

Clinical imaging requests from non-medically qualified professionals

Royal College of Nursing

Society and College of Radiographers

General Chiropractic Council

General Osteopathic Council

Chartered Society of Physiotherapy

NHS Alliance

The Royal College of Radiologists



General
Chiropractic
Council



THE CHARTERED SOCIETY OF PHYSIOTHERAPY



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The Royal College of Radiologists

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Adapted from *Clinical Imaging Requests from Non-Medically qualified staff* (2005), with kind permission from the Society and College of Radiographers.

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Foreword



Royal College of Nursing

Nurse practitioners and nurses working in extended roles are now key providers of health care across all settings. They deliver the right skills, at the right place, at the right time to provide optimal patient-centred care. National policy has supported these developments, but local variations in provision have prevented nurses from fulfilling their true potential. Unwillingness to allow nurses to be referrers for X-ray imaging procedures is a widespread example of this.

The Royal College of Nursing (RCN) has welcomed the opportunity to lead on the collaborative development of this guidance for non-medically qualified professionals, building on recent work by the Society and College of Radiographers.

Working with the key professional organisations listed below, we have produced guidance that informs employers and health care professionals regarding requests for clinical imaging from nurses and other non-medical health care professionals.

We hope that nurses will take the opportunity to use this guidance fully in their area/organisation and so optimise another aspect of clinical practice to benefit their patients.

Peter Carter,
General Secretary and Chief Executive, Royal College of Nursing



Society and College of Radiographers

Dramatic improvements in the speed and quality of patient care have been made through role redesign and multidisciplinary working in all areas of health care. This guidance (based on previous guidance from the Society and College of Radiographers) promotes this kind of improvement. I am delighted that the guidance is being made available to employers and health professionals who are involved in the clinical imaging process. This is an important further step in collectively providing excellent patient services.

Richard Evans,
Chief Executive Officer, Society and College of Radiographers



Chartered Society of Physiotherapy

Requesting clinical imaging is within the scope of physiotherapy practice and is now spreading rapidly into the profession. This document will assist in maintaining high quality and effective assessment of patients. It will also support practitioners in addressing the Government's agenda on patient choice, direct access and reduced waiting times. We would strongly encourage physiotherapists to add this to their expanding range of rapid access services for improving patient care.

Phil Gray,
Chief Executive Officer, Chartered Society of Physiotherapy

**General
Chiropractic
Council**



General Chiropractic Council

Chiropractors are autonomous primary care practitioners, competent to perform diagnostic assessment. The majority are fully trained to take, as well as interpret, X-ray images and interpret reports from radiologists. When requesting imaging procedures, they will provide a clear diagnostic rationale based on a well-founded clinical impression.

The General Chiropractic Council valued the opportunity to contribute to this guidance. We believe that patients will benefit from the multidisciplinary ethos that replaces a previously fragmented approach. The guidance represents progress towards ensuring that standards of referral and choice of procedure are optimal in every individual case.

Margaret Coats,
Chief Executive, General Chiropractic Council



General Osteopathic Council

Osteopaths make judicious use of clinical imaging where appropriate for the care of an individual patient. Undergraduates are trained in the use and interpretation of clinical imaging as part of enabling them to become independent primary contact practitioners.

Inconsistencies in osteopaths being able to access high quality clinical imaging services hamper the rapid and effective diagnosis of a patient's problem. The General Osteopathic Council is therefore pleased to have the chance to contribute to this inter-professional collaborative document, which it hopes will lead to an enhanced patient experience. A general policy will remove the variance between local clinical imaging arrangements, thereby creating equal opportunity, which is ultimately to the benefit of patients.

Vince Cullen,
Director of Professional Standards, General Osteopathic Council

NHS Alliance

The NHS Alliance is pleased to have participated in the production of this guidance. The range and type of patients being assessed and treated in one episode by non-medical professionals is increasing all the time. This guidance will clearly allow health care professionals to make the most use of their skills and competencies to facilitate clinical imaging referrals.

Michael Sobanja, Chief Executive, NHS Alliance



The Royal College
of Radiologists

The Royal College of Radiologists

This cross-professional guidance will help to rationalise the differing arrangements which have developed across the UK, as rapid changes in health care delivery have been implemented. The Royal College of Radiologists strongly supports the emphasis on training, competencies, and the development of clear local protocols, in close cooperation with medical supervision by consultant radiologists. The stress on the inclusion of all clinically relevant information in requests for imaging is particularly welcome. The RCR is pleased to support this document, which it hopes will enhance the safety and delivery of patient services.

Dr Gillian Markham, Dean, Faculty of Clinical Radiology, The Royal College of Radiologists

Introduction

In 1994, the College of Radiographers issued advice on X-ray examination requests by nurse practitioners, in response to changes in the delivery of services caused by the establishment of minor injury units. This stated that the position of the College of Radiographers was that requests for X-rays from non-medically qualified referrers was acceptable provided that the referrer complied with *The Ionising Radiation (Medical Exposure) Regulations*, was a registered health care professional and was adequately trained and competent to provide the practitioner with sufficient appropriate clinical data. There also had to be local agreements and protocols in place.

