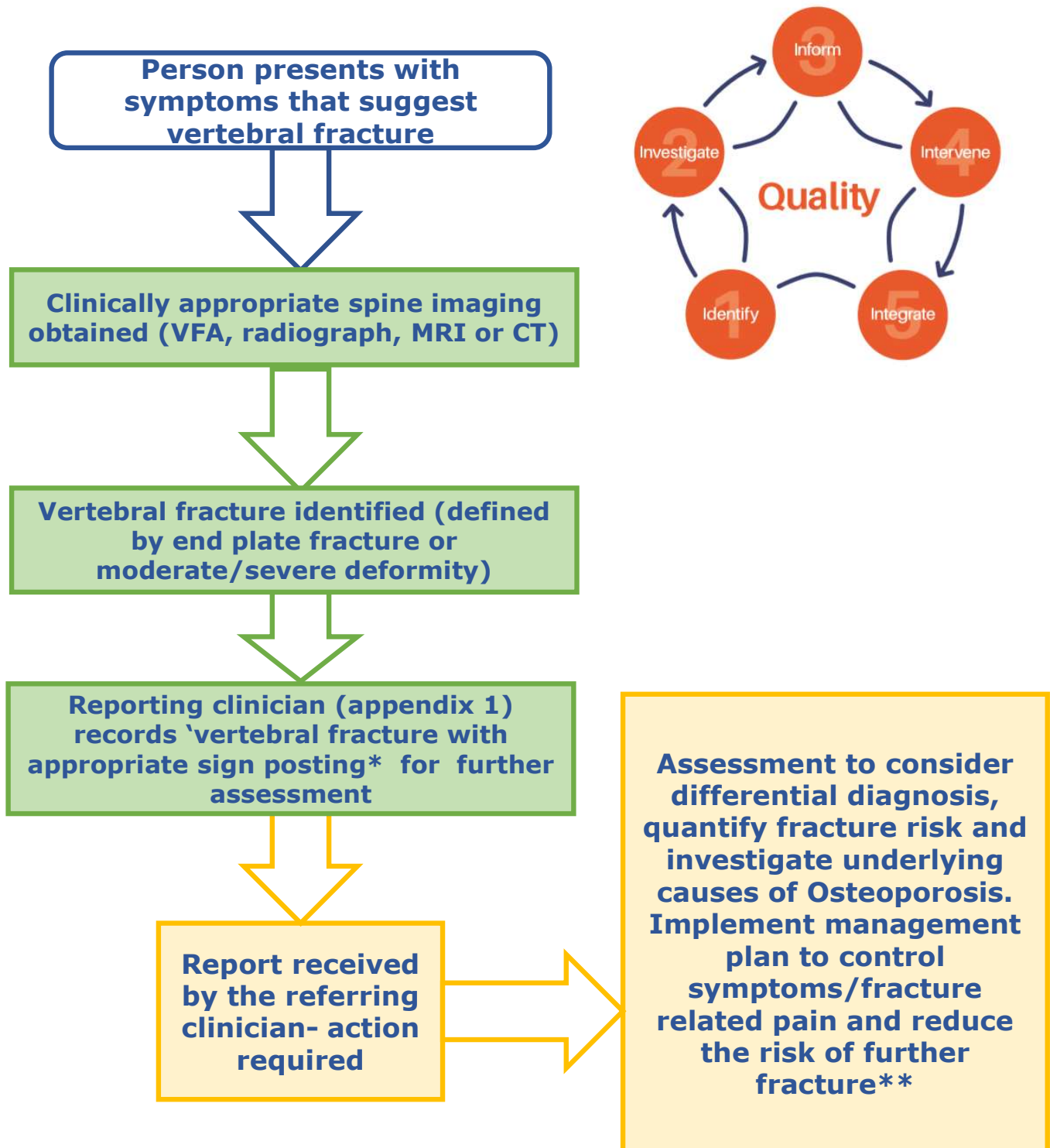


## Vertebral Fracture Identification:

New vertebral fracture pathway in the absence of FLS



**\*examples:**

- 'Referral to FLS is recommended'
- 'further assessment for osteoporosis and underlying causes for fracture are recommended'

**\*\*Fragility fracture pathway for management for secondary fracture prevention**

## Appendix 1

### **Reporting clinician standards and competencies: vertebral fracture identification for secondary fracture prevention**

A reporting clinician is defined as a healthcare professional with additional training, knowledge and experience in reporting vertebral fractures visible on radiological imaging. This includes radiologists and reporting radiographers. Other clinicians who may be involved in osteoporosis pathways such as specialist nurses, clinical scientists and rheumatologists might also report imaging to exclude vertebral fractures.

All reporting clinicians:

- **must** be named and entitled to act as an 'operator' under their employers IR(ME)R procedures
- should follow the principals laid out in the Royal College of Radiologists reporting standards namely(1):
  - 10. All reporters of imaging studies should be fully integrated into systems of quality assurance in reporting, for example, through participating in learning from discrepancy meetings (LDMs) and receiving frequent feedback on their reports (for example peer review and MDTMs)
  - 11. For patients to have confidence in the service, objective standards are required for all reporters. This should include a nationally calibrated exam and curriculum...followed by formal CPD, annual appraisal and five-yearly validation (or equivalent)
  - 15. When image interpretation and reporting is delegated to non-medically qualified reporters\*, they should work in teams with ready access to medically qualified reporters (generally radiologists)...
  - 16. Radiologists and non-radiologist reporters should only work within their scope of practice and competence
- should follow principals described in the ROS guidance on identification of vertebral fragility fractures (2,3) should be followed:
  - The wording should be unambiguous- use the term **vertebral fracture**
  - Further investigations or specialist referral should be suggested within the report
  - Where there is a significant unexpected finding (previously unreported vertebral fracture) the referrer should be alerted

\* e.g. radiographers and FLS nurses

(1) [Standards for interpretation and reporting of imaging investigations, Second edition | The Royal College of Radiologists \(rcr.ac.uk\)](https://www.rcr.ac.uk/standards-for-interpretation-and-reporting-of-imaging-investigations-second-edition)

(2) [Healthcare Professionals - Vertebral Fractures | ROS \(theros.org.uk\)](https://www.theros.org.uk/healthcare-professionals-vertebral-fractures)

(3) [ros-vertebral-fractures-guidelines.pdf \(windows.net\)](https://www.windows.net/ros-vertebral-fractures-guidelines.pdf)