**Document Control Sheet**

|  |  |
| --- | --- |
| **Document name:** | Standard Operating Procedure for Non-Medical Referrer Applications at Barnsley Hospital NHS Foundation Trust for Primary Care Staff |
| **Document type:** | Standard Operating Procedure |
| **Staff group to whom it applies:** | All Non-Medical Referrers |
| **Distribution:** | All GP Practices |
| **How to access:** | BHNFT Medical Imaging Internet |
| **Issue date:** |  |
| **Next View date:** |  |

**Document approved by:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role:** | **Date:** |
|  |  |  |
|  |  |  |

**Change History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Section** | **Reason** | **Date** | **Initials** |
| 1.0 | All | Original Document |  | LSE |

**Document control:**

|  |  |
| --- | --- |
| **Name: Liz Elfleet** | **Role: Professional Lead Radiographer** |

**Standard Operating Procedure for Non-Medical Referrer Applications at Barnsley Hospital NHS Foundation Trust (BHNFT)**

**1. Purpose**

This is the protocol to be used for all Non-Medical Referrer applications to BHNFT Medical Imaging Department.

**2.Scope**

This protocol applies to all registered health care practitioners and Physician’s Associates who are required to refer patients for Medical Imaging at BHNFT.

**3. Responsibilities.**

Non-Medical Referrer (NMR)

The NMR must have undertaken sufficient and appropriate training to be competent to assess the patient before being able to request an Imaging examination.

Competency in history taking and patient assessment is essential so as to ensure that the correct clinical information is provided on the request form – this will ensure that the examination and where required radiation exposure can be “justified” by an appropriate practitioner, as required by Ionising Radiation (Medical Exposure) Regulations (IR(ME)R 2017). The NMR should have an identified scope of practice supported by their employer.

Prior to submitting and application, the registered NMR must complete IR(ME)R training which can be found at:

<https://www.e-lfh.org.uk>.

Modules to be completed are:

e-IRMER Module 00 – Guides and Tools

e-IRMER Module 01 – Fundamental Physics of Radiation

e-IRMER Module 02 – Management and Radiation Protection of the Patient

e-IRMER Module 03 – Legal Requirements

e-IRMER Module 04 – Diagnostic Radiology

Certificates of completion should be submitted with the application form.

Physician’s Associates are not required to complete IR(ME)R training and are not permitted to request examinations which use ionising radiation.

Professional Lead Radiographer

The Professional Lead Radiographer will approve any applications and assign to the appropriate NMR protocol. In the absence of the Professional Lead Radiographer, approval will be via the Deputy Professional Lead Radiographer

PACS Team

The PACS Team will update ICE user account to include Radiology requesting rights

Radiation Protection Supervisor (RPS)

The RPS will be responsible for addition of the NMR to the appropriate section of the NMR Register which is held within the BHNFT Medical Imaging Department.

***The approval process will be completed within 7 days working days and e-mail confirmation of approval to request will be sent to the applicant and Practice Manager.***

**4. Application process**

Registered Health Care Professionals should complete the process in [Appendix 1.](#Appendix1)

Physician’s Associates should complete the process in [Appendix 2](#Appendix2).

Application form for registered health care professionals can be found in [Appendix 3](#Appendix3).

Application form for Physician’s Associates can be found in [Appendix 4](#Appendix4).

**5. Escalation Process**

On receipt of the application, the Medical Imaing will issue an automated response to confirm that the application has been received and is being processed. Applications will be processed by the Medical Imaging Department at BHNFT within a maximum of 7 working days from receipt of application. If you have not either approval to request or request for amendment of application, within 7 working days of the automated response, please contact Dr Daniel Raw, Clinical Lead Radiologist at [draw@nhs.net](mailto:draw@nhs.net).

Please do not escalate before this period.

**Appendix 1 - Registered Healthcare Professionals**

**Applications to request under existing NMR protocol**

Each new referrer in the approved staff group must complete e-IR(ME)R training & return an Application Form for Registered Health Care Professionals to act as Imaging Referrers’ form (See [Appendix 3](#Appendix3)) in conjunction with their professional supervisor, in order to confirm competence.

