

**POLICY FOR THE ENTITLEMENT OF NON-MEDICAL REFERRERS**

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| **Radiology**  **Policy** |

This document can only be considered current when viewed via the Trust intranet. If this document is printed or saved to another location, you are advised to check that the version you use remains current and valid, with reference to the review due date

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| **Document Author** | Sue Rimes Principal Radiographer & Adam Turner Radiology Manager | | |
| **Lead Owner** | Sue Rimes | | |
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| **Applies to** | All registered healthcare professionals, other than medical doctors or dentists, referring patients for imaging with x-rays or radioactive materials | **Exclusions** | Non-registered healthcare professionals, who are not permitted to refer for radiological imaging, by law. |

***Equality Impact Assessment (EIA)***

*Assessing equality impact is an integral part of the document production process. It is helped by completion of the assessment template but it is not just about completing a form. It is a crucial set of considerations to be made so that as an organisation, in everything that we do, we protect people’s rights, respect and acknowledge differences and proactively promote equality.*

*Full guidance on conducting EIA:*



*EIA template:*

**

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1. **FLOW DIAGRAM / ALGORITHM OR KEY STEPS**

NMR contacts Radiology via radiologypa@somersetft.nhs.uk

Radiology PA replies to NMR email with appropriate standard email response (Appendix 2) held in S drive NMR folder and attaches the following documents. There is a different template for SFT and Primary Care

* NMR request form
* NMR SOP Template - to complete the SOP template if they **do not** have an existing up to date SOP
* Learning and training competency framework

Inform that they need to undertake IRMER / Ultrasound / MRI training

NMR returns completed documents to radiologypa@somersetft.nhs.uk

**For Trust Staff**

Learning and Development Team will be informed ([Learning@somersetft.nhs.uk](mailto:Learning@somersetft.nhs.uk)) to add Radiology Regulations training to the NMR’s mandatory training list for every 3 years

Annual audit to check compliance of NMR’s with Radiation Regulations update training (3 yearly)

NMR status will be approved, the NMR informed via approved standard email response letter held in NMR folder

There is a different a template email for Trust staff and for Primary Care (appendix 3)

NMR will be added to RIS as a Referrer under NMR category. NMR will be added to NMR spreadsheet.

Incomplete documents will be returned with guidance for resubmission

The documents will be checked, if complete and correct they will be printed and given to the Head of Imaging, the Operational manager or the Clinical lead for approval and sign off.

**2.0 INTRODUCTION**

2.1 Purpose

The use of ionising radiation for medical exposures is regulated by the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017). IR(ME)R 2017 includes the requirements for referrers of medical exposure to ionising radiation. The role of some registered healthcare professions other than medical and dental include that of referrer and this is supported by the Regulations.

The requesting of imaging examinations such as X-rays does not form part of the standard training for non-medically qualified healthcare professionals.

To ensure that each medical exposure is individually justified, the Trust is required to have local protocols in place for those staff acting as referrers.

The purpose of this document is to comply with the requirements of the Ionising Radiation (Medical Exposures) Regulations (IRMER) 2017 and its subsequent amendments and revisions.

The document also demonstrates compliance with guidance issued by relevant UK professional bodies.

2.2 Scope

This document and any arrangements made under it apply to the following:

All registered healthcare professionals, other than medical doctors or dentists, referring patients for imaging with x-rays or radioactive materials within Somerset NHS Foundation Trust (SFT)

Non-registered healthcare professionals, who are not permitted to refer for radiological imaging, by law.

The British Institute of Radiology defines three types of non-medical referrer (NMR):

NMR referring as part of a clinical team where they will be acting on an issued radiology report.

NMR referring as part of a clinical team where a doctor will do an initial review (clinical evaluation) of the imaging prior to radiology issuing a formal report.

NMR referring as an autonomous practitioner who will be reviewing the images (clinical evaluation) and deciding on patient treatment prior to the radiology report being issued.

In addition, Non-medical transcribers who transcribe a request onto a password protected electronic requesting system or signed paper form.

**3.0 DEFINITIONS***.*

Line Manager / Clinical lead: the person(s) responsible for the clinical work of the non-medical referrer (NMR) and any written procedures that govern this work.

Referrer: a registered healthcare professional who is appropriately identified and trained within the Employers Procedures and entitled under (IR(ME)R) 2017 to refer patients for radiological procedures

Non-Medical referrer (NMR): A registered healthcare professional who is not a doctor or a dentist but who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002(a). The current statutory regulated bodies in the UK are the General Medical Council, General Dental Council, Health and Care Professions Council, Nursing and Midwifery Council, General Pharmaceutical Council, General Optical Council, General Chiropractic Council, General Osteopathic Council.

Practitioner (under IR(ME)R): a registered healthcare professional who is entitled in accordance with the employer’s procedure to take responsibility for an individual medical exposure.

Operator (under IR(ME)R): a person who is entitled, in accordance with the employer’s procedures, to carry our practical aspects of a medical exposure.

