below) are available with audit criteria, data collection tools, and outline reports for self, peer and multidisciplinary team audit (see Appendix 9). Clinical audit of Physiotherapist referral for medical radiological procedures aims to evaluate the effectiveness and efficiency of the radiological referral process. Using the audit toolkit provides valuable insights into the referral processes and provides evidence of patient safety and quality of care. The outcome of the audit can identify areas for improvement to enhance patient care and outcomes.

Toolkits to support Clinical Audit

- National Centre for Clinical Audit (NCCA) Clinical Audit Practical Guide (2023) (PDF, 4.9 MB, 64 pages)
- National Audit tool available through the National HSCP Office on the HSE HSCP website or by emailing cpd.hscp@hse.ie

Referrers must ensure their referral practice complies with the requirements / PPPGs of the health service provider for:

- audit of referral processes/practices,
- reporting referral errors/incidents and near misses.

9.0 Review / update

This National Guideline will be reviewed on a three-yearly basis unless there is any new supporting evidence identified by findings from audit and evaluation, advances in technology, legislation, regulation or research. If necessary, the National Guideline will be reviewed, updated and published.

10.0 References

- Department of Health (2023). National Open Disclosure Framework. Department of Health National Patient Safety Office Advocacy and Legislation: Dublin
- Ebdon-Jackson, S., and Frija, G. (2021). Improving justification of medical exposures using inonizing radiation: considerations and approaches from the European Society of Radiology. Insights into Imaging12(2)
- Environmental Protection Agency (2022). Guidance for undertakings on the application of the Ionising Radiation Regulations (IRR19). Environmental Protection Agency: Dublin.
- Government of Ireland (2025). Statutory Instrument No. 245 of 2025 European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) (Amendment) Regulations 2025. Stationary Office, Dublin.
- Government of Ireland (2023). Statutory Instrument No. 29 of 2023 European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) (Amendment) Regulations 2023. Stationary Office, Dublin.
- Government of Ireland (2022). Statutory Instrument No. 528 of 2022 European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) (Amendment) Regulations 2022. Stationary Office, Dublin.

- Government of Ireland (2019). Statutory Instrument No. 413 of 2019 European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) (Amendment) Regulations 2019. Stationary Office, Dublin.
- Government of Ireland (2019). Sláintecare Implementation Strategy. Stationery Office: Dublin.
- Government of Ireland (2019). Statutory Instrument No. 30 of 2019 Radiological Protection Act 1991 (Ionising Radiation) Regulations 2019. Stationary Office, Dublin.
- Government of Ireland (2019). Statutory Instrument No. 332 of 2019 European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) (Amendment) Regulations 2019. Stationary Office, Dublin.
- Government of Ireland (2018). Statutory Instrument No. 256 of 2018 European Communities (Medical Ionising Radiation Protection) (Amendment) Regulations 2007. Stationary Office, Dublin.
- Government of Ireland (2017). Houses of the Oireachtas Committee on the Future of Healthcare Sláintecare Report. Government of Ireland, Dublin.
- Government of Ireland (2008). Building a Culture of Patient Safety Report of the Commission on Patient Safety and Quality Assurance. Stationery Office: Dublin.
- Health Information Quality Authority (2024a). National procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation. Health Information Quality Authority: Dublin (updated August 2024).
- Health Information Quality Authority (2024b). A guide to the National Standards for Safer Better Healthcare, V2. Health Information Quality Authority: Dublin (updated September 2024).
- Health Information Quality Authority (2026). Guidance on the assessment of compliance in undertakings providing medical exposure to ionising radiation. Health Information Quality Authority: Dublin.
- Health Information Quality Authority (2023a). Guidance on the establishment, use and review of diagnostic reference levels for medical exposure to ionising radiation. Health Information Quality Authority: Dublin.

- Health Information Quality Authority (2023b). A guide to the inspection of medical services providing medical exposure to ionising radiation. Health Information Quality Authority: Dublin.
- Health Information Quality Authority (2019). Statutory notifications for accidental or unintended medical exposures to ionising radiation. Health Information and Quality Authority: Dublin.
- Health Service Executive (2025). Open Disclosure Policy and Procedures: Communicating with Patients Following Patient Safety and Notifiable Incidents. Health Service Executive: Dublin
- Health Service Executive (2023a). How to Develop HSE National Policies, Procedures, Protocols and Guidelines: a Practical Guide 2023. Health Service Executive: Dublin.
- Health Service Executive (2023b) HSE Enterprise risk management policy and procedures. Health Service Executive: Dublin
- Health Service Executive (2023c). Clinical Audit a Practical Guide. National Centre for Clinical Audit, Health Service Executive: Dublin.
- Health Service Executive (2020). HSE Incident Management Framework. Office of the Chief Clinical Officer, Health Service Executive, Dublin.
- Health Service Executive (2016). The Framework for Improving Quality in Our Health Service. Quality Improvement Division, Health Service Executive: Dublin.
- Health Service Executive (2012). Quality and Patient Safety, Clinical Governance Development Information Leaflet. Health Service Executive: Dublin.
- Irish Society of Chartered Physiotherapists (2023) Scope of Practice Policy Document.
- Keil, A.P., Baranyi, B., Mehta, S. & Maurer, A. (2019). Ordering of Diagnostic Imaging by Physical Therapists: A 5 Year Retrospective Practice Analysis. Physical Therapy, 99, 1020–1026. https://doi.org/10.1093/ptj/pzz015
- Keil, A., Nelson, E.O., Kareha, S.M., Tauferner, S., Baranyi, B. & Clark, K. (2025). Ordering of diagnostic imaging by physical therapists: a multi center analysis of successful implementation. Journal of Manual & Manipulative Therapy, 33(4), 326–333. https://doi.org/10.1080/10669817.2025.2465738
- Ó Mír, M. (2021). Advanced Practice Physiotherapy in Ireland: Executive Summary and Recommendations. Irish Society of Chartered Physiotherapists

- Peterson, G., Portström, M. & Frick, J. (2021). Extended roles in primary care when physiotherapist initiated referral to X ray can save time and reduce costs. International Journal for Quality in Health Care, 33(3), 1–6. https://doi.org/10.1093/intqhc/mzab122
- The Royal College of Radiologists (2017). Royal College of Radiologists iRefer Guidelines: Making the best use of clinical radiology 8th edn. Royal College of Radiologists: London.

