

Chief Executive Officer
Richard Evans OBE



SoR 100 YEARS
THE SOCIETY OF RADIOGRAPHERS

Ms Caroline Topping
HM Assistant Coroner for the County of Surrey
By email to: [REDACTED]

Dear Ms Topping

Re Regulation 28 Report: Andrew Spencer Wing

Thank you for contacting the Society of Radiographers (SoR) in connection with the inquest following the death of Andrew Spencer Wing, concluded on 6th March this year. I am the current President of the SoR, having taken over the role from [REDACTED] in July 2019. We note your concerns that appropriate actions might help avoid future deaths in similar circumstances. The SoR is pleased to provide the following perspectives and actions. The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 17) is the legislative framework governing all clinical imaging that uses x-rays. The regulations stipulate the legal requirements for all aspects of any x-ray procedure, including the responsibilities surrounding referral of a patient for imaging.

In the case of Mr Wing, the clinician that referred him for the chest x-ray should have been aware of the requirements to provide sufficient clinical information to justify the procedure and to enable a diagnostic report to be subsequently made. The employer has an over-arching responsibility to ensure all referrers within their authority are trained in the requirements of IR(ME)R 17.

From your report it seems likely that the referral for Mr Wing to have a chest x-ray did not include the details of the differential diagnosis of dissecting aortic aneurysm. Had these details been included, the radiographers involved in taking the chest x-ray and in providing the clinical report could have recommended further imaging, including the CT scan which could have provided a more definitive diagnosis.

The SoR works in partnership with the Royal College of Radiologists and the Institute of Physics and Engineering in Medicine to promote understanding of IR(ME)R 17. We do this through a collaborative body, the Clinical Imaging Board. New guidance is currently in preparation and is expected to be approved in the near future. This will include the responsibilities of employers and referrers under the legislation. The following extract is from an advanced draft:

Referrer

The referrer must be a registered healthcare professional (10) as defined in IR(ME)R. In Northern Ireland, this also includes medical practitioners registered with the Medical Council of Ireland.

Quartz House, 207 Providence Square, Mill Street, London SE1 2EW
T: 0207 740 7200 E: info@sor.org W: www.sor.org

The Society of Radiographers is a company limited by guarantee registered in England under No. 169483
Registered Office: 207 Providence Square, Mill Street, London SE1 2EW

Referrers are entitled, by the employer, to request that an individual is exposed to ionising radiation as part of a diagnostic, interventional or nuclear medicine investigation. Referrals are made taking into account the referral guidelines provided by the employer. Many radiology departments will accept referrals from outside their organisation, for example, from a general practice or a chiropractor. In all situations, the employer's procedures must state from whom they will accept referrals and how the referrer will be provided with the specified referral guidelines.

When approved, the Clinical Imaging Board will make the guidance available and will publicise to NHS and independent sector employers throughout the UK. The SoR will additionally ensure that our own members are aware of the guidance. We believe that clinical imaging departments are in a good position to promote awareness of the requirements for adequate referral information through partnership working at a local level. We expect to be able to do this before the end of this calendar year.

The SoR will continue to ensure that its members are informed of good practice in respect of IR(ME)R 17 through updates, publications and information campaigns.

We have one further observation that we believe is relevant to this case and to the avoidance of future deaths of this nature. Had the referring clinicians in this case been able to have access to approved referral guidance, it is possible that their differential diagnosis of aortic dissection would have highlighted the need for a CT scan rather than (or in addition to) a chest x-ray. The SoR supports the use of the *i-refer* referral guidance produced by the Royal College of Radiologists: <https://www.rcr.ac.uk/clinical-radiology/being-consultant/rcr-referral-guidelines/about-irefer> This guidance is additionally available within clinical decision support software. We believe that widespread adoption of clinical decision support, based on *i-refer*, would complement awareness of IR(ME)R 17 and could reduce the risk of future deaths similar to the case of Mr Wing.

I trust that this response is helpful and meets your requirements of the SoR in this case. We will be happy to provide further information should this be required. Please contact the SoR at the following address: [REDACTED]

Yours sincerely

[REDACTED]

GILLIAN HODGES
President UK Council