

<b>Reference Number:</b> UHB 330 <b>Version Number:</b> 3	<b>Date of Next Review:</b> 01/12/2025 <b>Previous Trust/LHB Reference Number:</b> Ref No: 173
<b>Referrals By Non-Medical Practitioners For Diagnostic Imaging Investigations (Excluding Clinical Trials And Research) Policy</b>	
<b>Policy Statement</b>  <p>To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will manage the application process for Non Medical Referral (NMR) status and governance of practice in order to facilitate safe, appropriate pathways of care within the UHB.</p> <p>A Non-Medical Referrer (NMR) is defined as a registered healthcare professional other than a Medical or Dental professional, e.g. Nurse practitioner, extended scope therapist, etc. who has been entitled by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) Employer to act as a Referrer in compliance with the Regulations according to the specific responsibilities of that role.</p>	
<b>Policy Commitment</b>  <p>We will</p> <ul style="list-style-type: none"> <li>• Only support applications for NMRs within Cardiff and Vale UHB where approval has been given by their Directorate and it can be demonstrated that it is a requirement of the role.</li> <li>• Provide information that Directorates are aware of their responsibility that NMRs employed within their Directorate are competent to fulfil their clinical role as a referrer and provide governance to their practice in this role.</li> <li>• Receive a clear audit framework with each NMR application to ensure a governance of practice process exist for NMRs within individual Directorates.</li> <li>• Ensure all non-Medical/Dental healthcare professionals who act as referrers are identified, agreed and recorded in a local register.</li> <li>• Have arrangements in place that only healthcare professionals registered with an appropriate Regulatory Body are enabled to refer as a NMR.</li> <li>• Demonstrate a specified Scope of Practice and Scheme of Work for each NMR.</li> <li>• Ensure NMR's have undergone suitable radiation safety training appropriate to clinical imaging.</li> <li>• Manage a review programme where compliance against NMR authorisation is assessed.</li> </ul>	
<b>Supporting Procedures and Written Control Documents</b>	

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Approved By: Quality and Safety and Experience Committee		

This Policy is supported by:

- Referrals By Non-Medical Practitioners For Diagnostic Imaging Investigations (Excluding Clinical Trials and Research) Procedure
- Statement of Authorisation, Scope of Practice and Scheme of Work for NMR

They describe the following with regard to Non-Medical Referrers referral to DII:

- Application process for NMR entitlement
- Responsibilities of Directorates supporting the practice of NMR's
- Management of referral practice of NMR's against their defined Scope of Practice and dealing with instances non-compliance
- Duties associated with the practice of NMRs

**Other supporting documents are:**

- Ionising Radiation Risk Management Policy
- Exposure of Patients to Ionising Radiation Procedure
- Exposure of Staff and Members of the Public to Ionising Radiation Procedure

<b>Equality Impact Assessment</b>	An Equality Impact Assessment (EqIA) has not been completed. This procedure aligns to IR(ME)R regulatory requirements
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<b>Health Impact Assessment</b>	A Health Impact Assessment (HIA) has not been completed. This procedure aligns to IR(ME)R regulatory requirements
<b>Policy Approved by</b>	Quality, Safety and Experience Committee
<b>Group with authority to approve procedures written to explain how this policy will be implemented</b>	Radiation Protection Group
<b>Accountable Executive or Clinical Board Director</b>	Executive Director of Therapies and Health Sciences

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**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).**

**Summary of reviews/amendments**

<b>Version Number</b>	<b>Date Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	Date approved by Board/Committee/Sub Committee dd/mm/yyyy	TBA  <i>[To be inserted by the Gov. Dept]</i>	<i>State if either a new document, revised document (please list main amendments). List title and reference number of any documents that may be superseded</i>
2	13/09/2016	07/10/2016	New policy format with supporting document. Removal of information relating to the resources supporting the implementation.
3	10/12/22	17/02/23	Reflection of update to legislative policy, Name change to supporting documents