11.0 Glossary of terms

Term	Description
Accidental exposure:	an exposure of individuals to ionising radiation, other than emergency worker, as a result of an accident (S.I. No. 30/2019)
Authorisation:	means the registration or licensing of a practice. (S.I. No. 30/2019)
Physiotherapist Referrer in-training:	a registered Physiotherapist who is undertaking an approved programme of education and training leading to Authority to Refer for Medical Radiological Procedures or a registered Physiotherapist who has successfully completed the approved education programme and is in the process of receiving Authority to Refer for Medical Radiological Procedures from the Physiotherapist Manager.
Carers and comforters:	means individuals knowingly and willingly incurring an exposure to ionising radiation by helping, other than as part of their occupation, in the support and comfort of individuals undergoing or having undergone medical exposure (S.I. No. 30/2019)
Clinical audit:	"clinical audit is a clinically-led quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and acting to improve care when standards are not met. The process involves the selection of aspects of the structure, processes and outcomes of care which are then systematically evaluated against explicit criteria. If required, improvements should be implemented at an individual, team or organisation level and then the care re- evaluated to confirm improvements." DOHC (2008, p. 152) "Clinically-led" includes all health and social care professionals (HSE, 2023).
Clinical Governance:	Clinical governance is the system of accountability through which health and social care organisations ensure they are providing evidence-based, safe, equitable, person-centred and sustainable high-quality care. It integrates strong leadership, partnership, continuous improvement, transparency, and fosters a collaborative culture of learning and excellence across all care settings (HSE 2025).
Clinical Indemnity Scheme	State indemnity for clinical claims is operated by the State Claims Agency (SCA) through the Clinical Indemnity Scheme (CIS). Through

Term	Description
(CIS):	the CIS, State indemnity is provided to State Authorities in respect of the provision of professional medical services. State Authorities for the purposes of the CIS are primarily the HSE and organisations in the voluntary health and social care sector to which the Minister for Health has provided an indemnity in respect of clinical claims. Under the CIS, State Authorities assume legal liability for their employees' alleged clinical negligence. When a claim is made against a State Authority, it remains the legal defendant. However, the SCA take over responsibility for managing and resolving the claim on the State Authority's behalf, in line with their statutory mandate. The State Authority remains responsible for all damages and third-party costs associated with settling the claim. (SCA)
Clinical responsibility:	responsibility of a practitioner for individual medical exposures, in particular, justification; optimisation; clinical evaluation of the outcome; cooperation with other specialists and staff, as appropriate, regarding practical aspects of medical radiological procedures; obtaining information, if appropriate, on previous examinations; providing existing radiological information or records to other practitioners or the referrer, as required; and giving information on the risk of medical ionising radiation to patients/service users and other individuals involved, as appropriate. (S.I. No. 256/2018)
Clinical supervisor:	a medical practitioner who has committed to act as a mentor and provide clinical instruction and supervision within the specific clinical practicum for the duration of the education programme (HSE, 2024).
Competence:	the ability of a Physiotherapist referrer to practice safely and effectively, fulfilling their professional responsibility within their scope of practice.
Environmental Protection Agency:	known as the "Agency", has responsibility for both authorisation of medical facilities, issuing licenses and enforcement (monitoring compliance with regulations and license conditions).
Framework:	a basic structure underlying a system concept or text.
Health Service Provider:	the Health Service Executive, a hospital, a nursing home, a clinic or other person whose sole or principal activity or business is, the provision of health services or a class of health services, to the public or a class of the public.
Incident:	an event or circumstance which could have, or did lead to unintended and/or unnecessary harm. Incidents include adverse events which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention; and staff or patient/service user complaints which are associated with harm. Incidents can be clinical or non-clinical and include incidents associated with harm to: • patients, service users, staff and visitors, • the attainment of HSE objectives, • ICT systems, • data security e.g. data protection breaches, • the environment (HSE, 2018).

Term	Description
Incidental findings:	an incidental imaging finding is an extra unanticipated finding which is not related to the original diagnostic inquiry.
Ionising radiation:	means energy transferred in the form of particles or electromagnetic waves of a wavelength of 100 nanometres or less (a frequency of 3 × 10^{15} hertz or more) capable of producing ions directly or indirectly (S.I. No. 30/2019)
Justification process:	Justification of individual exposures should include checking that the required information is not already available. Usually, no additional justification is needed for the application of a simple diagnostic procedure to an individual patient with the symptoms or indications for which the procedure has already been justified in general. For high-dose examinations, such as complex diagnostic and interventional procedures, individual justification by the practitioner is particularly important and should take account of all the available information. This includes the details of the proposed procedure and of alternative procedures, the characteristics of the individual patient, the expected dose to the patient, and the availability of information on previous or expected examinations or treatment. It will often be possible to speed up the procedure by defining referral criteria and patient categories in advance. (IRCP 105)
Justification:	the justification of a medical exposure is the decision whether or not to carry out the medical exposure on the basis that the radiological examination should do more good than harm (risk V benefit).
Licence	means permission granted in a document by the Agency to carry out a practice in accordance with specific conditions (if any) laid down in that document (S.I. No. 30/2019)
Local Implementation Group:	This is a subcommittee of the Radiation Safety Committee. It is an operational arm of the RSC that bridges the gap between high level radiation safety policies and day to day clinical practice.
Medical exposure (Ionising Radiation):	means exposure incurred by patients or asymptomatic individuals as part of their own medical or dental diagnosis or treatment, and intended to benefit their health, as well as exposure incurred by carers and comforters and by volunteers in medical or biomedical research (S.I No. 256/2018)
Medical ionising radiation incident:	accidental, unintended or other incidents occurring or potentially occurring within an undertaking /health service provider involving the use of ionising radiation, which could impact on the safety and welfare of patients/service users, carers and comforters or research volunteers. (HIQA, 2019)
Medical Physics Expert:	an individual having the knowledge training and expertise to act or give advice on matters relating to radiation physics applied to medical exposure whose competence in this respect is recognised by the Minister pursuant to Regulation 19(2) ((S.I No. 256/2018)

Term	Description
National Incident Management System (NIMS):	is a confidential and highly secure web-based system. It is an end-to-end incident management tool that allows State authorities and health and social care enterprises to manage incidents throughout the incident lifecycle. It is the single designated system for reporting of all incidents in the public health and social care system i.e. for HSE and HSE funded services to fulfil their statutory requirements to report adverse incidents as defined in the National Treasury Management Agency (Amendment) Act 2000 to the State Claims Agency.
National Incident Reporting Form (NIRF):	was developed by the State Claims Agency in conjunction with all stakeholders including the HSE and HSE funded agencies (Section 38). Use of a NIRF assures the accuracy of data and clarity of information being reported. There are four forms in total; • Form 01 for Person, • Form 02 for a Crash/Collision, • Form 03 for Property, and • Form 04 for Dangerous Occurrences (Reportable Circumstances)/Complaints.
National Integrated Medical Imaging System (NIMIS):	a system to capture and store radiology, cardiology and other diagnostic images electronically.
Near miss:	an incident that was prevented from occurring due to timely intervention or chance and which there are reasonable grounds for believing could have resulted in unintended or unanticipated injury or harm to a patient/service user during the provision of a health service. (HIQA, 2019)
Non-notifiable incident:	an event relating to medical exposures to ionising radiation which is managed and recorded at a local level and does not need to be reported to HIQA as a significant event. (HIQA, 2019)
Notifiable incident:	a significant event relating to medical exposures to ionising radiation which is reportable to HIQA and the HSE using the National Incident Management System. A list of reportable incidents can be found in HIQA 2019 document.
Office of Radiation Protection and Environmental Monitoring:	This is one of the five sub-offices of the Environmental Protection Agency and is directly responsible for radiation protection of workers and the general public.
Open disclosure:	Open disclosure is defined as an open, honest, compassionate and timely approach to communicating with patients and, where appropriate, their relevant person following patient safety incidents or notifiable incidents. It includes apologising and expressing regret for what has happened, keeping the patient informed and providing reassurance in relation to ongoing care and treatment, learning and the steps being taken by the health or social care service providers to try to prevent a recurrence of a similar incident. It is an integral part of the incident management process (HSE, 2025).
Optimisation:	the optimisation of a medical exposure is the process by which the most appropriate dose for each individual exposure is delivered. For a

