



Please Note: This policy is currently under review and is still fit for purpose.

Trust Policy for the Referral of Imaging Examinations by Qualified Non-Medical Healthcare Professionals

This procedural document supersedes: Referral for Imaging by Non-Medical Staff Policy PAT/T1 v.4



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Executive Sponsor:	Mr Sewa Singh, Trust Medical Director
Author/reviewer: (this version)	Myra Knight; Head of Radiology
Date written/revised:	July 2018
Approved by:	Patient Safety Review Group/ Policy Approval and Compliance Group
Date of approval:	19 February 2019
Date issued:	4 March 2019
Next review date:	February 2022

Target audience:	All clinical staff; Trust wide; Community; GP Practices.
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Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 5	4 March 2019	<ul style="list-style-type: none"> • Major changes throughout policy and associated processes to include: <ul style="list-style-type: none"> ○ Changes in legislation ○ National guidance ○ Assurance of patient safety by the interpretation of diagnostic images and/or acting on diagnostic imaging reports. ○ 2 referral categories: Category 1 - Direct referrals & Category 2 - Transcription Referrals • It is recommended that the document is read in full. 	Myra Knight
Version 4	17 February 2015	<ul style="list-style-type: none"> • Reviewed in line with new APD format • One author added and one author deleted • Minor alterations to wording to include all modalities • Appendix 2 added • Alteration to name of CSU to Medical Imaging Service • Alteration of person responsible from Clinical Director or General Manager to Assistant Care Group Director, Diagnostics & Pharmacy Care Group. 	Jayne Fielden Rachel Probyn
Version 3	November 2011	<ul style="list-style-type: none"> • Title of one author changed and another author added. • Alteration to name of directorate. • Minor alterations to wording so all modalities are clearly included. • Reference to Trust policy CORP/RISK 3 for new initiatives. • Change to appendix to reflect how records are stored and document Training. • Link for RCR protocols to justify requests. 	Carole Perry Jaye Fielden

Contents

	Page No.
1 INTRODUCTION	5
2 PURPOSE	5
3 DUTIES AND RESPONSIBILITIES	5
3.1 All Parties	5
3.2 Non-Medical Referrers (NMRs)	6
3.3 Clinician with direct responsibility for the patient	7
3.4 Community and GP Practices	8
3.5 Line Manager of the NMR	8
3.6 Radiology	8
4 PROCESS	9
4.1 Referral categories	9
4.2 Guidance on completing a scope of practice; categories 1 & 2	9
4.3 New to job role and where the Speciality has an approved scope of practice for the role – categories 1 and/or 2	10
4.4 Staff with same job role and where the Speciality does not have an approved scope of practice – categories 1 and/or 2.....	10
Per staff group - same job role:.....	10
If the scope(s) of practice are approved:	11
If the scope(s) of practice are NOT approved:	11
4.5 Radiology referral process	12
5 TRAINING/SUPPORT	14
6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT	15
7 DEFINITIONS.....	16
8 EQUALITY IMPACT ASSESSMENT.....	16
9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS.....	17
10 REFERENCES	17
APPENDIX 1 - PERSON SPECIFICATION.....	19
APPENDIX 2 - SPECIALITY SCOPE OF PRACTICE - CATEGORY 1 – DIRECT REFERRALS.....	20
APPENDIX 3 - SPECIALITY SCOPE OF PRACTICE - CATEGORY 2 – TRANSCRIPTION REFERRALS	23
APPENDIX 4 - NON-MEDICAL REFERRER AGREEMENT	26
APPENDIX 5 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING.....	28

1 INTRODUCTION

Diagnostic imaging forms a critical role in both the diagnosis and treatment of patients. Noting that the majority of patients now undergo imaging of some description, it is essential to adopt improved methodologies whereby faster access to diagnostic imaging is realised. Therefore by allowing qualified Healthcare Professionals to refer a diverse range of patients with a variety of healthcare needs to imaging, more rapid patient diagnosis and treatment and improved organisational efficiency can be assured.

2 PURPOSE

- To outline the process that qualified, non-medical Healthcare Professionals need to follow to become Radiology approved Non-Medical Referrers (NMRs) and be able to refer patients for imaging under an agreed scope of practice (RCR 2015).
- To outline the Radiology Referral Process noting inclusions and exclusions.
- To confirm that all NMRs are suitably qualified and trained to be able to refer patients for imaging.
- To confirm how a NMR needs to complete and annotate the imaging referral.
- To ensure that NMRs read and act upon the radiological report in a timely manner to minimise patient risk.
- To provide a process that supports the timely referral of patients to imaging and faster patient diagnosis and treatment.
- To provide a process where the speciality scope of practice agreed will ensure minimal risk to patient safety; acknowledge clinical and imaging complexity and ensure compliance with legislation.
- To identify the relevant responsibilities for all parties involved in the policy; specifically the Non-Medical Referrers regarding the responsibility and accountability in being able to refer patients for imaging.

