TRUST POLICY FOR NON-MEDICAL ACCESS TO REFER FOR RADIATION EXPOSURES

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	1	Oct 2008	Mike Barnard	To allow Non-medical referrers appropriate access to refer Patients for Imaging examinations.
	2	February 2024	Mike Barnard	Full review

Intended Recipients:

- Practitioners and Operators in departments making exposures
- Service Managers, Clinical and Professional leads in departments making non-medical referrals
- Non-medical Referrers in conjunction with their specific access protocol.

Training and Dissemination:

Non-medical referrers must have received adequate training for the role. This will include IR(ME)R training in all cases.

To be read in conjunction with:

- All staff approved to request Imaging examinations will do so under a Non-medical Referrer Access Protocol issued under this Policy.
- Investigations (ordering, requesting and management of results) - Trust Policy and Procedure
- Non-Medical Access to Refer for Medical Radiation Exposures - Trust Policy and Procedure

In consultation with and Date:

Radiation Protection Group - January 2024

EIRA stage One Completed Yes

stage Two Completed N/A

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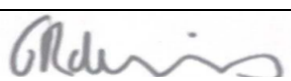
Contact for Review	Mike Barnard
Executive Lead Signature	 Dr Gis Robinson, Interim Executive Medical Director

Contents

1. Introduction

This document sets out the Policy at University Hospitals of Derby and Burton NHS Trust (the Trust) for the requesting of medical radiation exposures by non-medical state registered healthcare professionals e.g., nurses, midwives, and allied health professionals (AHPs). Doctors and dentists are considered to be appropriately qualified to refer their patients for medical radiation exposures relevant to their practice.

Initiatives to modernise the way care is delivered include broadening the scope of practice for many health care professionals, many of whom now perform roles previously undertaken by medical staff. Healthcare professionals, such as nurses, midwives and AHPs, may be in positions where their expanding role requires them to provide a comprehensive service for patients and will require them to have appropriate access to refer their patients for common examinations and procedures involving medical radiation exposures. It is often appropriate that a person other than a doctor refers for medical radiation exposures, this may be to provide an efficient service, or because the person responsible for patient's management is another health professional.

The justification for non-medical healthcare professionals referring for medical radiation exposures must be that patient care will be improved by the practice, patient safety maintained, and it must reflect current practices. It is important that services wishing to implement non-medical access to request medical radiation exposures understand that this can be a lengthy process due to the need for practitioner agreement, referrer training requirements and IT set up. It is essential that they discuss any proposals with the appropriate staff in the service who will make medical radiation exposures as early as possible to avoid delay.

All requests for access will be considered by the department receiving the referrals. Referral cannot go ahead without approval from the receiving department and access may be refused depending on clinical appropriateness, costs, training, and the receiving business unit's capacity to support the proposed NMR access.

2. Purpose, Principles and Outcomes

The purpose of non-medical access to refer patients for medical radiation exposures is to support them to provide the best possible care for their patients.

This document defines the principles and processes for non-medical referral for medical radiation exposures at the Trust within the requirements of legislation, principally the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). It applies to all non-medical staff wishing to refer patients for medical radiation exposures at the Trust, and its community hospitals, who are employed by the Trust, and to those employed by other healthcare providers.

IR(ME)R allows suitably trained, state registered, non-medical health care professionals to act as referrers under local arrangements. This Policy specifies these arrangements at the Trust.

Non-medical referrers (NMR) request examinations and procedures involving medical radiation exposure as a delegated task. The task is delegated to them by a senior doctor, typically the Clinical Director of their Business Unit, who confirms that non-medical referral is appropriate for the patient groups concerned, that appropriate support is available to the non-medical referrers and appropriate arrangements for the timely management of any results are in place. Whilst the authority to refer patients is delegated, referrers have legal duties under IR(ME)R which apply to the individual generating the referral for a medical radiation exposure. These duties are not transferrable and are the responsibility of individual referrers, medical or non-medical.

Situations where it may be appropriate for non-medical health care professionals to request medical radiation exposures vary, but NMRs must have had training in IR(ME)R and in the assessment of patients to allow them to make appropriate referrals. All NMRs who request medical radiation exposures do so under a 'Non-Medical Referrer Access Protocol'. As required by Department of Health Guidance and regulators, each protocol includes:

- Who can request
- The locations they can requested from
- How they can request (Trust Radiation Safety Policy requires non-medical staff to make electronic referrals where this is possible)
- Which examinations or procedures they can request
- In what clinical circumstances requests can be made
- Who is clinically responsible for each examination / procedure.

Please note:

That these arrangements may also apply to non-medical referral for similar examinations or procedures not involving ionising radiation, for example referrals for imaging examinations such as ultrasound and MRI scans.

3. Definitions used

3.1 Referrer

The referrer is the person physically generating the request for a medical radiation exposure. They are a duty holder with specific legal responsibilities under IR(ME)R. A referrer may be a doctor or Non-Medical Referrer (NMR) who is entitled, in accordance with the employer's IR(ME)R procedures, to request the particular medical radiation exposure.

The role of the referrer is to provide all relevant information when requesting an examination or procedure involving a medical radiation exposure.

3.2 Non-medical Referrer (NMR)

A non-medical referrer is an appropriately trained state registered healthcare professional who is formally entitled to make requests for medical radiation exposures under a non-medical referrer access protocol agreed by the service receiving their requests.

With the exception of Advanced Clinical Practitioners, non-medical referrers generally operate within a limited scope of practice and non-medical access will be granted for examinations or procedures they commonly need to request. It is not practicable or appropriate for non-medical referrers to have access to refer in every eventuality and so essential that appropriate medical advice and support is readily available to them.