Application form completed and submitted with proof of IR(ME)R training via e-mail to:

[bdg-tr.NMR-BHNFT@nhs.net](mailto:bdg-tr.NMR-BHNFT@nhs.net). Automatic response to confirm application has been received and is being processed.

Application reviewed by Professional Lead Radiographer to ensure it meets the application criteria.

Application returned for amendment

**Paperwork complete?**

# NO

# YES

Approved individuals will be issued with an individual reference code and their details added to the Medical Imaging referral database and the Radiology IT systems. Applications will be processed within 7 working days and an approval e-mail will be issued to the applicant and Practice Manager.

**Individual may make referrals in accordance with the terms of the approved application protocol**

NMRs are required to repeat Ionising Radiation (Medical Exposure) Regulations found on e-learning for health IR(ME)R training every 3 years. Reminders will be sent to individuals and Practice Managers

**ALL QUERIES SHOULD BE SENT TO** [bdg-tr.NMR-BHNFT@nhs.net](mailto:bdg-tr.NMR-BHNFT@nhs.net)

**Appendix 2 – Physician’s Associates**

**Applications to request under existing NMR protocol**

Each new referrer in the approved staff group must complete & return an ‘Application Form for Physician’s Associates to act as Imaging Referrers’ form (See [Appendix 4](#Appendix4)) in conjunction with their professional supervisor, in order to confirm competence.

Application form completed and submitted with via e-mail to:

bdg-tr.NMR-BHNFT@nhs.net

Application reviewed by Professional Lead Radiographer to ensure it meets the application criteria. Automatic response to confirm application has been received and is being processed.

Application returned for amendment

**Paperwork complete?**

# NO

# YES

Approved individuals will be issued with an individual reference code and their details added to the Medical Imaging referral database and the Radiology IT systems. Applications will be processed within 7 working days and an approval e-mail will be issued to the applicant and Practice Manager.

\*Escalation process \*

e

**Individual may make referrals in accordance with the terms of the approved application protocol**

**ALL QUERIES SHOULD BE SENT TO** [bdg-tr.NMR.BHNFT@nhs.net](mailto:bdg-tr.NMR.BHNFT@nhs.net)

**Appendix 3 – Application Form for Registered Health Care Professionals**

**Application Form for Non-Medical Staff to Act as Imaging Referrers**

|  |
| --- |
|  |

**INSTRUCTIONS FOR COMPLETION**

*Please read the following instructions carefully before completing the application form*

1. Completion of this form is part of the process for non-medical healthcare professionals to apply for permission to refer patients for imaging examinations.
2. Any application must include details of the referral protocol under which you are applying to refer. All referral protocols must have been approved by the Medical Imaging Department as outlined in
3. **Please complete sections 1 – 7** **in full**

|  |
| --- |
|  |

***SECTION 1******– Details of proposed new non-medical referrer***

|  |  |
| --- | --- |
| Name |  |
| Professional Registration Number |  |
| Occupation |  |
| Work address |  |
| E-mail address |  |
| Telephone |  |
| ***Details of professional supervisor/line manager*** | |
| Name |  |
| Occupation |  |
| Department |  |
| E-mail address |  |
| Telephone |  |

1. Please complete the e-IR(ME)R learning as outlined below:

* 000 e-RADS- Radiation Safety for Staff
* 000 e-IRMER Module 00 Guides and Tools
* 000 e-IRMER Module 01 Fundamental Physics of Radiation
* 000 e-IRMER Module 02 Management and Radiation Protection of the Patient
* 000 e-IRMER Module 03 Legal requirements
* 000 e-IRMER Module 04 Diagnostic Radiology

1. You will also be required to refresh this training once every three years. Failure to comply will result in removal of authorisation to refer

**Signature of applicant: Date:**

***SECTION 2 – Examination Details***

|  |  |  |
| --- | --- | --- |
|  | **Type of examination**  E.g. plain film x-ray, MRI scan, CT scan | **Of the…**  Please write part of the body: |
| ***1*** | Plain Film X-ray | Under scope of NMR21 |
| ***2*** | Ultrasound | Under scope of NMR21 |
| ***3*** | CT | Under scope of NMR21 |
| ***4*** |  |  |

