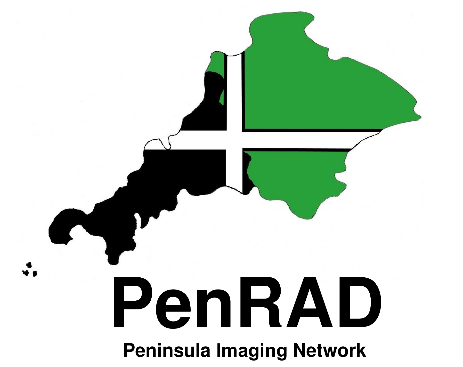
Protocol for requesting Radiological Examinations by named Nurses, Paramedics, Clinical Pharmacists, Physiotherapists and Podiatrists employed by General Practice (“GP”) or Primary Care Networks (“PCN”) within Devon & Cornwall.



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| --- | --- |
| Date Adopted | TBC |
| Version | 4.5 |
| Review Date | 1 July 2024 |
| Author | Roland Gude – Devon Training Hub |
| Operational areas include | General Practice and PCNs in Devon & Cornwall |
| Who should read this? | All registered Practitioners employed in Devon & Cornwall General Practice and Primary Care Networks.  Practice and PCN Managers  Senior Partners & Clinical Supervisors |
| Roles responsible for carrying out this procedure | Named Practitioners & Employers within General Practices and Primary Care Networks in the Devon & Cornwall |
| You may also need to refer to the following policies and guidance:  Ionising Radiation (Medical Exposures) Regulations 2017 (IR(ME)R17) (SI 2017 No 1322)  Royal College of Radiologists. iRefer  Protocol for Advanced Practitioners (FRSH Accredited) Employed by GP Practices Within the Devon & Cornwall to Request Ultrasound Examinations  [Position Statement on Non-Medical Referrers - British Institute of Radiology (bir.org.uk)](https://www.bir.org.uk/media-centre/position-statements-and-responses/guidance-for-non-medical-referrers-to-radiology/)  [RCN - Clinical Imaging Requests from Non-Medically Qualified Professionals](https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2021/April/009-108.pdf)  [HEE – Multi-professional framework for advanced clinical practice in England](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwi8lbyGnPP4AhVLe8AKHTf9CL0QFnoECEAQAQ&url=https%3A%2F%2Fwww.hee.nhs.uk%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2Fmulti-professionalframeworkforadvancedclinicalpracticeinengland.pdf&usg=AOvVaw0ZH0R2_A9ExLZBfVhkR0TT) | |  |  | | --- | --- | | Core accountabilities | | | Author(s) | RCHT, RD (NDDH & RD&E), T&SDFT, UHP & Roland Gude – Devon Training Hub | | Reviewed By | RCHT, RD (NDDH & RD&E), T&SDFT, UHP | | Executive Sponsor | TBC | | Approving Committee | IR(ME)R representatives at RCHT, RD (NDDH & RD&E), T&SDFT & UHP | |

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|  | V4.0 | 1.12.22 |  |
|  | V4.3 | 30.3.23 |  |
|  | V4.3.1 | 19.4.23 | Devon LMC logo |
|  | V5 | 1.7.23 | PenRAD changes |

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# DEFINITIONS & GLOSSARY

1. RCHT – Royal Cornwall’s Healthcare Trust.
2. RD – Royal Devon University Healthcare NHS Foundation Trust. -incorporating:

* NDDH – North Devon District Hospital (Northern Services).
* RD&E – Royal Devon & Exeter Hospital (Eastern Services).

1. T&SDFT – Torbay & South Devon NHS Foundation Trust.
2. UHP – University Hospitals Plymouth.
3. Nurse, Paramedic, Pharmacist, Physiotherapist, Podiatrist indicates the Referrer is a registered healthcare professional who is not a qualified medical Doctor or Dentist.
4. NMR – Non-Medical Referrer.
5. ICE (Integrated Clinical Environment) is the electronic investigations ordering system and is linked to the individual patient record system in General Practice (currently EMIS & S1).
6. irefer – [www.irefer.org.uk/](http://www.irefer.org.uk/)
7. GPhC stands for The General Pharmaceutical Council.
8. NMC stands for The Nursing and Midwifery Council.
9. HCPC stands for The Health and Care Professions Council.
10. HEE stands for Health Education England.
11. SNOMED CT or SNOMED Clinical Terms is a systematically organised computer processable collection of medical terms providing codes, terms, synonyms and definitions used in clinical documentation and reporting.
12. First Contact Practitioner (FCP) - A First Contact Practitioner service is provided by a registered health professional who is the first point of contact for patients, providing new expertise and increased capacity to general practice and providing patients with faster access to the right care. The individual aligns to their professional HEE First Contact Practitioner: A Roadmap to Practice Framework.
13. Enhanced Practitioner (EP) - Enhanced Clinical Practitioners are qualified health and social care professionals who are working at an Enhanced level of practice with specific knowledge and skills in a field of expertise. They manage a discrete aspect of a patient’s care within their current level of practice, which will be particular to a specific context, be it a client group, a skill set or an organisational context.
14. Advanced Practitioner (AP) - Advanced Clinical Practitioners have developed their knowledge and skills to an advanced level of practice and would manage the whole episode of a patient’s clinical care, from the time they first present, through to the end of the episode.
15. PCN - Primary Care Networks.
16. GP - General Practice.
17. IR(ME)R – Ionising Radiation (Medical Exposure) Regulations 2017
18. IRR – Ionising Radiation Regulations 2017
19. Radiology – Used throughout this document to describe the diagnostic imaging departments across the region regardless of their varied formal names.