3.3 Practitioner

The role of practitioner is specified by IR(ME)R and is not related to clinical job titles. Practitioners must be appropriately qualified state registered healthcare professionals working for the Trust's department who will carry out the medical radiation exposure. E.g., a consultant radiologist for diagnostic Imaging examinations, consultant cardiologist for cardiac catheter procedures, etc.

The role of the practitioner is to undertake a risk benefit analysis and ensure the benefits of the medical radiation exposure outweigh the risks to the patient and that any radiation exposure is optimised to ensure the dose is as low as reasonably achievable. This includes ensuring that alternative examinations or procedures with less radiation dose are considered and examinations or procedures changed as appropriate.

3.4 Lead Clinician

The lead clinician is the person who is responsible for the patient's care, usually their Consultant or General Practitioner.

3.5 Operator

The role of the operator is specified by IRMER. Operators undertake any practical aspect of medical radiation exposures and must be appropriately trained and entitled to do so. For example, in diagnostic Imaging this is usually a radiographer but may be a radiologist or assistant practitioner depending upon which 'practical aspect' is being undertaken.

Operators have a duty to ensure that referrals are from entitled non-medical referrers acting withing their scope of entitlement. Where this in doubt, medical radiation exposures must be delayed whilst checks are made. Where referrers are not entitled, or requests are outside of their scope of entitlement, medical radiation exposures cannot be performed.

Please note that those interpreting Images resulting from medical radiation exposures are acting as an Operator under IRMER and must be appropriately trained. Records of this training must be kept by the employing Business Unit and available upon request by Trust appointed experts, regulators, etc., within a reasonable timeframe.

3.6 Extension to Scope of Practice

Referring patients for medical radiation exposures forms part of the core scope of practice for medical and dental staff, but not for other registered healthcare professions.

Non-medical referrers must either have a documented extension to their scope of practice in place which specifically incudes referral for medical radiation exposures or have referring patients for medical radiation exposure documented as a duty in their Job Description.

3.7 Electronic Referral Systems (Ordercomms / OCRR)

Electronic health record (EHR) systems used at the Trust sites and by external referrers to request most medical radiation exposures and receive results e.g., Lorenzo, Meditech v6, Anglia ICE, etc.

IR(ME)R requires that checks are made on non-medical referrals for medical radiation exposures to ensure that they are within the referrers scope of entitlement. the Trust's Policy is that wherever possible NMRs must request medical radiation exposures using electronic referral (OCRR) systems and that their access in such systems must match their scope of entitlement, so preventing out of scope referrals.

The electronic referral systems currently in use at the Trust are site specific and have different functionality for referrer access control. However, none allows access to individual examinations to be controlled at individual referrer level. IR(ME)R also prevents granting entitlement to examinations not required by a referrers clinical practice. Together, these requirements mean that, currently, access cannot be individually customised, and a referrers scope of entitlement may be limited by the IT set up possible.

3.8 Advanced Clinical Practice / Advanced Clinical Practitioners

Advanced clinical practice is a level of practice which is characterised by a high degree of autonomy and complex decision making. (HEE 2017 Multi-professional framework for advanced clinical practice in England).

National definitions of Advanced Clinical Practitioners, ACPs, are open to interpretation, but for the purposes of referral for medical radiation exposure at the Trust:

3.81 Employees

ACPs are defined as Trust staff working as part of the Trust ACP programme and who are underpinned by the Trust ACP job description. Such ACPs:

- Are registered healthcare practitioners who have acquired an expert knowledge base. All ACPs, can carry out activities previously undertaken by medical staff including physical examination, requesting, and interpreting diagnostic tests, advanced health needs assessments, differential diagnosis, prescribing medication, and discharging patients. They are a source of expert knowledge for nurses, AHPs and doctors and they provide

leadership by role modelling excellent practice and identifying, researching, and developing better ways of working.

- Trust ACP training is underpinned by a master's level award that encompasses the four pillars of clinical practice, leadership and management, education, and research, with demonstration of core capabilities and area specific clinical competence

- ACP training at the Trust is underpinned by a standardised 3-year ACP training pathway and a set of core clinical and specialty specific competencies; these are evidenced against, assessed, and signed off by consultant supervisors. ACPs continue to develop and maintain their competency through their portfolio which is reviewed at their yearly appraisal

- Qualified ACPs work independently across the Trust and do not require close medical supervision, often working with distant supervision 24/7.

Staff not meeting this definition of ACP will be regarded as clinical specialists and will not be granted access to the Trust, Trust wide or specialist ACP non-medical access protocols.

3.82 External staff

External staff referred to by their employer as ACPs will be granted access to specific non-medical access protocols for their employer and the clinical situation in which the work. There is no linkage between these protocols and those for ACP's working for the Trust.

3.9 Non-medical Consultants and other highly specialist staff

Non-medical Consultants and similar non-medical specialists are highly specialised in their area of practice. Although there can be considerable overlap between such roles and that of ACPs, consultant and highly specialist roles are usually focussed on a more specific group of patients.

Non-medical consultants and those in similar roles will typically be granted access to request medical radiation exposures under a protocol tailored to their specific remit. They will only be granted access to Trust wide ACP protocols after consultation between the Trust Associate Director for ACPs and the department making the medical radiation exposure.

3.10 Vicarious Requests

The purpose of granting non-medical access to request medical radiation exposures is to support the practice of non-medical staff in caring for their patients. Referring for medical radiation exposures is a clinical duty which should be undertaken by the clinician caring for the referred patient.

Non-medical referrers should only make referrals for patients whose care they are involved with, either directly or in consultation, for example following MDT discussions in which they have participated.

4. Key Responsibilities / Duties

4.1 Non- Medical Referrer

It is the responsibility of the NMR to ensure that their individual 'duty of care' to the patient is not breached and they are working within their Code of Conduct for professional registration and scope of practice. In addition, there are the following duties and responsibilities:

Non-medical healthcare professional acting as Referrers is responsible for complying with IRMER and all relevant processes and the Trust's Employers Procedures including:

- Providing all relevant clinical data to enable the practitioner to justify the medical exposure. They should pay particular attention to patient identification and the additional actions required for pregnant or breastfeeding patients
- Providing other information relevant to the safe and successful conduct of the examination or procedure involving a medical radiation exposure. This includes such information as, mobility limitations, transport requirements, falls risk, neurodivergence, language and communication issues, IPC considerations, etc
- Ensuring that the requested examination or procedure will have a bearing on the patient's management / treatment and has not already been performed in a clinically relevant timescale
- Ensuring the patient is sufficiently informed of the reason for the examination or procedure and its risks and benefits to give valid consent. Medical radiation exposures pose a material risk to patients, referrers must consider this risk when deciding whether an examination or procedure will benefit a patient; and should discuss this risk with the patient
- The referrer should make a formal assessment of the mental capacity of the patient and include information regarding mental capacity issues in the referral. The referrer should make appropriate arrangements for the safe conduct of the examination or procedure when the patient does not have the capacity to consent
- Ensuring that patients are aware of the arrangements for receiving any report resulting from their medical radiation exposure
- Responding promptly to a request for further information regarding a request for a medical radiation exposure
- Discussing a case with the Practitioner if asked to do so
- Ensuring that requests are made electronically using Trust OCRR systems whenever possible; are submitted by themselves under their own account login and are made from an appropriate visit / episode of care. Referrers are individually responsible for all requests made from their account and must take reasonable care to prevent unauthorised access to their account
- Where electronic referrals are not possible, for example IT downtime, Referrers must ensure that the request form/card is fully completed and carries their legible name, signature, role and contact details
- Immediately informing the relevant diagnostic or treatment service when a medical exposure is no longer required
- Ensuring that an any report resulting from a medical radiation exposure is acted upon promptly upon receipt; or ensuring that the staff responsible for clinical evaluation of their referrals are aware of the need to ensure a report is received and promptly acted upon
- The responsibility for the review of reports resulting from medical radiation exposure lies with the clinician who made the referral. Where a clinician has made a referral but is not on duty when the report is received; or the patient has been transferred to the care of another clinician, the referrer must put arrangements are in place to ensure the report is read and acted upon promptly when received and record this in the patient's health records
- Acknowledging all reports resulting from medical radiation exposures is required by Trust Policy. This may be by acknowledging the electronic result or signing and dating the hardcopy report and ensuring it is filed in the permanent patient record. In addition to either method of acknowledgement, a

clear indication of any action taken on the basis of the report should be recorded in the patient's hospital record

- IR(ME)R requires a documented outcome to be recorded from medical radiation exposures. Where a 'Reporting Agreement' is in place the referrer is responsible for ensuring that the staff responsible for the clinical evaluation of their referrals is aware of the need to provide a written clinical evaluation of a medical exposure in the patient's records
- Discussing urgent and 'out of hours' examinations with appropriate staff in the relevant department
- Escalating concerns about reports which they believe may be erroneous.

The receipt, acknowledgement and taking timely action on the basis of reports from medical radiation exposures are medical responsibilities. However, in some areas of practice these tasks have also been delegated to non-medical referrers by the Lead Clinician or senior clinician for the clinical area. These arrangements are outside of the scope of non-medical access agreements for medical radiation exposures and entirely a matter for the clinical area concerned.

4.2 Practitioner

To ensure that requested examinations or procedures are Justified, modified, or declined, as required by IR(ME)R.

To ensure that examination or procedure protocols are optimised toe ensure the radiation dose to the patient is as low as reasonably achievable.

The clinical director of the service performing medical radiation exposure, or lead practitioner, if the clinical director is not a practitioner, must agree and sign all protocols allowing non-medical access to request medical radiation exposures on behalf of all practitioners in the business unit.

Requests for non-medical referral access which are not considered appropriate by the clinical director / lead practitioner will be declined.

4.3 Clinical Lead

The clinical lead is the doctor who has signed the non-medical access agreement on behalf of the referring location, typically the Clinical Director for the Business Unit or Assistant Clinical Director for the specialty. Where referrers from more than one Business Unit work under a protocol it should be signed by a Divisional, or Trust Medical Director as appropriate.

The clinical lead is the person who has formally delegated the task of making referral for a medical radiation exposure and will be named in the non-medical referrer imaging access protocol. The clinical lead remains responsible for aspects of the requesting process, from patient assessment - acting on any report, which cannot be delegated. They are responsible for ensuring that non-medical referral is appropriate for the specified location or patient group and that those to whom referral is delegated are appropriately trained.

4.4 Lead Professional

The lead professional is typically a matron or other senior non-medical healthcare professional from the referring location. They are responsible ensuring that referring for medical radiation exposures is appropriate to the staff role of proposed non-medical referrers and that such staff have either a documented extension to their scope of practice or referral for medical radiation exposure is explicitly included in their job description.

They are also responsible for ensuring that staff maintain their training and competences relating to referral for medical radiation exposures and that staff are removed from non-medical access protocols when they leave or change roles.

4.5 Operator

The Operator is responsible for all Practical aspects of the medical radiation exposure.

