

**Reference Number:** UHB331  
**Version Number:** 2

**Date of Next Review:** 01/12/25  
**Previous Trust/LHB Reference Number:** UHB331

## **Referrals By Non-Medical Practitioners For Diagnostic Imaging Investigations (Excluding Clinical Trials And Research) Procedure**

### **Introduction and Aim**

Developments within the NHS have led to an increase in the role of non-medical health care professionals in the delivery of care for patients; this includes referral to diagnostic imaging investigations (DII).

The UHB has a Referral by Non-Medical Practitioners for Diagnostic Imaging Investigations (Excluding Clinical Trials and Research) Policy, whose aim is to ensure that we manage the application process and referral practice to be compliant with responsibilities under The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017), in order to protect the UHB, the public and staff.

This Procedure supports the policy and translates its aim into practical implementation measures.

### **Objectives**

#### **We will achieve our aim by:**

- Giving clear direction to Professional Heads/ Service Managers which procedures, training and resources that must be in place prior to the use of NMR's referring for DII.
- Providing a framework for professional heads/service managers to develop services that utilise NMRs, which are safe, effective and compliant with current legislation in order to protect the UHB, the public and staff
- Ensuring all applications come through the formal NMR application process
- Applying the requirement all NMRs are Health Care Professionals with professional registration status.
- Receiving evidence of NMR training in appropriate radiation safety as part of the application process
- Audit of referral practice against scope of practice by the Radiology, Medical Physics and Clinical Engineering (R.M.P.C.E.) Directorate
- Applying responsibility to the NMR employing directorate for appropriate professional supervision of practice and systems to ensure safety and quality.
- Appropriate dissemination of information relating to new NMRs within the R.M.P.C.E. Directorate
- Providing feedback to the NMR on any inappropriate requests from the imaging operator or practitioner

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| <ul style="list-style-type: none"> <li>Ensuring employing directorates are aware of their responsibility for the local operational procedures under which NMRs will operate</li> </ul> |  |
| <p><b>Scope</b></p> <p>This procedure applies to all of our staff in all locations including those with honorary contracts</p>   |  |
| <p><b>Equality and Health Impact Assessment</b></p>  | <p>An Equality and Health Impact Assessment (EHIA) has not been completed. This procedure aligns to IR(ME)R regulatory requirements</p>  |
| <p><b>Documents to read alongside this Procedure</b></p>   | <ul style="list-style-type: none"> <li>Referrals By Non-Medical Practitioners For Diagnostic Imaging Investigations (Excluding Clinical Trials And Research) Policy</li> <li>Non-Medical Practitioner Referrals for Diagnostic Imaging Investigations Policy</li> <li>Ionising Radiation Risk Management Policy</li> <li>Exposure of Patients to Ionising Radiation Procedure</li> <li>Exposure of Staff and Members of the Public to Ionising Radiation Procedure</li> <li>Consent to Examination or Treatment Policy</li> <li>Patient Identification Policy</li> </ul> |
| <p><b>Approved by</b></p>  | <p>Radiation Protection Group</p>  |

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|--|---|
| <p><b>Accountable Executive or Clinical Board Director</b></p>   | <p>Executive Director of Therapies and Health Science</p> |
| <p><b>Author(s)</b></p>  | <p>Radiographer Professional Head</p>                     |
| <p style="text-align: center;"><b><u>Disclaimer</u></b></p> <p style="text-align: center;"><b>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 <a href="#">Governance Directorate</a>.</b></p> |   |

| <b>Summary of reviews/amendments</b> |                                |                       |   |
|--------------------------------------|--------------------------------|-----------------------|---|
| <b>Version Number</b>                | <b>Date of Review Approved</b> | <b>Date Published</b> | <b>Summary of Amendments</b>  |
| 1                                    | 13/09/16                       | 07/10/16              | Radiographer Professional Head  |
| 2                                    | 10/01/23                       | 20/02/23              | Changes to policy names noted<br>Changes to legislation reflected<br>References updated |
|                                      |                                |                       |   |
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**Non Medical Referrer:** defined as a registered healthcare professional other than a Medical or Dental professional, i.e. Nurse practitioner, extended scope therapist, etc who has been entitled by the IR(ME)R Employer to act as a Referrer in compliance with the Regulations according to the specific responsibilities of that role.

**Diagnostic Imaging investigations:** broad scope definition to encompass any and all diagnostic imaging examinations normally provided by a radiology and medical physics department.

**Plain Film Radiographs:** this is a specific definition for a range of examinations of the axial, appendicular skeleton, thorax and abdomen that do not require further enhancement through the introduction of contrast media or advanced imaging technology.

**Magnetic Resonance Imaging (MRI):** this is a specific definition to encompass all investigations and /or interventional examinations that are produced through the use of computer aided nuclear magnetic resonance imaging.