# INTRODUCTION

1. The Interim NHS People Plan outlines the significant role Nurses, Allied Health Professionals (AHPs) and Pharmacists will play to support the demands the NHS will face in the next ten years and help to deliver the ambitions of the NHS Long Term Plan. With the introduction of Educational Frameworks and Roadmaps to Practice for AHPs, the landscape is positively changing in General Practice.
2. This protocol and scope of practice aims to reflect the capabilities of the individual practitioner and referrer according to the roadmap to practice or clinical frameworks and evidence of appropriate training and capability.
3. This protocol acknowledges the process from First Contact Practitioner to Advanced and Consultant Practitioner is currently being designed by Health Education England and the Centre for Advancing Practice and any amendments will be discussed and added following committee approval.
4. This protocol acknowledges The Primary Care and General Practice Nursing Career and Core Capabilities Framework (due to be released) and will support Health Education England to achieve the aims of the GPN 10 Point action plan. Any amendments will be discussed and added following the approval in the network’s Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) committees.
5. By providing a standard of practice there is a solid governance structure around autonomous practice for the Multidisciplinary team in primary care. This ensures a gold standard care and puts our patient’s safety first. The individual’s scope of practice will be reflected in their job description that will be reviewed on an annual basis (alongside an audit process) to ensure relevance.
6. To provide evidence of good governance and clear standards, it is hoped that once the individual has been accredited as an Advanced Practitioner and their name is on the HEE Centre for Advancing Practice directory this protocol can be amended with an aim to expand the individual professions scope (following approval by the IR(ME)R representatives at RCHT, RD, T&SDFT & UHP.
7. The use of ionising radiation for medical exposure is regulated by IR(ME)R 2017. IR(ME)R includes the requirements for referrers of medical exposure to ionising radiation. The role of some registered healthcare professions other than medical and dental include that of referrer, and this is supported by the Regulations.
8. The requesting of diagnostic and interventional imaging examinations does not form part of the standard training for non-medically qualified healthcare professionals.
9. To ensure that each medical exposure is individually justified as per IR(ME)R, General Practice and PCNs in Devon & Cornwall are required to have local protocols in place for those staff acting as referrers.
10. With the emerging multi-professional workforce in General Practice that is dictated by the NHS England General Practice Contract, registered Healthcare Professionals may be in positions where their expanding scope of clinical practice requires them to provide a comprehensive service for patients and will require access to imaging to meet this need.
11. It is often appropriate that a suitable professionally registered person other than a Doctor or a Dentist refers for radiological examinations. This may be to provide an efficient service or because the person responsible for initial patient management is not a Doctor or a Dentist.

# EXPLICIT EXCLUSIONS TO THIS PROTOCOL

1. It is recognised that organisations across Devon and Cornwall operate different structures for employment and supervision, especially when an employee works across primary and secondary care. In circumstances such as this the entitled individual should be considered an employee of secondary care only, and as such they are excluded from this protocol.
2. Whilst this may lead to examples of inequity of provision, to remove entitlement from such individuals would directly affect established business models designed to keep patients out of secondary care.
3. An example of this includes (but is not limited to) an FCP working in primary care who is employed by an acute Trust undertaking and Extended Scope Physiotherapist (ESP) role. Here the ESP would retain their requesting entitlement from the acute Trust.

# PURPOSE

1. The purpose of this document is to comply with the requirements of the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 and its subsequent amendments and revisions.
2. This document also demonstrates compliance with guidance issued by relevant UK professional bodies.
3. The purpose of this document is to comply with the relevant documents regarding non-medical referral imaging requests from RCHT, Royal Devon Eastern and Northern Services (hereafter RD), T&SDFT & UHP.
4. To ensure only staff who have demonstrated capability in physical assessment and clinical reasoning can be the Non-Medical Referrer.
5. To provide a mechanism for appropriately registered multi-professional practitioners to refer patients for radiological examinations.
6. To provide supporting guidance related to the scope of the role and the consequential education and training requirements.

# SCOPE OF PRACTICE

1. This document (and any arrangements made under it) apply to registered healthcare professionals, other than medical Doctors or Dentists, referring patients for diagnostic imaging employed by General Practice and Primary Care Networks within the Devon & Cornwall Region.
2. This will not apply to non-registered healthcare professionals, who are not permitted to refer for radiological imaging, by law (e.g. Nursing Associates, Physician Associates and GP administrative staff).
3. The British institute of Radiology (BiR) defines three types of non-Medical Referrers (NMR) that the professional may identify under:

|  |
| --- |
| * NMR referring as part of a clinical team where they will be acting on a Radiology report as opposed to evaluating the image itself. * NMR referring as part of a clinical team where a Doctor will do an initial review (clinical evaluation) of the imaging prior to Radiology issuing a formal report. * NMR referring as an autonomous practitioner who will be reviewing the images (clinical evaluation) and making a decision on patient treatment prior to the Radiology report being issued |

1. All staff requesting under this protocol must have evidence of undertaking a recognised post registration course which includes:

|  |
| --- |
| * History taking * Physical examination and diagnostic reasoning * Clinical reasoning and decision making * Advanced communication |

1. This evidence should aim to be at Level 7 academic descriptors though consideration will be given to other modules whereby the individual can evidence their capability that is relevant to their scope of practice, evidenced against a relevant educational framework and achieved within the past 10 years.
2. This level of capability will be decided and evidenced during the recruitment process, individual clinical supervision, competency sign off and professional development reviews.