Term	Description
	patient/service user, optimisation ensures that the dose they receive is as low as reasonably achievable (ALARA), while ensuring that the required clinical outcome is achieved. Optimisation of radiological protection means keeping the dose 'as low as reasonably achievable, economic and societal factors being taken into account' while ensuring that the required diagnostic information is obtained.
Patient/service user:	a person who attends a health service provider for the purpose of undergoing a medical exposure. This includes patients/service users, and carers and comforters.
Physiotherapist referrer for medical radiological procedures:	a Physiotherapist who has successfully completed the CORU approved education programme, registered on the Referral for Radiological Diagnostic Procedures Division of the Physiotherapists Register, and has been authorised by the RSC/LIG to refer for radiological diagnostic procedures.
Practical aspects of medical radiological procedures:	the physical conduct of a medical exposure and any supporting aspects, including handling and use of medical equipment, the assessment of technical and physical parameters (including radiation doses), calibration and maintenance of equipment, preparation and administration of radio-pharmaceuticals, and image processing. (S.I. No. 256/2018)
Practice:	Is a term used by the Environmental Protection Agency to mean a "radiological practice". It should not be confused with the business or premises of a dentist, doctor or veterinary surgeon.
Practitioner:	means a person, being a member of one of the classes of persons referred to in Regulation 5, who has clinical responsibility for an individual medical exposure (S.I No. 256/2018)
Radiation Protection Adviser:	an individual or a body having the knowledge training and experience needed to give radiation protection advice in order to ensure the effective protection of individuals which meet such criteria of competence as may be specified in writing by Environmental Protection Agency (S.I No. 256/2018).
Radiation Protection Officer	means an individual who is technically competent in radiation protection matters relevant for a given type of practice to supervise or perform the implementation of the radiation protection arrangements (S.I. No. 30/2019)
Radiographer:	a health and social care professional, a person who name is entered in the register established by the radiographers registration board maintained by CORU.
Radiographs:	often referred to as X-rays, these are two-dimensional images obtained to identify disease or injury.
Radiological practice:	means a human activity that can increase the exposure of individuals to ionising radiation from the use of a radiation source, which can be managed as a planned exposure situation.

Term	Description
Radiologist:	a medical doctor who is on the specialist division of the Irish Medical Council register for radiology. A radiologist is a "practitioner" a person who is entitled to take clinical responsibility for a medical exposure (S.I. No. 256 of 2018).
Referrer:	a referrer is "a person who is entitled to refer an individual for medical radiological procedures to a practitioner" (S.I No. 256/2018)
Referral guidelines:	clinical decision support tools for medical radiological procedures, for example iRefer.
Referral process:	The process which includes the referrer, the practitioner, and the patient/service user.
Regulations:	A Regulation introduced by the appropriate Minister of the Government (including the Minister for Health and the Minister for Climate, Energy and Environment) and enforced by the Authority or Agency.
Significant event:	Incidents involving medical exposures that are deemed to be above or below an acceptable threshold and have the potential to cause harm are called significant events. These incidents can occur from either diagnostic, interventional or therapeutic procedures when medical ionising radiation administered to the service user was greater or different to what was intended (HIQA 2019)
Site Declaration Form:	a form completed by the Physiotherapy Manager / Service Manager / designate and signed by the both the Consultant clinical supervisor and a Consultant Radiologist, confirming the governance requirements for Physiotherapist referrers are in place in advance of each applicant undertaking the education programme. This form is part of the application process for all Higher Education Institutions (HEIs) and is available from the HEI website or NHSCPO.
Scope of referral practice:	the range of medical radiological procedures an authorised Physiotherapist referrer (who has successfully completed an CORU approved education programme), has authority to refer patients for within their overall scope of practice and local PPPGs.
Undertaking	"means a person or body who, in the course of a trade, business or other undertaking (other than as an employee), carries out, or engages others to carry out, a medical radiological procedure or the practical aspects of a medical radiological procedure." S.I. No. 256/2018 The undertaking is the person with the primary responsibility for compliance with the legalisation and regulations.
Unintended exposure:	medical exposure that is significantly different from the medical exposure intended for a given purpose (HIQA, 2019)

12.0 List of abbreviations

Abbreviation	Term
ALARA:	As low as is reasonably achievable
BSSD:	Basic Safety Standards Directive
CEO:	Chief Executive Officer
CIS:	Clinical Indemnity Scheme
CORU:	The regulator for health and social care professionals
CPD:	Continuing Professional Development
CT:	Computed tomography
DOH:	Department of Health
DRL:	Diagnostic Reference Levels
EPA:	Environmental Protection Agency
HIQA:	Health Information and Quality Authority
HSE:	Health Service Executive
HSCP	Health and Social Care Professions
IAPM:	Irish Association of Physicists in Medicine
ICRP:	International Commission for Radiological Protection
ICPM:	Irish College of Physicists in Medicine
IIRRT:	Irish Institute of Radiography and Radiation Therapy
IMC:	Irish Medical Council
ISCP:	Irish Society of Chartered Physiotherapists
LIG:	Local Implementation Group
MPE:	Medical Physics Expert
MRI:	Magnetic resonance imaging
NCCA:	National Centre for Clinical Audit
NCR:	National Central Repository
NHSCPO:	National Health and Social Care Professions Office
NIMIS:	National Integrated Medical Imaging System

Abbreviation	Term
NIMS:	National Incident Management System
NRPC:	National Radiation Protection Committee
ORM:	Office of Radiation Protection and Environmental Monitoring
PACs:	Patient Archiving Communication System
PET:	Positron Emission Tomography
PIN:	Personal Identification Number
PPPGs:	Policies Procedures, Protocols and Guidelines
QQI:	Quality and Qualification Ireland
RPA:	Radiation Protection Adviser
RPO:	Radiation Protection Officer
RSC:	Radiation Safety Committee
RSM:	Radiography Services Manager
S.I.:	Statutory Instrument
SCA	State Claims Agency
TOR:	Terms of Reference

13.0 Appendices

Appendix No.	Title
Appendix 1	Membership of Physiotherapy Referral for Medical Radiological Procedures Implementation & Oversight Group
Appendix 2	Outline of the role of regulator and professional bodies
Appendix 3	Radiological modalities
Appendix 4	Clinical governance principles
Appendix 5	Local governance checklist
Appendix 6	Sample commencement letter
Appendix 7	States Claims Agency Statement
Appendix 8	Template SOP
Appendix 9	Sample Implementation Plan
Appendix 10	National audit tool
Appendix 11	Signature Sheet

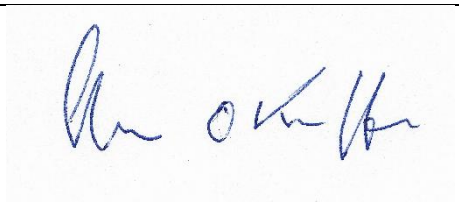
Appendix 01: Membership of Physiotherapy Referral for Medical Radiological Procedures Implementation & Oversight Group