**Computerised Tomography:** this is a specific definition to encompass all investigations and /or interventional examinations that are produced through the use of computer assisted tomographic imaging.

**Nuclear Medicine:** this is a specific definition to encompass all investigations and /or interventional examinations that are produced through the use of radiopharmaceuticals.

**Sonography:** this is a specific definition to encompass all investigations and /or interventional examinations that are produced through the use of Ultrasound wave form.

**Fluoroscopy:** this is a specific definition to encompass all investigations and /or interventional examinations that are produced through the use of real-time fluoroscopic image intensification.

**Dual Energy Absorptiometry (DXA):** Investigation to measure the bone mineral density using dual energy X-ray absorption.

**Ionising Radiation:** radiation that is sufficiently energetic to cause ionisation through the release of inner in atoms of high atomic number.

**Major Incident:** broad definition to encompass any event that is of an untoward nature, which would cause abnormal pressure upon the services of the local NHS facilities i.e. Train crash, terrorist bomb etc.

**Radiotherapy planning:** A specific term to describe acquisition of images to target Radiotherapy treatments.

**Operator:** Any person who is entitled, in accordance with the employer's procedures, to carry out practical aspects associated with the conduct of a medical exposure to ionising radiation .

**Practitioner:** a registered medical practitioner, dental practitioner or other health professional who is entitled in accordance with the employer's procedures to take responsibility for an individual medical exposure.

## **Scope**

This procedure applies to Cardiff and Vale UHB and relates to referral for appropriate DII listed in Appendix 1

All NMRs who refer for DII must be identified on the Radiology Information System (RIS) or relevant departmental IT system and have access to electronic reporting in order to ensure IR(ME)R compliance[1-2]

Any referrer completing a request for DII does so in the knowledge that there must be a record of diagnostic findings or therapeutic outcome in the patient's case notes. The referrer is required to adhere to the R.M.P.C.E. directorates' standard operational procedures [2, 3].

The term NMR refers to all Health Professionals who are currently registered with a regulatory body but not registered by the General Medical Council / General Dental Council and have been entitled to refer to diagnostic imaging investigations [6]. (Appendix 2)

## **Exclusions**

The following areas of clinical practice are excluded from this procedure

Major Incident  
Clinical Trials and Research  
Radiotherapy Planning

Individual departmental/service procedures will include any exclusions specific to that area of clinical practice.

## **Responsibilities**

Professional heads and service managers who employ NMRs that refer for DII are responsible for the implementation of these procedures and are accountable for any non-compliance [5-7,].

New services that require NMRs to refer for DII will not be approved unless the professional head/ service manager of that area can submit evidence that there is a requirement of the post to refer for DII; this should be within the role profile. [3, 8-9] .

Directorates employing NMRs are responsible for developing local operational procedures for their referral practice and ensuring that all aspects of this have been complied with [1, 3, 5-6].

All registered healthcare professionals who have the role of NMR specified within their job description will be required to adhere to this policy and draw to the attention of the professional heads/ service manager / UHB any deviation or incidents which affect compliance [5-8, 10].

The NMR has responsibility for providing sufficient medical and patient identification data relevant to the referral [1-2, 7, 11-13].

NMRs are personally accountable to their Professional Body and have an individual professional duty to practice within the limits of their education, training and competence [6-7,11 ] .

It is the duty of the Clinical Director of Radiology, Medical Physics & Clinical Engineering (R.M.P.C.E ) to entitle NMR status within Cardiff and Vale University Health Board; on behalf of the Executive Director for Therapies and Healthcare Sciences, to registered healthcare professionals whose application fulfils the requirements set by the Imaging directorate [6 ].

The R.M.P.C.E. Directorate will ensure that all referrers are made aware of any relevant changes in radiation legislation, or any other issues affecting the referral process [6, 14]

## **Unexpected or Incidental Findings**

Non-medical referrers have a duty to ensure that unexpected or incidental findings from the imaging examinations they request are managed appropriately. The non-medical referrer must communicate unexpected or incidental findings to the medical practitioner responsible for the patients care, unless they are an autonomous healthcare professional responsible for their own case load; in such cases NMR is responsible for ensuring the patient is referred onto an appropriate pathway of care [3, 5, 7, 10, 12].

## **Training**

All NMRs who have been identified by the UHB as required to refer for DII are required to successfully complete training appropriate to their defined role which must include evidence of:-

- An understanding of the necessary legislation and UHB documentation
- Attendance at appropriate Consultant led clinics/ward rounds or multidisciplinary team meetings, to observe initial referral and follow-up of patients.

Training is required to be documented and will form part of the Knowledge and Skills profile for this role and be reflected within the individuals' personal development plan [1-2, 8, 10, 15-16].