3 DUTIES AND RESPONSIBILITIES

3.1 All Parties

- All parties must ensure that the Healthcare Professional is suitably qualified, experienced and competent to undertake the responsibilities that have been delegated to them by Radiology.
- Be able to provide documented evidence of the Non-Medical Referrer's eligibility to refer if requested by Radiology or 3rd Party Agency.

3.2 Non-Medical Referrers (NMRs)

- To follow the process outlined in section 4 and to complete as required:
 - Person specification (Appendix 1) and Part A of the Non-Medical Referrer Agreement (Appendix 4)
 - Speciality scope(s) of practice for approval to refer in own right –Category 1- direct referrals (Appendix 2) including authorisation from line manager and clinician with ultimate responsibility for the patient.
 - Speciality scope(s) of practice for clinician directed referrals -Category 2 transcription referrals (Appendix 3) including authorisation from line manager and clinician with ultimate responsibility for the patient.
 - To submit, as outlined, all documents in full to the Radiology Clinical Governance & Education Manager.
- To attend Radiology Referral Training (RRT) as requested by Radiology. (Only DBTH Radiology Referral Training is accepted. Training undertaken at other Trusts is not transferable given unknown course curriculum and/or documented evidence).
- To not refer a patient for imaging until formally authorised by Radiology under an approved scope of practice.
- To be able to use ICE competently and to not disclose log in details to a 3rd party for the purpose of making an imaging referral or to access radiological reports (audited).
- To adhere to the approved speciality scope(s) of practice for the job role.
- To clearly annotate all referrals as outlined in the approved scope of practice including 'NMR' for Category 1 referrals and 'NMR' 'TP' for Category 2 referrals.
- To adhere to Radiology Referral Guidance issued at Radiology Referral Training.
- To ensure that informed consent for the imaging examination is obtained before making a referral including, as necessary, discussing the risk vs benefit with the patient (this will not absolve Radiology).
- To check the pregnancy status of any female patient between the ages of 12 – 55 for any radiation based imaging where the imaging involves a body part of between the diaphragm and knees (this will not absolve Radiology).
- To not refer pregnant patients for any radiation based imaging where the imaging involves a body part between the diaphragm and knees.
- To not refer pregnant patients for Magnetic Resonance Imaging (MRI).
- To ensure all Radiology reports are read and acted upon in a timely fashion (RCR 2012; NPSA 2007) and to report to the clinician with responsibility for the patient, any queries regarding the imaging report including interpretation of terminology used.
- To acknowledge that Radiology reports may be issued by a Radiologist; Sonographer; Reporting Radiographer or auto-reported under protocol.

- To acknowledge that not all diagnostic images will have an immediate report available requiring the need for an image interpretation course or evidenced equivalent training to minimise risk to patient safety.
- To advise Radiology if change job role/function or leave the Trust.
- To attend Radiology Referral Update Training every 3 years.
- To acknowledge that Radiology has the final decision regarding the approval of scope(s) of practice requested – Categories 1 & 2 (RCR 2015)
- To acknowledge that referral rights are limited to job function and the speciality scope(s) of practice approved i.e. not transferable.
- To agree to name and job role being held securely on an electronic live register in Radiology.
- To self-audit practice as a referrer.
- To acknowledge that adherence to the speciality scope(s) of practice – Categories 1 & 2 - will be audited by Radiology and that referral rights will be suspended for **3** months if evidenced to be referring outside of speciality scope(s) of practice.
- To participate, as necessary, in investigations and/or Duty of Candour where the wrong or inaccurate referral of a patient results in a reportable incident.

3.3 Clinician with direct responsibility for the patient

- To retain full clinical and managerial responsibility for the patient including the shared responsibility for the referral being appropriate and justified given the patient's clinical presentation and history.
- To undertake a risk benefit analysis of irradiating pregnant patients where the body part of interest is between the diaphragm and knees and refer as appropriate..
- To undertake a risk benefit analysis of referring pregnant patients for magnetic resonance imaging (MRI) and refer as appropriate.
- Responsibility for the clinical education of NMRs in the speciality.
- To take responsibility for the NMR to act within the defined speciality scope(s) of practice agreed.
- To ensure, by authorisation, that the speciality scope(s) of practice sought is within the Healthcare Professional's professional capability and competence.
- To ensure that all Radiology reports are read and acted upon in a timely fashion by the NMR responsible for the referral.
- To ensure the NMR has undertaken an image interpretation course or evidenced equivalent training to minimise risk to patient safety.
- To participate, as necessary, in investigations and/or Duty of Candour where the wrong or inaccurate referral of a patient results in a reportable incident.

