The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

POLICY FOR REQUESTING OF DIAGNOSTIC IMAGING BY NON-MEDICAL PRACTITIONERS (REFERRER) V3

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	Radiology		
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Version History: *

Version	Date	Author	Reason/Change
1	January 2012	Adele Abbott/ Chris Dales	Taken out "approved course" of training.
2	November 2016	Adele Abbott/ Chris Dales	Added e-IRMER Training Details
2b	April 2017	Adele Abbott	Changed Appendix numbers; Added Appendix 1, revised Appendix 3
2c	April 2020	Chris Dales	Change to IR(ME)R legislation dates
3	July 2023	Jeff Chung	Major update to include PCN community hubs, revised training pre-requisite and Physician Associates entitlement.

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Distribution Control

It is the responsibility of the staff member accessing the document to ensure that they are always reading the most up to date/version. This will always be the version on the intranet

Consultation

- EARPPS
- HIS
- RSC

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a Policy applicable to Radiology. Relevant external stakeholders include non-medical diagnostic imaging referrers, their overseeing clinical supervisors and the HIS team.

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1. Introduction

1.1. Rationale

There are a high volume of imaging referrals received by the imaging department. The emergence of appropriately trained non-medical referrers supports patient pathways. However, there must be adequate governance arrangements allowing them to refer for a test that utilises ionising and non-ionising radiation in line with legal frameworks and appropriate governance.

1.2. Objective

This policy outlines the process that needs to be followed before non-medical practitioners (NMP) can be added to the NMP referral register and safely request imaging within their role defined scope.

1.3. Scope

This policy covers

All registered healthcare professionals who are non-medical, working within the trust, NCH and local community. It applies to both referrals made by the NMR in their own right and also referrals made by the NMR on-behalf-of a clinician.

Physicians Associates working within the trust who are currently not covered by a registration body, may be granted rights to refer specific imaging that does **not** involve ionising radiation.

All other non-medical referrals, in particular non-registered staff, have no requesting entitlement, even if the referral is performed strictly on behalf of a registered practitioner or clinician.

1.4. Glossary *

The following terms and abbreviations have been used within this document:

Term	Definition
EARRPS	East Anglian regional radiation services that act as MPE
*e*lfh	E-Learning for health
e-Referral	An alternative to ICE as an image requesting application. A minority of referrers will still request using this method (where ICE is not yet accessible) but the numbers are generally low.
ESR	Electronic staff record
HIS	Hospital information systems
ICE	Aka WebICE. The preferred application for which imaging referrals are requested
NCH	North Cambridgeshire Hospital

MPE	Medical Physics Expert
NMR / NMP	Non medical referrer – sometimes referred to as non medical practitioner referrer. The NMR or NMP extends to include anyone in a non medical role who refers in their own right or on behalf of a clinician.
PA	Physicians Associate
PCN	Primary care network
RPS	Radiation protection supervisor
RSF	Radiation safety forum (formerly Radiation safety committee)

2. Responsibilities

- Lead RPS – owns the policy and has parental responsibility to the document. They will ensure the policy continues to meet legislative requirements through corroboration with the RSC, RSF and EARRPS
- Jeff Chung (Author) – is the acting radiology guardian of the register. In the absence of a Lead RPS, the guardian ensures appropriate training and documentation has been undertaken prior to allowing the NMR permission to refer. In the absence of the guardian, permissions are automatically delegated to Alan Williams (Clinical operations lead). The guardian may elect to delegate some of these administrative tasks but will retain appropriate oversight of their governance and permissions (note at the time of writing, there is no Lead RPS appointed).
- The guardian of the register in collaboration with the HIS team are responsible for the maintenance of the NMR register.
- Suitably trained NMR's can request on behalf of another clinician or in their own right.
- NMRs have a duty to ensure their training is maintained and practice in accordance with *i*-refer guidelines and trust referral criteria (see appendix 3), ensuring correct patient demographics and relevant history to support the clinical question is submitted. ICE is the preferred requesting portal but at the time of writing, a few areas have been authorised to refer on e-referral.
- NMRs, or their employers should notify Radiology of a change in employer or role at the earliest opportunity including resignation of employment or when their role no longer requires them to make image referrals. The transferal of imaging rights will not be automatic unless in the scenario detailed in 3.2.
- The referral justification and authorisation is the responsibility of the relevant IRMER practitioner within radiology, being undertaken by radiographers, specialist trainees and radiologists. The practitioner role may be undertaken via authorisation guidelines. If the referral is deemed inadequate (referral indications criteria not met), radiology staff have the right to challenge and cancel these. It is important for NMRs to ensure a valid contact number has been included on the referral. If the radiographer cannot successfully contact the NMR, the referral may be cancelled without discussion. This cancellation will appear on the same source as the referral was made. It is the responsibility of the NMR and/or referring team to act appropriately following a request cancellation.

