

## **The identification of non-medical or non-dental healthcare professionals entitled to act as Referrer**

### **Objective**

- To identify individual healthcare professionals or groups of healthcare professionals who are not doctors or dentists who are entitled to act as Referrers to the Radiology Directorate
- To establish the process by which they are entitled to act as a Referrer
- To set out the scope of entitlement for each such individual or group

### **To be read by**

- Lead Radiologists and Radiology Sector Managers
- Entitled Practitioners in Radiology
- Managers of non-medical Referrers

### **Introduction**

Non-medical Referrers are Healthcare professionals other than medical or dental practitioners who are entitled in accordance with this procedure to initiate requests for radiological examinations that are carried out in the Radiology Directorate. Medical and dental practitioners are not subject to this procedure; their entitlement is subject to NHS Lothian Level 1 procedure EP-01.

As a pre-requisite to entitlement, the non-medical Referrer must be a registered healthcare professional. In this procedure the term 'clinical team' is used to denote the clinical grouping (directorate, department or other grouping) in which the non-medical Referrer is employed.

### **Procedure**

- 1.The Clinical Director of Radiology authorises the Lead Radiologist, Chief Radiographer and Radiology Sector Managers for each site to entitle non-medical practitioners as Referrers to Radiology in accordance with the procedures set out below.
- 2.Generic protocols exist for NMRs based in GP practices within NHS Lothian and are signed off solely by the Clinical Director of Radiology and Chief Radiographer.
- 3.The Clinical Director or other senior manager of the clinical team that includes the individual non-medical practitioner or group of non-medical practitioners who wish to be entitled as Referrers must discuss any proposal with the appropriate Lead Radiologist and/ or the Radiology Sector Manager.
- 4.The Clinical Director or other senior manager of the clinical team must provide information to the Lead Radiologist or Radiology Sector Manager on:
  - The level of experience and the training that would be required for the non-medical practitioner to be competent to refer patients to radiology;
  - The evidence that is required of each practitioner to demonstrate competence in that area of clinical practice.
  - The particular clinical circumstances under which referrals are to be made;
- 5.The Lead Radiologist and Radiology Sector Manager must decide whether the proposal is acceptable by considering the potential benefits to the patients and to the service and any clinical risks associated with the proposal. They must consider whether the levels of competency described are sufficient.
- 6.If the proposal is agreed, the clinical team must prepare a referral protocol using the pro forma provided in Annex 1 of this procedure. The protocol must identify the manager in the clinical team with responsibility for ensuring its implementation. The protocol must be approved by the relevant Lead Radiologist and Radiology Sector Manager.
- 7.Should the protocol apply to more than one Radiology site, it must be approved by the Clinical Director of Radiology who is responsible for ensuring that it is distributed to Lead Radiologists and Radiology Sector Managers of all relevant sites.
- 8.In addition to the clinical competences required, the non-medical Referrer must have had training in requesting radiological procedures. The relevant Radiology Sector Manager must make arrangements for such training which may be provided by the relevant Team Lead radiographer. The training should include legal and

professional responsibilities in regard to IRMER, mandatory data set requirements, the provision of relevant clinical data and the use of either request cards or electronic ordering system as appropriate. For advanced practitioners, the training may also include an introduction to image interpretation as an aid to understanding the role of radiological investigations.

9. For each individual non-medical Referrer, the form provided in Annex 2 of this procedure must be completed. This form requires the following details and signatures:

- The name and reference number of the relevant referral protocol.
- The examination or group of examinations that may be requested.
- The signature of the appropriate manager in the clinical team to confirm that the individual has achieved the level of competencies required by the protocol
- The signature of the Radiographer who provided training in requesting radiological examinations
- The signature of the Referrer to confirm their agreement to follow the agreed protocol
- The signature of the appropriate Radiology Sector Manager to confirm entitlement as a Referrer

10. Radiographers may also be entitled as Referrers for specified clinical situations. These situations must be described in the relevant standard operating protocols used within the Radiology Directorate. Entitlement of a Radiographer as a Referrer must be given by the appropriate Radiology Sector Manager to a scope of entitlement based on competencies assessed in accordance with Level 2 procedure EP02/RAD/03. For the entitlement of Radiographers as Referrer there is no requirement to complete the forms given in Annexes 1 and 2 of this procedure.

11. There may be circumstances in which it is recognised that for the effective and efficient management of clinics, the doctor who is to see the patient may routinely indicate in the patient's notes that the patient requires to have an X-ray examination prior to the clinical examination. In those circumstances, the referral information may be transcribed from the patient's notes to the request card or entered on TRAK by another member of staff. In such circumstances, the doctor who made those notes remains responsible as the entitled Referrer and is responsible for the accuracy of the information provided. Such arrangements should only be in place for low dose examinations such as X-rays of the chest and extremities.