Name	Title	Organisation
1. Ms. Jackie Reed	HSCP National Lead – Co-Chair	HSE
2. Prof. Shaun O'Keefe	HSE Lead for Assisted Decision Making and Consent	HSE
3. Ms. Fiona Melia	HSCP Assistant National Lead	HSE
4. Ms. Elaine Dobell	General Manager, OoNCD Integrated Care	HSE
5. Ms. Catherine Devaney	HSCP Regional Integration & Development Lead – West North West	HSE
6. Ms. Shirley Real	HSCP Regional Integration & Development Lead – Mid-West	HSE
7. Ms. Sinead Geraghty	General Manager, Assess & Integration	HSE
8. Dr. Maureen Flynn	Director of Nursing, National Clinical Programmes Liaison CDI & ONMSD	HSE
9. Ms. Michele Monahan	Interim Director of Clinical Services Radiography Services Manager	HSE
10. Ms. Audrey Fitzgerald	Operations Manager, DNE	HSE
11. Ms. Selina Sutherland	Clinical Specialist Physiotherapist	HSE
12. Ms. Rebecca Sparrow	Clinical Specialist Physiotherapist	HSE
13. Mr. Ciaran Browne	Physiotherapist Manager-In-Charge III	HSE
14. Dr. Julie O'Brien	Consultant Radiologist/Chair RSC, Irish Faculty of Radiologists & Radiation Oncologists	HSE
15. Dr. Dean McCarthy	Senior Physicist / Medical Physics Expert	St Vincent's Hospital
16. Mr. Niall O'Mahony	Clinical Specialist Physiotherapist	HSE
17. Prof. Michael Lee	Professor Emeritus, Imaging and Interventional Radiology, Lead National Program for Interventional Radiology	HSE/RCSI
18. Ms. Annette Cuddy	Director of Nursing & Midwifery, ONMSD National Lead for Nurse Midwife Medicinal Product Prescribing & Radiological Referrals	HSE

Sign-off by Chair of Governance Group

The National Guideline for Physiotherapy Authority to Refer for Medical Radiological Procedures was formally ratified and recorded in the minutes of the Approval Governance Group on 26/02/2026.

Name: (print)	Ms. Jackie Reed
Title:	National Lead for HSCP
Signature: **(e-signatures accepted)**	
Registration number: **(if applicable)**	

Name: (print)	Professor Shaun O'Keefe
Title:	HSE Lead for Assisted Decision Making and Consent
Signature: **(e-signatures accepted)**	
Registration number: **(if applicable)**	010072 Irish Medical Council Number

Appendix 02: Outline of the role of regulatory and professional bodies

The Regulatory Bodies

The Health Information and Quality Authority

The Health Information and Quality Authority (HIQA), known as the “Authority” is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Since 8 January 2019, the Council Directive 2013/59/Euratom BSSD, has been transposed into Irish law under the 2018 Regulations. This legislation has designated HIQA as the independent competent authority for medical exposures. The purpose of HIQA’s ionising radiation (medical exposures) regulatory and health technology assessment programmes is to promote better, safer practice across all service providers using medical exposures in Ireland.

HIQA also has responsibility for the justification of new practices, and the specific justification of medical radiological procedures to be performed as part of health screening programmes, before they are generally adopted. HIQA is required to publish guidelines on the specific justification of medical radiological procedures on an asymptomatic individual, performed for the early detection of disease but not as part of a health screening programme.

HIQA has responsibility for establishing national procedures for clinical audit of medical radiological procedures involving medical exposure to ionising radiation.

The Environmental Protection Agency

The Environmental Protection Agency (EPA), known as the “Agency”, has responsibility for authorisation of medical facilities, issuing licences and enforcement (monitoring compliance with regulations and licence conditions The EPAs Radiological Protection Advisory Committee (RPAC) provides advice on radiological protection functions, with particular emphasis on public health matters

Professional Regulatory Bodies

CORU

CORU (Health and Social Care Professionals Council) is the body responsible for regulating Health and Social Care Professions (HSCP) established under the Health and Social Care Professionals Act, 2005. CORU was established, in 2013, to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. CORU maintains the Registration Board for Radiographers and Radiation Therapists, Physiotherapists and many other HPSCs.

The Nursing and Midwifery Board of Ireland

The Nursing and Midwifery Board of Ireland (NMBI) is the regulator of the professions of nursing and midwifery. The statutory responsibility of NMBI is the protection of the public and protection of the integrity of the professions of nursing and midwifery under the Nurses and Midwives Act 2011 (as amended). The core functions of the NMBI include maintaining the Register of Nurses and Midwives, promoting high standards of education, training and practice, and conduct amongst registered Nurses and registered midwives, and investigating and considering complaints against registered Nurses and registered midwives.

Medical Council of Ireland

The Medical Council regulates medical doctors in Ireland. The Council's purpose is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among doctors. The Medical Council's key responsibilities include maintaining the Register of Medical Practitioners, setting the standards for professional conduct and ethics that doctors must comply with, through the publication of ethical guidelines, ensuring the highest standards of medical training and education, promoting good medical practice, overseeing doctors' continuing professional development and investigating complaints against medical doctors, taking action to protect the public, where necessary.

Professional Bodies

Faculty of Radiologists and Radiation Oncologists

The Faculty of Radiologists and Radiation Oncologists of the Royal College of Surgeons in Ireland is the professional and academic body for clinical radiologists and radiation oncologists in Ireland. The Faculty's objectives are to advance the science, art and practice of radiology and its allied sciences and to promote education, study and research. It (Faculty) is the training body responsible to the Medical Council for the education standards for radiologists and radiation oncologists and for sanctioning with the Medical Council, radiation protection courses for non-radiologist medical practitioners undertaking medical ionising exposures under the control of the Practitioner.

Irish Society of Chartered Physiotherapists

The Irish Society of Chartered Physiotherapists is the national, professional body representing Chartered Physiotherapists in Ireland. The Society supports members in delivering the highest standards of professional care and work with them to develop their skills and support them in their practice. The Society is the sole Irish Member Organisation of the international Physiotherapy professional organisation World Physiotherapy and contributes to the development of the profession both nationally and internationally. In Ireland the title Chartered Physiotherapist can only be used by current members of the Society or by the members of the equivalent body in the United Kingdom, the Chartered Society of Physiotherapy (CSP). The initials MISCP indicate that a Physiotherapist is a member of the Society. Chartered Physiotherapists represent the highest standard of practice and service and set the benchmark for professional practice in Ireland.

The Irish College of Physicists in Medicine

The Irish College of Physicists in Medicine (ICPM) is the voluntary registration body for Medical Physics Experts in Ireland. Membership is open to those deemed to be competent to perform work which demands scientific knowledge and expertise in the application of physics and applied physics to problems of healthcare delivery and development. Registration with the ICPM enables standards of safety and quality and is intended to guard against unsafe, incompetent or unethical practice in medical physics.

Employers and patients/service users can be assured that medical physicists meet international standards of education, training and competence, and abide by professional and ethical standards.

The Irish Institute of Radiography and Radiation Therapy

The Irish Institute of Radiography and Radiation Therapy (IIRRT) is the professional body responsible for the development of professional standards in radiography and radiation therapy, which are essential in maintaining and improving standards of care and management of patients/service users. The IIRRT is the professional body representing Radiographers and Radiation Therapists in Ireland.