- Any images taken should have a formal report unless a prior agreement is in place negating this requirement. Reports are issued by radiology and will be available electronically. For ICE requests, the report will return to the same source.
- Radiology remains responsible for the escalation of significant findings (ALERTS). These will be available on ICE.
- The NMR and / or referring team are responsible for the management of results including ALERTS escalations. The exception is if the request has been generated in one area of service and the patient has since transferred to another, then the continuity of care is transferred to the receiving team. A thorough and comprehensive handover between the services involved would significantly minimise miscommunication and misassumption regarding the management of diagnostic imaging tests.
- Radiology reserves the right to remove or suspend NMR's from the register if they believe improper conduct has taken place.
- Patients of childbearing age - The NMR should enquire about the possibility of pregnancy in all patients with reproductive potential between 12-55 years, if the area being imaged is between the diaphragm and knees. This risk assessment should be done prior to requesting an examination involving ionising radiation. As a general rule, MRI is contraindicated in the first trimester unless in exceptional circumstances. If pregnancy cannot be excluded, a discussion should take place with Radiology prior to request submission. Should imaging be authorised, a risk vs benefit discussion with the patient must ensue and be appropriately documented by the NMR.

3. Policy Principles

The objective of the policy is to inform the stakeholder to the requirements and processes that must be adhered to allow an NMP to refer for imaging and how to maintain their registration thereafter.

3.1. Process

- The NMR is identified as being someone who can reliably undertake additional training to enable the requesting of diagnostic imaging within the legal frameworks of IR(ME)R 2017.

- The nominated NMR or their supervisor should contact radiology, preferably the guardian of the NMR register to express their requesting requirements. This is to allow a preliminary scope to the level of requesting authority needed with the final decision being recorded on the register.

- The prospective NMR is given instruction to familiarise themselves with the referral criteria detailed in Appendix 3 which will have to be met for every referral.

- The prospective NMR is given instruction to undertake the required IRMER e-learning (training) and to also complete the documents attached in Appendix 1 or 2.

- On completion, the NMR sends scanned evidence of their training and completed documents to the guardian.

- On reviewing the evidence, the guardian can either accept or decline the submission

    - If declining, a reason must be given along with remedial advice

- On acceptance, the necessary details are passed onto the HIS team so that they can
    - Grant permission within the ICE to allow the NMR to refer for imaging for a period of 36 months from the certification date.
    - Allocate a specific ICE referral category/scope based on the information received by the NMR so that only agreed examinations can be referred for.
    - Where instructed, HIS along with radiology will update the predefined fields of the register to ensure an accurate registry record of the NMR.

3.2. Primary care networks (PCNs) or community hub partnerships

The emergence of PCNs in the West Norfolk and East Cambridgeshire region are acknowledged. It is understood that their inception aims to provide more responsive care to the catchment by sharing resources and specialities thus creating a “pseudo super-surgery”. It is expected that NMRs will not only request imaging on patients coming from their own surgery (Parent employer) but also those being referred to the PCN which their surgery may have an alliance/partnership with. As such, it is prudent to allow the NMR to request imaging across all surgeries within the PCN if they have

- Authorisation to request imaging at their parent site.
- Permission of their employer to request through the PCN.

On these occasions, the scope/requesting category of the NMR will remain identical and their PCN login/access for requesting imaging will be strictly controlled by QEHKL.

3.3. Locums and freelancers

The NMR may choose to engage employment with multiple employers who are not affiliated to one another via a PCN or direct partnership. Should the NMR be required to submit image referrals under their multitude of employers, then it becomes a requirement for the documentation in Appendix 1 to be replicated for each employer. In this instance, it is the responsibility of the NMR to arrange and it should not be assumed that their requesting rights at one site will automatically transfer to another. The QEHKL, in particular radiology, will be able to identify which legal employer the NMR is referring from.

4. Training & Competencies

All non-medical practitioners wishing to refer patients for imaging using ionising radiation (X-rays) at the QEHKL & NCH must be registered healthcare professionals. This precludes Physician Associates.

All non-medical practitioners wishing to refer patients for imaging using ionising radiation (X-Rays) at the QEHKL & NCH must have completed the relevant training. The East Anglian Regional Radiation Protection service (EARRPS) advocates the e-IRMER modules. This is an established and recognised course that can be accessed on *e*-LFH or ESR portals (See Training section) currently free of charge. Should the NMR have completed alternative and equivalent training elsewhere, then the validity of these will be considered during the application stage. All non-medical practitioners wishing to refer patients for imaging at the QEHKL & NCH must complete the documentation within Appendix 1 or 2, of this policy and have the advocate of a relevant overseeing clinician signatory.

PA's working within the trust can be granted a reduced imaging referral scope, being permitted to request some **non-ionising** imaging. PA's will have a separate form (Appendix 2 only) to complete which details their restricted non-ionising requesting entitlements.

Training:

Training can be accessed on the *e*-lfh or ESR portals. The link for training if accessing from this document is Ionising Radiation (Medical Exposure) Regulations - elearning for healthcare

The EARRPS advocated training is delivered online and can be completed at the pace of the NMR. However, access to requesting can only be granted if the training has concluded along with the other prerequisite actions.

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The modules and submodules that require completing are limited to.

e-IRMER Module 00 - Guides and Tools Introduction to radiation protection
e-IRMER Module 01 - Fundamental Physics of Radiation 01-02-01 Biological effects of radiation 01-02-02 Biological effects at high doses 01-03-01 Use of medical exposures in special circumstances
e-IRMER Module 02 - Management and Radiation Protection of the Patient 02-01-01 Patient selection: the justification of patient exposure
e-IRMER Module 03 - Legal Requirements 03-01-02 IRMER 2017

All above sub-modules listed need to be completed by the registered NMR **(not PA's)**

The following module below is found on ESR and must be completed by all **QEHKL NMR's inclusive of PA's.** Non QEHKL NMR's i.e. those working in the community do not need to undertake this additional module as they have no MRI referring entitlement.

000 MRI Safety: Referrers

A certificate is automatically generated on completion of a module/sub module. This should be saved electronically by the NMR. The NMR should consider who should act as their signatory. On completion of the final module, the NMR should seek these people who will act as their overseeing clinician to their requesting rights by completing and signing appendix 1 or 2.

On completion of all elements within appendices 1 or 2, electronic copies should be sent along with the training certificates to the radiology register guardian.

The NMR will be granted ICE image requesting access. On first access, a short online tutorial must be completed before requesting can commence. It is possible for the NMR to replay the tutorial should it be required. In the event that business continuity is activated owing to ICE downtime, it is assumed that NMR's have sufficient transferable skills and training to request via e-referral or paper requests. In any doubt, a senior clinician within their speciality should be sought.

Training is valid for 36 months from the date of the latest certificate.

Retraining and revalidating imaging referral rights:

It is the responsibility of the NMR to ensure that their training is up to date and renewed before expiry. Thus the training which enables image requesting should be

seen as an extension of trust mandatory training. At the time of writing, the Radiology department are engaging with the mandatory training team to apply *e*-IRMER training to the profiles of staff who request but until such time, it remains the responsibility of the NMR to be aware of their training expiration date.

Training is initially valid for 36 months. NMR's are allowed to renew with 6 months remaining. On successful completion, all documentation should be sent to the radiology guardian and any remaining validity will be added to a refreshed 36 months without loss. If training is renewed with more than 6 months remaining, then a maximum of 36 months validity will apply from the date of the latest certificate.

If training has expired and no renewing documentation is received, Radiology and HIS retain the right to remove the NMR from the register and deactivate individual ICE requesting rights without warning.

Example:

Joe Bloggs has 5 months left on his current training. He completes the training and signed documentation. On receiving these, the guardian will grant Joe Bloggs a total of 41 months from the date of the last certificate (5+36)

Joanne Bloggs has 12 months left on her current training. She completes the training and signed documentation. As she has completed retraining with more than 6 months of expiry, she is entitled to 36 months from the date of the latest certificate.

Jesse Bloggs training has expired. No retraining documentation has been received and no contact has been made to the radiology guardian regarding extenuating circumstances which may warrant an extension. Where possible, Radiology will try and engage and support the NMR but from a legal standpoint, Radiology and HIS reserve the right to remove the requesting access of the NMR with immediate effect.

5. References

IR(ME)R - Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine (rcr.ac.uk)

Monitoring Compliance / Audit of the process/policy principles/service to be delivered
Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
85% e-IRMER training compliance in a given period	Audit	RPS	RSC	Annual

The audit results are to be discussed at relevant governance meetings (RSC/CGM) to review the results and recommendations for further action.

6. Appendices

Appendix 1: (Not applicable for PA's)

Training Guidance for Non-Medical Practitioners regarding referrals for imaging (Ionising and non-ionising radiation imaging referrals).

This document is intended to support *e*-IR(ME)R training, a prerequisite for the NMR to request certain radiological examinations. This can be accessed from the link below or via the ESR training portal.

*e*LFH training link Ionising Radiation (Medical Exposure) Regulations - elearning for healthcare

The training enables the NMR to become more aware of the physical properties of radiation and to be a more considered/conscientious referrer with relation to the examinations they are requesting and the associated risks involved.

On completion, each relevant module must be signed off on the attached sheet (Record of IRMER training) by the Trainee Referrer AND their Senior Clinical supervisor, who is signing to confirm that their staff member has understood, passed the module and has sufficient clinical knowledge and expertise to request imaging procedures.

Once fully completed, an electronic copy of the signed sheet must be sent to the Operational lead so that the new referrer's name can be added to the referral register. A copy of certification should also be kept by the new referrer as part of their training record.

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Application for recognition as an NMP Referrer under IR(ME)R 2017 legislation

Referrals will not be accepted until the NMR training is entered onto the NMP register and the ICE imaging requesting option has been activated. Radiology and HIS will endeavour complete this at the earliest convenience.

IRMER module	Signature (by non medical practitioner)	Date of completion	Signature of GP Practice Senior Partner/Clinical Lead (Named GP / Consultant)
e-IRMER Module 00 - Guides and Tools 00-01-02 Introduction to radiation protection			
e-IRMER Module 01 - Fundamental Physics of Radiation 01-02-01 Biological effects of radiation 01-02-02 Biological effects at high doses 01-03-01 Use of medical exposures in special circumstances			
e-IRMER Module 02 - Management and Radiation Protection of the Patient 02-01-01 Patient selection: the justification of patient exposure			
e-IRMER Module 03 - Legal Requirements 03-01-02 IRMER 2017			
000 MRI Safety: Referrers **QEHKL NMR ONLY**			

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Details of applicant:

Name:……

Profession:
……

NMC/ HCPC registration number and expiry date

……

Signature:……

Place of work / dept
……

If you work in the community, is the place of work part of a PCN (community hub)? If so what is the name?.....

Job Title
……

Division (if applicable)
……

Overarching signatory: Named Lead GP (Senior Partner) / Lead Consultant or Lead ANP for Speciality:

Name……

Signature……

GMC/Registration Number
……

The **overarching clinical signatory** is signing to say that to the best of their knowledge, training has been completed successfully and they believe the non-medical practitioner to be competent to refer diagnostic imaging in line with the guidelines.

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Appendix 2: (Applicable to PA's only)

Application for recognition as an NMP Referrer with scope limited to non-ionising radiation imaging referrals (Physician Associates only)

Details of Physician Associate:

Name:……

Place of work / dept
……

Job Title
……

Division (if applicable)
……

Signature:……..

Overarching signatory: Lead clinician / Lead Consultant:

ESR Module	PA Signature	Date of completion	Signature of named supervising Consultant
000 MRI Safety: Referrers			

Name……

Signature……

GMC Number
……

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Referrals will not be accepted until the Physicians Associate training is entered onto the NMP register and the ICE imaging requesting option has been activated. Radiology and HIS will endeavour complete this at the earliest convenience.

Appendix 3:

Referral Criteria – from Appendix 2 of QEH IRMER Employer's Procedures

Requests will only be accepted by Radiology if they meet the following criteria:-

- Uniquely identify the patient including, as a minimum full name, DoB and address (except for unidentified patients within the Emergency Department).
- Contain sufficient clinical information consistent with the patient's condition, including information about relevant and recent radiological exposures the patient has received.
- Specify the clinical question being asked, as relevant (if known).
- Contain information on pregnancy status for patients of child-bearing age (12-55years)
- Clearly identify the named Referrer, including GMC or HCPC registration number and a bleep number or telephone number, so that they are easily contactable by Radiology.

Where a referral is made on behalf of a named clinician (in accordance with an agreed protocol), the referral will include the wording "referrals made on behalf of Dr. X" with contact details for that clinician.

All referrers should review the results of any previous imaging to reduce the risk of the patient receiving an unnecessary dose of radiation.

All electronic requests must be made under the Referrers login and they should log out after making the request. They should also check that they have selected the correct patient demographics on WebIce before they generate a request.

Referral Guidelines entitled "*Making the best use of Clinical Radiology Services*" (iRefer) are available from the QEHKL intranet homepage. These guidelines can be used by Referrers as an indicator of the type of procedures that are likely to be accepted by Radiology and also includes information regarding radiation doses. The Trust has purchased licenses for this resource; for access please access the intranet.

Under IR(ME)R, the Practitioner is responsible for justifying the use of radiation for a clinical investigation. The information the Referrer supplies, aids this justification, so sufficient details must be provided for the request to be accepted by Radiology. If there is any uncertainty about the appropriateness of any request, please contact the appropriate Practitioner for discussion.

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7. Equality Impact Assessment (EIA)

Type of function or policy	Existing

Division	CSS	**Department**	Radiology
Name of person completing form	J Chung	**Date**	03/07/2023

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race				NO
Pregnancy & Maternity				NO
Disability				NO
Religion and beliefs				NO
Sex				NO
Gender reassignment				NO
Sexual Orientation				NO
Age				NO
Marriage & Civil Partnership				NO
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?				

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.