



Medical Imaging Service Referral for Imaging by Non-Medical Staff Policy

This procedural document supersedes: PAT/T 1 v.3 - Medical Imaging Clinical Service Unit Referral for Imaging by Non-Medical Staff Policy



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Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
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 Jayne Fielden
Version 2	September 2008	<ul style="list-style-type: none"> • Reviewed in line with new APD format. • Review with reference to Trust Protocol for Introducing New Clinical Procedures or Practices • Reviewed with minor changes to enable PCT non-medical staff to refer. • Minor changes/amendments made throughout for improved clarity • Minor changes to Appendix 1 so applicable for PCT staff. 	Carole Perry

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1. INTRODUCTION

The NHS plan (DoH 2000) included many initiatives to modernise the way in which care is delivered. This includes broadening the scope of practice for many health care professionals, and the referral of patients for Imaging is just one example. One of the 10 Key roles for nurses was to include referral for diagnostic investigations. This has not been restricted to Nursing, and many Allied Health professionals may develop their practice, and as such, co-ordination of the roles and education requirements must take place.

Appropriate initial and continuing education must underpin all role development and training programmes. A level of responsibility for the education of staff lies with the Medical Consultant/Senior Clinical Practitioner from whom the role is delegated, and the Medical Imaging Service will take responsibility for the areas of development related to Radiation Protection. The role of referrer has been delegated from the appropriate Care Group/Consultant/General Medical Practitioner in the speciality and, as such, they retain responsibility for the patient (see below).

This policy encompasses all registered non-medical staff regardless of their profession.

2. PURPOSE

This policy clarifies and stipulates who will accept overall responsibility for the role of the non-medical referrer to the Medical Imaging Service. It also provides a mechanism for appropriately qualified staff to refer patients for diagnostic imaging (This could include x-ray, ultrasound, Dexa, CT, MRI and Nuclear Medicine) and provides guidance related to the role, together with associated education and training requirements.

3. DUTIES AND RESPONSIBILITIES

The Clinical Governance Sub-Group (Radiation) retains overall clinical responsibility for all non-medical referrers and each request must be accepted by this group before it will be accepted and signed off by the Assistant Care Group Director, Diagnostics & Pharmacy Care Group. Details of all authorised non-medical referrers will be held and managed within the Medical Imaging Service.

Delegation will be to specifically named staff in their current post. Responsibility as a referrer cannot be transferred between individuals, and any new appointments must be communicated to the Medical Imaging Service together with the specimen signature form. All staff will have records kept within the Imaging Service relevant to their training, and specific referral criteria relevant to their role. These will be kept alongside the IR(ME)R protocols.

Specific delegation will be from a Care Group; however the referrer might not be from the same Care Group. They will delegate the role; he/she will retain full clinical & managerial responsibility

for the patient. The Consultant/Clinical Director/Senior Clinical Practitioner/GP shares management responsibility for the proper performance of the task with the delegated member of staff.

All parties must be certain that the member of staff is suitably qualified, experienced and competent to carry out the responsibilities delegated to them.

3.1 Referrals

It is the responsibility of the referrer to provide sufficient clinical information to enable justification of the examination and to clarify its expectations. The examination must be justified under the IR(ME) Regulations or protocols for Ultrasound, CT and MRI. The Imaging Service (Radiographer or Radiologist) will decline to accept any referrals that are considered inappropriate. All referrals must be legible and should indicate clearly the name and role of the referrer e.g. Triage Nurse, Emergency Nurse Practitioner, Community Matron.

It is the responsibility of the referrer to ensure requests are not duplicated, thereby resulting in unnecessary radiation dose to the patient.

Referrals should indicate the region for examination and give appropriate clinical information; the most appropriate examination will be undertaken in line with the Medical Imaging Technique Protocols which for x-ray are the Royal College of radiologist guidelines <http://mbur.nhs.uk>. If specific techniques are requested, these must have been previously agreed within the initial submission, any additional views not referred to in the agreement will not be undertaken unless a Doctor countersigns the card.

If any referrer is in doubt as to whether an investigation is required, or requires guidance as to the most suitable examination, they should discuss the case with an appropriate medical practitioner, or if appropriate, with a radiologist or radiographer prior to referral. Notice should be taken of previous relevant examinations in order not to expose a patient to ionising radiation unnecessarily.

All referrals must be in line with the IR(ME)R protocols related to the irradiation of females of childbearing age, copies of this can be obtained from the imaging departments and will be given out at the Radiation and IR(ME)R update courses.

3.2 Interpretation

In line with the Trusts IR(ME)R procedures, justification of any request is dependent on the production of a Radiologist report or documentation in the patients notes of the findings from the x-rays. The radiology report may be obtained from a Radiologist, or a Radiographer who undertakes reporting.

In addition, for non-medical staff responsible for the initial interpretation of plain film radiographs, a programme of appropriate education should have been undertaken.

This evaluation of the radiograph must be recorded in the patient's notes as per the (IR(ME)R policies and procedures. If a radiology report is not required then the evaluation of the radiographs, which must take place, must be documented within the patient's notes and be signed by the responsible clinician or referrer.

