



Rebuilding the NHS Better - Referrals to Clinical Neurophysiology

The early stages of the Covid-19 pandemic forced a critical examination of the utility of many referrals, which was in any case overdue. Later in the pandemic it was realised that some of the changes forced on NHS practice were beneficial and the concept of “Rebuilding better” after the pandemic was accepted. In many specialties this involved the substitution of remote consultations by phone or video in place of face to face outpatient visits. This reduces the risk of exposure to the virus to the clinicians and has significant ecological benefits.

However it was found that referrals to clinical neurophysiology were of lower quality in some cases if they were the result only of a remote consultation. Clinical neurophysiology can only be interpreted in the context of the patient’s clinical condition. This needs to be known at the time of triage to ensure best use of clinical neurophysiological resources.

Clinical neurophysiology teams are usually small compared to the many referrers they serve and do not have the resources to be the sole examiners of patients. Furthermore it is inequitable for all the risks of clinical examination to be borne by clinical neurophysiology practitioners. Clinical neurophysiological examinations require prolonged, close contact with patients.

At a meeting of the BSCN Council on 18th June 2020 a new policy was introduced. It is intended that this policy stands after the Covid-19 pandemic is over.

Standard A: Referrals for clinical neurophysiological investigation should only be made by those who have physically examined a patient, and who are competent to perform and interpret that examination.

Referrals that do not meet this standard risk being rejected.



Electronically Signed

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