Irish Association of Physicists in Medicine

The Irish Association of Physicists in Medicine (IAPM) is the professional body representing medical physicists working in healthcare settings across Ireland. It promotes the highest standards of practice in medical physics, supporting patient safety, quality assurance, and the effective application of physics principles in diagnosis, treatment, and research. The IAPM provides professional leadership through education, training, clinical guidance, and advocacy, and acts as a key advisory stakeholder to national bodies on matters relating to radiological protection, medical technology, and service development

Appendix 03:

Modality	Description
Computed tomography (CT)	used to obtain detailed cross-sectional images of the body. Contrast media may be utilised to highlight certain organs etc. The X-ray sources and detectors rotate inside the scanner and produce multi-planar images. Uses higher doses of ionising radiation than most conventional x-ray examinations.
Dual-energy X-ray absorptiometry (DXA)	used to measure bone mineral density and total body composition. Involves a low-level ionising radiation dose.
Fluoroscopy	uses ionising radiation to produce a dynamic image live on a monitor. It produces a functional image of the gastrointestinal tract, urinary tract etc. Mobile C-arms are used in operating theatre for a variety of procedures. Contrast media may be utilised to highlight certain organs etc. This may involve low or higher doses of radiation, depending on the procedure and the time involved.
Magnetic resonance imaging (MRI)	does not use ionising radiation. MRI uses magnetic fields and radio waves to produce detailed images of bones, muscles, soft tissues, blood vessels etc. Magnetic Resonance Angiography (MRA) can be used to evaluate blood flow and detect aneurysms in the brain and abnormalities of blood vessels in other parts of the body. Contrast media may be used in some MRI/MRA procedures. Specific assessment and detailed information are required prior to the procedure to ensure the safety of patients and staff.
Mammography	uses low energy X-rays to image breast tissue.
Positron Emission Tomography (PET) and Computed Tomography (CT) (known as PET / CT)	uses a combination to two imaging modalities PET and CT. PET is a nuclear medicine technique. The procedure involves both a PET scanner and an X-ray CT scanner combined to acquire sequential images in the same session, which produce a single super imposed image. The PET produces functional images and CT produces anatomical images. PET/CT delivers a relatively high dose of ionising radiation to the patient. The patient is radioactive for a short time following the procedure.
Radiography (General X-Ray)	a beam of ionising radiation is passed through the body and creates an image on a detector. General X-ray is used to image chest, extremities etc. A low ionising radiation dose is generally delivered.

Appendix 04: Principles* for clinical governance development

Principle	Descriptor
Patient First	Based on a partnership of care between patients, families, carers and healthcare providers in achieving safe, easily accessible, timely and high-quality service across the continuum of care.
Safety	Identification and control of risks to achieve effective efficient and positive outcomes for patients and staff.
Personal Responsibility	Where individuals as members of healthcare teams, patients and members of the population take personal responsibility for their own and others health needs. Where each employee has a current job-description setting out the purpose, responsibilities, accountabilities and standards required in their role.
Defined Authority	The scope given to staff at each level of the organisation to carry out their responsibilities. The individual's authority to act, the resources available and the boundaries of the role are confirmed by their direct line manager.
Clear Accountability	A system whereby individuals, functions or committees agree accountability to a single individual.
Leadership	Motivating people towards a common goal and driving sustainable change to ensure safe high-quality delivery of clinical and social care.
Inter Disciplinary Working	Work processes that respect and support the unique contribution of each individual member of a team in the provision of clinical and social care. Inter-disciplinary working focuses on the interdependence between individuals and groups in delivering services. This requires proactive collaboration between all members
Supporting Performance	Managing performance in a supportive way, in a continuous process, taking account of clinical professionalism and autonomy in the organisational setting. Supporting a director/manager in managing the service and employees thereby contributing to the capability and the capacity of the individual and organisation. Measurement of the patients experience being central in performance measurement.
Open Culture	A culture of trust, openness, respect and caring where achievements are recognised. Open discussion of adverse events are embedded in everyday practice and communicated openly to patients. Staff willingly report adverse events and errors, so there can be a focus on learning, research and improvement, and appropriate action taken where there have been failings in the delivery of care.
Continuous Quality Improvement	A learning environment and system that seeks to improve the provision of services with an emphasis on maintaining quality in the future not just controlling processes. Once specific expectations and the means to measure them have been established, implementation aims at preventing future failures and involves the setting of goals, education, and the measurement of results so that the improvement is ongoing.

*principles will be updated once ongoing review of HSE Clinical Governance Policy complete in 2026

Appendix 05: Sample Local governance checklist

Local Governance Checklist for Referrers[i]

Operational Check to be made to a Nominated Practitioner[ii]

A local list of Referrers which are checked as entitled to Refer for Medical Radiological Procedures must be established, maintained and made available to staff. This list will be accessible to practitioners to enable them to cross reference names of referrers on the modality worklist before accepting a referral for a medical radiological procedure.

Name:

Grade:

Specialty:

Department:

NMBI/MCRN/CORU:

Work Email Address:

Please complete for each Referrer of Medical Radiological Procedures		
Has the Referrer completed an approved educational programme?	Yes or No (mark Yes '√' or No 'X')	**Comment**
Which Higher Education Institute/College/University?		
Date of Completion:		
Registration with/on:	CORU register on the Referral for Radiological Diagnostic Procedures Division of the Physiotherapists Register ☐	
Has the Referrer an agreed scope of practice?	Yes ☐	
List of agreed Medical Radiological Procedures referrer can refer:	*Complete as per individual's scope and local agreed PPPG.*	
Are there local PPPGs to support the Referrers Practice?	Yes or No (mark Yes '√' or No 'X')	

Medical Consultant for the Referrers Specialty		
Has the Referrer applicant evidence of participating in Continual Professional Development?	Yes or No (mark Yes '√' or No 'X') Certificate of Attendance i.e. o HSELand for N/M_Referrers of Radiological Procedures o Seminars o Study Days o Local Training	
The Referrer has Access to:	Yes or No (mark Yes '√' or No 'X') o Access to iRefer Guidelines or equivalent clinical decision support tools o A copy of the local reporting procedure for the reporting of radiation incidents and near misses, o A copy of the local pregnancy policy for the protection of the unborn child arising from ionising radiation received during medical diagnostic or therapeutic procedures.	
The Referrer has received appropriate training on the Electronic Requesting System:	Yes or No (mark Yes '√' or No 'X') Note this may facilitate iRefer access, clinical audit assistance and help ensure correct information is provided to the Practitioner.	
The Referrer is documented herein as entitled to refer locally for medical radiological procedures under S.I. 256:	Yes or No (mark Yes '√' or No 'X') The Referrers name and CORU registration number has been added to the '*Local Entitled Referrer List'*	
Regular clinical audits of previous examinations are undertaken by the Referrer and the results have been	Yes or No (mark Yes '√' or No 'X')	

received (for completion as appropriate):	Date: Date:	
The '*Local Entitled Referrer List*' is available at the modality workstation and includes this Referrers name and details:	Yes or No (mark Yes '√' or No 'X')	

Signed:

Nominated Practitioner:

Date:

[1] *Referrer includes or can be applied to all referrers in the organisation or region*

[11] *Nominated Practitioner Lead Radiologist, Radiation Safety Officer or Radiology Services Manager*

Appendix 06: Sample commencement letter

Date *[insert details]*

Physiotherapist Referrers Name *[insert details]*
Clinical Grade *[insert details]*
Ward/Unit/Organisation *[insert details]*
Address 1
Address 2

Re: Commencement Date for Physiotherapist Authority to Refer for Medical Radiological Procedures at *[insert name of the health service provider]*

Dear *[insert details]*

Congratulations on successful completion of the Physiotherapist authority to refer for medical radiological procedures education programme. This marks a milestone in the development of your professional practice. You are now authorised to commence referring for medical radiological procedures at *[insert name of the health service provider]* from *[insert date].*

Please note that this authorisation gives you referral authority within your scope of practice and is in compliance with the relevant legislation, professional guidance and regulations in particular the following:

- HSE National Physiotherapist Authority to Refer for Radiological Procedures Guideline 2025
- CORU Standards of Competence for Referral for Radiological Diagnostic Procedures

As a Physiotherapist referrer you are responsible for maintaining continued professional competence and auditing your referral practice in accordance with *[insert name of the health service provider]* and the CORU requirements.