4. PROCEDURE

4.1 Instructions for Clinical Specialities (Existing Initiatives)

- All existing agreements will be honoured, however in line with IR(ME)R 2000 written protocols & procedures must be documented and in place.
- We will write to all existing referrers and ask to be provided with an up to date list of referrers and a copy of the protocols that exist detailing the criteria for referrals currently in place.
- Any additional projections can only be undertaken after negotiation with the department.
- Staff specimen signatures must be sent to the department on the relevant form (see Appendix 1).
- Any new staff will not be authorised to request imaging until the Imaging Service receives a copy of their signature.
- An annual audit of designated current referrers will take place.

4.2 Instructions for Clinical Specialities (New Initiatives)

Clinical Specialities/GP Surgeries intending to implement referral for imaging by non-medical staff should provide documentation initially to the Medical Imaging Service to establish the rationale for a new development before commencement of the role. This should include:-

- Benefit to the patient of the initiative.
- Number of patients expected to be referred by non-medical staff per month under this initiative. (This should also indicate whether this replaces referrals from the delegating clinician or whether this is a new initiative).
- Specific examinations to be referred including any specific inclusion or exclusion for age of patients.

- Under what circumstances? (This should include the expectations of the service e.g. one-stop clinics).
- Staff involved in:-
 - Referring
 - Delegating
- Proposed commencement date.
- Who is responsible for the interpretation of the resultant images? (This includes recording the evaluation in the clinical record).

In addition the following must take place:-

- All delegated staff will have to complete a programme of education and training related to radiation protection provided by the Medical Imaging Service through Training & Development.
- The Medical Imaging Service must receive specimen signatures prior to referrals commencing.
- If this is a new practice reference to Trust policy CORP/RISK 3 - “Protocol for Introducing New clinical procedures or Practices” must be made.

If the new initiative involves acting in the Image findings this is mandatory.

5. TRAINING/ SUPPORT

Specific education relevant to their own area of practice must be undertaken by all staff in order to support their role development. This must be supplemented by an appropriate programme of study related to IR(ME)R and radiation awareness provided by the Medical Imaging Service, records of which are held on OLM.

5.1 General Education

- The role of the radiographer, and radiologist.
- Indications for referral for imaging.
- The mechanism and importance of audit.
- Referral guidelines and completion of referral forms.
- Communication with the patient of the need (or not) for imaging examination and associated issues.

5.2 Radiation Protection

(For those referring for imaging procedures involving radiation)

Appropriate members of the Radiology team will teach this, (Radiation Protection Supervisors).

The programme will encompass the following:

- Potential hazards in irradiating patients and an understanding of the associated regulations.
- Contra-indications to referral for imaging and the risk of unnecessary exposure to ionising radiation. Regulatory requirements under IR(ME)R.

5.3 Image Interpretation

In addition, for those responsible for the immediate interpretation of images, a programme of study must have been undertaken before commencement and evidence of continued training should be available if necessary for an Inspection by Care Quality Commission(CQC). This should either comprise a recognised Postgraduate course or an appropriately agreed Trust programme of development for individual staff.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Compliance with regulations requirements under IR(ME)R	Nominated Medical Imaging staff	Annually	Audit of patient notes, reported to Clinical Governance
Referrals – relevant / justified – audit of reports	Referrer	Ongoing	Clinical Manager
List of non-medical referrers	Nominated Medical Imaging staff	Annually	Clinical Governance Sub-Group (Radiation)

Staff should regularly audit their own practice (which would include referring to Medical Imaging). Joint audit between clinical specialities and radiology with reference to referrals is encouraged.

7. DEFINITIONS

IR(ME)R – Ionising Radiation (Medical Exposure) Regulations

8. EQUALITY IMPACT ASSESSMENT

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).

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. See Appendix 2.

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/RISK 3 - “Introducing New Clinical Procedures or Practices”

10. REFERENCES

Royal College of Nursing (2008) Clinical Imaging requests from non-medically qualified professionals 2nd edition, London: RCN

The Royal College of Radiologists (2012) iRefer – Making the best use of clinical radiology referral guidelines (7th edition), London RCR

The Society and College of Radiographers (2005) Clinical Imaging requests from non-medically qualified staff: SCoR

TRUST IR(ME)R Procedures (V 24) Feb 2014

APPENDIX 1

Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Medical Imaging Service

RECORD OF NON MEDICAL IMAGING PRACTITIONER

NAME in full.....

Protocol under which you are referring (i.e. Triage/Surgical Nurse Practitioner)

.....

Usual Signature.....

Date of Radiation Awareness Training

Date.....

Base Hospital/GP Surgery.....

Clinical Service Unit

Clinical Directors/Head of Dept./Senior Clinical Practitioner
Signature of Authorisation

.....

Name & Title.....

Date.....

Medical Imaging Staff to complete

RPS signature.....

Date accepted.....

Copied to Non-Medical Referrers Files

Date.....

Signature.....

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Referral for Imaging by Non-Medical Staff Policy	Medical Imaging	Jayne Fielden	Existing policy	December 2014
1) Who is responsible for this policy? Assistant Care Group Director, Diagnostics & Pharmacy Care Group				
2) Describe the purpose of the service / function / policy / project/ strategy? Improvement and enhancement of service to patients undergoing medical imaging procedures				
3) Are there any associated objectives? Legislation, targets national expectation, standards – 18 week pathway				
4) What factors contribute or detract from achieving intended outcomes? – Numbers of staff qualified to refer to imaging reduces waiting times for patients				
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] - None				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – N/A 				
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?				
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 in Appendix 4				
Date for next review: November 2017				
Checked by: Jayne Fielden		Date: January 2015		