

# Non-Medical Referrer Radiological Ordering Policy for South East London Integrated Care Board

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<b>Related Documents:</b>	<a href="#">British Institute of Radiology Position Statement: Governance Requirements for Non-Medical Referrers in Radiology</a>
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# 1 Approval and Signatories

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## 2 Purpose and Scope

This policy defines the types of diagnostic imaging investigations that can be requested by specific non-medically qualified referrers within South East London Primary Care. A referral for a diagnostic imaging investigation would generally originate from a medical or dental practitioner. However, in certain cases it may be in the best interests of the patient that South East London Trusts should accept referrals from non-medically qualified health professionals. The justification for non-medical health professionals referring to radiology must be that patient care will be improved by the practice.

It is a requirement of the Ionising Radiation (Medical Exposure) Regulations 2017 that those who refer patients for diagnostic imaging investigations using ionising radiation should provide sufficient clinical information to allow imaging specialists receiving the request to judge whether the procedure is justified. A Non-Medical Referrer (NMR) must be a registered health care professional. I.e., they must be a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002(a).

NMRs should receive appropriate training prior to being entitled as a referrer and making requests involving ionising radiation. This training must include:

- Principles of radiation protection
- Benefits and risks of the examinations being referred for and an understanding of the dose received from that examination and the ability to identify if there is a safer alternative to the requested exam
- The Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R17 Regulation
- Responsibilities of NMRs in relation to patient safety and clinical governance
- Overview of local referral pathways, including the use of electronic referral systems where appropriate and the cancellation process
- Availability and use of referral guidelines e.g. Royal College of Radiologists iRefer
- Introduction to the governing legislation
- Professional and legislative responsibilities.

The Medical Physics Experts at King's College Hospital NHS Foundation Trust and Guys and St Thomas' NHS Foundation Trust provide virtual training sessions (in order to meet the recommendations set by the British Institute of Radiology and supported by the Care Quality Commission) that will be recorded and made available to primary care.

This protocol provides the details of criteria for referrals made by the non-medical referrers.

## 3 Guidelines for requesting diagnostic imaging investigations

3.1 This SOP will support GP practices with the implementation of the electronic requesting system (ICE) for diagnostic imaging and reiterate existing IRMER regulations.

3.2 Only competent nurse practitioners, advance paramedics, physiotherapists, podiatrists and pharmacists within the SEL ICB may request diagnostic imaging.

- 3.3 It is the responsibility of the GP practices to regularly audit compliance with this Ordering Policy. Staff must complete the appropriate radiation safety training. GP practices must maintain an up to date list of staff that have completed this training. The ICE admin super users in each GP practice will manage access for NMRs and medical referrers to request imaging on the electronic system (ICE).
- 3.4 All non-medical referring staff must refresh their training every 3 years via the same online system. If this is not done within a realistic timeframe their imaging requesting rights will be removed until refresher training has been updated. This will be the responsibility of the GP ICE admin super users.
- 3.5 An up to date copy of the approved referrers list must be kept within the referring GP practice and made available to GSTT, KCH and LGT (as defined in Appendix 1) upon request.
- 3.6 The Clinical Lead within the referring GP Practice will be responsible for assessing the eligibility and suitability of clinical staff within their practice to request diagnostic imaging and other non-imaging investigations. The ICE admin super user will be responsible for adding and removing NMRs and medical referrers on ICE in line with 3.5. All practices will have defined scope of practice for all referring professionals; these documents will be regularly reviewed and subject to clinical audit processes.
- 3.7 The referrer must understand their professional accountability arising for their regulatory body's code of conduct or equivalent, and any medico-legal issues related to their scope of practice.
- 3.8 NMRs requesting diagnostic imaging involving ionising radiation must work in accordance with IR(ME)R 2017 and refer in line with best practice guidelines from the Royal College of Radiologists.
- 3.9 NMRs must only request what is outlined within their scope of practice, taking into consideration section 8 of this policy.
- 3.10 Authorised NMRs may only request diagnostic imaging investigations using their allocated account and password or on behalf of a GP at their practice by selecting the appropriate name in the drop-down box on ordering software.
- 3.11 It is the responsibility of the referrer or practice to cancel any imaging on the ordering software that is no longer required. For booked appointments, they should also contact the relevant department to cancel the exam and release the slot. The patient should also be informed. Accidental or unintended exposures could lead to CQC reportable incidents and the GP practice would have to provide an investigation report.
- 3.12 Improper use of the referral software system, including failure to adhere to the standards of confidentiality or security, will be regarded as serious misconduct and could result in the withdrawal of the user's access.