Transcribing requests on behalf of the entitled Referrer must be considered as an exceptional arrangement and may only be done through agreement between the Clinical Director of Radiology, the Chief Radiographer, the appropriate Radiology Sector Manager and the Clinical Director responsible for the particular clinic. For such arrangements a standard operating protocol (SOP) must be in place. The SOP must specify how the referral information is transcribed including the clinical data, it must establish who is permitted to transcribe data, it must ensure that the individuals transcribing data are instructed in the application of the SOP, it must ensure that entitled Referrers understand their responsibility for the accuracy of the data provided and it must ensure that the identity of both the Referrer and person transcribing the information are identified on the request. The SOP must include provision for audit.

12. A register of all non-medical Referrers must be maintained and made available to Practitioners. There is a requirement for two registers:

- A site register for those referral agreements that are specific to a single site and to non-medical Referrers who only refer patients to that site. The Radiology Sector Manager for that site is responsible for maintaining the site register and for making it available to Practitioners who are entitled to justify the relevant requests and (if applicable) the Operators entitled to authorise the requests in accordance with justification guidelines.
- A Lothian wide register for those Referrers who are entitled to refer patients to more than site. Examples include non-medical professionals such as GP nurse practitioners or physiotherapy practitioners in primary care. It is the responsibility of the Clinical Director of Radiology to authorise the Chief Radiographer to nominate an appropriate Radiology Manager to be responsible for the Lothian wide register of Referrers.

13. The Radiology Sector Managers are responsible for ensuring that referral protocols are reviewed at intervals of not less than two years. The review must involve the responsible manager in the clinical team who must confirm that the protocol remains applicable, that the list of entitled Referrers is correct and that entitled Referrers have retained the competencies required by the protocol.

*EP2/RAD/01: Entitlement of non-medical practitioners as Referrers*

Referral Protocol

<u>Protocol Title</u>		<b>Advance Nurse Practitioner General X-Ray Referral</b>	
<u>Reference number</u>		SJH/NMR/013	
<u>Date of issue:</u>	20/03/2017	<u>Review date</u>	20/03/2019

Clinical Location to which the protocol applies

Referrals from GP practices into all NHS Lothian Radiology Departments

Referral Site

All NHSL Radiology

Examination and modality

**Plain Film Radiography only**

- Chest X-Ray
- Femur / Tibia/Fibula
- Knee
- Ankle/Foot X-Ray
- Shoulder X-Ray
- Humerus / Radius/Ulna
- Elbow
- Wrist
- Hand

Patient Group

Children and Adults for Chest X-ray

Adults only for all other examinations.

Clinical Circumstances

**Referral for Chest X-Ray**

ANP may refer for CXR for the following indications:

- Persistent unexplained cough >4/52
- Haemoptysis
- Unexplained SOB
- Unexplained weight loss/night sweats/lymphadenopathy
- Hoarseness >4/52
- Severe exacerbation of COPD
- Suspected heart failure
- Suspected pleural effusion
- Suspected TB
- Suspected pneumonia
- Suspected pneumothorax
- Suspected inhalation of foreign body

Request for x-ray investigation should never replace admitting the patient acutely if this would be more appropriate.

The following are **NOT** indicated:

- Routine diagnosis and treatment of hypertension
- Routine follow up of Asthma/COPD
- Uncomplicated rib fracture
- Simple URTI

### **Femur / Tibia/Fibula ( Adults Only)**

Trauma with:

- Deformity
- Tenderness
- Swelling

Normally these would be referred to A&E

Atypical of localised pain where neoplasia or infection are suspected.

### **Knee (Adults only)**

Trauma with:

- Inability to walk / take weight bearing steps
- Pronounced bony tenderness
- Knee pain with locking / restricted movement or effusion
- ? loose body
- Painful prosthesis ? loosening
- Suspected inflammatory arthropathy on presentation.

### **Ankle/Foot X-Ray (Adults Only)**

Ottawa guidelines apply (.Stiell I, Wells G, Laupacis A et al. *Multicentre trial to introduce the Ottawa ankle rules for use of radiography in acute ankle injuries* British Medical Journal 1995, 311: 594-7.)

Ankle – refer for x-ray if there is pain in the malleolar area plus:

- Bone tenderness at the posterior tip of lateral malleolus, or
- Bone tenderness at the medial tip of the malleolus, or
- Patient unable to weight bear at time of injury and when examined
- 

Foot – refer if there is pain in the midfoot plus:

- Bone tenderness at the 5<sup>th</sup> metatarsal base, or
- Bone tenderness at the navicular, or
- Patient unable to weight bear at the time of the injury and when examined

NB: if there is a history of acute injury it may be more appropriate to refer the patient to A/E for a full assessment and management.

