**Policy for the Requesting of Imaging Examinations by Non-medically Qualified Professionals**

**1 INTRODUCTION AND OVERVIEW**

1.1 This document sets out the policy of the Imaging Service within Frimley Health Foundation NHS Trust (FHFT) for the requesting of imaging examinations by non-medically registered professionals.

1.2 Changes in the delivery of healthcare brought about by the NHS and Community Care Act, Care Act 2014 – Community Care and the NHS Long Term Plan have resulted in the delegation of some traditionally led tasks to non-medical, but professionally registered professionals. This development has brought with it new opportunities for Nurses, Allied Health Professions (AHP’s) and other health and care professionals and has led to an increase in their scope of practice.

1.3 One of the elements of these roles affected by this change has been the need for nonmedically qualified referrers (NMR) to be suitably authorised to request appropriate imaging examinations. It is essential that to optimise the benefit of such a development, the associated risks are identified and appropriately managed. As some examinations involve an exposure to ionising radiation FHFT must accept the delegation of such tasks as appropriate and justified in accordance with the Ionising Radiation (Medical Exposure) Regulations 2017.

1.4 NMR referring maybe part of a clinical team where they will be acting on a radiology report as opposed to evaluating the image itself such as in secondary care or the NMR may be referring as an autonomous practitioner who will be reviewing the images (clinical evaluation) and making a decision on patient treatment prior to the radiology report being issued.

1.5 This policy specifies the framework of acceptable practice for non-medical referrers requesting imaging examinations. In addition, it reflects the responsibilities of the individual referrers and FHFT in accordance with the Ionising Radiation (Medical Exposure) Regulations 2017.

1.6 The number and scope of extended roles continues to increase. In order to ensure a consistent and objective approach to the evaluation of the future need, a specific evaluation process has been developed and is documented within this policy

**2 DEFINITIONS AND ABBREVIATIONS**

APP – Advanced Practice Physiotherapist

IRMER - Ionising Radiation (Medical Exposure) Regulations 2017

CMG – Clinical Management Group

CT scan – computerised tomography

EPR – Electronic patient record

FHFT – Frimley Health Foundation Trust

GP – General practitioner

ICE – Integrated clinical Environment – order communications softwareMR scan – magnetic resonance scan

ICS – Integrated Clinical System

Imaging examinations – referrals for x-rays, CT scan, MR scan, US scan, fluoroscopy procedures

NMR – non medical referrer

Operator – Radiographer, Sonographer or Radiologist who performs an imaging examination

Practitioner – Radiologist, Reporting Radiographer or Sonographer who justifies the examination Authorising according to set

Protocol – examination authorised according to established clinical guidelines

RIS – Radiology Information System

US scan – ultrasound scan

XR – X-ray examination

**3 POLICY SCOPE**

3.1 This policy applies to non-medical referrers such as Nurses and Allied Health Professionals working within FHFT and the GP practices forming the Frimley ICS wishing to refer patients for imaging examinations undertaken within FHFT hospitals.

3.2 All non-medical referrers must hold current professional registration with either the Nursing and Midwifery Council (NMC) or Health and Care Professions Council (HCPC).

3.3 Any staff groups such as Physicians Assistants that do not hold professional registration with either the NMC or HCPC cannot be recognised as an NMR and are excluded from this policy.

3.4 All non-medical referrers should have at least 1 year post-registration experience and have undertaken a recognised post registration course which includes physical examination and diagnostic reasoning, including either the HEE level 7 module or the minimum of 4-6months via the portfolio route. The group 1 NMR staff in Emergency Department can request limited radiology requests in the first 2 years.

3.5 In addition to the professional registration requirements those undertaking this role will need to attend non-medical referrers training and undergo supervised practice as detailed in section 6.

3.6 Individual local agreements with services within the hospital CMGs primary care practice/ICS training hub will be agreed by the radiology general manager and authorised by the Medical Lead for Imaging or nominated representative and the Medical Lead or nominated representative for the referring Service, CMG or GP practice.

3.7 The local agreements will cover:

• Who can request

• How they can request

• What they can request

• In what circumstances (presentation and justification)

3.8 The IR(ME)R Regulations 2017 state that the Trust must have a procedure to identify individuals entitled to act as authorised referrers for imaging procedures utilising ionising radiation. Under IR(ME)R:

- The referrer has prime responsibility for, and must be competent to provide, sufficient and necessary clinical information for the practitioner

- The imaging practitioner has the responsibility for justifying the procedure based on the clinical information provided. The practioner is therefore resposnible professionaly and legally for the justification of each individual medical radiation exposure

The framework provided by IR(ME)R 2017 also provides a best practice model for imaging modalities which do not involve ionising radiation (such as US and MRI) and the need for appropriate training and clarifiction of roles and responsibilities is relevant to all the imaging modalities.