Further developments in the NHS and independent sector over the past decade have led to an increase in the role of non-medical health care professionals. Nurses – such as nurse practitioners – now play a significant role in providing care for many patients and clients, and extended roles for nurses – delivering both planned and urgent care – exist in all health care settings. Similarly, allied health professionals such as extended scope physiotherapists, and independent health professionals such as osteopaths and chiropractors, frequently deliver a first contact service which requires further diagnostic investigation. Many clinical imaging departments report an increase in diagnostic imaging requests from non-medically qualified referrers, and this has been recognised as a key factor in improving the patient care pathway.

This updated version of the *Clinical imaging requests from non-medically qualified professionals* publication, produced in November 2006, has been revised in the light of:

- the publication of *The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2006*
- advice from the Health Protection Agency
- feedback from the Nursing and Midwifery Council (NMC)
- comments from emergency care nurses on the impact of this guidance on emergency care provision. Reviewing the document has enabled us to take into account emergency nurses' comments.

This guidance specifically addresses the functions of non-medically qualified referrers, including nurses and allied health professionals.

Aim

This guidance document provides advice and good practice recommendations for employers and health care professionals involved in clinical imaging processes, regarding requests for all modalities of imaging procedures (ionising and non-ionising) from non-medically qualified health care professionals.

The Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R 2000) provide for the health protection of individuals undergoing medical exposures involving ionising radiation, including requirements regarding requests for X-ray examinations.

While these regulations cannot apply to non-ionising radiation (such as ultrasound and magnetic resonance imaging), the framework that employers must create for ionising radiation under IR(ME)R 2000 offers a good practice model which can be applied across all clinical imaging procedures.

It is from this perspective that this guidance has been written and the content agreed by all the contributing organisations.

Policy position

Responsibilities under IR(ME)R

The Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R 2000) and *The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2006*, require employers to provide a framework for radiation protection for medical exposures. The regulations provide clarity on the responsibilities of the referrer, practitioner and operator, as well as the employer.

Within the context of IR(ME)R 2000:

- the **referrer** has responsibility for providing sufficient medical data relevant to the exposure
- the **practitioner** (normally a radiographer or radiologist) is responsible for ‘justifying’ the exposure using the information provided by the referrer. The practitioner will decide the most appropriate clinical imaging procedure. In some cases this may involve a procedure which uses non-ionising radiation, or a decision may be taken that a clinical imaging procedure will provide no additional clinical information.

Eligibility criteria for a referrer — IR(ME)R requirements

1. *The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2006* (IR(ME)R) define the **referrer** as a registered health care professional whose profession is regulated by a body as detailed within Section 25(3) of the *National Health Service Reform and Health Care Professions Act 2002*.
2. The **referrer** must be entitled to act in this capacity by the employer. The scope of entitlement should also be specified, that is, which examinations the individual can refer for. Under IR(ME)R 2000 the term ‘employer’ is used to mean the clinical imaging service provider, and not necessarily the employer who holds the contract of employment of the referrer.
3. The **referrer** must be aware of their responsibilities under the regulations as a duty holder.

Eligibility criteria for a referrer — professional requirements

1. The **referrer** must be sufficiently competent to assess a patient, in order that medical data can be provided to the practitioner who ‘justifies’ the exposure. Competence in history taking, assessment and decision-making skills are essential if pertinent medical data for safe and appropriate referral are to be obtained.
2. The **referrer** must understand their professional accountability arising from their regulatory body’s code of conduct or equivalent, and any medico-legal issues related to their scope of practice.
3. The **referrer, if entitled to request examinations using ionising radiation**, must have developed their understanding of IR(ME)R 2000 through appropriate training and experience, including awareness of the risks of radiation exposure.
4. The **referrer** functions under IR(ME)R 2000 should be included within the individual’s job description or specified scope of practice.
5. The **referrer must** engage in continuing professional development appropriate to their scope of practice and functions as a referrer.

Policy position

Operational requirements for referrals

1. All referrals should be made in accordance with locally agreed referral criteria, which should take into account The Royal College of Radiologists' publication *Making the best use of clinical radiology services* (2007).
2. The required competence to refer should be agreed with the clinical imaging service provider.
3. An up-to-date list of individuals entitled by the employer to act as a referrer must be established, maintained and available to the clinical imaging service provider. This entitlement may be by name or professional group, and must include the range of referrals that may be made by each.
4. Specific details regarding referral processes must be agreed locally with the clinical imaging service provider, and articulated within a protocol. Where possible, protocols should be standardised to ensure a consistent and clear approach.
5. Training to support the clinical imaging referral process should be provided in conjunction with the local clinical imaging service provider and medical physics department.
6. The suitability and impact of referrals should be audited on a regular basis and action taken to address issues that could compromise the overall quality of patient care.
7. All processes regarding referral should be reviewed on at least an annual basis. The nature of this evaluation should be determined locally.

Making it happen

This guidance provides advice on the criteria that must be met so that the requesting of clinical images by non-medically trained health care professionals can take place safely and efficiently.

Employers, such as hospital trusts, primary care trusts, health boards (Scotland), independent health care organisations and independent practitioners, should work with their local clinical imaging service provider to promote non-medical imaging referral.

Employers should work with their local clinical imaging service providers to:

- ensure that this guidance is disseminated to all key staff and departments
- ensure that processes are instigated for non-medical referral in accordance with guidance set out in this document.

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