Transcriber: a person who is entitled, in accordance with the employer’s procedures, to transcribe a request onto a password protected electronic requesting system or signed paper form.

Medical Physics Expert (MPE): a clinical scientist in an area of medical radiation use appointed to support and advise the Trust on safe patient use of radiation under IR(ME)R 2017.

**4.0** **ROLES and RESPONSIBILITIES**

**Radiology Services Manager / Radiology Clinical Lead:**

* Maintain a register of entitled non-medical referrers and transcribers
* Ensures Learning & Development ([Learning@somersetft.nhs.uk](mailto:Learning@somersetft.nhs.uk) )are informed of all new NMR’s and mandate Radiation Regulations training via the SFT online learning platform
* Ensure referral criteria are available to all referrers.
* Ensure SOP (appendix 3) is submitted for all areas where NMR’s are practicing.
* Ensure all NMR’s are signed off as competent by their clinical lead / line manager and that competency is maintained (appendix 5)
* Ensure all staff follow the agreed protocol
* Ensure processes are in place to manage communicating and acting on results
* Manage compliance audits against the protocol

**Clinical lead**

* Provide clinical oversight and supervision for the clinical work of the NMR
* Ensure that an appropriate extended scope of practice is in place
* Act as professional lead - identify role development and training need. Sign the NMR off as competent to practice
* Ensure an SOP is produced to inform Radiology of the NMR role and practice for their area (Appendix 4)
* Ensure a learning and competency framework is in place to define clinical skills and training undertaken (appendix 5)

**Non-medical referrer**

* Work to an agreed scope of practice
* NMR to take responsibility for own work and scope of practice. To undertake initial IR(ME)R 2017 training and update every 3 years (1)
* Act as referrer under the definition of the IR(ME)R 2017 regulations
* Only refer following a clinical assessment of the patient and after checking the patient radiological history.
* To refer in line with iRefer guidance (2)
* To complete all referrals to include the minimum datasets required (appendix 4)
* Maintain competence by regularly evaluating compliance through audit, self-review and updating of relevant skills.
* Review reports for own caseload and acting on the results as necessary

**Practitioner / Operator**

* Ensure that all exposures are justified and that the referrer is acting within their scope of practice prior to performing the imaging procedure.

**Transcriber**

* Complete a referral following instructions in the patient notes or in a radiology report
* Check the patient’s radiological history for duplication
* Complete the referral clearly, fully and identifying which protocol they are operating under and on whose behalf

**Medical Physics Expert**

* Contribute to the training of referrers in radiation protection
* Assist with compliance audit

**5.0 PROCESS DESCRIPTION**

5.1 The NMR and responsible clinician will

* have the need for the role identified through PDP or appraisal and included within the referrers job description.
* Contact the Radiology department who will send out guidance and the required documents to complete
* Complete an SOP for area of practice – template available (appendix 4) An SOP may not required for each individual NMR but may cover a number of staff undertaking a specific role or staff working as NMR’s in a specific area (e.g. A&E or MIU’s). It may also cover an individual staff member working across multiple sites.
* Complete training and competency framework document to ensure all training needs are met. This is required for each individual NMR – template available (appendix 5)
* Complete IR(ME)R 2017 training via OWL or e-learning for health. (3) Initial training comprises eIR(ME)R followed by the Radiation Regulations update ever 3 yrs. Appendix 1 lists the e-learning for health modules required.
* Complete MRI safety for referrers accessed on e-learning for health ( [HEE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/Component/Details/752225) as applicable to role
* Complete NMR request form. This is required for each individual NMR (appendix 6)

The required forms are forwarded to the radiology department [radiologypa@somersetft.nhs.uk](mailto:radiologypa@somersetft.nhs.uk)

5.2 The Radiology department will-

* Offer support for the application
* Approve documents
* Add the NMR to the register
* Add the NMR to the referrers list on RIS
* Provide access to appropriate requesting and imaging in accordance with the agreed SOP.
* Provide timely reports on imaging requested by NMR’s
* Ensure compliance with registration through audit and quarterly review of the database in order to maintain an up to date register

5.3 Once approved –

* the referrer will be required to contact IT to gain access to ordercomms to request imaging

5.4 Ongoing management will be –

* NMR to maintain and update skills, engage in CPD relevant to role, update Radiation Regulations training every 3 years
* NMR to inform radiology of any change to job role or requesting requirements
* NMR to inform radiology if they leave the post and no longer require or are eligible for NMR status
* Radiology to manage the live NMR register
* Radiology to request OWL to set IR(ME)R 2017 training and Radiation Regulations updates as mandatory for the NMR