### **Shoulder X-Ray (Adults Only)**

Persistent (6/52), severe pain unresponsive to treatment

?calcific tendonitis

Suspected inflammatory arthropathy on presentation

Thoracic inlet x-ray: if suspected cervical rib (indicated by hand or forearm pain, weakness or numbness and thenar or hypothenar wasting)

Trauma with

- Deformity
- Pain
- Swelling
- Tenderness

## **Humerus / Radius/Ulna (Adults Only)**

Trauma with:-

- Deformity
- Tenderness
- Swelling

Atypical or localised pain where neoplasia or osteomyelitis is suspected

## **Elbow ( Adults Only)**

Trauma :-

- With effusion
- Deformity
- Tenderness
- Swelling

Locking ,suspected loose bodies

Suspected inflammatory arthropathy on presentation.

## **Wrist (Adults Only)**

Trauma with :-

- Deformity
- Tenderness
- Swelling

Suspected inflammatory arthropathy on presentation

## **Hand (Adults Only)**

Trauma

- With deformity
- Tenderness
- With swelling
- Suspected inflammatory arthropathy on presentation

## **Exclusions:**

- X-Rays will not be requested in place of an examination
- Pregnancy will be excluded in female patients and LMP documented on request card

## **6 Ultrasound Requests ( Adults Only)**

### **Gynae**

- Palpable pelvic mass
- Post Menopausal Bleed as requested by Gynaecology alongside referral via PMB pathway.
- Irregular menstrual bleeding
- Menorrhagia with uterus palpable abdominally.
- Cyclical Pelvic pain
- Lost IUCD.

### **Renal**

- Frank haematuria as per Urology requirement, age < 45 low risk of malignancy KUB and Renal USS.
- Microscopic haematuria Aged 40+ yrs with asymptomatic microscopic haematuria as per urology protocol.
- Acute renal colic

## **Testes**

- Intra testicular lump
- Uncertainty whether palpable lump is intra/ extra testicular.

## **Abdomen**

- Suspected Gallbladder disease
- Persistent unexplained LFT's

## **Ordering an X-Ray investigation is equivalent to writing a prescription for radiation**

### **References**

RCR Working Party. *Making the Best Use of a Department of Clinical Radiology Services (Sixth Edition)*. London: The Royal College of Radiologists, 2007.

2. Stiell I, Wells G, Laupacis A et al. Multicentre trial to introduce the Ottawa ankle rules for use of radiography in acute ankle injuries *British Medical Journal* 1995, 311: 594-7.

Evaluation of images/ Radiology report

N/A

**1 Eligibility criteria of Nurse Practitioners**

·Referrer to be a formally recognised Advanced Nurse Practitioner (ANP) who has completed a 1<sup>st</sup> degree/Post Graduate Diploma/MSc programme in Nurse Practitioner Studies.

·Referring ANP will undergo annual appraisals /peer review with medical colleagues and participate in in house audit of radiological investigation requests and outcomes.

·Referrer has attended the IRMER training course and is registered with their X-Ray Department

**2 Criteria for requests**

- All X ray referrals will meet the standards outlined by the RCR Working Party
- Referrer will follow local guidance as detailed in NHS Lothian RefHelp.
- Referrer will ensure correct biographical information is entered on the request form
- Referrer will complete relevant clinical information and anatomical area to be viewed on the request card
- Appropriate verbal and / or written information will be provided to the patient by the Nurse Practitioner at the time of referral and this will be documented in the clinical record

**3 Exclusions**

- X-Rays will not be requested in place of an examination
- Pregnancy will be excluded in female patients and LMP documented on request card

**Approvals**

**Clinical Director/ Lead Clinician in referring clinical team**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Responsible manager in clinical team**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lead Radiologist**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Radiology Sector Manager**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EP2/RAD/01: Entitlement of non-medical practitioners as Referrers**  
**Annex 2**

**Entitlement Record**

Name of Referrer	
Department	
Location	

Referral protocol title	
Protocol reference number	

**Confirmation by Referrer**

I confirm that I have read and understood the requirements of Radiology Procedure EP2/RAD/01 regarding the entitlement of non-medical practitioners as Referrer and that I will make referrals in accordance with the procedure and the relevant referral protocol

Signature:

**Responsible Manager (from referring clinical service)**

To confirm that the Referrer has achieved the required competencies set out in the referral protocol.

Name: \_\_\_\_\_ Signature:

**Training in requests for radiological examination (from radiology)**

To confirm that the Referrer has received training in making Radiological requests

Name: \_\_\_\_\_ Signature:

Date:

**Entitlement (Radiology Manager)**

To confirm entitlement as a Referrer for the specified referral protocol

Name: \_\_\_\_\_ Signature:

Date: