

Clinical Governance Policies and Procedures

**Referrals for Radiological Investigations:
Policy for Non-Medical Registered Professionals**

Version	6
Sub Committee & approval date	IRMER committee – February 2018 Radiology Operational Board – January 2018
Date Ratified by Assurance Committee	
Name of policy author	Dr. Mark Twemlow, Clinical Lead for Radiology (Ext. 32552) Ken Storey, Radiology Systems Manager
Date issued	
Review date	
Target audience	All staff including non-medical referrers making requests for Radiological examinations at Northumbria Health Care NHS Foundation Trust

This Policy has been impact assessed against the Equality Act 2010 using the Trust Equality Impact Assessment template

History of previous versions of this document:

Approved TWGC	Approved by Trust Board	Version	Issue Date	Review Date	Contact Person
		5	March 2014	March 2017	Kelly Gribbon Trust Lead Radiographer (2552) Dr. R Dharmadhikari Director of Radiology
		4	unknown		Jon Besbrode Nurse Practitioner (3648) Dr. Rita Robson Director of Radiology
		3	unknown		Jon Besbrode Nurse Practitioner (3648) Dr. Rita Robson Director of Radiology
Dec 04	Jan 05	2	August 06	August 08	Jon Besbrode Nurse Practitioner (3648) Dr. Rita Robson Director of Radiology
Dec 04	Jan 05	1	Jan 05	Jan 07	Jon Besbrode Nurse Practitioner (3232) Dr. Rita Robson Director of Radiology

Statement of changes made in this version (Version 6)

This version is a complete revision of the policy, produced as a result of the introduction of new IRMER regulations revised in 2017.

This version also facilitates the more efficient management of non-medical healthcare referrers by bringing up to date the training requirements (now done on line), the recording of that training and the signing off of individuals by a clinical supervisor. This version also provides a more useful example of a local plan which is required for each area within which the referrers operate.

Referrals for radiology are now made within the ICE system and therefore referrers need an account within ICE. The new way of recording the scope of practice makes it more efficient in recording staff and their scope of practice and this makes it easier for the application management team to provide the correct level of access within ICE.

This revised version also clarifies what is required of each referrer in terms of review and refresher training after 5 years.

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1. Operational Summary

This policy provides a guide for non-medical registered professionals to become referrers for diagnostic procedures within Northumbria Healthcare NHS Foundation Trust as described within the Ionising Radiation (Medical Exposure) Regulations (IR (ME) R 2017).

2 Introduction

This policy has been developed to facilitate the referral by non-medical registered professionals for radiological opinion in order to efficiently manage individual patients and caseloads.

3 Purpose

This policy provides a framework for groups or individuals to operate a safe referral system that is relevant to the context of their practice.

4 Duties within the organisation

Non-Medical Registered Professionals – are required to follow this policy by developing, distributing and following their own local plan when developing their role to include referral for radiological opinion. The 'local plan' must include all of the key elements to avoid the need for separate approval.

General Managers/Ward and Department Managers – are responsible for ensuring that referral for radiological opinion is an appropriate service for the identified non-medical registered professionals within their departmental remit.

Radiology Department Staff – are responsible for implementing radiology department procedures in checking the validity and justification of referrals.

5 Definitions of Terms Used

5.1 **Non-medical, registered healthcare professionals:** for the purposes of this policy the term non-medical, registered professionals includes members of the following professional groups

- Registered nurses
- Radiographers
- Physiotherapists
- Occupational therapists
- Speech and language therapists
- Podiatrists
- Pharmacists
- Dieticians
- (This list is not exhaustive)

- 5.2 A **Local Plan** is an operational plan written for a specific group of non-medical registered professionals working in a particular context.
Each specialist area must have a local plan.
The local plan is to be retained by the lead specialist nurse or equivalent for this area and a copy should be forwarded to the IRMER administrators via - irmer@northumbria-healthcare.nhs.uk
An example of a plan can be found in **appendix 1** which can be used as a guide to producing a local plan.
- 5.3 **Clinical supervisor:** a senior clinician or senior specialist practitioner within the area of work identified in the local plan
- 5.4 **Referrer:** A registered healthcare professional who is entitled, in accordance with the employer's procedures, to refer individuals for medical exposures.
- 5.5 **Employer:** Any legal person who carries out (other than as an employee), or engages others to carry out, medical exposures or practical aspects, at a given radiological installation.
- 6 Process**
- 6.1 Training in the correct referral method can be undertaken by any non-medical, registered healthcare professional.
- 6.2 It is explicit within IR(ME)R 2017 that any referral protocols must be robust in order to protect patients, staff and the employer.
- 6.3 This policy and the local plan thus constitutes the employer's procedure within IR(ME)R 2017 for non-medical referrers to refer individuals for diagnostic investigations which use ionising radiation.
- 6.3 This policy also provides for non-medical referrers wishing to refer for investigations using ultrasound where this is specified in the relevant local plan.
- 6.4 Non-medical, registered healthcare professionals can **not** refer for magnetic resonance imaging (MRI) opinions through this policy. The policy on requesting MRI examinations (Clin Gov. 24), is available on the Trust intranet or from the radiology department via irmer@northumbria-healthcare.nhs.uk
- 6.5 The non-medical, registered healthcare professional must have undertaken adequate training as specified in the relevant **local plan (see appendix 1)**. The record of competency should be kept by the individual referrer as evidence of his/her professional development.
- 6.6 Amended local plans should be forwarded to the IRMER administrators via irmer@northumbria-healthcare.nhs.uk
- 6.7 The referrer's manager, supervisor, or clinical director of radiology may withdraw approval for any individual or group at any time if any concern arises regarding knowledge or practice.

7 **Training and Support**

Non-medical referrers must undergo IRMER training, and also clinical training under the supervision of a clinical supervisor. They must work within the scope of their local plan.

7.1 **IRMER Training**

For non-medical referrers, training is available as theory based via a national on-line course at www.e-lfh.org.uk

The list of required modules to be completed is given in **appendix 2**

Users will need to register using an NHS e-mail address

A guide to accessing the on-line IRMER training can be found on the Radiology page of the Northumbria Trust intranet.

For Non-Trust trainees, guidance can be obtained by e-mailing: irmer@northumbria-healthcare.nhs.uk

7.2 **The Local plan**

Each specialist area must have a local plan.

The local plan will identify the scope of practice or a specific range of investigations which it is appropriate for the non-medical referrer to request.

Each non-medical referrer must work in accordance with their local plan.

7.3 **Clinical Supervisor sign off**

Each non-medical referrer must be assessed by a clinical supervisor.

Clinical supervisors are senior clinicians within the area of work identified in the local plan.

The clinical supervisor must complete and sign the 'Record of assessment of competency' (**Appendix A of the local plan**) to certify that through clinical training and assessment the non-medical referrer has demonstrated full compliance with the following standards

1. A clear understanding of their responsibilities and accountabilities within their professional organisation.
2. An appropriate knowledge and understanding of the purpose of each investigation.
3. A clear understanding of the value of particular radiological examinations in specified clinical contexts (working within the parameters of the local plan).
4. Follows the correct procedure for requesting each examination.
5. Can provide accurate and appropriate clinical information for each request.
6. Has appropriate knowledge of when and how to contact radiology staff.
7. Has appropriate knowledge of when and how to contact medical staff to communicate potentially significant findings.
8. Has completed the on-line IR (ME) R training.

It is the responsibility of the referrer to ensure the report for each request that they make is read and that appropriate action is taken. Significant findings, or findings of uncertain significance or meaning, must be reported to the Consultant or Senior Clinician responsible

for that patient. Significant findings would be reports including, but not limited to, significant unexpected pathology, a new diagnosis of suspected malignancy or new trauma.