**6.0 TRAINING/COMPETENCE REQUIREMENTS FOR NMR**

* The NMR must be trained and competent to take a patient history, assess the patient and decide on the appropriate diagnostic tests for the patient.
* The NMR must be trained and assessed as competent to request x-rays. A local SOP to include a learning and competency framework must be adhered to. This will include understanding the processes for cancellation and changes to referrals, accessing and acting on reports, managing urgent referrals and critical findings. Requests for imaging must include the minimum datasets and clinical information as defined in appendix 7
* Have awareness of iRefer – Making best use of Clinical Radiology and be competent to refer withing RCR guidelines
* Have oversight of the IR(ME)R regulations 2017 to understand the principles of radiation protection, the benefits and risks of the examinations referred for and knowledge of any safer alternatives.
* Completed IR(ME)R training via approved e-learning accessed through OWL or e-learning for health. Radiation regulations update to be completed and updated every 3 years.
* Completion of MRI safety training (as appropriate to role)
* Competent to use electronic referral (RIS) and PACS for review of images and reports
* Competent to manage patient safety, clinical governance and audit of practice in own area
* To maintain up to date mandatory training and CPD appropriate to role and scope of practice.

**7.0 MONITORING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element of policy for monitoring** | **Section** | **Monitoring method -**  **Information source (e.g. audit)/ Measure / performance standard** | **Item Lead** | **Monitoring frequency /**  **reporting frequency and route** | **Arrangements for responding to shortcomings and tracking delivery of planned actions** |
| Radiation incidents |  | Review of RADAR | 4.0 | For every RRPPS reportable radiation incident |  |
| Review of register |  | To determine whether in date | 5.0 | Annual |  |
| Compliance with requesting datasets |  | To ensure appropriate patient data and clinical information is included in the request | 6.0 | Annual |  |
|  |  |  |  |  |  |

**8.0 REFERENCES**

1 Ionising Radiation (Medical Exposure) Regulations 2017. Ionising Radiation (Medical Exposure) Regulations 2017: guidance - GOV.UK (www.gov.uk) published June 2018, accessed online September 2022

2 Royal College of Radiologists (RCR) 2022. Making the best use of clinical radiology v8.0.1 [www.irefer.org.uk](http://www.irefer.org.uk) accessed online September 2022

3 Ionising Radiation medical exposure regulations programme NHS HEE 2022 <https://www.e-lfh.org.uk/programmes/ionising-radiation-medical-exposure-regulations/> Accessed online September 2022

**9.0 APPENDICES**

**Appendix 1 – IRMER Training requirement for Non-Medical Referrers**

**Who can be a Non-Medical Referrer (NMR)?**

A non-medical referrer must be a registered health care professional. i.e. they must be a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002(a).

**Types of NMRs**

1. NMR referring working under clinical protocols and will not be interpreting the images.
2. NMR referring as part of a clinical team where a doctor will do an initial review (clinical evaluation) of the imaging prior to radiology issuing a formal report.
3. NMR referring as an independent practitioner who will be reviewing the images (clinical evaluation) and making a decision on patient treatment prior to the radiology report being issued.

# Who needs it?

Non-medical referrers who are professionally regulated e.g. Nurse, Physiotherapists, Radiographers, who work under clinician protocols or as independent practitioners, requesting any type of examination which involves ionising radiation (x-ray, CT, Nuclear Medicine, DEXA).

**How is this completed?**

Training can be completed by accessing the IR(ME)R modules via the e-LfH website

<https://www.e-lfh.org.uk/programmes/ionising-radiation-medical-exposure-regulations/>

**The following modules need to be completed and a record of this presented to Diagnostic Imaging on request.**

Once all appropriate training modules have been undertaken you will need to complete a short test before a certificate can be issued.

|  |  |  |
| --- | --- | --- |
| **Module** | **Topic** |  |
| 00\_01\_02 | Introduction to Radiation Protection |  |
| 01\_01\_01 | Properties of Ionising Radiation |  |
| 01\_02\_01 | Biological Effects of Radiation |  |
| 01­­\_02\_02 | Biological Effects at High Doses | Only for NMR requesting CT and IR |
| 01\_02\_04 | Examples of Radiation Dose |  |
| 01\_02\_05 | Risks vs Benefits in Patient Exposure |  |
| 02\_01\_01 | Patient Selection: The Justification of patient exposure |  |
| 02\_01\_02 | General Radiation Protection |  |
| 03\_01\_01 | Ionising Radiation Regulations 2017 and other regulations |  |
| 03\_01\_02 | Ionising Radiation (Medical Exposure) Regulations 2017 – IR(ME)R 2017 |  |
| 03\_03\_01 | Clinical Audit |  |
| 04\_01\_02 | Production of X-rays |  |
| 604-1009 | MRI Safety for referrers | Only if requesting MRI scans |

* Referrers must have had specialised training from their Lead Consultant or delegated representative. Where necessary, this must include the management of children that may require radiography.
* Referrers must have had training in Radiation Protection and the hazardous effects of radiation. They must have completed an appropriate course covering the relevant Core of Knowledge. Evidence of competence must be provided to the Diagnostic Imaging Department.
* Referrers must complete Ordercomms training.
* The Referrer**MUST** be approved, on an individual basis, by their supervising consultants, line manager or service lead as appropriate and must apply to the Clinical Lead Radiologist or Head of Imaging*. (Approval may be delegated to the Operational Manager for Diagnostic Imaging).* It is the responsibility of the Head of Imaging to maintain the list of non-medically qualified staff acting as referrers up to date.