This includes:

- Ensuring non-medical requests are from authorised referrers acting within their scope of entitlement
- Authorising requests against Trust referral criteria and ensuring they are appropriately justified
- Following Trust procedures for IR(ME)R and conducting appropriate checks when it is not clear that referrals can proceed within these.

4.6 Other Stakeholders

The involvement of key stakeholders within and outside of the Trust is integral to the process of ensuring non-medical staff have appropriate access to request non-medical radiation exposures.

However, the final decision as to whether non-medical referral for medical radiation exposures is appropriate in particular circumstances sits with the Clinical Director for the Business Unit who will make the medical radiation exposures, or Lead Practitioner if the Clinical Director is not a Practitioner.

The decision to allow non-medical access to refer for medical radiation exposures must be made based on the clinical appropriateness of the proposed access. Proposed access not considered clinically appropriate must be declined, but access can also be declined for other reasons, such as the capacity of the department to perform the medical radiation exposures or the lack of identified funding for any additional activity.

5. Non-Medical Healthcare Professionals Access to Request Medical Radiation Exposures

5.1 Process for Requesting Access to make non-medical referrals for medical radiation exposures.

Each Business Unit making medical radiation exposures must have a process in place to receive, consider and approve requests for non-medical access to their services. These processes must ensure that non-medical access maintains or improves patient safety throughout the non-medical exposure process; from patient assessment to acting on or evaluating the result of the exposure.

This process must include:

1. A written protocol setting out who can request, which medical radiation exposures can be requested, from which locations and in which clinical circumstances requests can be made. This protocol must be agreed between the service making the exposures and the service making the requests. It must be signed by:
    a. The Clinical Director of the service making the medical radiation exposures (or lead Practitioner if the CD is not a Practitioner)
    b. An appropriate Clinical Lead and Professional Lead for the service making the referrals. These may be Divisional or Trust lead staff if the protocol allows referrals by staff employed by more than one Business Unit or Division.
2. A process for the management of the protocol document, which should include regular review and mechanisms for adding types of medical radiation exposure, for example if the referrers scope of practice increases, or removing them, for example if the access is used inappropriately or is not used

3. A mechanism for ensuring that prospective non-medical referrers are state registered healthcare professionals and appropriately trained to undertake the role. Training must include when referral is appropriate the requirements of IR(ME)R

4. Assurance that non-medical referrers have appropriate extensions to their scope of practice in place or that non-medical referral for medical radiation exposures is specifically mentioned in their Job Description

5. Assurance there are adequate arrangements to ensure the result of medical radiation exposures are managed promptly upon receipt. This should include arrangements for managing failsafe alerts where appropriate

6. A mechanism for entitling individual non-medical referrers to make referrals and for removing entitlement, for example when they change role or when they fail to follow the agreed protocol

7. Where electronic referral via an OCRR system is possible this must be used by non-medical referrers. The process to allow non-medical referral must include a mechanism to set up IT access to refer which matches that agreed in the protocol, so preventing out of scope referrals. This must include a process which ensures only entitled non-medical referrers are granted access to request in such systems and proxy access is prevented

8. The department receiving the requests must maintain a register of entitled non-medical referrers, including their scope of entitlement. Operators must have access to this so that they can make checks when required

9. The service making requests should perform periodic audit to ensure non-medical requests are being made only when appropriate and that non-medical staff are not over requesting, or under requesting medical radiation exposures

10. The service receiving requests should perform periodic audit to ensure that requesting is within the agreed scope and that the access granted is being used.

5.2 Education and Training

All parties must be satisfied that the non-medical healthcare professional is suitably qualified, experienced, and competent to carry out the responsibilities delegated to them.

Responsibility for ensuring that the non-medical referrer is appropriately trained sits with the clinician delegating the task, typically the doctor who signs the non-medical access protocol on behalf of the referring service as clinical lead.

As well as clinical training to make appropriate referrals, non-medical referrers must be adequately trained in radiation safety, and other patient safety considerations when relevant.

This training must cover:

- The role of the Referrer, Operator and Practitioner as defined by IR(ME)R.
- Communication with the patient regarding the need for the examination or procedure, risks and associated issues.
- Referral guidelines and completion of referral forms.
- Basic Radiation Physics

How non-medical referrers meet this requirement, and maintain their knowledge via CPD, is a matter for them, but they must be able to provide evidence when requested by the department performing medical radiation exposures, trust appointed experts or regulators.

In some cases, the Trust's departments will provide basic IR(ME)R training, e.g., the IR(ME)R Awareness for referrers training provided by the Imaging BU. Other sources of

acceptable training include e-Learning for Healthcare and external courses (although evidence of the course content may be required).

5.3 Consultation and Submission to Specialist Committees / Groups

Although the final decision regarding allowing non-medical referral sits with the Clinical Director, or Lead Practitioner, of the Business Unit making the medical radiation exposures; it is important that all relevant parties are involved in the development of any non-medical access protocol and feel that their views have been considered.

Ideally such protocols will be ratified by via relevant groups within both the referring service and the service undertaking the exposures, and by relevant change of practice and governance groups before signing off.

The Governance Lead of the Business Unit performing the medical radiation exposures will oversee the introduction and review of new or revised non-medical access protocols once sign off is complete.

It is important that services wishing to implement non-medical access to request medical radiation exposures understand that this can be a lengthy process due to the need for practitioner agreement, referrer training requirements and IT set up. It is essential that they discuss any proposals with the appropriate staff in the service who will make medical radiation exposures as early as possible to avoid delay.

6. Monitoring Compliance and Effectiveness

The areas of Policy requiring monitoring of compliance and responsibilities are listed below:

Monitoring Requirement :	**Monitoring Method:**	**Report Prepared by:**	**Monitoring Report presented to:**	**Frequency of Report**
Records of NMR IR(ME)R training at entitlement.	IR(ME)R training records/NMR register	Responsible person in the BU receiving referrals	Included in BU / Divisional report to Trust RPG	Annual
Records of NMR retraining / CPD relating to IR(ME)R.	Local recording in referring service	Professional Lead named in non-medical access protocol or successor	Included in BU / Divisional report to Trust RPG	Annual
Review of NMR protocols	Document management system used by BU receiving referrals	Responsible person in the BU receiving referrals	Included in BU / Divisional report to Trust RPG	Annual
Audit of NMR are on register and referring within NMR protocol	Retrospective review	Responsible person in the BU receiving referrals	Included in BU / Divisional report to Trust RPG	Annual
Audit of clinical practice by the referrer	Retrospective review	Professional Lead named in non-medical access protocol or successor	Included in BU / Divisional report to Trust RPG	Annual
Incident reported	DATIX	Responsible person in the BU	Included in BU / Divisional report	Included as part of incident

relating to NMRs		receiving referrals	to Trust RPG	reporting summary in each report

7. References

- Ionising Radiation (Medical Exposures) Regulations 2017 (IRMER 2017)
- Clinical Imaging request from non-medically qualified professional (Nov 2006) Joint document from the College of Nursing (RCN), Royal College of Radiologists (RCR), Chartered Society of Physiotherapists (CSP), Society of Radiographers (SOR), General Chiropractic Council, General Osteopath Council, NHS Alliance.
- National Patient Safety Agency Safer Practice Notice 16 – Feb 07
- Trust Policy: Radiation Safety (July 2020)
- Imaging Employer's Procedures for Schedule 2 of IR(ME)R 2017 (October 2022)
- A mixed methods evaluation of Imaging requests by non-medical referrers in the East and West Midlands - East and West Midlands NHS Clinical Senates 2022.

Appendix 1a

NMR Access to Request Imaging Department Examinations Pathway

The need for non-medical healthcare professional access to Refer for Imaging Examinations is established by the UHDB Department / Primary care service / GP practice etc.

The process followed is the same for both requests for new access and changes to existing access.

Enquiries relating to non-medical access to request Imaging examinations (including those which do not involve medical radiation exposures) are be made to the UHDB Imaging Compliance Team using the generic dhft.non-medicalreferrerqueries@nhs.net email address.

The UHDB Imaging Compliance Team will supply interested parties with 'form1'. This lists all the information required for the Imaging Clinical Director to make an initial decision on the requested non-medical access.

Once 'form 1 has been fully completed and returned to dhft.non-medicalreferrerqueries@nhs.net the information will be reviewed by the Imaging CD.

Not Agreed
The decision may be an outright 'no', but in most cases 'form 1' will be returned to author with comments / requests for more information email.

Review
Once further information is received it will be reviewed by Imaging's CD

Agreed
A Non-medical Access Protocol will be prepared by the Imaging Compliance Team based on the information provided in 'form' 1. Where the non-medical access being requested is not included in other protocols or is otherwise or potential concern to Practitioners it will be discussed with the relevant Imaging ACD, Imaging specialist team or at a RAG meeting.

Once approved the protocol will be sent for checking, approval and sign-of by the referring location. 'Form' 2, to be completed by the individual referrers who will work under the protocol will also be supplied. Form 1 and each form 2 must be signed by both the clinical lead and professional lead from the referring service and returned to dhft.non-medicalreferrerqueries@nhs.net.

IT Set Up
The Imaging Compliance Team will work with the Trust IT team to set up the agreed access in Trust IT Systems. Individual referrers will be added to this once entitled.

Non-medial Access Protocol
Once the signed off protocol is received, it will be signed off by Imaging's CD and added to Imaging's document management system. It will be reviewed periodically by the Imaging department. This review will only include the referring area if Imaging feel change is required.

Form 2
Each completed and signed off form 2 will be checked by the Imaging compliance team to ensure the proposed referrer is eligible, trained in IR(ME)R and meets other requirements.

Application Accepted
Non-medical referrers will be entitled, added to Imaging's non-medical referrers register and their details passed to the IT department for account setup.

Application Declined
Form 2 will be returned to non-medical healthcare professional with comments via email.

Appendix 1b

Application for New, or Extended, Non-medical Access to Request Imaging Examinations.

University Hospitals of Derby and Burton NHS Foundation Trust

Form 1 – Non-medical Referrer Imaging Access Protocols

Supporting Information

This form aims to capture all the information required for the Imaging Department to make well informed decisions on whether non-medical access to request Imaging examinations will be granted. This will streamline the process and allow decision making without the need to seek additional clarification, which can result in significant delay. This form should be used when an area wishes to set up access for a new group of referrers or add examinations to the access of existing referrers.

The Imaging Department must make such decisions in accordance with the Ionising Radiation (Medical Exposures) Regulations, IRMER, and Trust Policy. Whilst the Imaging department is supportive of non-medical referral by state registered healthcare professionals, it has a duty to only grant appropriate access. In order to ensure access is appropriate, factors such as the rationale for non-medical referral, the clinical scenario for referral and the clinical setting from which referrals will be made must be considered as well as factors like staff training and clinical support.

In addition to establishing that non-medical referral is clinically appropriate, factors such as the impact on patient radiation doses, population dose and Imaging's capacity to accommodate the requests will be considered. **Services should not assume access will be granted. Changes to service provision which are dependent on non-medical referral should not be made until access has been formally agreed.**

Please note that access is granted via role bases catalogues and additional / customised access cannot be granted on an individual referrer basis. Additional access can only be made available by altering the relevant catalogue; and so, will be granted to all referrers using that catalogue. On this basis additional access can only be granted if appropriate to all referrers using the catalogue.

This form may be completed by anyone, although the person leading the project requiring new or additional non-medical referral is probably best placed to do so. Signoff by the Lead Clinician / Lead Consultant for the area of service is required to confirm that non-medical referral is considered appropriate by the clinicians managing the care of the patients being referred. As making referrals for Imaging examinations is not within the core scope of practice of non-medical healthcare professionals, signoff by the Professional Lead for those making the referrals is required to confirm that making Imaging referrals is professionally appropriate and included in documentation extending the scope of practice of referrers, or their job description.

Section 1- Examinations

It is Trust Policy that non-medical referrers must request electronically via an Ordercomms system (Lorenzo, Meditech, Anglia ICE, etc.). Electronic access to request is now granted via role-based catalogues. If access is approved, non-medical referrers will be added to the most appropriate catalogue available. This may not include all of the examinations listed.

a) Please state the specific Imaging examinations you wish non-medical referrers to be able to request **and** the clinical indications for which the requests will be made (continue on an additional sheet if necessary):
   i. Multiple examinations may be grouped together in this section when the rationale and supporting information is the same.
   ii. Separate forms should be completed for different Imaging modalities and for examinations which are not an obvious fit with the service asking for access / role of the referrer.

b) Please provide details of the Ordercomms system which will be used to make non-medical referrals, please circle as appropriate.

Lorenzo Meditech ICE

Section 2 – Clinical Setting

a) Please indicate who employs the non-medical staff who will be making the referrals:

b) Please provide information on the location and clinical setting from which requests will be made:

c)

d) Please provide information on the patient groups for which requests will be made:

Section 3 – Current Arrangements

a) How are Imaging requests for these patients currently made?

b) How many Imaging requests are currently made per year (approximately)?

c) How are the current arrangements changing to make non-medical referral desirable? Please note that Imaging referrals should be made by staff involved in managing the care of the patient being referred, either directly or via a consultation, MDT meeting or similar. The referrer is responsible for the management of the result from the examination they have requested. Vicarious requesting, making requests on behalf of others, is not appropriate practice.

d) How will non-medical referral benefit patients or the service?

e) Will the proposed change involve earlier referral for Imaging examinations in the patient pathway?

f) How many Imaging requests will be made per year if non-medical access is granted?

Section 4 – Results

IRMER designates the person generating a request as the Referrer. National guidance requires that Referrers ensure that they review and act on the results of Imaging examinations in a timely manner and have systems in place to track referrals to ensure that they receive the result and chase up results not received in the agreed timeframe.

a) Who will be responsible for the tracking of Imaging requests, and management of subsequent reports, for requests made by non-medical referrers?

b) Who will be responsible for acknowledging and acting on these reports in a timely manner?

c) If non-medical referrers are responsible for acknowledging and acting on Imaging reports, are appropriate arrangements in place for the management of findings outside of their role / remit?

d) The Imaging department operates a system for the escalation and failsafe alerting of Critical, Urgent and Significant Unexpected findings (as defined by the Royal College of Radiologists). Who will receive such alerts and be responsible for acknowledging them?

Section 5 – Image Interpretation

Does the role of the non-medical referrer include reviewing the Images? Whilst the Imaging department may be able to provide opportunities for non-medical referrers to view images alongside radiologists or non-medical staff during reporting, it is not the Imaging Departments role to train non-medical referrers in Image interpretation or to determine their competence in Image Interpretation.

a) Will non-medical referrers undertake initial review of Images as part of their role? If so, are adequate arrangements for training and the assessment of competence in place?

b) IRMER requires that there is a documented result for all Imaging examinations. Some Imaging examinations are not formally reported by the Imaging Department and a documented review of the Images must be recorded by the referrer in the patient's record. The examinations where this is required are listed in a Trust Policy known as the Reporting Agreement. Will any of the examinations requested be covered by the 'Reporting Agreement'? If so, are adequate arrangements for training and the assessment of competence in place, and records available for inspection upon request?

Section 6 – Support for Non-medical Referrers

It is important that non-medial referrers can access advice and support from senior colleagues in a timely manner.

a) Please describe the arrangements in place for advice and support for requesting issues:

b) Please describe the arrangements in place for advice and support for issues relating to reports.

Section 7 – Training and CPD requirements

a) Non-medical referrers need training in when it is necessary and appropriate to make referrals for Imaging examinations. Please describe the training / qualifications required before non-medical referrers will be approved to request.

b) Non-medical referrers need sufficient knowledge of the examinations they request to provide the patients with adequate information to allow them to make an informed decision to attend for their examination to be performed. Non-medical referrers also need sufficient knowledge of the examinations they request in order for them to identify relevant non-clinical information in the request. (Additional needs, mobility or language issues, weight, etc.). They must also inform patients when, where and from whom they will get the result of their Imaging Examination. Please describe the arrangements in place to ensure non-medical referrers have the required awareness:

c) Non-medical referrers need training in safe referral, including their responsibilities under IRMER and specific considerations when referring for MRI, Nuclear Medicine or examinations involving the use of Contrast Agents. Please indicate if these requirements will be met via UHDB training or if evidence of alternative training will be provided.

d) Non-medical referrers must undertake continuing professional development to maintain current knowledge. This includes maintaining their knowledge of IRMER via refresher training or relevant CPD at intervals of no longer than 3 years. Please describe the arrangements via which the service will ensure that their staff acting as non-medical referrers meet this requirement. (Please note that evidence must be available and provided to regulators in appropriate timeframes upon request).

Section 8 – Lead Clinician Responsibilities

The Lead clinician is usually the lead doctor for the service and accepts overall responsibility for non-medical requests made from their service. They are jointly responsible for ensuring that the non-medical access in place remains appropriate and the Imaging Department is made aware when changes are required, including the addition of new staff, the removal of those no longer requiring access to request, that those with access to request are appropriately trained and that they maintain their knowledge via CPD.

Lead Clinician Sign-off:

Name: **Signature:**

Designation: **Date:**

Section 9 - Professional Lead Signoff

The Professional Lead is normally the lead Nurse / AHP for the service and is responsible for ensuring that all non-medical referrers in their area have an appropriate scope of practice extension in place to allow referral for Imaging examinations or that referral for Imaging examinations forms part of each individuals Job Description. They are jointly responsible for ensuring that the non-medical access in place remains appropriate and the Imaging Department is made aware when changes are required, including the addition of new staff, the removal of those no longer requiring access to request, that those with access to request are appropriately trained and that they maintain their knowledge via CPD.

Lead Clinician Sign-off:

Name: **Signature:**

Designation: **Date:**

Once signed, this form should be submitted electronically to dhft.non-medicalreferralenquiries@nhs.net. Please note that it may take several weeks for a response and longer for any access granted to be in place.

Name and Contact Details for Response

Name: **Designation / Role:**

Telephone Number: **Mobile Telephone Number:** **Work Email:**

Section 11 – For Imaging Use Only

Outcome of Compliance Team Review & Recommendation to Clinical Director

a) Granting access to request the following examinations is recommended.

b) Not granting access to request the following examinations is recommended, with reason.

c) It is recommended that a decision is deferred, including reason.

Outcome of Discussions with Clinical Director (Practitioner)

a) Access approved for the following examinations.

b) Access declined for the following examinations, including reason.

c) Access where a decision has been deferred, including reason.

Catalogue

If access is approved:

a) Is a catalogue matching approved access available?

b) If 'No', is there a catalogue which allows appropriate access to most of the requested examinations? (State which).

c) If 'No', is there justification for building a new catalogue?

Communication with referring Location:

Communication with IT:

Appendix 1c

Application for New, or Extended, Non-medical Access to Request Imaging Examinations.

University Hospitals of Derby and Burton NHS Foundation Trust

Form 2 – New Non-medical Referrer

This form should be used by individuals who do not have non-medical access but wish to make requests under an existing protocol or catalogue.

Section 1 – Details of Prospective Referrer Please note that if authorised, non-medical referral is not transferable and must not be used during roles other than the one described in this application form.
a) Full Name:
b) State Registration Number (NMC, HCPC etc.):
c) NHS Smart Card Number (This is required for access to request Imaging examinations be set up in some IT systems):
d) Employer:
e) Site:
f) Service or Department:
g) Locations where referrals will be made from, including practice codes where applicable:
Section 2 – Access Required
a) Protocol or Catalogue of examinations to which access is required (if there is not a pre-existing protocol or catalogue approved by UHDB Imaging, please complete Form 1 and do not submit this form (Form 2) until a catalogue is approved).

Section 3 – Training & Knowledge

a) Non-medical referrers need training in safe referral, including their responsibilities under IRMER and specific considerations when referring for MRI, Nuclear Medicine or examinations involving the use of Contrast Agents. Please provide evidence that these requirements are met via UHDB training or provide evidence of alternative training.

If this training has not yet been completed, please do not submit the form until it has, and evidence can be provided.

b) Non-medical referrers must have had training on when it is appropriate to make requests for Imaging examinations (Please provide evidence of training.)

c) Please confirm that you have received training in the the duties of the referrer and in the management of results (please see Trust Policy and the Non-medical Access Protocol under which you referrer).

d) Non-medical referrers must maintain their knowledge by undertaking Continuing Professional Development. Once authorised as a non-medical referrer, you must be able to provide evidence of having undertaken relevant CPD or refresher training, within the last 3 years. If you request examinations involving the use of ionising radiation, this CPD / refresher training must include the Ionising Radiation Medical Exposures Regulations (IRMER). You may be required to provide evidence of your CPD to regulators upon request. Please confirm you understand that you must undertake and keep evidence of CPD relevant to your role as a non-medical referrer for Imaging examinations.

Section 4 – Image Interpretation

a) Will your role involve interpreting the Images you request?

b) If yes, will this be an initial interpretation prior to receiving an Imaging report?

Please describe how you have been trained for this role.

c) If Yes, will you be making a documented review of Images covered by the ‘Reporting Agreement’; which will not be reported by Imaging?

Please describe how you have been trained for this role and confirm that a record of this

training will be available upon request.

Section 5 - Signoff

Prospective Non-medical Referrer

I confirm that the information provided in this form is correct, I meet the stated training requirements and, if approved, I will undertake the role and duties of non-medical referrer set out in this form and Trust Policy.

Name: **Job Title:**

Signature: **Date:**

Lead Clinician (Usually the lead doctor for the service).

I confirm that the requested non-medical access to request Imaging examinations is appropriate for the care of patients within the service and that I accept overall responsibility for the referrals made.

Name: **Job Title:**

Signature: **Date:**

Professional Lead Signature (Usually the lead Nurse / AHP for the service)

I confirm that the requested non-medical access to request Imaging examinations is professionally appropriate for the named state registered healthcare professional and that an extension to their scope of practice to include making Imaging referrals is in place, or this is included in their individual Job Description.