3.4 Community and GP Practices

- To ensure Non-Medical Referrers adhere to this policy and are supported in being able to develop their role.
- Assurance of NMRs adherence to the organisation's clinical governance policy.
- To participate, as necessary, in investigations and/or Duty of Candour where the wrong or inaccurate referral of a patient results in a reportable incident.

3.5 Line Manager of the NMR

- To validate and sign the person specification completed by the Healthcare Professional to ensure accuracy.
- To ensure, by authorisation, that the speciality scope(s) of practice sought is within the Healthcare Professional's professional capability and competence.
- To maintain a list of approved NMRs for the speciality.
- To advise Radiology of any changes to the approved NMR list i.e. member of staff leaves the Trust.
- To support the Healthcare Professional's attendance at Radiology Referral Training.
- To ensure the NMR adheres to the applicable speciality scope(s) of practice.
- To support the NMR by ensuring the appropriate education and training is available to allow them to develop in their role within the speciality.
- To participate, as necessary, in investigations and/or Duty of Candour where the wrong or inaccurate referral of a patient results in a reportable incident.

3.6 Radiology

- To assess and validate the person specification submitted regarding the Healthcare Professional's suitability to refer:
 - In accordance with IRMER 17 for ionising radiation examinations.
 - In accordance with MHRA guidance with respect to MRI examinations.
 - To ensure minimal patient safety risk.
- Confirm the attainment of enhanced clinical practice - academic & practical and experience in job role.
- To assess the speciality scope(s) of practice sought – both referral categories – against legislation; national guidance and patient safety risk including radiation dose; examination complexity and the Healthcare Professional's job role in the speciality.
- To maintain an up to date, central and secure electronic live register of approved NMRs including their associated scope(s) of practice.

- To ensure the policy is reviewed regularly especially after legislative or national guidance updates.
- To provide regular Radiology Referral Training (RRT) sessions to include Ionising Radiation Medical Exposure Regulations (IRMER) 2017; MRI safety and referral guidance. Summative assessment will form part of the training session to provide assurance that learning has taken place.
- To undertake regular audit of NMR practice – random selection methodology – to ensure NMR adherence to speciality scope(s) of practice.
- To take direct follow up action with NMRs who have been evidenced to be acting outside of the approved scope(s) of practice.

4 PROCESS

4.1 Referral categories

- There are **2** referral categories for imaging to acknowledge the enhanced clinical practice, experience and the different levels of responsibility for patient care; however, both carry the same level of responsibility and accountability for the NMR in respect of accuracy and completeness in the referral process and adherence to the agreed scope(s) of practice.
- The 2 categories are:
 - **Category 1** – Direct referral – where the Healthcare Professional through clinical assessment and review of the patient is eligible to refer in their own right under an agreed scope of practice.
 - **Category 2** – Transcription referral – where the Healthcare Professional is eligible to refer under direction from a clinician who has documented the referral in the patient’s healthcare record.

4.2 Guidance on completing a scope of practice; categories 1 & 2

- To outline the evidenced benefit to the patient e.g. improved experience; faster diagnosis; reduced waiting times.
- To outline the expected number of patients that will be referred by the NMR(s) in a month. It should also include whether NMR referrals will replace referrals previously made by a clinician or whether it is a new initiative i.e. a new review/follow up clinic.
- To identify the specific imaging examinations being sought.
- To identify the speciality that patients will be referred under e.g. respiratory
- To identify who is responsible for the initial image interpretation of the diagnostic images produced if no report is available and the recording of the evaluation in the patient’s healthcare record.
- To identify the education and training that the NMRs will undertake as referrers.

4.3 New to job role and where the Speciality has an approved scope of practice for the role – categories 1 and/or 2

- Complete the person specification (Appendix 1) and Part A of the Non-Medical Referrer Agreement (Appendix 4) and submit both documents, in full, to line manager and delegating clinician including the speciality scope(s) of practice version number(s) for authorisation.
- Submit the authorised person specification and Non-Medical Referrer Agreement, in full, to the Radiology Clinical Governance & Education Manager.
- Radiology will review the person specification against the scope(s) of practice sought and advise, by email, whether the specification supports eligibility to refer.
- If approved, Radiology will advise of the date for Radiology Referral Training (RRT).
- If the person specification is not approved, Radiology will outline the rationale and any action required.
- Attend the RRT session on the date stated. If unable to attend, arrange another date with the Radiology Clinical Governance & Education Manager.
- Radiology will advise by email if passed RRT assessment. A certificate of attainment will be issued plus formal approval to refer under the stated speciality scope(s) of practice including version number(s).
- Name will be entered onto a live electronic register held by Radiology and the Non-Medical Referrer Agreement completed by Radiology and returned.
- Radiology will advise if not passed RRT assessment and will re-issue a further RRT date.
- Referral rights are non-transferable. If job role /function changes, will need to apply to Radiology to seek approval to change to a different scope(s) of practice. Contact the Radiology Clinical Governance & Education Manager for the process to follow.

4.4 Staff with same job role and where the Speciality does not have an approved scope of practice – categories 1 and/or 2

Per staff group - same job role:

- Complete the speciality scope of practice – Category 1 – Direct Referrals (Appendix 2) as outlined.
N.B. only **1 scope of practice** per staff group needs to be completed.
- Ensure the scope of practice has been authorised by the line manager and the delegating clinician with responsibility for the patients in the speciality.
- As applicable, complete the speciality scope of practice for transcription referrals – Category 2 (Appendix 3) – **1 scope of practice per staff group** - including authorisation from line manager and the delegating clinician with responsibility for the patients in the speciality.

- Submit scopes(s) of practice sought to the Radiology Clinical Governance & Education Manager for submission to the Radiology Clinical Governance Committee for review and approval.
- The staff group **must not** submit individual person specifications and Part A of Non-Medical Referrer Agreement at this point.

If the scope(s) of practice are approved:

- The Radiology Clinical Governance Committee will formally record and issue the scope(s) of practice with a unique version number(s).
- Radiology will advise the staff group of the scope(s) of practice's approval and the version number(s).
- On receipt of the version number(s), each member of the staff group will need to complete a person specification (Appendix 1) and Part A of the Non-Medical Referrer Agreement (Appendix 4) and, once authorised by the line manager and delegating clinician, submit both documents, in full, to the Radiology Clinical Governance & Education Manager ensuring the scope of practice(s) version number has been included.
- Radiology will review the person specification against the scope(s) of practice sought and advise, by email, whether the specification supports eligibility to refer.
- If approved, Radiology will advise of the date for Radiology Referral Training (RRT).
- If the person specification is not approved, Radiology will outline the rationale and any action required.
- Attend the RRT session on the date stated. If unable to attend, arrange another date with the Radiology Clinical Governance & Education Manager.
- Radiology will advise by email if passed RRT assessment. A certificate of attainment will be issued plus formal approval to refer under the stated speciality scope(s) of practice including version number(s).
- Name will be entered onto a live electronic register held by Radiology and the Non-Medical Referrer Agreement completed by Radiology and returned.
- Radiology will advise if not passed RRT assessment and will re-issue a further RRT date.
- Referral rights are non-transferable. If job role /function changes, will need to apply to Radiology to seek approval to change to a different scope(s) of practice. Contact the Radiology Clinical Governance & Education Manager for the process to follow.

If the scope(s) of practice are NOT approved:

- The Radiology Clinical Governance Committee will amend the scope(s) of practice submitted by highlighting the imaging examinations not permitted.
- Radiology will return the amended scope(s) of practice to the staff group, line manager and delegating clinician, including the rationale for the non-approval of the highlighted exams e.g. legislative, diagnostic complexity, patient safety risk.

- The staff group will need to review the amended scope of practice and confirm, by consensus, the agreement to proceed with the amended scope to the Radiology Clinical Governance Manager.
- On receipt of agreement to proceed, the Radiology Clinical Governance Committee will formally record and issue the amended scope(s) of practice with a version number(s).
- Radiology will advise the staff group of the scope of practice(s) version number.
- On receipt of a version number, each member of the staff group will need to complete a person specification (Appendix 1) and Part A of the Non-Medical Referrer Agreement (Appendix 4) and, once authorised by line manager and delegating clinician, submit both documents, in full, to the Radiology Clinical Governance Manager ensuring the scope of practice(s) version number has been included.
- Radiology will review the person specification against the scope(s) of practice sought and advise, by email, whether the specification supports eligibility to refer.
- If approved, Radiology will advise of the date for Radiology Referral Training (RRT).
- If the person specification is not approved, Radiology will outline the rationale and any action required.
- Attend the RRT session on the date stated. If unable to attend, arrange another date with the Radiology Clinical Governance & Education Manager.
- Radiology will advise by email if passed RRT assessment. A certificate of attainment will be issued plus formal approval to refer under the stated speciality scope(s) of practice including version number(s).
- Name will be entered onto a live electronic register held by Radiology and the Non-Medical Referrer Agreement completed by Radiology and returned.
- Radiology will advise if not passed RRT assessment and will re-issue a further RRT date.
- Referral rights are non-transferable. If job role /function changes, will need to apply to Radiology to seek approval to change to a different scope(s) of practice. Contact the Radiology Clinical Governance & Education Manager for the process to follow.
- Any queries regarding the amended scope(s) of practice/non-approval need to be directed to the Radiology Clinical Governance & Education Manager in the first instance.
- Any queries regarding the amendment of an approved scope of practice i.e. to add additional examinations should be directed to the Radiology Clinical Governance & Education Manager in the first instance.

4.5 Radiology referral process

- It is the responsibility of the NMR to provide sufficient patient data and clinical information, including any previous imaging undertaken, to enable the referral to be accepted. This includes the legally required '3 point ID check' i.e. patient's name; date of birth and address (IRMER 2017).

- For CT and MRI contrast examinations, a recent eGFR blood test result **must** be available at the time of referring.
- All referrals are 'vetted' by Radiology before any imaging is undertaken. For radiation based examinations this is known 'justification' – a legislative, audited requirement.
- Incomplete, inaccurate referrals will be cancelled and returned to the NMR for amendment including a new referral date.
- The NMR must assess the pregnancy status of female patients between the ages of 12-55 and annotate the status on the referral.
- NMRs are not authorised to refer any pregnant patient for radiation based imaging where the imaging involves a body part between the diaphragm and knees.
- NMRs are not authorised to refer any pregnant patients for MRI.
- All referrals need to be legible (if paper) and state the name of the referrer; job status e.g. nurse practitioner; contact details and the scope of practice version number that they are referring under.
- All referrals must be clearly annotated including 'NMR' and include the scope of practice version number for category 1 -direct referrals and 'NMR' 'TP' plus the version number for category 2 – transcription referrals.
- Category 2 referrals – transcription – must include the contact details of the clinician initiating the referral in the patient's healthcare record to promote clinical dialogue if required.
- All fields on the referral form need to be completed and include other relevant information to support the effective and timely imaging of the patient e.g. translator or hoist required.
- It is the NMRs responsibility to ensure the patient does not have any devices that may contraindicate an imaging examination being undertaken. If implants or devices have been identified, documented evidence of the make, model, serial number, position in the patient and when it was implanted should be annotated on the referral. If in doubt, contact Radiology before making a referral.
- It is not Radiology's responsibility to amend or update a referral form.
- If in doubt as to which examination should be sought, the NMR should discuss with the clinician directly responsible for the patient; Radiologist or Radiographer/sonographer prior to referral.
- The NMR should review all previous imaging undertaken on the patient to ensure a duplicate referral is not made.
- The responsibility of the patient lies with the referrer at all times; not Radiology.

The Radiology Referral Guidance 2018 explains in more detail how to accurately refer a patient for imaging; link as below

http://www.doncasterlmc.co.uk/Radiology_Referral%20Guidance_%20Final_Approved%20Jan%202018.docx

Patients Lacking Capacity: Sometimes it will be necessary to provide care and treatments to patients who lack capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005)

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done or made in the persons Best Interest.
- Further information can be found in the MCA policy and the Code of Practice – both are available on the intranet.

There is no definition of 'Best Interest'. Best Interest *is determined on an individual basis*. All factors relevant to the decision must be taken into account, family and friends should be consulted and the decision should be in the Best Interest of the *individual*. Please note S5 of the MCA code of practice for further information.

5 TRAINING/SUPPORT

- NMRs must undertake specific education and training relevant to their area of practice to ensure on-going professional development.
- NMRs must undertake an image interpretation course such as the Norwich Image Interpretation Course; accessible online at: <https://www.imageinterpretation.co.uk/>
- NMRs must undertake Radiology Referral Training as specified by Radiology. The session will include:
 - Potential hazards in the use of ionising radiation based imaging and an understanding of the regulations that protect both staff and patients.
 - Contraindications to referral for imaging and the risk of unnecessary exposure to ionising radiation e.g. CQC reportable incidents.
 - High risk patient groups e.g. females of child bearing age; Paediatrics.
 - Contraindications to MRI e.g. stents; foreign bodies in eyes or other parts of the body; pacemakers.
 - The importance of eGFR and the use of iodine based contrast agents i.e. risk of contrast induced nephropathy (CIN)
 - How to refer for imaging; Radiology's use of audit & the Ionising Radiation Medical Exposure Regulations (IRMER) 2017.
 - Informed consent for radiation based examinations (IRMER 2017)
- NMR's must be able to use the ICE IT system proficiently to:
 - Accurately refer patients for imaging.
 - Access imaging reports for patients that have been referred.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Adherence of NMRs to scope of practice – Category 1 – Direct Referrals	Radiation Protection Lead Radiographer	Monthly	Audit report will be presented to the Radiology Clinical Governance committee; Radiation Safety Group and shared with the NMR's Line Manager & Delegating Clinician. Any NMR non-compliance to the agreed scope of practice will promote discussion with NMR, Line Manager & Delegating Clinician as to how compliance will be both achieved & maintained in the future to minimise patient risk once the mandatory 3 month cessation of referral rights has been completed.
Adherence of NMRs to scope of practice – Category –Transcription Referrals	Radiation Protection Lead Radiographer	Monthly	Audit report will be presented to the Radiology Clinical Governance committee; Radiation Safety Group and shared with the NMR's Line Manager & Delegating Clinician. Any NMR non-compliance to the agreed scope of practice will promote discussion with NMR, Line Manager & Delegating Clinician as to how compliance will be both achieved & maintained in the future to minimise patient risk once the mandatory 3 month cessation of referral rights has been completed.

Audit of NMR referral accuracy & completed appropriately	Radiation Protection Lead Radiographer	Monthly	Audit report will be presented to the Radiology Clinical Governance committee; Radiation Safety Group and shared with the NMR's Line Manager & Delegating Clinician. Anomalies e.g. not annotating the referral accurately, will promote discussion on how to improve NMR performance to promote reduction in error rate resulting in patient delay
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7 DEFINITIONS

NMR: Non-Medical Referrer. A Healthcare Professional who has undertaken Radiology Referral Training and who, through review and approval of qualifications and experience, has been authorised to refer patients for imaging under an agreed scope of practice.

IRMER 2017 – Ionising Radiation Medical Exposure Regulations 2017. Legislation that ensures the safety of patients when ionising radiation is used to obtain diagnostic images.

eGFR: Estimated Glomerular Filtration Rate – blood test to assess the level of kidney function and determine the stage of kidney disease. Test is required due to the use of iodine based radiological contrast agents that affect kidney function.

Transcription: making a written copy.

Scope of Practice: the agreed range of imaging examinations that a Non-Medical Referrer has been approved to refer for by Radiology including self-initiated, direct referrals and/or transcription referrals where a clinician has initiated the referral in a patient's healthcare record.

Version number: the unique identifier that is given to a distinct referral scope of practice by Radiology.

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4) - Appendix 5

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Ionising and Non-Ionising Radiation Safety Policy (CORP/HSFS 21)
 Information Governance Policy (CORP/ICT 9)
 Patient Identification Policy (PAT/PS 7)
 Safeguarding Adults Policy (PAT/PS 8)
 Safeguarding Children Policy (PAT/PS 10)
 Failsafe Alert for Radiological Findings (Communication Protocol) (PAT/T 38)
 Mental Capacity Act 2005 - Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) (PAT/PA 19)
 Fair Treatment For All Policy (CORP/EMP 4)
 Equal Analysis Policy (CORP/EMP 27)
 Privacy and Dignity Policy (PAT/PA 28)
 Consent to Examination or Treatment Policy (PAT/PA 2)

10 REFERENCES

IRMER 2017 Ionising Radiation (Medical Exposure) Regulations 2017. Accessed on 27th July 2018 URL: www.legislation.gov.uk/ukxi/2017/1322/made

NPSA 2007 Early Identification of Failure to Act on Radiological Imaging Reports. Safer Practice Notice 16; National Patient Safety Agency London

RCR 2012 Standards for the Communication of Critical, Urgent and Unexpected Radiological Findings 2nd Edition; Royal College of Radiologists London

RCR 2015 A Guide to Understanding the Implications of Ionising Radiation Medical Exposure Regulations in Diagnostic and Interventional Radiology; Royal College of Radiologists London

Radiology Referral Guidance 2018
http://www.doncasterlmc.co.uk/Radiology_Referral%20Guidance_%20Final_Approved%20Jan%202018.docx

Department of Constitutional Affairs
 Mental Capacity Act (2005): Code of Practice 2007
https://assets.publishing.service.gov.uk/government/uploads/systemuploads/attachment_data/file/497253/mental-capacity-act-code-of-practice.pdf

Patient Identifiable Data (PID)

'Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/>

Additional Information:

Published post drafting of the policy:

BIR 2019 Guidance for Non-Medical Referrers to Radiology

<https://www.bir.org.uk/media-centre/position-statements-and-responses/guidance-for-non-medical-referrers-to-radiology/>

APPENDIX 1 – PERSON SPECIFICATION

Name: Specialty: AfC Banding:	Scope of Practice Version Number:
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Requirements	Attained Y/N
Qualifications	
<ul style="list-style-type: none"> Degree/Diploma in a Healthcare Profession 	
<ul style="list-style-type: none"> Post Graduate Qualification relevant to Job Role 	
<ul style="list-style-type: none"> PIN/Reg No: 	
Experience	
<ul style="list-style-type: none"> Evidenced experience in current role 	
<ul style="list-style-type: none"> Documented evidence of on-going professional development/CPD/audit 	
Knowledge; Attributes; Training and Skills	
<ul style="list-style-type: none"> Exceptional communication skills 	
<ul style="list-style-type: none"> Ability to use ICE IT system competently 	
<ul style="list-style-type: none"> Capability in role 	
<ul style="list-style-type: none"> Evidenced clinical competency 	
<ul style="list-style-type: none"> Image interpretation course - https://www.imageinterpretation.co.uk/ Or evidenced equivalent training 	
<ul style="list-style-type: none"> Ability to recognise limitations of practice 	
<ul style="list-style-type: none"> Safeguarding and vulnerable adults/children - Trust policy & process 	

Healthcare Professional's Name: Date:

Job Role:

Signature:

Line Manager's Name: Date:

Line Manager's Signature:

APPENDIX 2 – SPECIALITY SCOPE OF PRACTICE - CATEGORY 1 – DIRECT REFERRALS

Speciality Scope of Practice – Direct Referrals

This protocol is designed to clearly identify for Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust, the degree to which appropriately trained and approved Non-Medical Referrers (NMRs) can refer patients for imaging examinations.

Non-Medical Referrers Protocol for: *please state speciality/GP Practice/Community site including contact telephone number*

Version Number: *please leave blank if new /state version number if seeking amendment to an already approved scope of practice*

Staff Group & Job Function: *e.g. ACP or NP – do not state individual referrer's name*

Scope of Practice

Radiology approved Non-Medical Referrers are allowed to refer patients for the imaging examinations outlined below (*please add rows as necessary*).

Excluded from scope of practice:

- Complex and/or interventional imaging examinations such as drainages, biopsies, stent insertions etc
- Pregnant patients – for MRI and any radiation based imaging where the body part is between the diaphragm and knees

Examination	Rationale for referral/justification including relevant patient criteria or circumstance

Exclusions: e.g. paediatrics/pregnant females

Expected patient demand/month:

Benefit to the patient from approving the referral protocol:

Image interpretation/reporting arrangement of diagnostic images:

- All Non-Medical Referrers must:
 - Have been assessed by Radiology as competent to refer
 - Completed and passed Radiology Referral Training
- Only fully completed, accurate referrals will be accepted showing patient demographics; the examination required; relevant clinical history/symptoms and:
 - The name of the NMR making the referral including job status; contact number and the scope of practice version number
 - Be annotated 'NMR' (audit purposes)
- The justification for all referrals lies with Radiology. Any discrepancy regarding the referral will be directed in the first instance back to the referrer.

- Only imaging under agreed Radiology imaging protocols will be undertaken. Additional or non-standard imaging sought by the referrer will be at Radiology's discretion.
- Radiology will audit NMR practice under this protocol, including the appropriateness of referrals and adherence to the scope of practice outlined, by formal review of examinations referred. Evidenced non-adherence will result in a cessation of referral rights for 3 months whilst re-training is undertaken.
- For amendment to an approved scope of practice, contact the Radiology Clinical Governance & Education Manager for advice on the process to follow.

Protocol Signatories:

I, the undersigned, approve the implementation of this protocol according to the Speciality and the scope of practice outlined above.

Clinical Director of Radiology:

Name:

Signature:

Date:

Head of Radiology:

Name:

Signature:

Date:

Line Manager

Name:

Signature:

Date:

Delegating Speciality Clinical Director/GP:

Name:

Signature:

Date:

APPENDIX 3 - SPECIALITY SCOPE OF PRACTICE - CATEGORY 2 – TRANSCRIPTION REFERRALS

Speciality Scope of Practice – Transcription Referrals

This protocol is designed to clearly identify for Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust, the degree to which appropriately trained and approved Non-Medical Referrers (NMRs) have the clinically delegated authority to **transcribe** an imaging referral based on a referral initiated by a clinician and documented in a patient's healthcare record.