# ENTITLEMENT

When entitlement is provided to an NMR, this is under the governance processes of a singular practice/group. Cross-site and cross county border is not appropriate, unless entitled by each employer. This includes locum/bank staff who regularly provide services at multiple locations.

Requesting via a referring location where not entitled will be considered as requesting out-of-scope and could lead to suspension of requesting rights across all locations.

# ROLES AND RESPONSIBILITIES

## A lead GMC, HCPC or NMC registered clinician or a GP Partner at each practice or clinical director in a PCN will accept responsibility for governance of non-medical referrers entitled under this protocol. This will assure that the Nurse, Paramedic, Clinical Pharmacist, Physiotherapist and Podiatrist:

1. Is suitably registered with an appropriate professional body;

**Registered bodies**

*The provisions for non-Medical Referrers under IR(ME)R state that referrers must be a ‘“registered health care professional.” This means a person who is 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 bodies referred to are:

* 1. the General Medical Council,
  2. the General Dental Council,
  3. the General Optical Council,
  4. the General Osteopathic Council,
  5. the General Chiropractic Council,
  6. the General Pharmaceutical Council,
  7. subject to section 26(6), the Pharmaceutical Society of Northern Ireland,
  8. the Nursing and Midwifery Council,
  9. The Health and Care Professions Council], Social Work England]

and

* 1. any other regulatory body (within the meaning of Schedule 3 to the 1999 Act) established by an Order in Council under section 60 of that Act.

\*[Who regulates health care (hse.gov.uk)](https://www.hse.gov.uk/healthservices/arrangements.htm#a7)

1. Has at least 3 years post-registration experience (or more if indication on HEE Educational Frameworks).
2. Has undertaken a recognised post registration training which meets the requirements of the local Radiology department (see section 7).
3. Meets the capabilities and requirements to request imaging according to their professional frameworks and professional scope of practice (see section 13)
4. Completes IR(ME)R training and the competency assessment form for named Nurse, Paramedic, Clinical Pharmacist, Physiotherapist, Podiatrist employed in General practice or PNCs within the Devon & Cornwall (appendix 1).
5. Support the Nurse, Paramedic, Clinical Pharmacist, Physiotherapist, Podiatrists attainment of audit on a three-year basis and will provide clinical supervision to ensure best practice is achieved (see appendix 3).
6. Support clinical training to ensure clinical competence is maintained.
7. Be aware of individual practice procedures with regards to the communication of the imaging results to the patient or their representative – including where the referrer is not able to do this and ensure that results go to the referrer or deputy, supervisor, or patients named General Practitioner.
8. Allocate a responsible manager to maintain the central ‘onboarding’ document (see appendix 4 & 5) of authorised referrers employed in their practice and ensure this list is updated on an annual basis or if there is a change in circumstances i.e. leaver.
9. Ensure that all additions to the list of clinical referrers are agreed by the Radiology Department of the Trust receiving the referrals prior to referrals commencing, adhering to IR(ME)R 2017 concerning the agreed status of a “Referrer”.
10. Support the Nurse, Paramedic, Clinical Pharmacist, Physiotherapist, Podiatrist Practitioner with maintaining refresher training every 3 years or when any additions or amendments are issues to IR(ME)R 2017.

## Radiology agrees to support the training requirements for Nurse, Paramedic, Clinical Pharmacist, Physiotherapist, Podiatrist Practitioners that will include:

1. Principles of radiation protection.
2. Benefits and risks of the examination being referred for. This should include an understanding of the ionising radiation dose level for the type of examinations to be requested and can identify if there is a safer alternative to the requested exam.
3. Ionising Radiation Regulations 2017 and the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R).
4. Responsibilities of referrers in relation to patient safety and clinical governance.
5. Overview of local referral pathways, including the use of electronic referral systems (if available) and cancellation/rejection processes.
6. Making the local Trusts’ IR(ME)R 2017 Schedule 2 Employer’s Procedures available to all Referrers.
7. Entitle the NMR in writing, providing them with a referral protocol containing their requesting scope.
8. Professional and legislative responsibilities.
9. Maintain a register of entitled Nurse, Paramedic, Clinical Pharmacist, Physiotherapist, Podiatrists.

## Radiology will also acknowledge and accept:

1. Updated IR(ME)R training via an approved source from each of the acute Trusts within Devon & Cornwall. This should be undertaken every three years, with a maximum permitted interval of three years plus one month (total 37 months) before entitlement is removed. Notification that update training is required will come from the entitling Trust 3 month prior to expiry, thereby giving the NMR 4 months to undertake the training and expected audit (see section 11).