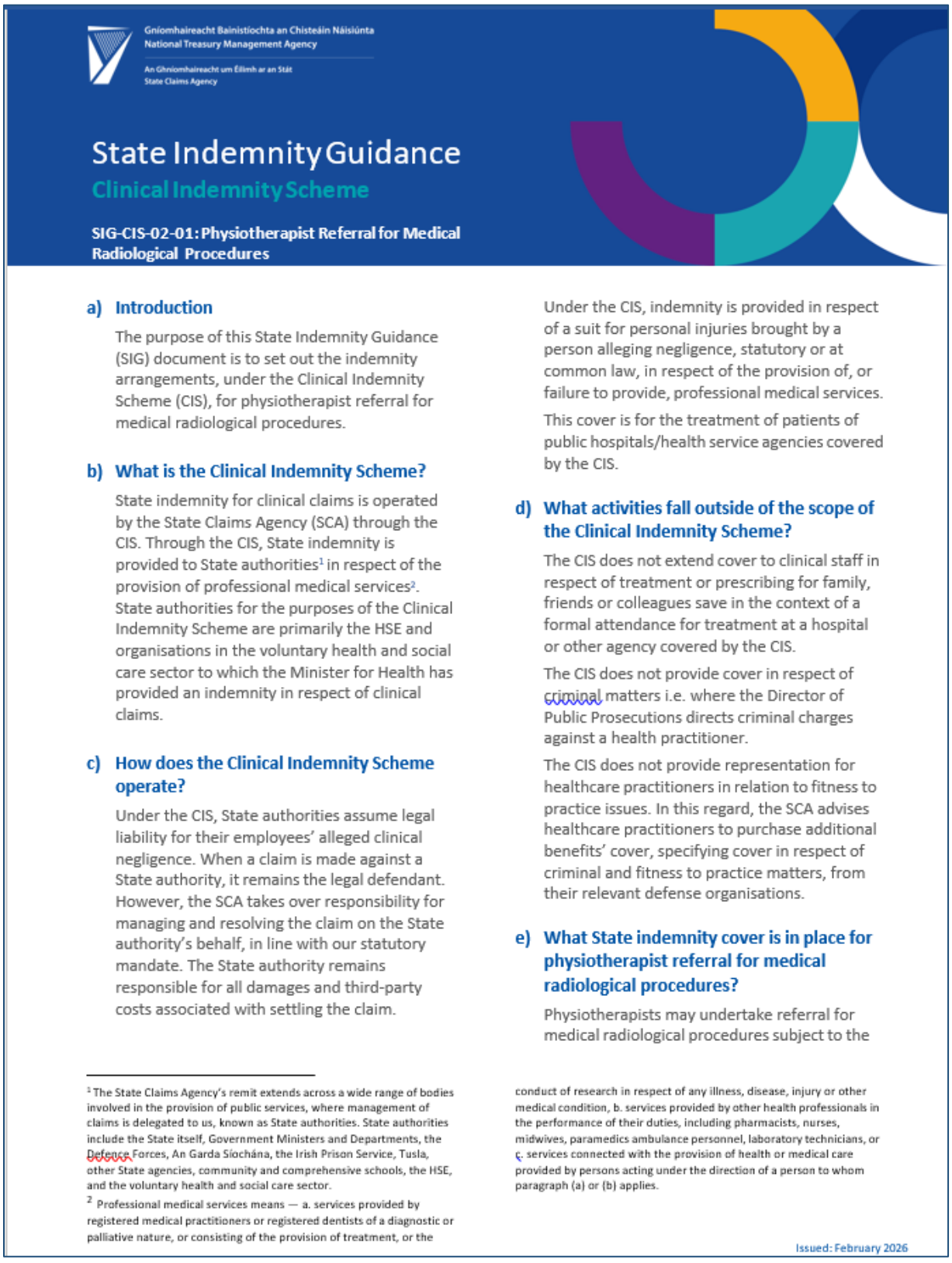
It is important for you to keep up to date with referral information of medical radiological procedures including up-to-date safety information.

I would like to take this opportunity to wish you every success in using your new referral competencies within your clinical area of practice.

Yours sincerely,

_____

Appendix 07: State Claims Agency Statement regarding Clinical Indemnity for Physiotherapist Authority to Refer for Medical Radiological Procedures



Gníomhaireacht Bainistíochta an Chisteáin Náisiúnta
National Treasury Management Agency

An Ghníomhaireacht um Éilimh ar an Stát
State Claims Agency

State Indemnity Guidance

Clinical Indemnity Scheme

SIG-CIS-02-01: Physiotherapist Referral for Medical Radiological Procedures

a) Introduction

The purpose of this State Indemnity Guidance (SIG) document is to set out the indemnity arrangements, under the Clinical Indemnity Scheme (CIS), for physiotherapist referral for medical radiological procedures.

b) What is the Clinical Indemnity Scheme?

State indemnity for clinical claims is operated by the State Claims Agency (SCA) through the CIS. Through the CIS, State indemnity is provided to State authorities[1] in respect of the provision of professional medical services[2]. State authorities for the purposes of the Clinical Indemnity Scheme are primarily the HSE and organisations in the voluntary health and social care sector to which the Minister for Health has provided an indemnity in respect of clinical claims.

c) How does the Clinical Indemnity Scheme operate?

Under the CIS, State authorities assume legal liability for their employees' alleged clinical negligence. When a claim is made against a State authority, it remains the legal defendant. However, the SCA takes over responsibility for managing and resolving the claim on the State authority's behalf, in line with our statutory mandate. The State authority remains responsible for all damages and third-party costs associated with settling the claim.

Under the CIS, indemnity is provided in respect of a suit for personal injuries brought by a person alleging negligence, statutory or at common law, in respect of the provision of, or failure to provide, professional medical services.

This cover is for the treatment of patients of public hospitals/health service agencies covered by the CIS.

d) What activities fall outside of the scope of the Clinical Indemnity Scheme?

The CIS does not extend cover to clinical staff in respect of treatment or prescribing for family, friends or colleagues save in the context of a formal attendance for treatment at a hospital or other agency covered by the CIS.

The CIS does not provide cover in respect of criminal matters i.e. where the Director of Public Prosecutions directs criminal charges against a health practitioner.

The CIS does not provide representation for healthcare practitioners in relation to fitness to practice issues. In this regard, the SCA advises healthcare practitioners to purchase additional benefits' cover, specifying cover in respect of criminal and fitness to practice matters, from their relevant defense organisations.

e) What State indemnity cover is in place for physiotherapist referral for medical radiological procedures?