**4 ROLES**

4.1 The Executive Lead responsible for this policy is the **Medical Director**.

4.2 The **Radiology manager** is designated as having overall responsibility for ensuring that:

a) all relevant staff are aware of this policy

b) there are mechanisms in place for providing assurance that the policy is followed

c) there are written local agreements with the relevant CMG and the Imaging Service

d) non-medical referrers training is available

e) the record of training and update training is kept centrally within the Imaging Service

4.3 The **Superintendent Radiographers or other Modality leads** are responsible for ensuring that radiographic staff in the clinical areas follow this policy

4.4 The **Radiographic staff (radiographers and radiologists)** have a duty to follow this policy and report any concerns where referrers are referring outside of the agreed scope or are not on the list of approved referrers.

4.5 Senior **Clinical Managers** are responsible for:

a) ensuring that any new or existing requests to refer for imaging examinations are within the scope of the policy and local agreements

b) the clinical staff referring remain up to date with their non-medical referrers training

4.6 **Non-medical referrers** are responsible for:

a) referring imaging examinations within the local agreement

b) ensuring their non-medical referrers training is up to date

4.7 The **Imaging Radiation Protection Committee** oversees all matters relating to compliance with radiation regulations and will support this policy.

**5.1** **Requests for a new agreement to Refer**

**5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS**

a) Any staff requesting to refer must have the support of their CMG, Service or GP practice including approval from a Consultant/GP and Head of Nursing/Head of Service for AHP staff (where appropriate).

b) A proposal form (appendix 1) must be completed and forwarded to the Radiology manager together with any supporting information e.g. national guidelines, clinical pathways. For Primary care NMRs the proposal form and evidence should be sent to the ICS training hub who will liaise with FHFTs Radiology team prior to informing the ICE/EPIC team to provide access.

c) The request will be discussed with the relevant Radiologists/Radiology Speciality Group who will confirm whether the request to refer is accepted.

d) If accepted the Radiology manager will draw up the local agreement between the Imaging Service and the local service/CMG/GP practice. This agreement will be held with the Imaging Department policy record and a copy sent to the relevant CMG or ICS Training tub (for Primary care).

e) If not already done so the individual(s) will need to undertake non-medical referrers training as detailed in Section 6.

f) Approved referrers will be listed on one of two registers:

- NMR referrers working in primary care within the Frimley ICS referring into FHFT

- NMR referrers working in secondary care for FHFT

**5.2 Referrer Responsibilities**

a) Every request must be fully completed in line with the Imaging Service standards, including the patients’ full name, date of birth, address, NHS number, full clinical details and written or electronic signature (where applicable). Xray requests for children (<18 yrs) and generally excluded unless specifically permitted under the NMR scope of practice.

b) The imaging examination must only be requested when the results, either positive or negative, will alter patient management.

c) The patient must be given a full explanation of the need for an examination including providing where possible the individual or their representative to be exposed adequate information relating to the benefits and risks associated with the radiation dose from the exposure. Relatives/carers must be involved especially if the patient is a child or has learning difficulties.

d) The referrer should adhere to the published departmental guidelines regarding appropriate indications for x-ray and ultrasound.

e) High radiation dose examinations such as CT should only be made as part of a multi-disciplinary team or consultant led care. The consultant acting as authorising provider must be included in the referral.

f) To minimise the risk to our patients and the Trust, the Imaging Service will not accept requests received from non-medically registered staff whom are not on the list of accepted referrers or for examinations outside of the local agreement. Referrers will be cross checked against the authorised NMR database.

**5.3 Radiology Responsibilities**

a) All imaging examinations will be justified by the practitioner or authorised according to protocol by the radiographic staff prior to the examination being performed.

b) If the request does not have sufficient clinical information for the radiographic staff to justify the request according to guidelines, the radiographic staff may contact the referrer to seek clarification (if appropriate) and gain further information. They may also (if applicable) seek the advice of a Radiology IR(ME)R Practitioner prior to carrying out the procedure.

c) Any request that is not justified will be rejected and the referrer informed by letter to primary care or via Epic Inbasket messaging in secondary care.

d) The radiographic staff will ensure that the patient has been correctly identified before proceeding with the examination.

e) For X-rays, the Radiographer will take standard projections in accordance with the Departmental Plain film Imaging SOP and additional projections if they believe them to be necessary and appropriate.