## The Nurse, Paramedic, Clinical Pharmacist, Physiotherapist, Podiatrist will:

1. Be currently registered with the NMC, HCPC or GPhC and maintain this registration.
2. Ensure the referring of patients for clinical imaging must be covered within their job description and supported by the GP Partners at the GP practice. All referrals must be within the Practitioners own level of competence as per best practice guidance. You are not permitted to carry the entitlement if you move roles.
3. Only request imaging following a clinical assessment of the patient and discussion with the patient.
4. **Practitioners must also check the patient’s imaging history to ensure no examination is duplicated.**
5. Accept responsibility for examining the patient and then provide sufficient clinical information to enable justification and to clarify the expectations of the examination.
6. Only request imaging when justified (IR(ME)R 2017) and follow the criteria as stated in the relevant protocol. Radiology (via and entitled Practitioner – typically a Radiographer or Radiologist) will decline to accept any referrals that are considered unjustified.
7. Ensure the request for an imaging examination will be recorded in the patient’s records and allocate an appropriate SNOMED code on EMIS & S1 dovetailing with any Order Comms processes.
8. Ensure that initial and continuing education and training is undertaken to ensure on-going competence in their role.
9. Undertake audit of their requesting practice on a 3-yearly basis to correlate with IR(ME)R 2017 Refresher training and re-entitlement.
10. Ensure their details held by their employer regarding NMR entitlement are correct at 3-yearly audit.
11. Work within the scope of practice of this protocol and their individual professions.
12. Complete the request clearly and fully.
13. If any referrer is in doubt as to whether an investigation is required, or which examination is best, they should discuss the case with an appropriate medical practitioner or with a Radiologist/Radiographer prior to referral and the rationale for and the outcome of this discussion be documented in the patient’s records.
14. Have at least 3 years post registration experience.
15. Work within their job description, capabilities and scope of practice as outlined in national frameworks and standards.
16. Provide timely evidence of current documentation (signed protocol, IR(ME)R certificate and professional registration).
17. Perform continuous professional development (CPD) according to:

* Health and Care Professions Council
* Nursing and Midwifery Council
* General Pharmaceutical Council

The overall responsibility for the correct requesting procedure as outlined above rests with employers of the Nurse, Paramedic, Clinical Pharmacist, Physiotherapist and Podiatrists. If it is subsequently shown that an examination requested is unnecessary in the given set of clinical circumstances the responsibility for that is with the GP practice and not with Radiology.

# REFERRER ON-BOARDING PROCESS

1. The on-boarding process for each Trust is described via the following weblink - <https://devontraininghub.co.uk/resources/partners-introduction-protocol-audit/>
2. Applications for entitlement under IR(ME)R 2017 can be made by contacting the relevant local Radiology department (you may need to cut and paste the email addresses);
3. Torbay and South Devon NHS Foundation Trust [tsdft.nonmedicalreferrers@nhs.net](mailto:tsdft.nonmedicalreferrers@nhs.net)
4. Royal Cornwall Hospitals NHS Trust

[rcht.nmrenquiries@nhs.net](mailto:rcht.nmrenquiries@nhs.net)

1. University Hospitals Plymouth NHS Trust

[plh-tr.nonmedicalreferrers@nhs.net](mailto:plh-tr.nonmedicalreferrers@nhs.net)

1. Royal Devon Healthcare NHS Foundation Trust

**Eastern** - [rduh.radiology-eastern@nhs.net](mailto:rduh.radiology-eastern@nhs.net) 

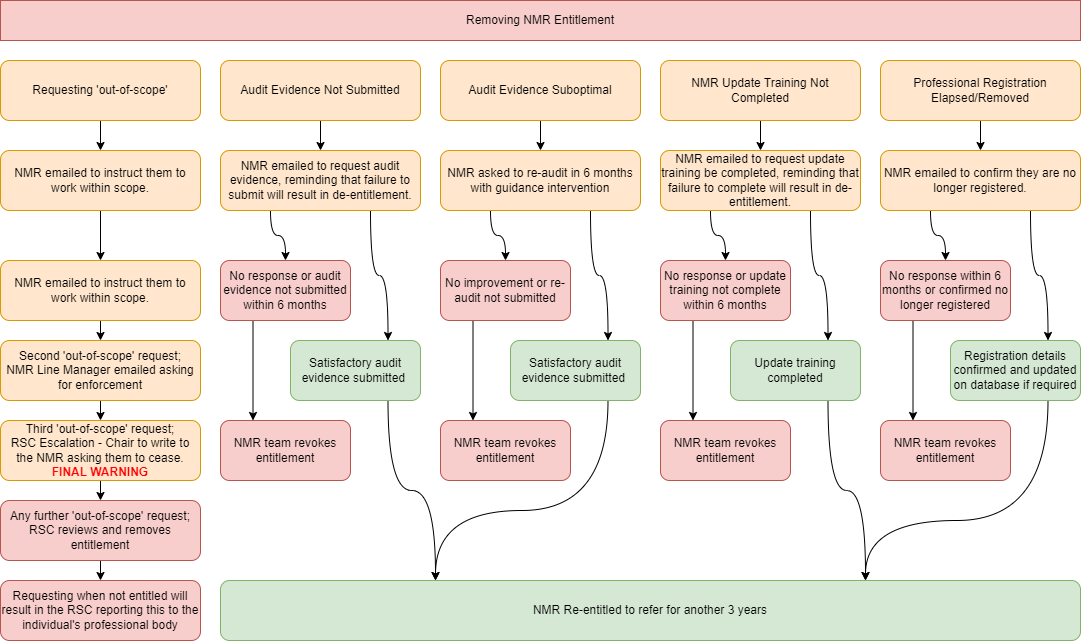
**Northern** - [rduh.nonmedicalreferrersnorthern@nhs.net](mailto:rduh.nonmedicalreferrersnorthern@nhs.net)

1. Please refer to Appendix 2 (onboarding process) for this process. Also see section 8 for roles and responsibilities.
2. There is shared recognition of each Trust’s IR(ME)R NMR training packages, but some local training (including how to best use local requesting systems) may still be still required.
3. The Nurse, Paramedic, Clinical Pharmacist, Physiotherapist and Podiatrist must be formally entitled (by name) and logged on a register held by the relevant Radiology department. These lists of authorised referrers are available to Radiology staff on the relevant Imaging IR(ME)R Workspace / Quality Management System (QMS) and will be made available to referring departments on request.
4. Entitlement of individual Nurse, Paramedic, Clinical Pharmacist, Physiotherapist and Podiatrist will be notified by email.
5. Where available, access to electronic requesting via Ordercomms is authorised by Radiology when the training is completed, and the individual member of staff is assessed as competent. Evidence of this must be supplied to the Radiology department.
6. When the Nurse, Paramedic, Clinical Pharmacist, Physiotherapist and Podiatrist is referring from another employing organisation both organisations should agree the entitlement before the Nurse, Paramedic, Clinical Pharmacist, Physiotherapist or Podiatrist’s employer confers entitlement.

## Disagreements about Referrals:

1. After reviewing the information provided in the request, the IR(ME)R Practitioner may defer justifying the examination and will request further information from the Referrer where practical. If this additional information does not justify the examination then the request may be declined.
2. Further advice and guidance may be sought from a Consultant Radiologist or the Consultant responsible for the patient.
3. Referrals must be in line with recognised best practice guidance (RCR irefer) and/or national clinical guidelines.

# REMOVAL OF ENTITLEMENT



TSDFT Protocol

In the interests of patient safety, each Trust must take enforcement action if the NMR does not undertake update training, is continually referring ‘out of scope’ or audit activity is inadequate. Entitlement will also be removed if professional registration has elapsed or been removed.

# 11. AUDIT

1. Each NMR must complete a 3-yearly audit of their referring practice. This document will be used to evaluate the NMR’s scope of practice and make improvements where required. This should be recorded using the audit document in Appendix 1.
2. This audit document will be held by the Nurse, Paramedic, Clinical Pharmacist, Physiotherapist, Podiatrist Practitioner with a copy submitted to the entitling Radiology department as part of 3-yearly re-entitlement.
3. The referring department will routinely audit referrals against the requirements of the referral protocol. These should be submitted when protocols are updated and reviewed by an IR(ME)R or governance sub-committee.
4. An audit can be instigated by each Radiology department’s IR(ME)R governance at any time if there are concerns.
5. Review of individual NMR audits are expected to form part of the annual achievement review/appraisal process, with action plans established to correct any shortcomings. Annual Radiology audits will form part of local quality and governance audit processes.

# 12. RADIATION INCIDENTS, INVESTIGATION AND LEARNING

1. A radiation incident is defined in the individual Trusts Radiation Safety Protocol. For patients it is a medical exposure which is unintended or significantly different to that intended or an occurrence which could have led to such an exposure.
2. Such an occurrence could result from the incorrect referral of a patient, or the referral of a patient outside of the referrers scope of practice. Where a request from a Nurse, Paramedic, Clinical Pharmacist, Physiotherapist and Podiatrist is found to be outside the scope of practice and the agreed referral protocol, the event will be treated as a radiation incident by the IR(ME)R Operator (e.g., Radiographer) and appropriate action taken as per the Trusts protocols.
3. The imaging will not be performed, and the referral returned to the Nurse, Paramedic, Clinical Pharmacist, Physiotherapist and Podiatrist and Lead General Practitioner advising of the discrepancy and that the procedure was not performed or booked for the patient.
4. An investigation will be carried out by the relevant Trust. All staff must cooperate in any investigation that results from an incident report. This will typically involve personal reflection where a mistake has been made.
5. The learning from incidents should be fed back to all individuals involved, and to their teams for wider learning. Where a radiation incident is classified as ‘clinically significant’ according to national guidance, the referrer must be informed of the incident and the outcome of the investigation.
6. If a radiation incident or suspected radiation incident is discovered by a referrer, they, or their managers must report it to Radiology as soon as practical.
7. Where necessary for patient safety, the Radiology Services Manager or Radiology Services Clinical Lead/Director should remove entitlement of a Nurse, Paramedic, Clinical Pharmacist, Physiotherapist and Podiatrist from the register. Entitlement may also be removed by each Trusts Radiation Safety Governance committee.

# STANDARDS, GOVERNANCE & KEY PERFORMANCE INDICATORS

1. Compliance: The Health and Safety regulation compliance is part of the individual practices’ assurance framework. This requires the individual practice to comply with all legislation applicable to the individual practice as far as is reasonably practicable.
2. Applicable Standards: The legislation and the associated approved codes of practice and the professions.
3. IR(ME)R Radiology representatives at RCHT, RD, T&SDFT & UHP are responsible for ensuring this protocol is reviewed every three years or if there are changes which will impact patient safety in the use of imaging services.
4. The list of entitled NMRs employed is reviewed on an annual basis by the individual practices or PCNs to ensure it captures the current workforce.
5. This process will be audited annually by the GP practice and imaging requests will be sampled and examined to ensure appropriate requesting of procedures/examinations by the Nurse, Paramedic, Clinical Pharmacist, Physiotherapist and Podiatrists within the practice using the audit form in Appendix 1.
6. Any amendments to the protocol must be agreed between the IR(ME)R Radiology representatives at RCHT, RD, T&SDFT & UHP & Devon & Cornwall Training Hubs, the ICBs plus any other body employing NMRs.

# REFERRAL PROCEDURE

1. An imaging request will be made on EMIS or S1 when working at a GP surgery. This will utilise either Ordercomms or paper requests, with appropriate subsequent submission to Radiology for justification.
2. The referral must comply with IR(ME)R 2017 and contain accurate information which includes:

* Full demographic details (three points of ID – name, address, DOB).
* Clinical information giving rationale for the referral and potential pathology to be determined. See appendix 3 & 4 for iRefer links and ’paused & checked’ guidance for referrers. Clinical reasoning for imaging should be in line with local pathways and evidence-based interventions.
* Area requested including laterality.
* Signature, date and professional registration number.
* Full Name and designation printed, together with contact number.
* General Practitioner (GP) on call for the day or usual patient GP.
* Pregnancy status/childbearing potential as appropriate.

1. For referrals which are deemed ‘unjustified by the individual Trust’s IR(ME)R Practitioners, the request will be rejected with a reason supplied for this. If there are questions regarding this, they should be directed to the individual department’s ‘trouble-shooter’ (or equivalent).

# INTERPRETATION AND REPORTING

1. All radiological images will be formally reported by Radiology Departments at RCHT, RD, T&SDFT & UHP. The reports will be saved electronically on relevant systems. It is the responsibility of the Referrer to ensure they can access reports, and have a system by which findings are reviewed and actioned.
2. If a significant abnormality requiring clinical attention is identified, the relevant radiological Departments at RCHT, RD, T&SDFT & UHP will contact the GP Practice according to each Trust’s Unexpected Findings Procedures - communication of critical, urgent and unexpected significant findings.
3. If the referring clinician is not available, the appropriate GP as per Practice protocols will take the necessary steps to review the report and take any necessary/urgent actions within 3 days of the receipt of the reported result. This will ensure that there is no delay to patient care.
4. Even though the imaging examination may be evaluated by another appropriately trained member of staff, the referrer has the responsibility for ensuring that the clinical evaluation of the examination is reviewed, actioned and permanently recorded in the patient’s case notes in a timely fashion. This includes sharing the findings with the patient with an explanation if required.
5. It is the responsibility of the referring practitioner to achieve and maintain competence in interpretation of the radiological report in the context of the clinical picture. If there are interpretation issues that cannot be resolved in consultation with the supervising clinician (either the image or report content) then the radiology department should be contacted.
6. The Nurse, Paramedic, Clinical Pharmacist, Physiotherapist and Podiatrists will discuss any report with the lead clinician or GP (or their delegate) if there are any critical, urgent or incidental findings or abnormality for which they do not feel confident in arranging appropriate follow up, treatment or advice.

# EXCLUSIONS FOR ALL PROFESSIONS

1. Children under 18 are not covered by this protocol.
2. Pregnant patients are not covered by this protocol.
3. All imaging not included in scope of practice.
4. Whole spine X-rays.
5. Skull or abdominal X-rays.
6. Dental x-rays.

# PROFESSION SPECIFIC SCOPE OF PRACTICE

General Practices and PCNs in Devon & Cornwall employ highly skilled professionals that enhance the care environment for our patients and make up the richness of the multi-disciplinary team. Radiology departments across Devon and Cornwall recognise the value that NMRs add in terms of facilitating patient access to appropriate care, and that this may require diagnostic tests.

This protocol acknowledges the wealth of experience and capabilities of each profession but understands the need to ensure robust standards are in place to ensure patient and professional safety. Outlined below are baseline profession specific ‘scope of practice’ guidelines with conditional studies that may be requested. This acknowledges national educational frameworks.

The overarching standard is the Multi-professional Framework for Advanced Clinical Practice in England which enables consistent understanding of advanced clinical practice for all professions and acts as a document that all Nurse, Paramedic, Clinical Pharmacist, Physiotherapist and Podiatrist should be able to map against.

In order to provide appropriate governance for this, NMRs are required to have a supervising GMC registered clinician (GP or secondary care) who is responsible for providing mentorship, advice, guidance and patient care in any team who have NMRs.

Scope of practice documents should be formulated based upon the intended job role, and form part of an annual employee review process.

To simplify the routes of referral, NMRs will not be entitled to access imaging investigations that are outside of the pathways and investigations that can be accessed by their GMC registered supervisor.

For example:

1. A nurse practitioner working within a GP surgery may access imaging within their scope of practice as long as those investigations are also accessible by the GP.
2. A physiotherapist / advanced MSK practitioner may access those investigations within their personal scope of practice, within locally agreed treatment pathways, as supervised by a GMC registered clinician who can access those investigations.

## PHYSIOTHERAPISTS (MUSCULOSKELETAL) - EDUCATIONAL FRAMEWORKS

The *‘First Contact Practitioners (FCP) and Advanced Practitioners (ACP) in Primary Care: (Musculoskeletal) A Roadmap to Practice’* is a supportive document that provides a clear educational pathway from undergraduate to advanced practice for clinicians wishing to pursue a career in primary care. All physiotherapists employed in Devon & Cornwall will be mapped and benchmarked against the frameworks, therefore ensuring capability and governance.

Clinicians completing the capability framework will be recognised by Health Education England’s Centre for Advancing Practice and will be placed on a First Contact Practitioner and if appropriate, Advanced Practitioner directory.

It articulates the capabilities so that employers and workforce planners can understand what the clinicians can offer to the multi-professional team to enable the best care for their patient population. It also provides clear guidance of the expected supervision needed to support the roadmap to practice and outlines the bespoke supervision training that a supervisor needs to have completed.

Permitted relevant radiological examinations can be requested by a Physiotherapist (MSK) working in an FCP or AP role, provided they have completed their relevant training and competencies.

Referrals must be made in line with local referral pathways. If referrals are made that are not consistent with recognised pathways this may result in requests being deferred or returned. It is the Referrer’s responsibility to be aware of the relevant pathways associated to their referral practice.

## NURSES - EDUCATIONAL FRAMEWORKS

The Primary Care and General Practice Nursing Career and Core Capabilities Framework is due to be released and will support Health Education England to achieve the aims of the GPN 10-point action plan. The Framework provides a standard and greater clarity on the scope of practice for nurses working within primary care and general practice settings. As more care is being managed and delivered in the primary care setting there are opportunities for a wider range of nursing knowledge, skills and attributes including nursing associate, mental health, learning disabilities and children’s nursing. The NHS needs a workforce that is fit for the future and nurses can play an integral part in the multi-professional team.

The Core Capabilities Framework for Advanced Clinical Practice (Nurses) working in General Practice/Primary Care in England is already in use and this framework identifies the robust underpinning knowledge and capabilities required by the ACP (Primary Care Nurse) working with an agreed scope of practice within the general practice/primary care multi-professional team and provides the opportunity for them to embrace the Health Education England Multi-Professional Framework for Advanced Clinical Practice in England.

Permitted relevant radiological examinations can be requested by a Nurse working in an enhanced or advanced role, provided they have completed their relevant training and competencies.

Referrals must be made in line with local referral pathways. If referrals are made that are not consistent with recognised pathways this may result in requests being deferred or returned. It is the Referrer’s responsibility to be aware of the relevant pathways associated to their referral practice.

## PARAMEDICS - EDUCATIONAL FRAMEWORKS

The First Contact Practitioners and Advanced Practitioners in Primary Care: (Paramedics) A Roadmap to Practice is a supportive document that provides a clear educational pathway from undergraduate to advanced practice for clinicians wishing to pursue a career in primary care.

Clinicians completing the capability framework will be recognised by Health Education England’s Centre for Advancing Practice and will be placed on a First Contact Practitioner directory.

The ‘roadmap to practice’ outlines the skills and attributes needed to help paramedics become First Contact practitioners (FCPs) or Advanced Practitioners (APs). The new roadmap provides an educational pathway for paramedics who wish to work in primary care, as well as setting out the supervision and governance needed and giving training guidance for supervisors.

It articulates the capabilities so that employers and workforce planners can understand what the clinicians can offer to the multi-professional team to enable the best care for their patient population. It also provides clear guidance of the expected supervision needed to support the roadmap to practice and outlines the bespoke supervision training that a supervisor needs to have completed.

Paramedics also have the Skills for Health Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework.

This framework is used to provide guidance on clinical capabilities to undertake this role and supports the Paramedic in their role.

Permitted relevant radiological examinations can be requested by a Paramedic working in an enhanced or advanced role, provided they have completed their relevant training and competencies.

Referrals must be made in line with local referral pathways. If referrals are made that are not consistent with recognised pathways this may result in requests being deferred or returned. It is the Referrer’s responsibility to be aware of the relevant pathways associated to their referral practice.

## CLINICAL PHARMACISTS - EDUCATIONAL FRAMEWORKS

To ensure national consistency in standards of patient care and safety across England, the Primary Care Network Contract Directed Enhanced Service Contract specification 2019/20 says that ‘Clinical Pharmacists being employed through the Network Contract DES funding will either be enrolled in, or have qualified from, the CPPE Primary care pharmacy education pathway that it has commissioned through Health Education England (HEE)’. This training programme equips the Clinical Pharmacist to be able to practise and prescribe safely and effectively in a primary care setting and to deliver the key responsibilities of the role.