Non-medically qualified staff employed from other healthcare providers must work under an agreed protocol and they themselves must be individually approved by their manager to fulfil the role.

**Appendix 2 – Generic email responses to initial NMR enquiry**

**STANDARD RESPONSE EMAIL TO REQUESTS FOR NMR STATUS (PRIMARY CARE)**

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| **RE: NON-MEDICAL REFERRER REQUEST**  Dear  Thank you for requesting approval to act as a Non-Medical Referrer (NMR). There are several steps you must complete to comply with legislation around this role and to be able to start making requests.   1. Complete IR(ME)R training accessed via e-learning for healthcare [HEE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/) 2. Complete and return a learning and competency framework (template attached) as appropriate to your role and your requesting requirements. 3. Return a SOP (template attached). If you are joining an existing team with established NMR’s there will probably be an existing SOP for you to work under. If not, you will have to write one, ideally in conjunction with your line manager / head of service. 4. Completed, signed NMR request form listing the examinations you wish to request. 5. Additional training is required to be able to request ultrasound and MRI scans and before authorisation can be given – please contact the below people/departments to arrange:   [Andrew.Gapper@somersetft.nhs.uk](mailto:Andrew.Gapper@somersetft.nhs.uk) for Ultrasound  [HEE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/Component/Details/752225) for MRI  Once we have evidence of your training and the documents we can process your request.  **Note:**  **You will be responsible for updating IR(ME)R training every 3 years by completing the Radiation Regulations update** [HEE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/)  **If you request MRI scans you will be required to update MRI safety for referrers every 3 years.** [HEE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/Component/Details/752225)  **You are responsible for auditing your practice and informing Radiology of audit outcomes**  **You must produce / work under a SOP which is appropriate to your role and in date.**  Kind regards |

**STANDARD RESPONSE EMAIL TO REQUESTS FOR NMR STATUS (SFT)**

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| --- |
| **RE: NON-MEDICAL REFERRER REQUEST**  Dear    Thank you for requesting approval to act as a Non-Medical Referrer (NMR). There are several steps you must complete to comply with legislation around this role and to be able to start making requests.   1. Complete IR(ME)R training accessed via the Trust online learning platform [Medical Exposure (e-IR(ME)R) (somersetft.nhs.uk)](https://owl.somersetft.nhs.uk/enrol/index.php?id=792) 2. Complete and return a learning and competency framework (template attached) as appropriate to your role and your requesting requirements. 3. Return a SOP (template attached). If you are joining an existing team with established NMR’s there will probably be an existing SOP for you to work under. If not, you will have to write one, ideally in conjunction with your line manager / head of service. 4. Completed, signed NMR request form listing the examinations you wish to request. 5. Additional training is required to be able to request ultrasound and MRI scans and before authorisation can be given – please contact the below people/departments to arrange:   [Andrew.Gapper@somersetft.nhs.uk](mailto:Andrew.Gapper@somersetft.nhs.uk) for Ultrasound  [HEE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/Component/Details/752225) for MRI  Once we have evidence of your training and the documents, we can process your request.  **Note:**  **You will be responsible for updating IR(ME)R training every 3 years by completing the Radiation Regulations update** [Medical Exposure (e-IR(ME)R) (somersetft.nhs.uk)](https://owl.somersetft.nhs.uk/enrol/index.php?id=792)  **If you request MRI scans you will be required to update MRI safety for referrers every 3 years.** [HEE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/Component/Details/752225)  **You are responsible for auditing your practice and informing Radiology of audit outcomes**  **You must produce / work under a SOP which is appropriate to your role and in date.**  Kind regards |

**Appendix 3 Standard response email to approve NMR**

**STANDARD RESPONSE EMAIL CONFIRMING NMR AUTHORISED TO REQUEST (SFT)**

**THE EMAIL SHOULD ALSO HAVE THE CORRECT POLICY ATTACHED**

|  |
| --- |
| **RE: NON-MEDICAL REFERRER REQUEST**  Dear  Thank you for returning your signed request form.  I can now confirm that you are authorised to request **(INSERT EXAMS APPROVED)** in your role as XXXXXX in XXXXXX.  **NEXT STEP: you will need to complete SFT’s IT New Request form (link below) in order to gain access to the Ordercomms system to be able to start requesting the examinations listed above. If you have any difficulties with this link or access, then please call IT on 01823 343000.**  [New Request - Somerset NHS Foundation Trust (manageengine.eu)](https://sdpondemand.manageengine.eu/app/itdesk/ui/requests/add?reqTemplate=7907000003243088)  **IR(ME)R training and MRI safety training (if applicable) must be updated every 3 years from the time you undertook your original training.**  **Radiation regulations -** [Medical Exposure (e-IR(ME)R) (somersetft.nhs.uk)](https://owl.somersetft.nhs.uk/enrol/index.php?id=792)  **MRI safety training -** [HEE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/Component/Details/752225)  **Failure to undertake the update training may result in access having to be removed.**  **You are responsible for auditing your practice and informing Radiology of audit outcomes**  **You must produce / work under a SOP which is appropriate to your role and in date.**  If you are leaving or changing post, please let us know so that we can update our records accordingly, as we have an obligation under the IRMER Regulations to hold a “current” list of non- medical referrers.  Kind regards |