**5.4 Accountability**

The extended role of the non-medically registered referrer requesting imaging examinations is undertaken by the individual on the understanding that:

• Each referrer must work within the scope of practice of this protocol and is personally accountable for his or her own practice.

• Referrers and the Imaging Service adhere to the local agreement that specifies the requesting of appropriate imaging examinations by a non-medically qualified professional.

• A named Consultant or GP (i.e. referrers delegating the task) remain medically responsible for the patients who are examined under this process. **The radiology result will be returned to the named responsible consultant (provided an authorising consultant has been entered in Epic) or GP.**

• Each Non-Medical Referrer undertakes annual audits of their own practice; these audits may be requested periodically for review under IR(ME)R by the Radiology department. If not forthcoming the NMR privilege may be revoked.

• To inform the Radiology department of any change of name in order to be compliant with IR(ME)R regulations.

**5.5 Reporting**

a) The examination will be reported by a Radiologist/Reporting Radiographer/Sonographer according to departmental procedure unless there is a written agreement to the contrary.

b) It is the responsibility of the health care professional responsible for the patient to ensure that an evaluation of the images/report obtained is recorded in the patient notes.

c) Results acknowledgement: It is the responsibility of the referrer and employing practice to have systems in place to ensure ALL results when returned to a referrer are read, acknowledged, and acted upon. All reports return to a secondary care referrer will be required to be read and acknowledged using the Epic system.

The referring clinician is responsible for informing the patient of their results, positive or negative, and documenting that this has been done in line with [NPSA Safer Practice Notice 16 – Early identification of failure to act on radiological imaging reports](https://imaging.heartofengland.nhs.uk/wp-content/uploads/2017/02/npsa-16.pdf)

c) A provisional written report should be documented in the patient’s notes in Epic for emergency department examinations using ‘wet read’ function and the radiology report will indicate whether the findings are discrepant or non-discrepant.

**6. EDUCATION AND TRAINING REQUIREMENTS**

**6.1 Management and Administration of the Education and Training**

a) In order to comply with the requirements under IRMER, all new and existing staff who wish to practice under this policy will be required to undertake a programme of education. This is to ensure that each individual has an appropriate knowledge base to understand the legal and professional responsibility they hold in relation to the IRMER regulations and this document.

b) The Imaging Service will take the lead role in the co-ordination of the radiation protection training programme and will ensure that a rolling programme is maintained.

c) All non-medically registered staff undertaking the extended role of the requesting of imaging examinations must complete a programme of education as specified and a period of training in their workplace appropriate to the role.

d) Non-medical Referrers must have completed an appropriate IR(ME)R training. FHFT requires all Non-medical Referrers to complete the following ‘e-learning for Health’ modules initially, prior to requesting imaging, and then every three years thereafter; these can be found by searching the online catalogue for ‘Ionising Radiation (Medical Exposure) Regulations (e-IRMER)’.

**IRMER module 01**

Radiation Hazards and Dosimetry

- Biological Effects of Radiation

- Examples of Radiation Dose

- Risks v Benefits in Patient Exposure

Special Circumstances

- Use of Medical Exposures in Special Circumstances 01-03-01

**IRMER module 02**

Management and Radiation Protection of the Patient

Patient Selection

- The Justification of Patient Exposure

**IRMER module 03**

Legal Requirements – Regulations

- Ionising Radiation (Medical Exposure) Regulations 2017 - IR(ME)R 2017

e) Following attendance on the non-medical referrers training course, the non-medical referrer must complete and pass an assessment which must be forwarded to Radiology Manager

f) Once the non-medical referrer has passed their assessment access to the electronic referring system (ICE in primary care and Epic in secondary care) will be added to their profile enabling them to refer for the locally agreed imaging examinations.

i) All referrers must be assessed and documented as competent to carry out the tasks described prior to receiving authorisation to practice under this policy.

**6.2 Assessment**

The process of assessment will have two parts:

a) Underpinning Knowledge of IR(ME)R, radiation protection and local governance. This knowledge is acquired through the attendance on the NMR training programme which is demonstrated through successful completion of the assessment form.

b) Supervised Practice Having completed the relevant education, NMR’s will be required to undertake clinical practice under supervision. The duration and manner in which this is managed will be specific to the speciality in which the referrer is practising. It is therefore the individual CMG responsibility to formalise the details of acceptable clinical supervision. The nominated supervising GP or hospital consultant will be recorded against the NMR in the registers held within radiology department.

**Assessment of NMR practice competence**

• The named GP or consultant currently registered with the GMC with employer status will be responsible for ensuring the NMR is competent.

