**RCHT Non- Medical Referrer Application Form**

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| Please complete this form, once your application is approved an email with training requirements will be sent to you.  **Referrers for Imaging procedures must understand their responsibilities under the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R.**  **Referrer:** Describes the Healthcare Professional who has met training and governance requirements to request clinical imaging.  **Non-medical Referrer:** A registered Healthcare Professional with a qualification other than medicine or dentistry who is entitled to be a referrer.  The NMR must understand their professional accountability arising from their professional body’s code of conduct and any medico-legal issues related to their scope of practice. 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). The framework provided by IR(ME)R also provides a good practice model for imaging modalities which do not involve ionising radiation.  An NMR must be competent in assessing the patient, clinical reasoning and decision making and has responsibility for, and must be able to provide sufficient and necessary clinical data for the practitioner to enable the practitioner to justify the exposure.  The NMR is responsible for acting within an RCHT agreed scope of practice, checking all relevant safety information, acknowledging, and acting on the report results, this may include bringing them to the attention of their supervising Consultant / General Practitioner.  They are required to have up to date locally approved IR(ME)R training and meet any additional training requirements set out in the scope of practice. NMRs must undertake audit of their requesting practice on a 3-yearly basis to correlate with IR(ME)R and refresh any IR(ME)R training to provide assurance for re-entitlement.  **Supervising Clinical Supervisor i.e., Consultant / GP:**  Must ensure the requesting non-medical practitioner is working within their scope of practice and has sufficient clinical supervision and knowledge to make reasonable requests. | | |
| **PLEASE COMPLETE ALL SECTIONS and send to** [**rcht.nmrenquiries@nhs.net**](mailto:rcht.nmrenquiries@nhs.net) | | |
| **NAME OF APPLICANT**  **Click or tap here to enter text.** | | |
| **REGISTERING BODY**  (i.e., HCPC/NMC)  **Click or tap here to enter text.** | | |
| **JOB TITILE**  **Click or tap here to enter text.** | | |
| **BAND** | **Click or tap here to enter text.** | |
| **PIN/REGISTRATION NUMBER** | **Click or tap here to enter text.** | |
| **DATE OF APPLICATION** | Click or tap to enter a date. | |
| **PLACE(S) OF WORK**  SURGERY NAME RCHT/CFT | **Click or tap here to enter text.** | |
| **NHS E-MAIL ADDRESS** | **Click or tap here to enter text.** | |
| **Are you already a non-medical referrer in an additional role?** | YES  NO | |
| **Is an agreed scope of practice already in place?**  (See RCHT documents library or speak to your line manager/Clinical Imaging) | YES | NO |
| **Title of approved scope**  i.e., Clinical Imaging Referral Protocol for Registered Healthcare Practitioners within Cornwall Minor Injury Units Clinical Guideline | **Click or tap here to enter text.** | |
| **Do you meet the training requirements listed within this scope?** | I meet all the training requirements within my referring scope of practice (please tick) | |
| Please contact [**rcht.nmrenquiries@nhs.net**](mailto:rcht.nmrenquiries@nhs.net) **if you do not have an approved referring scope of practice** | | |
| Briefly outline your role indicating why you are applying to become a Duty Holder (referrer)under IR(ME)R: | **Click or tap here to enter text.** | |
| What modalities and examinations do you wish to request? | **Click or tap here to enter text.** | |
| What clinical conditions will you be requesting these for? | **Click or tap here to enter text.** | |
| **NAME OF CLINICAL SUPERVISOR**  (Consultant /GP) | **Click or tap here to enter text.** | |
| CLINICAL SUPERVISOR SIGNATURE/PRINT | PRINT **Click or tap here to enter text.** | |
| **APPLICANT** SIGNATURE/PRINT | PRINT**Click or tap here to enter text.** | |
| **LINE MANGER** SIGNATURE/PRINT | PRINT **Click or tap here to enter text.** | |

Please contact [rcht.nmrenquiries@nhs.net](mailto:rcht.nmrenquiries@nhs.net) for any support around non-medical referral applications or new scope of practice.

Following approval by RCHT Clinical Imaging you will be expected to have and work within a specific Scope of Practice and have this available for inspection should the need arise, undertake audit of your practice and complete update training of IR(ME)R every three years.

You will also have the responsibility as a Referrer under IR(ME)R to ensure that a clinical evaluation of the examination is made and recorded.