***Referral Protocol***

|  |  |
| --- | --- |
| **Protocol title** | [NMR21 – First Contact Practitioner](#NMR21)  (Amendments to existing scope of practice should be requested in Section 3) |

***SECTION 3 – Rationale***

**This request to make imaging referrals is**…(Please tick the appropriate box below)

Part of existing scope of practice **(Please proceed to Section 4) or**

An adjustment/extension to the existing scope of practice\* **(Please complete remainder of Section 3)**

*\*If available/applicable, please enclose your ‘Adjustment to the Boundaries of Non-Medical Practice’ protocol and list this under ‘Additional Documents’*

**What is the main purpose of this adjustment to practice?** **Please describe the benefits to the patient of this staff group becoming a referrer** (e.g. ‘to increase responsiveness of service’)

***SECTION 4 – Reporting of Examinations***

**Q) Who will be responsible for reviewing the results of any examinations requested?** (Please tick appropriate box)

The requesting non-medical referrer (appropriate for autonomous practitioners)

To the GP or Consultant responsible for care of the patient (appropriate where referrals are to be made on behalf of medical staff)

Other (Please specify:

***SECTION 5 – Monitoring & Review***

|  |  |
| --- | --- |
| **Description:**  (E.g. audit of appropriateness of referrals, documentation audit) | *3 yearly audit of requests, including review of any rejected requests and learning-minimum 10 cases.* |
| **Frequency:** | *3 yearly* |
| **Who will be responsible?** | *NMR Referrer* |
| **Where will findings be reported?** | *At appraisal and to Medical Imaging Dept* |
| **Responsibility to check clinical training & CPD has been undertaken ( not less than 2 yearly):** | *At appraisal* |

***SECTION 6 – Other information***

*Please give any other information of relevance to consideration of this application:*

***SECTION 7 – Additional Documents***

*Please identify any supporting documents you are including with this application:*

|  |  |
| --- | --- |
| Additional examination details | Adjustment to the Boundaries of Non-Medical Practice |
|  |  |
| ***Other – please specify:*** | |

***SECTION 8 – Further Information***

*Please note the following information, which is applicable to all approved non-medical referrers:*

1. Imaging examinations must only be requested when the results, either positive or negative, will alter patient management
2. All referrers must comply with the referral criteria and the legal framework of the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R), including roles and responsibilities
3. The Medical Imaging Department has the right to withdraw permission for any non-medical referrer to request imaging examinations. This will be carried out according to the appropriate policies and procedures
4. Whilst not under the remit of IR(ME)R, examinations not involving ionising radiation (e.g. MRI, Ultrasound) are also covered by this application process

***SECTION 9 - for completion by Professional Lead Radiographer***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I confirm the above-named referrer has completed the e-IR(ME)R training on: **(Enter date)** | | | | |  |
| Name: |  | Designation: |  | | |
| Signature: |  |  | Date: |  | |

***SECTION 10: for completion by Professional Lead Radiographer***

|  |  |  |  |
| --- | --- | --- | --- |
| The above-named referrer is approved as a non-medical referrer for the examinations listed in section 2 | | | |
| Signed |  | Date: |  |
| Designation |  | Name: |  |

***SECTION 11: for completion by Radiation Protection Supervisor***

|  |  |  |  |
| --- | --- | --- | --- |
| The above-named referrer has been added to the Non-Medical Referrers database | | | |
| Signed |  | Date: |  |
| Designation |  | Name: |  |

* An e-mail will be sent to the applicant referrer and Practice Manager as notification that they may now request imaging examinations under the terms of the Policy for Referrals to Medical Imaging by Non-Medical Referrers.
* The original document will be filed in the Medical Imaging Department Non-Medical Referrers master file which will be stored in the Central Viewing Area.