## 4 Exclusion Criteria

### 4.1 Staff

- 4.1.1 Physician Associates – at the time of writing this staff group is not currently governed under a regulatory body
- 4.1.2 Nursing Associates
- 4.1.3 Administrative staff

### 4.2 Modalities

- 4.2.1 High dose ionising radiation – CT, PET/CT, Nuclear Medicine, Interventional Radiology
- 4.2.2 Vascular Ultrasound \*
- 4.2.3 Paediatric Ultrasound
- 4.2.4 MRI

\*Further criteria for acceptance of US referrals will be developed for SEL in due course.

## 5 Referral Quality standards

- 5.1 All referrals must comply with referral guidelines either published by the RCR or locally agreed variations consistent with patient needs and locally agreed protocols.
- 5.2 To ensure justification for the examinations which may be carried out, the following information must be documented on the referral
  - Minimum 3 points of Identification (Name, DOB and Address)
  - History of presenting illness/ injury/ symptoms
  - Current clinical details including observations (laterality and specific site)
  - The clinical question to be answered
  - Relevant past medical history
  - Previous recent imaging if applicable accessible via Local Care Record
  - Specific timing requirements e.g. follow up, urgent, routine
  - Pregnancy status (if applicable)
  - Infection status (if applicable)
  - Any special requirements (e.g. language/ communication needs, mobility requirements)
  - Any contraindications (like metal objects, claustrophobia for MRI)
  - Please refer to the CQC endorsed “Referrer Pause and check” poster before submitting each referral

## 6 Reports and Results Acknowledgement

- 6.1 It is the responsibility of the referrer's organisation to view, act upon and record (if applicable) results of imaging studies that are requested. The results will automatically go back through MESH and appear alongside other test results. The electronic requesting system (ICE) is not an alerting system; all results will need to be actively read and actioned. Any technical faults will be picked up by the central ICE system admin team.
- 6.2 Where results fall outside the defined parameters of the NMR's scope of practice, the NMR will seek advice and/or send results to their relevant GP for consideration/action.
- 6.3 It is the responsibility of the referring organisation patient safety/clinical governance to develop policies and practices for mitigating the risks of failure to act on diagnostic results for both results acknowledgement and clinical management handover.











## 7 Audit





- 7.1 In accordance with good medical practice, the governance around referral processes for NMRs and GPs should be audited periodically in line with the expectations of the Care Quality Commission.

## 8 Radiological Examinations

### a) X-Rays

Staff groups - Nurse practitioners, advanced paramedics, pharmacists, physiotherapists

Imaging investigation required	Patient exclusions	Clinical indication exclusions (please refer to your scope of practice/iRefer as this is not an exhaustive list)*	 Denotes the magnitude of the radiation dose*
Chest x-ray	Paediatrics, pregnancy		
Abdominal X-Ray	Paediatrics, pregnancy,	Pain ? cause, renal colic, sepsis, abdominal mass	
Cervical Spine	Paediatrics		
Thoracic Spine	Paediatrics, pregnancy,	Scoliosis, degenerative/spondylosis, metastases without a primary	
Lumbar Spine	Paediatrics, pregnancy	Scoliosis, degeneration/spondylosis, low back pain, sciatica, metastases without a primary	
Pelvis and Hip	Paediatrics, pregnancy		
Upper limb x-rays			
Lower Limb x-rays	?calcaneal spur. For US referral.		
Foreign body x-rays			

Symbol	Typical effective dose (mSv)	Examples
None	0	US; MRI
	<1	CXR; XR limb, pelvis, lumbar spine, mammography
	1-5	IVU; NM (eg bone); CT head and neck
	5.1-10	CT chest or abdomen; CT KUB; NM (eg cardiac)
	>10	Extensive CT studies, some NM studies (eg some PET-CT)

\*Clarification of clinical indications will be subject to further development of this SOP.



## 9 Appendices

Appendix A: List of clinical governance email address for KCH, GSTT and LGT

### Appendix A

<b>Trust</b>	<b>Clinical governance email address</b>
King's College Hospital NHS Foundation Trust	<a href="mailto:kch-tr.radiologyclinicalgovernance@nhs.net">kch-tr.radiologyclinicalgovernance@nhs.net</a>
Guy's and St Thomas' NHS Foundation Trust	<a href="mailto:ClinicalGovernanceFacilitators@gstt.nhs.uk">ClinicalGovernanceFacilitators@gstt.nhs.uk</a> <a href="mailto:ClinicalGovernanceAssisstant@gstt.nhs.uk">ClinicalGovernanceAssisstant@gstt.nhs.uk</a>
Lewisham and Greenwich NHS Trust	<a href="mailto:tracey.chung@nhs.net">tracey.chung@nhs.net</a> <a href="mailto:lq.radiologyclinicalgovernance@nhs.net">lq.radiologyclinicalgovernance@nhs.net</a> (in use from mid-October 2023)