• The NMR will request a minimum of 10 imaging studies and write in the patient notes which GP/consultant supervised the requests. The NMR will document in the patient's medical notes why and when the x-ray investigation has been ordered will ensure the x-ray result is reviewed by a GP.

• An audit will be undertaken by the NMR over an initial four-week period or first 10 x-rays to ensure that 100% of any radiological examination requested by them is appropriate and encourage reflection on practice under clinical supervision.

• The named GP/consultant will sign off the NMR as competent if all the requests have been appropriate and indicate this to the radiology manager who holds the register of approved NMR.

• Each NMR is responsible for remaining updated on changes in practice and own clinical knowledge.

• Documentation and evidence will be required and made available if necessary.

**6.3 Re-assessment**

NMR will need to undergo reassessment every 3 years if they wish to continue to practice this extended role. In the event of a major change in appropriate legislation, it may be necessary for additional training to be carried out within the time limit. In this event, all appropriate parties will be advised of the scope of further training required.

Non-medical referrers who fail to return their reassessment form within the designated time frame will be removed from the register and access to the electronic referring system will be removed from the individual’s profile.

**7. EQUALITY IMPACT ASSESSMENT**

7.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

7.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

**8. EXAMPLES OF TYPICAL SCOPES OF PRACTICE**

|  |  |
| --- | --- |
| **SECONDARY CARE NMR** | |
| Advanced Practice MSK Physiotherapist | X-ray   * Upper limb including shoulder * Lower limb including Hips * Spine   US   * All MSK diagnostic ultrasound including US guided injection or aspiration   MRI   * Joints * Spine |
| Breast Care and reconstruction nurse specialist | Mammogram  Breast US |
| Cardiology Nurse specialist | Xray  Cardiac CT |
| Critical care sister | Xray   * Chest * Abdomen |
| Emergency Nurse Practitioner | Xray   * Chest * Upper Limbs including shoulder * Hips * Lower limbs * OPG * Children   - mid humerus to phalanges  - mid femur to phalanges  CT   * Head as per NICE guidelines * C-spine as per NICE guidelines * KUB renal colic |
| Surgical nurse practitioner | Xray   * Chest * Abdomen   MRI   * MRCP |
| Vascular Nurse practitioner | Xray   * Chest   CT & MRI   * Upper or lower limb Angio * Carotid angiogram   US   * Carotid Doppler * Peripheral arterial Doppler * Peripheral Venous Doppler |
| Stroke nurse specialist | CT   * Brain * Carotid and intracranial angiogram   MRI   * Brain * Carotid angiogram   US   * Carotid Doppler |
| Cancer nurse specialist | X-ray   * Chest   CT   * Staging studies * Guided drainage or biopsy procedures |
| MS nurse specialist | MRI   * Brain and cord |
| Midwife | US   * Neonatal hips |
| GI Advanced practitioner | US   * Abdomen   MRI   * MRCP   CT   * Abdomen |
| **PRIMARY CARE NMR** | |
| GP Nurse Practitioner | X-ray   * Chest * Appendicular   US   * Abdomen and pelvis |
| Primary care Paramedic | X-ray  - Chest  - Appendicular |
| Community Pharmacist | X-ray  - Chest  - Appendicular |
| Advanced Practice MSK Physiotherapist | X-ray   * Upper limb including shoulder * Lower limb including Hips * Spine   US   * All MSK diagnostic ultrasound. Not US guided injection or aspiration   MRI   * Joints |

**9.** **AUTHORISING PROCESS FOR PRIMARY CARE**

1.1 For Primary Care (excluding MSK/FCPs) the NMR form (Appendix 1) plus the required evidence and the Primary Care Checklist (Appendix 2) should be shared with the ICB Training team: [frimley.traininghub@nhs.net](mailto:frimley.traininghub@nhs.net), who will assist in reviewing and processing the evidence with FHFT.

1.2 The ICS Training Hub will check, record and send the form and evidence to the FHFT Radiology team: [fhft.irmer@nhs.net](mailto:fhft.irmer@nhs.net) to review the evidence.

1.3 For Primary Care MSK/FCP NMRs, the NMR should contact the FHFT/ICS MSK Lead Sylvia Wojciechowski (sylvia.wojciechowski@nhs.net) instead of the ICS training hub for section 1.1 above.

1.4 If the evidence is agreed by the Radiology team, the radiology team will add the NMR to IRMER register and share the approved NMR details with ICE/EPIC team via their shared inbox: fhft.[iceepicsupport@nhs.net](mailto:iceepicsupport@nhs.net)(marking the email request in the subject heading ‘NMR REQUEST’).