7.4 Submission of evidence:

Upon completion, the non-medical referrer should submit the following to the IRMER administrators via [-irmer@northumbria-healthcare.nhs.uk](mailto:irmer@northumbria-healthcare.nhs.uk)

- Evidence of completion of all of the required IRMER modules
- Clinical sign off by the supervising clinician ([appendix A of the local plan](#) - record of Assessment of competence)
- A copy of the local plan ([appendix 1](#))

Upon receipt of the above, the IRMER administrators will add the details of the non-medical healthcare professional to a list of approved referrers. This list will act as authorisation for the applications management team to provide the appropriate privileges to ICE accounts to facilitate electronic requesting. The list will also act as the definitive list of non-medical referrers and requests for radiology will only be accepted from those non-medical referrers identified on this list.

The non-medical, registered healthcare professional is responsible for keeping a record of their IRMER certification and their signed assessment of competence.

8 Process for monitoring and audit

8.1 Review of investigations made

After the first six months of referrals the clinical supervisor and the non-medical referrer will: -

- review a sample of the referrals made (10 of each type e.g. x-ray, CT, ultrasound) together with the reports
- discuss the appropriateness of the sample referrals
- discuss the quality of the sample referrals (the clinical information provided)
- discuss any actions taken as a result of the referral, including actions taken on any significant findings
- discuss any concerns, identify any further training needs and plan to meet them.

It will be the responsibility of the non-medical referrer to arrange this review and to retain evidence of this.

Non-medical referrers may be asked by the supervisor to stop referring for radiological opinion if this is considered necessary.

8.2 Refresher training.

IRMER training must be refreshed every 5 years. A list of the IRMER modules that must be completed as part of refresher training is given in [appendix 3](#)
It is the responsibility of the non-medical referrer to keep their IRMER training up to date.

Upon completion of refresher training, evidence of completion of all of the required IRMER modules should be submitted to IRMER administration via [-irmer@northumbria-healthcare.nhs.uk](mailto:irmer@northumbria-healthcare.nhs.uk)

Staff who do not keep evidence of their training up to date will be removed from the list of approved non-medical referrers.

9 References

Barr M, Johnston D and McConnell D (2000) Patient satisfaction with a new nurse practitioner service. *Accident & Emergency Nursing*. 8(3) 144-7.

Department of Health (2000a) *The NHS plan – A plan for investment, a plan for reform*. HMSO. London.

Department of Health (2000b) *Patient Group Directions*. HSC 2000/026. NHS Management Executive. London.

Lindley – Jones M and Finlayson BJ (2000) Triage nurse requested x-rays – the results of a national survey. *Journal of Accident and Emergency Medicine*. 17(2) 108-110.

Lindley – Jones M and Finlayson BJ (2000) Triage nurse requested x-rays – are they worthwhile? *Journal of Accident and Emergency Medicine*. 17(2) 103-7.

NMC (Nursing and Midwifery Council) (2002) *Supporting Nurses and Midwives through Lifelong Learning*. NMC. London.

NMC (Nursing and Midwifery Council) (2002) *Code of professional conduct*. NMC. London.

UKCC (2000) *Perceptions of the scope of professional practice*. UKCC. London.

UKCC (2002) *Report of the higher level of practice pilot and project*. UKCC. London.

10 Associated Documents

CG99 - Medical Image Interpretation & Clinical Reporting by Radiologists and non-Radiologists

Department of Health (2017) *The Ionising radiation (Medical Exposure) Regulations*.

A guide to understanding the implications of the ionising Radiation (Medical Exposure) Regulations in diagnostic and interventional radiology (2017) *Royal College of Radiologists London*

Appendices

Appendix 1	Example of a Local Plan
Appendix 2	List of IRMER modules
Appendix 3	List of IRMER refresher modules 3

Local plan: is an operational plan written for a specific group of non-medical registered healthcare professionals working in a particular context.

Example Local Plan

**Please use this example local plan as a template
Provide your own specific detail about your local plan in the highlighted blue areas.**

Local operational plan for non-medical registered healthcare professional staff referring for radiological opinion.

Local plan

Specialty name: - **GP Practice name**

Location(s): - **e.g. Primary care**

(please identify the practice)

Local plan lead

Doctor / clinician name:

(Please print)

Signature:

Post held:

Date:

(The local plan will be reviewed annually)

Written in accordance with, the Northumbria Healthcare NHS Foundation Trust policy – 'Referrals for Radiological Investigations: Policy for non-medical, registered professionals'

1. Working environment / context
2. Training & Clinical supervision
3. Range of investigations / scope of practice
4. Operational notes

1. Work environment i.e. the context of practice: -

Details of the group of referrers

Example *Nurse Practitioners working under this local plan assess and treat patients and apply advanced nursing skills within the primary care environment. All are independent Nurse Practitioners and have undergone IRMER training, understanding the appropriateness and the contraindications with respect to radiological referrals.
(Please expand on this as appropriate)*

Non-medical referrers will be expected to apply advanced clinical skills in order to:-

- Provide effective high quality care to the acutely and chronically ill patient,
- Assess patients
- Initiate early interventions and investigations
- Request and review specifically identified radiological investigations (as agreed with clinical supervisors)

Early referral for radiological investigations by the nurse practitioner will mean: –

- Reduced delays in appropriate treatment.
- Reduced patient waiting and potential discomfort.
- More efficient use of medical time and resources.

This may include contact in:

Example - *Primary care practice locations (& other)*

It is the responsibility of the referrer to ensure the report for each request that they make is read and that appropriate action is taken. Significant findings, or findings of uncertain significance or meaning, must be reported to the Consultant or Senior Clinician responsible for that patient. Significant findings would be reports including, but not limited to, significant unexpected pathology, a new diagnosis of suspected malignancy or new trauma.

2. Training & Clinical supervision

Training

Please identify any specialist practice or training which is undertaken for this role.

Example *Specialist nurse practitioners work independently, assessing and treating patients and have undertaken advance training in*

Training is as laid out in Northumbria policy document CG52 “Referrals for Radiological Investigations: Policy for non-medical, registered professionals”
 IRMER training is theory based, via a national on-line scheme at www.e-lfh.org.uk
 The list of required modules to be completed can be seen as appendices to document CG52.

Clinical supervision

The names and posts held by the clinical supervisors

Please list example *Lead Doctor for that area &
 Other Medical staff (& their roles)
 Senior Specialist Practitioners (& their roles)*

The non-medical referrer must demonstrate the following to the clinical supervisor -

1. A clear understanding of their responsibilities and accountabilities within their professional organisation.
2. Appropriate knowledge and understanding of the purpose of each investigation.
3. A clear understanding of the value of particular radiological examinations in specified clinical contexts.
4. The correct procedure for requesting each examination.
5. That they can provide accurate and appropriate clinical information for each request.
6. Appropriate knowledge of when and how to contact radiology staff.
7. Appropriate knowledge of when & how to contact medical staff with regard to potentially significant findings.
8. Has completed the on-line IR (ME) R training.

The clinical supervisor will complete and sign the ‘Record of assessment of competency’ (**appendix A**) to confirm that the non-medical referrer has satisfied the above criterion. This document will also identify a specific range of radiological investigations which it is appropriate for the non-medical referrer to request.

Review of investigations made

After the first six months of referrals the clinical supervisor and the non-medical referrer will: -

- review a sample of the referrals made (10 of each type e.g. x-ray, CT, ultrasound) together with the reports
- discuss the appropriateness of the sample referrals
- discuss the quality of the sample referrals (the clinical information provided)
- discuss any actions taken as a result of the referral, including actions taken on any significant findings
- Discuss any concerns, identify any further training needs and plan to meet them.

It will be the responsibility of the non-medical referrer to arrange their review and to retain evidence of this.

Nurse practitioners or equivalent may be instructed to stop referring for radiological opinion if this is considered appropriate by the supervisor.

Refresher training.

IRMER training must be refreshed every 5 years as described in CG52.