**\*For those on template 2, add in:**

**As you will be ordering more complex examinations, IT will assign you a template, this lists most of our examinations however please ensure you only order those examinations that have been authorised and listed above.**

**Note to Imaging Staff:**

**If the NMR just requires a template change, then they do not need to complete the request form again, they just need to call IT and they will change this.**

**STANDARD RESPONSE EMAIL CONFIRMING NMR AUTHORISED TO REQUEST (PRIMARY CARE)**

**THE EMAIL SHOULD ALSO HAVE THE CORRECT POLICY ATTACHED**

|  |
| --- |
| **RE: NON-MEDICAL REFERRER REQUEST**  Dear  Thank you for returning your signed request form.  I can now confirm that you are authorised to request **(INSERT EXAMS APPROVED)** in your role as XXXXXX in XXXXXXX.  **NEXT STEP: you will need to call IT on 01823 343000 order to gain access to the Ordercomms system to be able to start requesting the examinations listed above.**  **IR(ME)R training and MRI safety training (if applicable) must be updated every 3 years from the time you undertook your original training.**  **Radiation regulations -** [**HEE elfh Hub (e-lfh.org.uk)**](https://portal.e-lfh.org.uk/)  **MRI safety training -** [HEE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/Component/Details/752225)  **Failure to undertake the update training may result in access having to be removed.**  **You are responsible for auditing your practice and informing Radiology of audit outcomes**  **You must produce/work under a SOP which is appropriate to your role and in date.**  If you are leaving or changing post, please let us know so that we can update our records accordingly, as we have an obligation under the IRMER Regulations to hold a “current” list of non- medical referrers.  Kind regards |

**For those on template 2, add in:**

**\*As you will be ordering more complex examinations, IT will assign you a template, this lists most of our examinations however please ensure you only order those examinations that have been authorised and listed above.**

**Note to Imaging Staff:**

**If the NMR just requires a template change, then they do not need to complete the request form again, they just need to call IT and they will change this.**

**Appendix 4 Template SOP**



**Non-Medical Referrers’ Requesting Imaging in Secondary Care.**

**(Your Department)**

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| **Standard Operating Policy** |

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**1.0 FLOW DIAGRAM**

1. **INTRODUCTION**

The role, the service, who you refer,

1. **DEFINITIONS**

3.1 Non medical referrer (NMR) - The British Institute of Radiology defines three types of non-medical referrer (NMR):

NMR referring as part of a clinical team where they will be acting on an issued radiology report.

NMR referring as part of a clinical team where a doctor will do an initial review (clinical evaluation) of the imaging prior to radiology issuing a formal report.

NMR 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.

Non-medical transcribers who transcribe a request onto a password protected electronic requesting system or signed paper form.

1. **ROLES AND RESPONSIBILITIES**

The NMR will be working as ….select from above

State roles and responsibilities of all involved

1. **PROCESS DESCRIPTION**
   1. Brief description of the NMR role as applicable to the person(s) / area / service
   2. List radiological examinations to be requested
2. **TRAINING AND COMPETENCY select as required / delete as appropriate**

6.1 IR(ME)R - The NMR will complete the IR(ME)R 2017 training module provided by Health Education England and accessed through e-learning for health either via the Intranet or the Trust online leaning platform (OWL).

A certificate of completion will be submitted with the MNR request form

Radiation Regulations 2017 will be completed ever 3 yrs and the certificate forwarded to [radiologypa@somersetft.nhs.uk](mailto:radiologypa@somersetft.nhs.uk)

Add any further qualifications as required for the role

6.2 MRI safety

6.3 Requesting ultrasound

6.4 Clinical training give list / description of training and qualifications underpinning the role link to learning and competency framework

1. **MONITORING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element of policy for monitoring** | **Section** | **Monitoring method -**  **Information source (e.g. audit)/ Measure / performance standard** | **Item Lead** | **Monitoring frequency /**  **reporting frequency and route** | **Arrangements for responding to shortcomings and tracking delivery of planned actions** |
| Request demographics |  | 100% |  |  |  |
| Request within scope of practice |  | 100% |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **REFERENCES**

