

Clinical Imaging Requests from Non-Medically Qualified Professionals

3rd edition

CLINICAL PROFESSIONAL RESOURCE



Acknowledgements

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An update of the 2008 2nd edition RCN document entitled *Clinical Imaging Requests from Non-Medically Qualified Professionals*

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

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Foreword

Royal College of Nursing

Nurses practice autonomously across a range of health and social care settings utilising their specialist skills and competencies at varying levels such as advanced level practice and consultants. They deliver the right skills, in 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.

The Royal College of Nursing (RCN) has welcomed the opportunity to lead on the collaborative development of this guidance for non-medical registered professionals in collaboration with 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.

Dame Donna Kinnair, Chief Executive & General Secretary, Royal College of Nursing

Society and College of Radiographers

Health care in the UK is characterized by excellent inter-disciplinary working and collaboration by health professionals. The provision of services to the public, particularly in a context of unprecedented demand and severely limited resource, depends on professionals constantly reviewing and exploring how their work together can improve quality and efficiency.

This updated guidance informs and enables better inter-professional collaboration so that diagnostic imaging referrals can be appropriate, timely and safely made.

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

Royal College of Radiologists

The Royal College of Radiologists (RCR) welcomes this cross-professional guidance, and supports the emphasis on autonomy of non-medically qualified referrers, recognising the role of referrers in the ongoing management of the patient. The RCR is pleased to support this updated guidance, which we hope will continue to enhance the safety and delivery of patient services.

Prof Mark Callaway, Medical Director, Professional Practice, Faculty of Clinical Radiology, Royal College of Radiologists

Chartered Society of Physiotherapy

The ability to request clinical imaging is well embedded in many advanced roles within physiotherapy practice and is a key requirement to ensure service users receive the right care, by the right person at the right time. As advanced physiotherapy practice roles increase across primary and secondary care, including first contact practice roles, it is essential that these clinicians have access, where appropriate, to request clinical imaging to ensure the accurate assessment, diagnosis and management of patients. It is also vital that patient safety is considered paramount at all times and this document will support physiotherapists and other clinicians, to ensure they are appropriately trained and are practising responsibly and safely, within professional and legal frameworks, as part of the wider inter-professional team.

Natalie Beswetherick, Director of Practice and Development, Chartered Society of Physiotherapy

1. Introduction

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R (2017) in Great Britain and IR(ME)R (NI) (2018) in Northern Ireland came into force on 6 February 2018 in concordance with the European Council Directive 2013/59/Euratom (2013). For the purposes of this guidance, both sets of Regulations will be jointly referred to as IR(ME)R.

IR(ME)R identifies four duty holders, each of whom has clearly identified responsibilities under the Regulations: the Employer, Referrer, Practitioner and Operator (see [Glossary](#)). The Employer has a number of legal obligations including establishing a framework of written procedures (Regulation 6(1)/Schedule 2) and protocols under which the duty holders work, as well as entitling the duty holders for the tasks they may perform under IR(ME)R. One of those duty holders is the IR(ME)R Referrer, whose sole role it is to provide relevant clinical information (Regulation 11(b)) within the request (by paper or by electronic means) in order that appropriate justification for the requested examination can take place.

Further developments in the NHS and independent sector over the past decade have led to the ever increasing role of non-medical health care professionals. Nurses and allied health professionals work at an advanced level – such as advanced nurse practitioners and advanced practice AHPs sometimes referred to as advanced clinical practitioners.

They continue to play a significant role in providing care for many patients and clients delivering both planned and urgent care. Similarly, allied health professionals such as advanced practice physiotherapists, and independent health professionals such as osteopaths and chiropractors, frequently deliver a first contact service which requires further diagnostic investigation. All UK clinical imaging departments (radiology departments) continue to 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.

It is also important to note that these advanced practitioners can progress to higher levels of practice such as consultants, clinic leads or directors. It is then useful to review their local IRMER Referrer entitlement as their scope of practice may have changed/ further developed with a wider range required.

This guidance concentrates on the role of the Referrer in IR(ME)R, particularly focussing on requests from non-medically qualified and registered professionals, however, the content is just as relevant for those that are medically qualified.

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. Further IR(ME)R guidance is available from the Department of Health (2017) specifically relating to referrers in section ten.

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 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 offers a good practice model which can be applied across all clinical imaging procedures.

The IR(ME)R referrer must be a registered health care professional (Ionising Radiation (Medical Exposure) Regulations, (IR(ME)R) 2017 and IR(ME)R NI 2018). Referrers are responsible for referring individuals to the IR(ME)R practitioner for specific medical exposures to be undertaken in accordance with the employer's referral criteria in regulation 6(5)(a) of IR(ME)R. Schedule 2(1)(b) of IR(ME)R requires entitlement and the scope of practice to be clearly defined within the local employer's written procedures.

For Northern Ireland, the definition of referrer Ionising Radiation (Northern Ireland) Regulations, 2018) has been broadened slightly to allow for situations where registered health care professionals in the Republic of Ireland could be entitled in line with employers procedures and agreements between healthcare bodies to refer individuals for exposures in Northern Ireland.

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 (IR(ME)R) 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:

- the referrer has responsibility for providing sufficient medical history of the patient relevant to the exposure. It is essential that the referrer provides sufficient clinical data in order that the exposure can be justified and adequate demographic data for the patient referred to be correctly identified. This should include full name, date of birth and address.
- 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) Regulations (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. Details should be included in the local IR(ME)R Employers Procedures. Under IR(ME)R 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 decisionmaking 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 through appropriate awareness training and experience, including a perception of the risks of ionising radiation exposure.
4. The referrer functions under IR(ME)R should be included within the individual's job description or specified scope of practice.
5. The referrer must engage in continuing professional development and provide evidence of self-audit appropriate to their scope of practice and functions as a referrer (Royal College of Nursing, Health Education England, 2017).
6. Registered nursing associates are not eligible to be IR(ME)R referrers as they do not have authority to lead the assessment, planning or evaluation of care.

Operational requirements for referrals

- All referrals should be made in accordance with locally agreed referral criteria, which could take into account The Royal College of Radiologists' publication i-Refer (2017).
- The required competence to refer should be agreed with the clinical imaging service provider (normally the Radiology department).
- The use of electronic requesting (ER) systems is widespread and has increased access to imaging for users. ER can assist the employer to comply with IR(ME)R by:
 - restricting referral access privileges to entitled referrers only
 - providing the referrer with referral guidelines for medical exposures including information on radiation dose
 - ensuring the referrer provides the required information for the practitioner to justify the procedure
 - where electronically available and easily accessible, provide a record of all requested procedures which can assist the audit process.

These systems rely on a user log-in to identify the referrer rather than a signature. It is not professional (or legal) to request a clinical imaging examination using someone else's log-in just as it is to request a procedure on a pre-signed request card.

- 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.
- 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.
- Awareness training to support the clinical imaging referral process should be provided in conjunction with the local clinical imaging service provider and medical physics department.

- Regulation 8(3) of IR(ME)R requires the employer to establish a system for recording analyses of events involving or potentially involving accidental or unintended exposures. Guidance (Royal College of Radiologists, 2019), which includes a coding system, has been published which supports UK clinical imaging departments to review errors and near misses. Coding relating to Referrers is included in the system.
- 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. If, following the results of audits, it is highlighted that a referrer or referrers continue to make errors or near misses in the referral process (which are picked up by radiology), the clinical imaging provider may impose some form of sanction (ie, disentitle that referrer(s) for a time period. This would normally mean that further referrer awareness training would need to be given before the individual is re-entitled to refer.
- All processes regarding referral should be reviewed on at least an annual basis. The nature of this evaluation should be determined locally.

Autonomy

The referrer, as the autonomous non-medical professional, must ensure that following the clinical evaluation (ie, the report) of the medical radiation exposure that a decision is made by him/her about the ongoing management of the patient based on the results of the report. The decision and ongoing action in support of the patient must be recorded and discussed with the patient. This is to ensure that an action is taken by the referrer following each medical exposure.

Making it happen

This guidance provides advice on the criteria that must be met so that the requesting of clinical images by non-medically qualified 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 nonmedical 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 nonmedical referral in accordance with guidance set out in this document.

The Society and College of Radiographers have produced a useful *IR(ME)R Referrer Pause and Check* poster (2019) which may be freely downloaded, printed and placed in relevant clinical areas for all referrers to use as an aide memoir prior to writing an imaging request.

The Royal College of Nursing and The Society of Radiographers will be developing some accompanying resources including case studies and a checklist for local implementation that will be available on the website at: rcn.org.uk

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Glossary

Employer

The employer, as a duty holder, is responsible for providing a framework within which professionals undertake their functions. The employer relates to health and safety functions rather than employment matters.

Entitlement

This is the process of verifying that the duty holder has the necessary training and competencies to undertake the task as defined in their scope of practice.

Operator

Any person who is trained and entitled to carry out the practical aspects of an exposure.

Practitioner

A registered health care professional who is entitled to take responsibility for an individual exposure. The primary role of the practitioner is to justify and authorise exposures.

Referrer

A registered health care professional who is entitled to refer individuals for exposures involving ionising radiation. In Northern Ireland, this also includes medical practitioners registered with the Medical Council of Ireland.

Scope of practice

Describes a range of skills and tasks based on professional registration, education, training, knowledge and experience.

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This guidance 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 from non-medically qualified health care professionals.

Publication date: April 2021 Review date: April 2024

The Nine Quality Standards

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Evaluation

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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

rcn.org.uk
0345 772 6100

April 2021
Review date: April 2024
009 108