**REQUESTS WILL NOT BE ACCEPTED FROM NON-MEDICAL REFERRERS UNTIL THIS PROCESS IS COMPLETE**

Please direct any enquiries about this form to: [bdg-tr.NMR-BHNFT@nhs.net](mailto:bdg-tr.NMR-BHNFT@nhs.net)

**Appendix 4 – Application Form for Physician’s Associates**

**Application Form for Physician’s Associates to Act as Imaging Referrers**

|  |
| --- |
|  |

**INSTRUCTIONS FOR COMPLETION**

*Please read the following instructions carefully before completing the application form*

1. Completion of this form is part of the process for non-medical healthcare professionals to apply for permission to refer patients for imaging examinations.
2. Any application must include details of the referral protocol under which you are applying to refer. All referral protocols must have been approved by the Medical Imaging Department as outlined in
3. **Please complete sections 1 – 7** **in full**

|  |
| --- |
|  |

***SECTION 1******– Details of proposed new non-medical referrer***

|  |  |
| --- | --- |
| Name |  |
| Occupation |  |
| Work address |  |
| E-mail address |  |
| Telephone |  |
| ***Details of professional supervisor/line manager*** | |
| Name |  |
| Occupation |  |
| Department |  |
| E-mail address |  |
| Telephone |  |

**Signature of applicant:**

**Date:**

***SECTION 2 – Examination Details***

|  |  |  |
| --- | --- | --- |
|  | **Type of examination**  E.g. plain film x-ray, MRI scan, CT scan | **Of the…**  Please write part of the body: |
| ***1*** | Ultrasound | All under scope of NMR30 |
| ***2*** |  |  |
| ***3*** |  |  |
| ***4*** |  |  |

***Referral Protocol***

|  |  |
| --- | --- |
| **Protocol title** | [NMR30 – Physician’s Associates](#NMR30)  (Amendments to existing scope of practice should be requested in Section 3) |

***SECTION 3 – Rationale***

**This request to make imaging referrals is**…(Please tick the appropriate box below)

Part of existing scope of practice **(Please proceed to Section 4) or**

An adjustment/extension to the scope of practice\* **(Please complete remainder of Section 3)**

*\*If available/applicable, please enclose your ‘Adjustment to the Boundaries of Non-Medical Practice’ protocol and list this under ‘Additional Documents’*

**What is the main purpose of this adjustment to practice?** **Please describe the benefits to the patient of this staff group becoming a referrer** (e.g. ‘to increase responsiveness of service’)

***SECTION 4 – Reporting of Examinations***

**Q) Who will be responsible for reviewing the results of any examinations requested?** (Please tick appropriate box)

The requesting non-medical referrer (appropriate for autonomous practitioners)

To the GP or Consultant responsible for care of the patient (appropriate where referrals are to be made on behalf of medical staff)

Other (Please specify:

***SECTION 5 – Monitoring & Review***

*Referrals must be monitored and reviewed as below when made under the terms of this application:*

|  |  |
| --- | --- |
| **Description:**  (E.g. audit of appropriateness of referrals, documentation audit) | *A selection of referrals (minimum 10) should be audited on a 3 yearly basis to look at appropriateness of referral and documentation* |
| **Frequency:** | *3 yearly* |
| **Who will be responsible?** | *PA* |
| **Where will findings be reported?** | *At annual appraisal and to the Medical Imaging Department, to be submitted 3 yearly* |
| **Responsibility to check clinical training & CPD has been undertaken ( not less than 2 yearly):** | *At Annual Practice Appraisal* |

***SECTION 6 – Other information***

*Please give any other information of relevance to consideration of this application:*

***SECTION 7 – Additional Documents***

*Please identify any supporting documents you are including with this application:*

|  |  |
| --- | --- |
| Additional examination details | Adjustment to the Boundaries of Non-Medical Practice |
|  |  |
| ***Other – please specify:*** | |

***SECTION 8 – Further Information***

*Please note the following information, which is applicable to all approved non-medical referrers:*

1. Imaging examinations must only be requested when the results, either positive or negative, will alter patient management
2. All referrers must comply with the referral criteria.
3. The Medical Imaging Department has the right to withdraw permission for any non-medical referrer to request imaging examinations. This will be carried out according to the appropriate policies and procedures

***SECTION 9: for completion by Professional Lead Radiographer***

|  |  |  |  |
| --- | --- | --- | --- |
| The above-named referrer is approved as a non-medical referrer for the examinations listed in section 2 | | | |
| Signed |  | Date: |  |
| Designation |  | Name: |  |

***SECTION 10: for completion by Radiation Protection Supervisor***

|  |  |  |  |
| --- | --- | --- | --- |
| The above-named referrer has been added to the Non-Medical Referrers database | | | |
| Signed |  | Date: |  |
| Designation |  | Name: |  |

* An e-mail will be sent to the applicant referrer and Practice Manager as notification that they may now request imaging examinations under the terms of the Policy for Referrals to Medical Imaging by Non-Medical Referrers.
* The original document will be filed in the Medical Imaging Department Non-Medical Referrers master file which will be stored in the Central Viewing Area.