8.1 Ionising Radiation (Medical Exposure) Regulations 2017. Ionising Radiation (Medical Exposure) Regulations 2017: guidance - GOV.UK (www.gov.uk) published June 2018, accessed online September 2022

8.2 Royal College of Radiologists (RCR) 2022. Making the best use of clinical radiology v8.0.1 [www.irefer.org.uk](http://www.irefer.org.uk) accessed online September 2022

8.3 Ionising Radiation medical exposure regulations programme NHS HEE 2022 <https://www.e-lfh.org.uk/programmes/ionising-radiation-medical-exposure-regulations/> Accessed online September 2022

**Non-Medical Referrers’ Requesting Imaging in**

**Primary Care**

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| **Standard Operating Policy** |

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| --- | --- | --- | --- |
| **Document Author** | *Sue Rimes, Principal Radiographer* | | |
| **Lead Owner** | *Sue Rimes* | | |
| **This Version** | V2 | **Status** | *Draft* |
| **Replaces** | V1 (2015) |
| **Ratification Date** |  | **Where** |  |
| **Date of issue** |  | **Review date** |  |
| **Applies to** | Registered healthcare professionals working in primary care, other than medical doctors or dentists, referring patients for imaging with x-rays or radioactive materials. | **Exclusions** | Non-registered healthcare professionals, who are not permitted to refer for radiological imaging, by law. |

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1. **FLOW DIAGRAM**
2. **INTRODUCTION**

Define your role, the service, who you refer

Extended and Advanced Clinical Practitioners are an expanding workforce within primary care and they play a vital role in providing care for patients accessing GP services.

The use of ionising radiation for medical exposures is regulated by the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017). IR(ME)R 2017 includes the requirements for referrers of medical exposure to ionising radiation. The role of some registered healthcare professions other than medical and dental include that of referrer and this is supported by the Regulations.

The requesting of imaging examinations such as X-rays does not form part of the standard training for non-medically qualified healthcare professionals. To ensure that each medical exposure is individually justified local protocols need to be in place for those acting as referrers.

The purpose of this document is to comply with the requirements of the Ionising Radiation (Medical Exposures) Regulations (IRMER) 2017 and its subsequent amendments and revisions.

The document also demonstrates compliance with guidance issued by relevant UK professional bodies.

This policy covers non-medical referrers working both autonomously or as part of a team and transcribers acting on behalf of a medical practitioner. The scope of practice for each individual will be defined within their NMR request form (appendix 1) and supported by an appropriate level of training as agreed within a learning and training competency document (appendix 2).

1. **AIMS**

To support effective care of patients accessing Primary Care services

To ensure practitioners undertake safe clinical assessments and make appropriate decisions when requesting radiological tests.

To ensure appropriate training and support is in place for non-medical referrers when requesting imaging

To ensure that all radiological and imaging processes involving primary care meet IR(ME)R 2017 regulations.

To provide a process for GP practices to follow and to streamline the process of achieving NMR status for all practitioners and NMT approval for transcribers.

1. **DEFINITIONS**

**Line Manager / Clinical lead:** the person(s) responsible for the clinical work of the non-medical referrer (NMR) and any written procedures that govern this work.

**Non-Medical referrer (NMR):** A registered healthcare professional who is not a doctor or a dentist but who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002(a). The current statutory regulated bodies in the UK are the General Medical Council, General Dental Council, Health and Care Professions Council, Nursing and Midwifery Council, General Pharmaceutical Council, General Optical Council, General Chiropractic Council, General Osteopathic Council.

The British Institute of Radiology (BIR) defines three types of non-medical referrer:

* NMR referring as part of a clinical team where they will be acting on an issued radiology report.
* NMR referring as part of a clinical team where a doctor will do an initial review (clinical evaluation) of the imaging prior to radiology issuing a formal report.
* NMR 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.

In addition, there is recognition of non-medical transcribers (NMT) who transcribe a request onto a password protected electronic requesting system or signed paper form. **Training is not required for a non-medical transcriber but they do need to be listed on the NMR database to be given IT access to request.**

**Practitioner / Operator**

* The radiographer performing the imaging procedure.

1. **ROLES AND RESPONSIBILITIES**

The NMR will be working as …..select from above.

State roles and responsibilities of all involved.

**Transcriber**

* Complete a referral following instructions in the patient notes or in a radiology report.
* Check the patient’s radiological history for duplication.
* Complete the referral clearly, fully and identifying which protocol they are operating under and on whose behalf.

1. **PROCESS DESCRIPTION**

Describe the NMR role as applicable to the person(s), area / service.

List the radiological examinations to be requested.