Name: **Job Title:**

Signature: **Date:**

Section 6 – Imaging Use Only		
Requirement	**Compliance Team Member**	**Date**
Confirmation of appropriate Referrer sign-off		
Confirmation of appropriate Lead Clinician sign-off		
Confirmation of appropriate Professional Lead sign-off		
Communication with IT		
Authorisation / Entitlement as a Referrer (by Imaging GM, CM Compliance or designated deputy)		
Catalogue / protocol to which access has been granted:		
Confirmation that new Referrer has been added to register of Non-medical Referrers		
Communication with Referrer		
Communication with service from which referrals will be made.		

Appendix 2.

Appendix 1 - Equality Impact Assessment

University Hospitals of Derby and Burton NHS Foundation Trust

Equality Impact Risk Assessment

Imaging Business Unit Operational Policy

Policy reference no:

Person responsible for document:

Mike Barnard - Clinical Manager for Safety, Quality and Compliance

Process being assessed is a:

Guideline	
Written Policy	
Function or Strategy	
Service or Practice	
Informal Policy	X
Informal procedure	
Other (please state)	

New	X	Existing		Revised	

Lead person responsible for conducting the EIRA: Mike Barnard

Partners involved in the assessment: CDCS Governance Team

To be completed on completion of the assessment if no relevance to inequality found

Date screening completed: 01/06/2023.	**Date for screening review:** 3 Years at Policy review

To be completed if relevance found and full assessment undertaken

Date screening completed: N/A
Date full assessment completed: N/A
Date for review N/A

Stage 1 – Screening the process.

Q1. What is the aim and what are the key objectives of the Document?

To set out operational Policy and processes for non-medical referral for medical radiation exposures.

Q2. What outcomes or benefits is the document attempting to achieve, why and for whom?

To ensure that there is an effective operational Policy covering all aspects of non-medical referral for medical radiation exposures which maintain patient safety and are within relevant regulations and codes of conduct.

Q3. What other key process/organisational documents does this link with?

Trust radiation safety Policy - please see references, above.

Q4. Do you believe the document being assessed is relevant to the public sector equality duty in:

Please tick all that apply:

Eliminating Discrimination	
Promoting Equal Opportunities	
Promoting good relations between different groups identified in Q5	

If you ticked any of the above the process will require a full assessment

What do you/we already know?

This document sets out a summary of the processes for the operational management of a wide range of issues within the Imaging Business unit. Each summary makes reference to key Trust and local Policy or procedural documents relevant to the area of operation. Each of these has a separate EIRA, meaning that the impact of the Policy as a whole has already been assessed.

Q5. Is there **any EVIDENCE** or **CONCERN** from staff, users or communities that any of the following groups have been or could in any way be differentially impacted by the aims, objectives or implementation of the process? Is that differential impact positive or negative? *N.B. A broad interpretation should be taken of the work 'evidence'. It should include anecdotal*

evidence and evidence derived from qualitative or quantitative analysis where available).

Group	**Yes**	**No**	**Positive**	**Negative**
Age		X		
Gender (Male, Female and Transsexual)?		X		
Learning Difficulties / Disability or Cognitive Impairment?		X		
Mental Health Need?		X		
Sensory Impairment?		X		
Physical Disability?		X		
Race or Ethnicity? (Including cultural beliefs and norms)		X		
Religious, Spiritual belief		X		
Sexual Orientation?		X		
Homeless?		X		
Others — Please state		X		
Please give details of the evidence you have:				

Q6. If you **do not** have any evidence for **Q5** can you show that you have enough evidence to either demonstrate that the process will/ has not differentially impacted the groups or that the process is not applicable to differential impact assessment for these groups.

Yes	X	**No**	

If you answered **No** the process is likely to require a full assessment (please go to Q7)

If you have tick **Yes** please detail what evidence you have:

Each of the referenced policies and procedural documents has already been through the EIRA process and approved.

Next Steps:

Q7. Does this document need to go onto full assessment?

To decide whether your document needs a full assessment consider – does your evidence indicate possible negative impact, how clear is the evidence you already have, are you confident in your evidence of no negative impact?

Yes		If you have ticked yes please go to **Q9**
No	X	If you have ticked no please go to **Q8**

Q8. Briefly state your reasons for this Process not going onto a full assessment.

This Policy applies to all non-medical referrals regardless of patient types

Q9. If full Risk Assessment required use the EIRA prioritisation guide on **page 19** please indicate if you feel the Process has a possible:

High Risk of Impact	
Medium Risk of Impact	
Low Risk of Impact	

Please state the date you are going to begin the full assessment:

Level of Impact	Criteria	Characteristics	Actions
HIGH The function is relevant to **all** parts of the duty There is **substantial** evidence of groups being adversely affected There is **substantial** public concern	Potential for significant negative outcomes on different groups Potential for significant concern about how different groups are treated.	**Frontline services with high scope for, or evidence of, unequal access or outcomes** Strategic planning functions with direct impact on how services that an equality dimension are organised. Typically **ACCESS** to service /proposal by either Employees or Service Users may be raised at this level	Proposal needs to be reviewed and amended as soon as possible and within **1 year**
MEDIUM The function is relevant to **most** parts of the duty There is **some** evidence of groups being adversely affected There is **some** public concern	Potential for different groups to be inappropriately treated differently Potential for concern about how different groups are treated or that services are delivered differently	Frontline services with less scope for, or evidence of, unequal access or outcomes **Strategic functions that could influence how different groups are treated** Typically **EXPERIENCE** of service / proposal by either Employees or Service Users may be raised at this level	Proposal needs to be reviewed and amended within **2 years**
LOW All other functions (even ones with very little relevance).	Little or no potential for unequal access or impacts between different groups	Back-office support functions Direct service delivery where scope for different access or outcomes is limited	Proposal needs to be reviewed and amended within **3 years**