Physiotherapists may undertake referral for medical radiological procedures subject to the

[1] The State Claims Agency's remit extends across a wide range of bodies involved in the provision of public services, where management of claims is delegated to us, known as State authorities. State authorities include the State itself, Government Ministers and Departments, the Defence Forces, An Garda Síochána, the Irish Prison Service, Tusla, other State agencies, community and comprehensive schools, the HSE, and the voluntary health and social care sector.

[2] Professional medical services means — a. services provided by registered medical practitioners or registered dentists of a diagnostic or palliative nature, or consisting of the provision of treatment, or the conduct of research in respect of any illness, disease, injury or other medical condition, b. services provided by other health professionals in the performance of their duties, including pharmacists, nurses, midwives, paramedics ambulance personnel, laboratory technicians, or c. services connected with the provision of health or medical care provided by persons acting under the direction of a person to whom paragraph (a) or (b) applies.

Issued: February 2026

following conditions: a) they are appropriately trained, b) they have their name entered to the Referral for Radiological Diagnostic Procedures Division of the Register maintained by the Physiotherapist Registration Board, c) they demonstrate that appropriate radiation protection and interdisciplinary governance arrangements are in place, and d) they are acting with the authority and express consent of the hospital/health and social care service.

With respect to physiotherapist referrals for medical radiological procedures, the CIS provides indemnity cover to all physiotherapists who undertake this role, subject to the aforementioned conditions, and who are providing professional services for and on behalf of the health and social care service.

f) When to contact the State Claims Agency?

We are available to advise on issues that arise in respect of indemnity queries. Please get in touch via stateclaims@ntma.ie.

Appendix 08: Template SOP

The following template SOP is based on the contents of the National Guideline for Physiotherapist Authority to Refer for Medical Radiological Procedures and can be adapted as appropriate to meet local sites needs and requirements

SOP:	**Standard Operating Procedure for Physiotherapist Authority to Refer for Medical Radiological Procedures**
Revision No:	Version
Department	
Approval Date	Date: Name and Title of Approver
Revision Date	Date:
Implementation date:	Date:
Prepared By	Name(s)
Responsibility for audit of practice	Name(s)

SOP Statement:

This SOP is in relation to the development and implementation of a pathway for Physiotherapists to refer for medical radiological procedures (MRP) including ionising radiation (X-Ray). The SOP was developed to ensure that, within *Insert Hospital Name*, the implementation and development of same is supported by a clear set of principles & arrangements within the overall clinical governance framework, legislation & professional guidelines.

Purpose:

The purpose of this SOP is to provide guidance and a clinical governance framework for health service providers, within the HSE and HSE funded agencies (Section 38 & 39) for Physiotherapist referral for medical radiological procedures. This SOP outlines areas of responsibility and accountability that support Physiotherapists with authority to refer patients for medical radiological procedures that are underpinned by legislation and regulations.

This policy will:

- Outline the clinical governance framework to support the Physiotherapist referring for medical radiological procedures.
- Set out the roles and responsibilities of referring Physiotherapists and others using the principles of referring for radiological investigation
- Provide clear guidance for the professional practice of Physiotherapists employed in *Hospital* with Authority to refer for Medical Radiological Procedures
- Guide the role of Physiotherapists with Authority to Refer for medical radiological procedures in partnership & collaboration with the multidisciplinary team in *Hospital*

Scope:

This policy applies to:

- Physiotherapists undertaking an approved education programme to be qualified to refer for medical radiological procedures
- Physiotherapists referring for medical radiological procedures

These Physiotherapists will have successfully completed an approved Physiotherapist Education Programme for Authority to refer for Medical Radiological and are working within their scope of practice as approved by the Physiotherapists Registration Board Standards of Competence for Referral for Radiological Diagnostic Procedures (CORU 2024).

These Physiotherapists must also work in accordance with this SOP as approved by the *Hospital* Radiation Safety Committee (RSC)/Local Implementation Group (LIG).

These Physiotherapists will only be allowed to refer as noted above once authorised to do so by the relevant stakeholders as described in this document.

An individual referrer's scope of practice is shaped by various factors, including the healthcare setting, the specific needs of patients, the Physiotherapist's own competence, and the guidelines of the service they work in.

As Physiotherapists acquire new skills and knowledge, their personal scope of practice may expand and evolve subject to approval of their RSC/LIG. This may include non-ionising medical imaging procedures for example, Magnetic Resonance Imaging (MRI)

and Ultrasound. Physiotherapist referrers who expand their practice, as agreed by their LIG, must be accountable for their role and associated responsibility.

The named medical Consultant holds ultimate clinical responsibility for a person referred for a radiological procedure and their care, where the Physiotherapist functions as part of the multidisciplinary team. The referred person's named Consultant has responsibility for treatment actions that may be necessary as a result of findings/incidental findings on a radiological procedure that the Physiotherapist may have requested.

Out of scope of SOP

- Referral for Radiotherapy is not within the scope of this SOP.
- This SOP does not address matters related to image interpretation or the formulation of diagnoses based on radiological images, both of which are undertaken by Practitioners/ Radiologists.
- This SOP does not address the practical aspects of undertaking medical exposures

Responsibilities:

Copy directly from National Guideline and add/amend as needed

Procedure:

- **Scope of Practice**

The Physiotherapist as referrer has a defined list of procedures / investigations that can be requested. This list is agreed locally.

- **Indication for referral and assessing clinical risk**

Referral thresholds for radiological investigation will be consistent with local policy and the relevant Clinical Consultant. The Physiotherapist assessing the patient will consider the indications for referral for a medical radiological procedure using the principles of radiation protection as outlined by the International Commission on

Radiological Protection (ICRP, 2007) of justification, optimisation (incorporating ALARA) and limitation. This also includes obtaining previous radiological investigations and diagnostic information from Hospital and/or other locations.

The assessing Physiotherapist will also use one or more of formalised clinical decision support tools such as:

- RCR iRefer
- ESR iGuide
- ACR Appropriateness Criteria.

- **Decision making and consent**

Once the Physiotherapist as referrer decides a referral is indicated, they shall then ensure that the patient, or their representative is provided with adequate information relating to the benefits and risks associated with the radiation dose from the medical exposure (the 2018 Regulations, Part 2, Regulation 8 “Justification of Medical Exposure”). This allows for the patient to make an informed decision about whether to consent to the referral / procedure.

- **Pregnancy & Breastfeeding**

Referrers have a legal responsibility to enquire about pregnancy and breast feeding, where relevant, and to record the answers in writing (the 2018 Regulations, Regulation 16, Special protection during pregnancy and breastfeeding).

All referrers must follow Hospital procedures to determine, where relevant, if a patient/service user is pregnant or breastfeeding. Special attention should be given to the justification process in situations where pregnancy cannot be out ruled and an exposure to medical ionising radiation may be required to proceed.

All referrers employed by the health service provider must be aware of their responsibility regarding enquiring as to the pregnancy status of the patient /service user they are referring for medical radiological procedures and the referrers obligation to record the answer to such an inquiry in writing.

Link to National Pregnancy Policy can be found here.

- **Referral Procedure**

The referral will:

- Be in writing (including E-referral systems)
- Be made by E-referral through the existing process in Hospital via the RIS (or insert other appropriate) system.