* 1. **NMR approval process**
* A request for NMR status is made to Radiology – [radiologypa@somersetft.nhs.uk](mailto:radiologypa@somersetft.nhs.uk)
* The applicant will be sent the required forms to complete and return.
* IR(ME)R 2017 training to be completed via eLearning for health and submitted to Radiology.
* An SOP and completed Learning and Competency document to be submitted if not already in place for the role.
* A signed NMR request form will be submitted for each individual describing the type of NMR / NMT role undertaken, the scope of practice, a summary of training completed. **Training is not required for a non-medical transcriber but they do need to be listed on the NMR database to be given IT access to request.**

**6.2 NMR Requesting**

* NMR’s may request plain film imaging and ultrasound as defined and agreed in their scope of practice (appendix 1). Define which level of NMR each practitioner is working to.
* Only refer following a clinical assessment of the patient and after checking the patient radiological history.
* To refer in line with iRefer guidance (2)
* All requests will be made via the electronic ordering system.
* X-ray examinations must only be requested in accordance with the guidelines.
* Radiographers have the right to discuss a proposed x-ray examination if they believe it is unnecessary, e.g., because no benefit or alteration to patient management will result.
* X-rays should only be requested when the results, either positive or negative, will alter patient management.
* The NMR should confirm before making the request whether the patient has had any recent x-rays or other imaging tests for the same problem. They should only proceed with their request if either there has been no previous imaging for the complaint in question or if there has been some significant change in the patient’s condition since the previous examination.
* To complete all referrals to include the minimum datasets required.
* Maintain competence by regularly evaluating compliance through audit, self-review and updating of relevant skills.
* Radiographers will take standard projections of the area requested and may perform additional views if they believe them necessary e.g., lateral chest.

**6.3 Managing images and reports.**

* Review reports for own caseload and act on the results as appropriate to role.
* Define levels of responsibility within the role of each person / group working to the SOP.

1. **TRAINING AND COMPETENCY**

* IR(ME)R - The NMR will complete the IR(ME)R 2017 training module provided by Health Education England and accessed through eLearning for health. A certificate of completion will be submitted with the NMR request form
* Radiation Regulations update accessed through e-learning for health will be completed ever 3 yrs and the certificate forwarded to [radiologypa@somersetft.nhs.uk](mailto:radiologypa@somersetft.nhs.uk)
* Additional training will depend on role and level of autonomy but may include
  + BSc / MSc level health assessment, clinical examination and diagnostics within an academic programme
  + Involvement in local EP / ACP training programmes
  + Competent to use IT Systems for requesting imaging and for accessing reports
  + Additional training is required for requesting ultrasound examinations, please contact [radiologypa@somersetft.nhs.uk](mailto:radiologypa@somersetft.nhs.uk) to access.

Please list all relevant qualifications / training in the NMR request form.

Identify competence on the Learning Contract and competency framework.

1. **MONITORING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element of policy for monitoring** | **Section** | **Monitoring method -**  **Information source (e.g. audit)/ Measure / performance standard** | **Item Lead** | **Monitoring frequency /**  **reporting frequency and route** | **Arrangements for responding to shortcomings and tracking delivery of planned actions** |
| Request demographics |  | 100% |  |  |  |
| Request within scope of practice |  | 100% |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **REFERENCES**

8.1 Ionising Radiation (Medical Exposure) Regulations 2017. Ionising Radiation (Medical Exposure) Regulations 2017: guidance - GOV.UK (www.gov.uk) published June 2018, accessed online September 2022

8.2 Royal College of Radiologists (RCR) 2022. Making the best use of clinical radiology v8.0.1 [www.irefer.org.uk](http://www.irefer.org.uk) accessed online September 2022

8.3 Ionising Radiation medical exposure regulations programme NHS HEE 2022 <https://www.e-lfh.org.uk/programmes/ionising-radiation-medical-exposure-regulations/> Accessed online September 2022

**10.0 APPENDICES**

**Appendix 5 Template learning and competency framework**

**Graphical user interface, text

Description automatically generated**

**Learning Contract and Competency Framework for:**

**Document Author:**

**LEARNING CONTRACT**

|  |  |
| --- | --- |
| **Learner Name** |  |
| **Learner post / role** |  |
| **Ward / Dept** |  |
| **Assessor Name** |  |
| **Assessor post / role** |  |
| **Ward / Dept** |  |
| **Line Manager** |  |
| **Manager post / role** |  |

|  |  |
| --- | --- |
| **Competency to be achieved** | Competent to act as a non -medical referrer |
| **Underpinning documents (National guidance, Trust policies)** | National Health Service and Health Care Professions Act 2002(a)  Ionising Radiation (Medical Exposures) Regulations (IRMER) 2017 |
| **Pre-requisite standards for competence i.e. qualifications** | Registered healthcare professional registered with a professionally regulated body mentioned in section 25(3) of the National Health Service and Health Care Professions Act 2002(a) |
| **Learning need identified in PDP/Appraisal** |  |
| **Learning contract supported by Line Manager** |  |

|  |  |  |
| --- | --- | --- |
| **Learner signature** |  | **Date:** |
| **Assessor Signature** |  | **Date:** |