Audit and review of referrals made will occur as part of this procedure and will drive the requirement for update in training of individual NMRs [1, 5-6, 10]

If a NMR has not referred to DII for more than 12 months, a review will be undertaken to ascertain whether the service is still required and if appropriate, the individual NMR will be required to repeat the initial training programme

## **Clinical Governance**

The professional head/ service manager for the NMR will be responsible for undertaking an annual audit of their service to test compliance with the procedure. They can be approached at any time to provide evidence of their audit processes and operational procedures. The directorate could also be subject to external review by a variety of statutory bodies [5-6, 10, 17-18].

The line manager/supervisor will undertake an audit of the individual NMRs clinical/referral practice as part of the annual IPR process. Action will be taken where the suitability and impact of referrals may compromise the overall quality of patient care [1,].

The regularity of the audit process may alter subject to the needs of the individual procedure but should be no less than annually.

The R.M.P.C.E. directorate will undertake an annual audit of a selection of DIIs requested, and assess the appropriateness and quality of the referrals received. Where concerns are raised following audit; suspension of NMR entitlement will be employed until evidence of further training and/or governance is in place. Failure to comply with this requirement will result in the NMR entitlement being withdrawn [2, 5-6, 17 ].

The imaging operator or practitioner will feed back to the NMR on any inappropriate requests. If on the basis of this feedback the NMR feels they require further training or they do not understand the feedback they will discuss the matter with their professional supervisor in order to identify possible further training needs[7,10].

All referrals for examinations performed by the R.M.P.C.E directorate are included within this policy, both those involving the use of ionising radiation and those not, such as Ultrasound.

## **Consent**

It is the responsibility of the referrer to ensure that valid informed consent is obtained for the procedure they are requesting. This includes where appropriate, discussing the risk vs. benefit of an examination. The NMR has the responsibility to address any issues arising from the patients' mental capacity to consent as set out in the Mental Capacity Act 2005 [10, 19,].



This does not absolve the healthcare professional undertaking the diagnostic investigation from their responsibility with regard to patient consent.

### References:

1. Ionising Radiation (Medical Exposure) Regulations 2017 (Statutory Instrument 2017 No. 1322, London, HMSO)
2. A guide to understanding the implication of the Ionising Radiation (Medical Exposure) Regulations in diagnostic and interventional radiology. *Clinical Radiology*, The Royal College of Radiologists (2015)
3. Department of Health (2003), The Chief Health Professions Officer's Ten Key Roles for Allied Health Professionals, Department of Health: London
4. National Health Service Reform and Health Care Professions Act (2002), Office of Public Sector Information (OPSI)
5. Ionising Radiation (Medical Exposure) Regulations 2000: Notes on good practice. Department of Health (DoH)
6. The regulatory requirements for medical exposure to ionising radiation (2001), Health and Safety Executive.
7. Standards of conduct, performance and ethics, HCPC (2022)
8. Health and Social Care Review for Wales (2003) Advised by Derek Wanless, National Assembly for Wales
9. The NHS Improvement Plan, Putting People at the Heart of Public Services , 2004
10. The Health and Social Care Act 2012
11. Clinical Imaging Requests from Non-Medically Qualified Professionals (2021 3rd Ed), The Royal College of Nursing in conjunction with SCoR, RCR, CSP,
12. iRefer Making Best Use of Clinical Radiology 8th edition (2017), The Royal College of Radiologists

13. HIW activities and enforcement under the Ionising Radiation (Medical Exposure) Regulations 2000- Annual Report 2014-2015. Health Inspectorate Wales 2015.
14. Work with Ionising Radiation, Ionising Radiation Regulations 2017, approved Code of practice and guidance. (HSE) 2018
15. Management of Policies and Other written Controlled Documents (2017), Cardiff and Vale UHB
16. Allied Health Professionals Service Improvement Project, Improving Quality and Productivity (DOH) (2011)
17. Medical and dental Guidance Notes: A good practice guide on all aspects of ionising radiation protection in the clinical environment. Institute of Physics and Engineering in Medicine (2002).
18. Health and Social Care Act 2008 (Chapter 3 Quality of Health and Social Care).
19. Consent to Examination or Treatment Policy (and guidance for independent contractors working in primary care), 2015. Cardiff and Vale University Health Board.

## **APPENDIX 1.**

Plain Film Radiographs  
Magnetic resonance imaging (MRI)  
Computerised tomography (CT)  
Nuclear medicine (NM)  
Fluoroscopy  
DXA

## **APPENDIX 2.**

### Registered Allied Health Professionals

- Arts Therapists
- Clinical Physiologists
- Clinical Scientists
- Dieticians
- Occupational Therapists
- Orthotics
- Paramedics
- Physiotherapists
- Podiatrists
- Diagnostic Radiographers
- Speech and Language Therapists
- Registered Midwives
- Registered Nurses
- Physiological Measurement Technicians
- Operating Departmental Practitioners