

Policy for the Requesting of Ionising Radiation Procedures by Non-Medical Practitioners

Version	1
Ratified by	Radiology Clinical Governance Committee
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1 Introduction

- 1.1 The purpose of this Policy is to set out the criteria and training requirements acceptable to The Royal Bournemouth and Christchurch Hospitals Radiology Departments for the undertaking of requesting of radiological examinations by non-medical practitioners.
- 1.2 Each practitioner must respect that they are personally accountable for their practice and have professional accountability in line with their relevant professional Codes of Conduct.

2 Purpose

- 2.1 To provide a mechanism for appropriately qualified staff to refer patients for radiological examinations.
- 2.2 To ensure that only such appropriately qualified staff undertake requesting for radiological examinations.
- 2.3 To provide supporting guidance related to the scope of the role and the consequential education and training requirements.
- 2.4 To facilitate non-medical referrers to undertake the full episode of care where appropriate.
- 2.5 To ensure that resources are used effectively and the risks associated with the requesting of Imaging are managed.

3 Scope

- 3.1 The context of this document applies to all imaging requests from non-medical referrers registered with The Nursing and Midwifery Council or The Health and Care Professions Council to the Radiology Departments of The Royal Bournemouth and Christchurch Hospitals. This includes referrals from within the Trust and from primary care.

4 Duties and Responsibilities

4.1 *All Parties*

- 4.1.1 All parties must be certain that the member of staff is suitably qualified, experienced and competent to carry out the responsibilities delegated to them. In addition, the following roles and responsibilities apply.

4.2 Radiology

- 4.2.1 To maintain a central list of authorised referrers.
- 4.2.2 To ensure authors undertake a regular review of this policy.
- 4.2.3 To approve the delegation and referral agreements, which constitute the appendices of this document.
- 4.2.4 To provide an educational programme covering the Ionising Radiation (Medical Exposure) Regulations (IR (ME) R 2017), where the referrer wishes to refer for ionising radiation procedures.
- 4.2.5 Initial training will be followed by subsequent update training every three years.

4.3 Clinicians responsible for referring practitioners

- 4.3.1 When delegating a role, the clinician retains full clinical and managerial responsibility for the patient. The clinician shares responsibility for proper performance of the task not only with the delegated member of staff but also that person's employer.
- 4.3.2 Responsibility for the education of staff in relation to their role in the clinical areas lies with either the clinician from whom the role is delegated for staff employed by a GP practice or from the appropriate manager responsible for the service provision for staff employed by the Trust.

4.4 Referrers

- 4.4.1 To ensure that initial and continuing education and training is undertaken to ensure competence in their role.
- 4.4.2 To undertake regular audit of their practice.

6 Training Requirements

- 6.1 All staff requesting diagnostic imaging will have completed formal IR(ME)R training as provided by the Radiology Department.
- 6.2 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 appropriate to the category of referral, and should be agreed with the delegating clinical director/GP and documented in the individual referrer agreement. The education may be delivered locally or as part of a recognised post registration programme, but must encompass all of the details of the role and responsibilities.

7 Radiology Referral Agreement

- 7.1 A Radiology Referral Agreement must be completed for all non-medical referral protocols. This may affect individuals or groups of individuals dependent on the clinical area. It is comprised of 2 parts: a Speciality Scope of Practice and an Individual Referral Agreement.
- 7.2 Agreed radiology referral agreements will be stored as appendices of this document.

8 Speciality Scope of Practice (Appendix 1)

- 8.1 The speciality scope of practice is an agreement between the radiology service and the delegating clinician/GP.
- 8.2 The agreement will identify the scope of practice i.e. the professionals covered under the Scope of Practice, department, the examination(s) wishing to be requested and under what circumstances, and exclusions.
- 8.3 Once completed, the Speciality Scope of Practice form should be returned to Radiology. This will then be reviewed by the Radiology Clinical Governance Committee.
- 8.4 The delegating clinician/GP must sign the Speciality Scope of Practice form and will be responsible for delegating the referral process.

9 Individual referrer agreement (Appendix 2)

- 9.1 Confirmation must be given that the individual is working to approved clinical guidelines and has received supervised clinical training as agreed by the delegating clinician.
- 9.2 Confirmation must be given that the individual has received the IR(ME)R training delivered either within the Trust or other certificated equivalent training on Radiation Awareness. Radiology reserve the right to not accept other certified equivalent training if it is not considered to be of equal weight to the RBCH IR(ME)R training.
- 9.3 Responsibility as a referrer cannot be transferred between individuals and any new appointments must follow the guidelines in place for the speciality and an Individual Referrer Agreement must be completed and submitted to Radiology.
- 9.4 The Individual Referrer Agreement must be completed electronically, signed and sent as an attachment via e-mail to Radiology. This will then be reviewed by The Radiology Clinical Governance Committee who will then authorise or decline the application.
- 9.5 Any agreement which is declined will be returned to the applicant with a full explanation as to how this decision was made.

9.6 The Radiology Department can terminate referral rights at any time, either in whole or for any named individual for any persistent abuse of the agreement.

10 Minimum Data Set for Imaging Referrals

- Patient Name (First and Family Names as a minimum).
- Patient birth date.
- Patient address.
- NHS Number or Hospital Number.
- Full clinical details including relevant previous history.
- Investigation required differential diagnosis and question to be answered by the investigation.
- Date of request.
- Urgency / approximate date examination required. If the examination is to be delayed, the reason for this should be part of the clinical history provided.
- Name (printed) and Contact number of requester (bleep/extension).
- Signature of referrer – required on all handwritten requests.
- Printed name of Lead Clinician (Consultant or GP).
- Pregnancy status.
- Any relevant information about infection risks such as CPO, D&V, barrier nursing precautions etc.
- Special requirements, such as dementia, stroke, atypical manual handling needs etc.