**COMPETENCY FRAMEWORK**

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning objectives**  **\*as appropriate to role** | **How is Learning evidenced?**  **(Questioning/direct observation/simulation/workbook completion etc)** | **Date** | **Assessor signature** |
| Completion of IR(ME)R training | OWL |  |  |
| \*Completion of MRI safety training |  |  |  |
| Competent to take a patient history, assess the patient and decide on the appropriate diagnostic tests for the patient.  \*Completion of a recognised qualification in triage / advanced assessment and diagnostic reasoning |  |  |  |
| Trained and assessed as competent to request x-rays.   * Trained to use and able to access ordercomms * Trained to use and able to access PACS |  |  |  |
| Competent to undertake initial review of images  Competent to understand and interpret radiology report in order to progress the patient pathway and triage appropriately |  |  |  |
| Add any task specific competencies here - training, qualifications, assessments, observed practice etc. |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Assessment Feedback**  **I confirm that …………………………… is competent to carry out:**  **Signed: ………………………………………………………. Role:…………………………………………………. Date:……………………** |

|  |
| --- |
| **Learner Review**  **I confirm that I feel confident of my competence to carry out:**  **Name………………………………………………………… Role:…………………………………………………. Date:……………………** |

**Appendix 6 Template NMR request form**

**DEPARTMENT OF DIAGNOSTIC IMAGING**

**Non-Medical Referrer’s (NMR) Request Form**

**SECTION 1 - Non-Medical Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Department / Surgery** | |
|  |  |  | |
| **Professional Body** | **Professional Registration no:** | **Staff number (to mandate training updates)** | |
|  |  |  | |
| **Email** |  | **Tel. number** |  |

**SECTION 2 - Scope of Practice**

Please give details of the imaging investigations you require access to request. This is role specific and you must only request imaging within your defined scope of practice as described in your Standard Operating Procedure, supported by your learning and competency framework

|  |  |
| --- | --- |
| Imaging | Scope of practice |
| **□Plain Film X-rays** |  |
| **□ CT scans** |  |
| **□MRI scans** |  |
| **□Ultrasound scans** |  |
| **□ Barium studies** |  |
| **□ Interventional Radiology** |  |
| **□ Breast Imaging** |  |
| **□ PET CT scans\*** |  |
| **□ Others (specify)** |  |

\*PET requests must be completed by a GMC registered consultant or a clinical colleague approved to requested on their behalf. In order to be approved for this, the attached form must be completed and signed by the consultant and the delegate and sent back to Alliance Medical at the following address: [taunton.pet@nhs.net](mailto:taunton.pet@nhs.net). Once this has been completed, the PET form is available on EPRO as a standard letter.



Enter below the name and job title of the clinician / line manager who will be taking responsibility for your referrals:

|  |  |
| --- | --- |
| **Dr/Mr/Miss/Ms/Prof.** |  |

Please select which of these roles will you be operating under (tick the relevant box):

□ NMR referring as part of a clinical team where they will be acting on an issued radiology report.

□ NMR referring as part of a clinical team where a doctor will do an initial review (clinical evaluation) of the imaging prior to radiology issuing a formal report.

□ NMR 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.

□ Non-medical transcribers who transcribe a request onto a password protected electronic requesting system or signed paper form.

It is a requirement under IR(ME)R 2017 that all non-medical referrers’ audit their practice annually. If you fail to comply with this requirement, Radiology will remove your requesting access.

**SECTION 3 – Training**

Depending on your scope of practice, you will be required to complete the relevant mandatory training as listed below, evidence of training **must** be attached with this form e.g., Certificate of Training.

**IR(ME)R Training**

□ Online IR(ME)R Module (eLearning for health /OWL) Date completed: ……………..

□ External IR(ME)R Training Date completed: …………….. Location:  *……………………………*

□ Learning and competency framework submitted

□ SOP submitted

**Clinical Training:**

Please provide details of your clinical training (e.g., Pg Cert, or in-house training programme

|  |
| --- |
|  |

**SECTION 4 – Signatures/Approval**

Non-Medical Referrer (signed):

……………………………………………………….. Date: ……………………

Clinical Lead ……………………………………………………….. Date: ……………………

Head of Imaging/Operational Manager/Clinical Lead for Diagnostic Imaging

I agree for the above named person to be approved as a non-medical referrer:

……………………………………………………….. Date: ……………………

***PLEASE NOTE: IF YOU MOVE JOB ROLE OR LEAVE THE TRUST, PLEASE INFORM THE DIAGNOSTIC IMAGING DEPARTMENT SO THAT YOU CAN BE REMOVED FROM THE REGISTER OR YOUR DETAILS CAN BE APPROPRIATELY AMENDED.***

***Office Use Only:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***To complete:*** | ***Initialled:*** | ***Date:*** | ***To complete:*** | ***Initialled:*** | ***Date:*** |
| *Added to central database:* |  |  | *Authorisation email sent:* |  |  |
| *Training checked:* |  |  | *Added to RIS System:* |  |  |

**Appendix 7 Minimum datasets for requesting imaging**

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