Permitted relevant radiological examinations can be requested by a Clinical Pharmacist working in an advanced role, provided they have completed their relevant training and competencies.

Referrals must be made in line with local referral pathways. If referrals are made that are not consistent with recognised pathways this may result in requests being deferred or returned. It is the Referrer’s responsibility to be aware of the relevant pathways associated to their referral practice.

## PODIATRISTS - EDUCATIONAL FRAMEWORKS

Podiatrists are experts in all aspects of foot and lower limb function and health and are highly skilled healthcare professionals trained to diagnose, treat, rehabilitate and prevent abnormalities of the foot and lower limb. They can enable patients to manage foot and ankle pain, manage skin conditions of the legs and feet, treat foot and leg infections and assess and manage lower limb neurological and circulatory disorders. In addition to delivering wider public health messages in order to minimise isolation, promote physical activity, support weight loss strategies and healthy lifestyle choices, podiatrists keep people mobile, in work and active throughout their life course.

Podiatrists are trained to work autonomously and as part of multidisciplinary teams to safely diagnose, risk assess and triage, and provide advice and initiate treatment for complications of the foot and lower limb. The expertise of the podiatrist as a First Contact Practitioner is wide ranging, facilitating for early identification of a range of conditions.

The First Contact Practitioners and Advanced Practitioners in Primary Care: (Podiatrists) A Roadmap to Practice is supportive document that provides a clear educational pathway from undergraduate to advanced practice for clinicians wishing to pursue a career in primary care.

Permitted relevant radiological examinations can be requested by a Podiatrist working in an enhanced or advanced role, provided they have completed their relevant training and competencies.

Referrals must be made in line with local referral pathways. If referrals are made that are not consistent with recognised pathways this may result in requests being deferred or returned. It is the Referrer’s responsibility to be aware of the relevant pathways associated to their referral practice.

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* Radiology Requesting Protocol for Extended and Advanced Clinical Practitioners in the Emergency Department - [https://www.rcem.ac.uk/docs/ACP%20forum/Radiology%20Requesting%20Protocol%20for%20Extended%20and%20ACPs%20in%20the%20ED%20websitefinal.pdf](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcem.ac.uk%2Fdocs%2FACP%2520forum%2FRadiology%2520Requesting%2520Protocol%2520for%2520Extended%2520and%2520ACPs%2520in%2520the%2520ED%2520websitefinal.pdf&data=05%7C01%7Croland.gude%40nhs.net%7C71f96efdea324f1e904608db81282923%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638245781706482677%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=oZHpTbE4wFLeXcX58fY0hCTxgkaxMB5HUstZQgr7ngA%3D&reserved=0)
* UK quality code for Higher Education (Level 7 descriptors) - <https://www.qaa.ac.uk/docs/qaa/quality-code/qualifications-frameworks.pdf>

# APPENDIX

## Appendix 1 Audit for Radiological Examinations



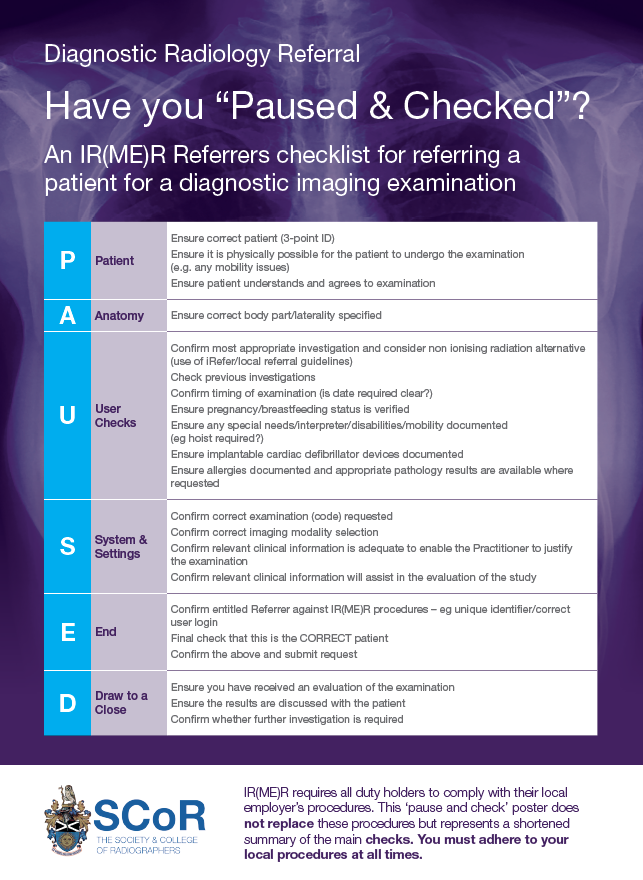
## Appendix 2 Onboarding Process



## Appendix 3 - RCR iRefer weblink\*: <https://www.irefer.org.uk/>

\*Subscription required - Referring locations are expected to provide this for their Medical and Non-Medical referrers.

## Appendix 4 – SoR Referrer Paused & Checked Quick Guide



## Shoulder Assessment and Management Guidance