**REQUESTS WILL NOT BE ACCEPTED FROM NON-MEDICAL REFERRERS UNTIL THIS PROCESS IS COMPLETE**

Please direct any enquiries about this form to: [bdg-tr.NMR-BHNFT@nhs.net](mailto:bdg-tr.NMR-BHNFT@nhs.net)

**Appendix 5 – NMR21 for registered health care professionals**

|  |  |  |  |
| --- | --- | --- | --- |
| Protocol Title | Primary Care Advanced Clinical Practitioner | Protocol Number | NMR21 |
| Training Requirements | * Completion of First Contact Practitioner Course * Registered health care professional * e-IR(ME)R completed within last three years – if not completed at BHNFT, a certificate must be provided as evidence of training | | |
| Scope of Practice | * Adults aged 16 or over * Diagnosis and management of patients with suspected or known malignancy * Investigation will alter management | | |
| Examinations | **XR Chest**   * Pulmonary Oedema * Acute exacerbation of bronchiectasis * Acute exacerbation of chronic obstructive airways disease * Acute exacerbation of asthma with either chest pain, clinical signs of pneumothorax, pyrexia or raised WCC * Pleural effusion * Pneumonia * Haemoptysis * Pneumothorax * Pleuritic / cardiac chest pain * Unexplained breathlessness * Persistent unexplained symptoms such as non-resolving chest infection * Persistent (>3weeks) or unexplained Symptoms:   + Wt. loss   + Chest signs   + Hoarse voice   + Finger clubbing   + Cough   + Cervical / supraclavicular lymphadenopathy   XR Pelvis & Hip  XR Shoulder girdle to fingers, including clavicle & Femur to foot  **Ultrasound**   * Abdomen   + Suspected gall bladder disease   + Newly diagnosed renal failure   + Recurrent proven urinary tract infection * Pelvis   + Suspected ovarian or endometrial disease   + Missing IUD * Testes * Shoulder * Thyroid * Soft tissue lumps   **CT**   * Head * Vague Symptoms Pathway   **MRI**   * Head | | |
| Special Points/ Operational Procedure | * If the Radiographer / Sonographer undertaking the examination has any doubt as to the necessity of the examination, or feels that the referral falls outside of the scope of this policy, they must, before proceeding:   + Contact the referrer or the patient’s GP and discuss their concerns,   + Or, seek the advice of a Consultant Radiologist. * All referrals for Chest X-ray examination under this policy will be for a PA Chest X-ray only, as per standard imaging protocols in place at BHNFT. * Further projections may be performed if required and must be justified by either a Radiographer or Radiologist. | | |

**Appendix 6 – Protocol Physician’s Associates**

|  |  |  |  |
| --- | --- | --- | --- |
| Protocol Title | Physician’s Associates | Protocol Number | NMR30 |
| Training Requirements | * Completion of First Contact Practitioner Course * Physician’s Associate | | |
| Scope of Practice | * Adults aged 16 or over * Diagnosis and management of patients with suspected or known malignancy * Investigation will alter management | | |
| Examinations | Ultrasound   * Abdomen   + Suspected gall bladder disease   + Newly diagnosed renal failure   + Recurrent proven urinary tract infection * Pelvis   + Suspected ovarian or endometrial disease   + Missing IUD * Testes * Shoulder * Thyroid * Soft tissue lumps | | |
| Special Points/ Operational Procedure | * If the Radiographer / Sonographer undertaking the examination has any doubt as to the necessity of the examination, or feels that the referral falls outside of the scope of this policy, they must, before proceeding:   + Contact the referrer or the patient’s GP and discuss their concerns,   + Or, seek the advice of a Consultant Radiologist. | | |