Non-Medical Referrers Transcription Protocol for: *please state speciality/GP Practice/Community site including contact telephone number*

Version Number: *please leave blank if new /state version number if seeking amendment to an already approved scope of practice*

Staff Group & Job Function: *e.g. ACP or NP – do not state individual referrer's name*

Scope of Practice

Radiology approved Non-Medical Referrers are allowed to **transcribe** referrals for the imaging examinations outlined below (*please add rows as necessary*)

Excluded from scope of practice:

- Pregnant patients – for MRI and any radiation based imaging where the body part is between the diaphragm and knees

Examination	Rationale for referral/justification including relevant patient criteria or circumstance

Exclusions: e.g. pregnant females

Expected patient demand/month:

Benefit to the patient from approving the transcription protocol:

Image interpretation/reporting arrangement of diagnostic images:

- The delegating clinician must have direct clinical responsibility for the patient and be available to discuss the referral with Radiology.
- All Non-Medical Referrers with delegated clinical authority to transcribe must:
 - Have been assessed by Radiology to have the enhanced clinical practice and experience to undertake the delegated responsibility to refer
 - Have completed and passed Radiology Referral Training
- Only fully completed, accurate referrals will be accepted showing patient demographics; the examination required; relevant clinical history/symptoms and:
 - The name of the NMR transcribing the referral including job status; contact number and scope of practice version number
 - Be annotated 'NMR' & 'TP' (audit purposes)
 - The name of the clinician documenting the referral in the patient's healthcare record including a contact number.
- The justification for all referrals lies with Radiology. Any discrepancy regarding the referral will be directed in the first instance back to the referrer or the delegating clinician depending on the query.
- Only imaging under agreed Radiology imaging protocols will be undertaken. Additional or non-standard imaging sought by the referrer will be at Radiology's discretion.
- Radiology will audit NMR practice under this protocol, including the transcription of referrals and adherence to the scope of practice outlined, by formal review of patient healthcare records. Evidenced non-adherence will result in a cessation of referral rights for 3 months whilst re-training is undertaken.

- For amendment to an approved scope of practice contact the Radiology Clinical Governance & Education Manager for advice on the process to follow.

Protocol Signatories:

I, the undersigned, approve the implementation of this protocol according to the Speciality and the scope of practice outlined above.

Clinical Director of Radiology:

Name:

Signature:

Date:

Head of Radiology:

Name:

Signature:

Date:

Line Manager:

Name:

Signature:

Date:

Delegating Speciality Clinical Director/GP:

Name:

Signature:

APPENDIX 4 - NON-MEDICAL REFERRER AGREEMENT

This agreement authorises the individual cited below to refer patients for imaging under the following:

<p>Speciality Scope of Practice (incl category):</p> <p>Version Number:</p>
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<p>Part A – confirmation of the suitability of the qualified Health Care professional with regard to the person specification submitted; Radiology Referral Training and the scope of practice sought – Category 1 and/or 2</p>	
<p>Name of Non-Medical Referrer:</p>	
<p>Email address:</p>	
<p>Signature:</p>	
<p>Job role/Function:</p>	<p>PIN/Reg No:</p>
<p>Relevant qualifications; experience and training:</p>	<p>AfC Banding:</p>
<p>Speciality:</p>	
<p>Signature of Line Manager:</p>	<p>Date:</p>
<p>Print Name:</p>	
<p>Signature of Delegating Clinician:</p>	<p>Date:</p>
<p>Print Name:</p>	
<p>Designation:</p>	

Parts B & C to be completed by Radiology only

Part B:

Confirmation that the above named individual has attended Radiology Referral Training

Date Attended:

Signature of Trainer:

Name of Trainer:

Part C:

Authorisation to refer by DBTH Radiology Department

Yes:

No: *(Please provide comments below)*

Name:

Signature:

Position: Radiology Clinical Director

Date:

APPENDIX 5 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Policy for Imaging Examinations by Qualified Non-Medical Healthcare Professionals	Clinical Specialties Division	M Knight	Existing	03.08.18
1) Who is responsible for this policy? Name of Division/Directorate: Clinical Specialties Division; Radiology				
2) Describe the purpose of the service / function / policy / project/ strategy? To ensure patient safety under an auditable & structured process				
3) Are there any associated objectives? Compliance with legislation and national guidance; faster access to diagnostics; reduced patient waits; improved flow				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] No				
7) Are any of the following groups adversely affected by the policy? No				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.				
Date for next review:		February 2022		
Checked by:		Dr J Sawhney		Date: December 2018