This referral will be in keeping with requirements of the referral under relevant legislation:

- Have a signature (in an E-referral, the password through which the referrer accessed the ordering system is considered the referrer's signature)
- States the reason for requesting the procedure, and
- Is accompanied by sufficient medical data to enable the practitioner to carry out a justification assessment.
- Pregnancy and/or breastfeeding status documented as appropriate
- The request details must also contain the name of the patient's named Consultant.

The referral, once sent, can then be assessed by the practitioner/Radiographer to see if it reaches the threshold of justification. The justifying practitioner will consider the efficacy and potential benefits of the exposure, the possible risks associated with the medical exposure during the radiology procedure, and any alternatives which may be available.

From an organisational viewpoint, the referral will be managed by the Radiology department in the usual fashion consistent with local administrative procedure (quote or refer to local policy) [18] and national guidelines.

- **Follow up**
- Clinical Follow Up

This will be in accordance with local clinical pathways of the individual service, dependent on individual clinical presentation and Clinical Consultant preferences / decision.

- Monitoring of formal Radiology Reporting

It is the policy of Hospital that the Physiotherapist referrer will “read and act upon all radiology reports for investigations which they generate.” A system is in place to ensure all results of referred investigations are checked. *(Describe local relevant processes)*

- Risk Management

Link to local Risk Management PPPGs.

The HSE recognises the importance of adopting a proactive approach to the management of risk to support both the achievement of its objectives and compliance with governance requirements. The HSE is committed to ensuring that risk management is seen as everybody’s responsibility and is embedded both as part of the normal day-to-day business and informs the strategic and operational planning and performance cycle. Enterprise Risk Management (ERM) in healthcare promotes a comprehensive framework for making risk-based decisions that guide the protection and development of high-quality services and their contribution to improving healthcare outcomes. HSE Enterprise risk management policy and procedures (HSE 2023b) are available to support services in addressing risk.

- Incident management

Link to local Incident Management PPPGs.

The HSE Incident Management Framework (2020) defines an ‘incident’ as an event or circumstance which could have or did lead to unintended and/or unnecessary harm.

Incidents include near misses, accidental exposures, and adverse events which result in harm. A medical ionising radiation incident is an “accidental, unintended or other incidents occurring or potentially occurring within an undertaking which could impact on the safety and welfare of service users, comforters and carers or research volunteers” (HIQA 2019) [22].

The process and reporting structure for any clinical incidents in Physiotherapist referral for radiological investigation will be as per local policy and compliant with

national guidelines by HIQA and EPA.

Implementation:

This SOP document will be disseminated using existing communication structures within *(insert hospital/site).*

All Physiotherapists involved in referral for medical radiological procedures must read, understand and follow this SOP.

Clinical Audit:

Refer to National Guideline for information and further resources.

Relevant Legislation:

- Council Directive 2013/59/EURATOM laying down the (basic safety standards for protection against the dangers arising from exposure to ionising radiation, (BSSD) was transposed into Irish law by the European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018 (S.I. No. 256 of 2018) ("the 2018 Regulations")

- This legislation covers medical exposures associated with imaging modalities for example:
  - General X-ray, Computed Tomography (CT), along with
  - Any other ionising procedures within their scope practice and in keeping with local policies, procedures and guidelines.

Evaluation & Audit:

Revision of this document will be considered if an audit, serious incident, HSE National Guideline Revision, organisational structural change, scope of practice change, advances in technology or significant changes in international best practice or legislation identifies the need to update the .

References:

- Government of Ireland (2018). Statutory Instrument No. 256 of 2018 European Communities (Medical Ionising Radiation Protection) (Amendment) Regulations 2007. Stationary Office, Dublin.
- Government of Ireland (2019). Statutory Instrument No. 30 of 2019 Radiological Protection Act 1991 (Ionising Radiation) Regulations 2019. Stationary Office, Dublin
- Government of Ireland (2025). Statutory Instrument No. 245 of 2025 European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) (Amendment) Regulations 2025. Stationary Office, Dublin
- Health Service Executive (2026). National Physiotherapist Authority to Refer for Radiological Procedures Guideline. HSE National Guideline
- Health Service Executive (2023). HSE Enterprise risk management policy and procedures. Health Service Executive: Dublin
- Health Service Executive (2020). HSE Incident Management Framework. Office of the Chief Clinical Officer, Health Service Executive, Dublin.
- Environmental Protection Agency (2022). Guidance for undertakings on the application of the Ionising Radiation Regulations (IRR19). Environmental Protection Agency: Dublin.

Insert additional references as appropriate

Appendices:

Insert as appropriate

Appendix 09: Sample implementation plan template

[For support, refer to the toolkit and guidance in the implementation section (stage 4) in the Practical Guide]

National Document Title: Click or tap here to enter text.
Expected date of full implementation (refer to 5.4): Click or tap to enter a date.
[Consider allowance for training to be carried out, or an old document to be phased out]
Implementation lead/role: Click or tap here to enter text.

IMPLEMENTATION ACTION	Implementation barriers / enablers	List of tasks to implement the action	Lead responsibility for delivery of the action	Expected completion date	Expected outcomes

Describe the structure and governance of your implementation team.

[An implementation team/contact must be in place and be available to communicate, disseminate and provide guidance, education materials and support to local implementation teams]

Education / training required to implement the National document:

[List any tools and resources developed to support the implementation of this National 3PG at the local level, and where these tools can be accessed].

Example: National memo's/circulars, Resources on websites, HSeLanD training modules, patient and service user information leaflets, training linked to CPD, e-learning, podcasts, study days, research, checklists, audit tools, seminars, conference, patient pathways, toolkits, algorithms, teaching aids, presentations.

Adapted from National Clinical Effectiveness Committee (NCEC) Implementation Guide and Toolkit (Department of Health 2018)

Appendix 10: National Audit Tool

National Audit tool available through the National HSCP Office on the HSE HSCP website or by emailing cpd.hscp@hse.ie

Methodology
Population: A sample of target users
Sampling: A total of 10% or 10 target users, whichever is greater, should be selected.
Frequency: To be determined locally at least annually.
Method: Record **Y** for **Yes**, if the criteria are met. Record **N** for **No**, if criteria are not met or **N/A** for **Not applicable**.
Compliance requirement:
[Should have a 100% compliance requirement unless your National document allows flexibility – compliance levels should be set].

Is standard/criteria being met for the following statements: The Development Group should identify the core statements that should be audited at least annually.	**Yes**	**No**	**N/A**	**Evidence**
Statement 1 *Insert as relevant to the National document topic*				
Statement 2				
Statement 3				
Statement 4				
Statement 5				
Statement 6				
Date of Audit: Audited by (name/title): Compliance Rate %:				
Calculation of Compliance Rate %: The score, expressed as a percentage, is calculated by dividing the number of "yes" and "no" answers. "Not applicable" answers are excluded from the calculation of the percentage score. **Example:** If there are 6 "yes" and 2 "no" answers, the score is calculated as follows: 6 (yes answers) divided by 8 (total of yes and no answers) multiplied by 100 = 75%				

Appendix 11: Signature sheet

[This is a tool for Physiotherapist managers to print off and have staff sign as part of good record keeping/audit trail. This Signature Sheet should *not* be attached with the final published document].

I have read, understand and agree to adhere to this Policy / Procedure/ Protocol/ Guideline/ Clinical Guideline (delete as appropriate)
Document Title:

Print Name	Signature	Job Title	Date