3. Range of investigations / scope of practice

Appendix 1

The following referrals are appropriate from non-medical staff working under this plan.

Examination area / type	Tick as appropriate	Indications	Contraindications
Appendicular skeleton		E.g. trauma	
Axial skeleton (including pelvis)		E.g. trauma	
Chest / abdomen			
CT head/ neck			
CT other			
Ultrasound			
Fluoroscopy			
Mammography			
Other (please specify)			

4. Operational notes

- A copy of this plan must be retained by the lead specialist nurse or equivalent for this area.
- A copy of this plan must be sent to the IRMER administrators via irmer@northumbria-healthcare.nhs.uk
- For each non-medical referrer, the clinical supervisor must complete and sign [Appendix A](#) and the non-medical referrer must submit this with evidence of on-line IRMER training.
- The local plan will be reviewed annually.
- Please address any queries about this plan to the lead clinician and lead specialist nurse for this area.

Non-Medical Referrer Name: _____
 (Please print)

Post held: _____ **Prof Registration No.** _____

Local plan specialty name: _____

The above named non-medical referrer has demonstrated the following -

1. A clear understanding of their responsibilities and accountabilities within their professional organisation.
2. Appropriate knowledge and understanding of the purpose of each investigation.
3. A clear understanding of the value of particular radiological examinations in specified clinical contexts (working within the parameters of the above local plan).
4. The correct procedure for requesting each examination.
5. That they can provide accurate and appropriate clinical information for each request.
6. Appropriate knowledge of when and how to contact radiology staff.
7. Appropriate knowledge of when and how to contact medical staff to communicate potentially significant findings.
8. Has completed the on-line IR (ME) R training.

The following referrals are appropriate from non-medical staff working under this plan.	Tick as appropriate	Supporting comments
Appendicular skeleton		
Axial skeleton (including pelvis)		
Chest / abdomen		
CT head/ neck		
CT other		
Ultrasound		
Fluoroscopy		
Mammography		
Other (please specify)		

Clinical Supervisor sign off:	
Name: _____ (Please print)	Signature: _____
Date: _____	Post held: _____

(A copy of this form should also be retained by the named non-medical referrer as evidence)

List of IR (ME) R modules to be completed by Non-Medical referrers

E-IRMER Module 01 - Fundamental Physics of Radiation

Radiation Hazards & Dosimeter	01_02_04 Examples of Radiation Dose	(~20 mins)
	01_02_05 Risks vs. Benefits in Patient Exposure	(~25 mins)
Special Circumstances	01_03_01 Use of Medical Exposures in Special Circumstances	(~20 mins)

E-IRMER Module 02 - Management and Radiation Protection of the Patient

Patient Selection	02_01_01 Patient Selection: The Justification of Patient Exposure	(~10 mins)
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E-IRMER Module 03 - Legal Requirements

Regulations	03_01_02 Ionising Radiation (Medical Exposure) Regulations 2000 [IR (ME) R 2000]	(~25 mins)
Clinical Audit	03_03_01 Clinical Audit	(~10 mins)

E-IRMER Module 04 - Diagnostic Radiology

General Diagnostic Radiology	04_01_03 Equipment Selection and Use	(~25 mins)
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(Total study time 135 minutes)

List of IR (ME) R modules to be completed as a 5-yearly refresher

E-IRMER Module 01 - Fundamental Physics of Radiation

Radiation Hazards & Dosimetry	01_02_04 Examples of Radiation Dose	(~20 mins)
	01_02_05 Risks vs. Benefits in Patient Exposure	(~25 mins)

E-IRMER Module 02 - Management and Radiation Protection of the Patient

Patient Selection	02_01_01 Patient Selection: The Justification of Patient Exposure	(~10 mins)
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E-IRMER Module 03 - Legal Requirements

Regulations	03_01_02 Ionising Radiation (Medical Exposure) Regulations 2000	[IR (ME) R 2000] (~25 mins)
Clinical Audit	03_03_01 Clinical Audit	(~10 mins)

(Total study time 90 minutes)