1.5 The radiology team will inform the ICB Training hub team ([frimley.traininghub@nhs.net](mailto:frimley.traininghub@nhs.net)) that the evidence has been approved and that it has been shared with the ICE/Epic team to provide ICE access.

1.6 The ICE/EPIC team will activate the account and inform the NMR and the ICB training hub ([frimley.traininghub@nhs.net](mailto:frimley.traininghub@nhs.net)), when access to ICE has been issued.

1.7 The Radiology team will aim to review evidence and respond within 6 weeks.

**Appendix 1: Application form for new NMR**

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| **New Requests from Non-Medical Referrers to Request for Imaging Examinations Proposal Form** | | | | | | | | | | | |
| **Part 1:** To be completed by applicant | | | | | | | | | | | |
| **Name** | | **Job Title** | | | | | | **Dept/Ward/Service/GP Practice** | | | |  |
|  | |  | | | | | |  | | | |  |
| **Professional Registration body** | | | | | | | | **Professional Registration number :** | | | |
| **HCPC** | | **NMC** | | | | | |
| **NHS email:** | | | | | **Contact Number:** | | | | | | |
| **Is there a current agreement?** | | | Yes/No | | | | | | | If Yes, please state SOP number/agreement | |
| **Who will be medically responsible and supervisor for the**  **NMR?** | | | Named GP  GMC: | | | | | | | Named Hospital Consultant  GMC: | |
| Have you attached evidence of your training to this request? Yes/No | | | | | | | | | | | |
| **Please state which imaging modality and types of referral s being requested** | | | | | | | | | | | |
| **X-ray** | **Ultrasound** | | | **CT** | | | | | **MRI** | | **Other** |
| **Please state whether adult and/or paediatric patients in scope of practice** | | | | | | Adult Paediatric | | | | | |
| **Part 2:** to be completed by the supervising clinician from the referring specialty | | | | | | | | | | | |
| **Proposal approved by**  I support their application and confirm that the above applicant has the relevant clinical training and experience to be able to refer for the Imaging examinations indicated. | | | | | | | **Consultant/GP: Signature:** | | | | |
| The request will be discussed with the relevant Radiologist Specialty Group and if agreed a local agreement will then be drafted up for sign off by the supporting Consultant and Imaging.  Please note, the radiology results will be returned to the named responsible consultant or GP (the ‘authorising provider’) and not the ordering NMR. For primary care, Radiology alerts will be shared with the practices generic inboxes (see ‘Radiology Alerts’ section: [Clinical guidelines | NHS Frimley Health Foundation Trust (fhft.nhs.uk)](https://www.fhft.nhs.uk/gps/gp-centre/clinical-guidelines/). | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Part 3:** Imaging Service Agreement | | | | | | |
| **Date received:** | | | **Existing procedures in place**  Yes/No  **Existing SOP:** | | | **New procedure**  Yes/No |
| **If new agreed by Imaging Specialty Group** | | | **If IR(ME)R noted by Imaging Radiation Protection Group** | | | **Agreed by Imaging Service** |
| Yes/No  Date | | | Yes/No  Date | | | Yes/No  Date |
|  | | |  | | |  |
| **Part 4:** Local Agreement Implemented | | | | | | |
| **Local Agreement drafted**  Date: | **Signed by CMG**  Name: | | | | **Signed by Imaging**  Name: | |
|  | Date: | | | | Date: | |
|  |  | | | |  | |
| **Applicant Informed**  Date: | | | | **Review Date**  **3 years**  **5 years** | | |
| **Entered onto NMR register**  **Primary Care**  **Secondary Care**  Date: | | **ICE access requested**  Date:  Profile Assigned: | | | **Epic access requested**  Date  Profile Assigned | |

**Appendix 2: Primary Care NMR new Request Checklist**

|  |  |  |
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| **Primary Care NMR new Request Checklist** | | |
| **Item** | **Yes/No** | **Comments** |
| Hold Current Professional Registration, NMC or HCPC |  |  |
| Minimum of 3 years post registration non ARRS roles |  |  |
| Minimum of 5 years post registration ARRS roles |  |  |
| AP Masters or completed Level 7 in Diagnostic Reasoning or gained FCP status via either roadmap supervision or e-portfolio |  |  |
| IRMER training completed (see SOP for details of which modules) |  |  |
| Agreement with Service/GP Practice re remit of requesting |  |  |
| Evidence of training relevant to requesting |  |  |
| Sponsor letter signed |  |  |
| NMR proposal form completed |  |  |
| 10 imaging studies as per SOP completed |  |  |