

TRUST CORE POLICY Non-Medical Staff Imaging Referrals Policy

APPROVING COMMITTEE(S)	Trust Clinical Policies Committee	Date approved:	12 June 2023
EFFECTIVE FROM	Published 06 July 2023		
DISTRIBUTION	All staff		
RELATED DOCUMENTS	<p>Radiation Safety Policy COR/POL/032/2021/001</p> <p>Adverse Incident Policy COR/POL/041/2018-001</p> <p>Duty of Candour (Being Open) Policy COR/POL/075/2019-001</p> <p>Barts Health IRMER Standard Operating Procedures (Diagnostic X-Ray and Nuclear Medicine)</p> <p>Policy for the communication of Critical, Urgent and Unexpected Significant Radiological Findings COR/POL/145/2018-002</p> <p>Royal College of Radiologists (RCR) Referral Criteria (iRefer Guidelines: Making the best use of clinical radiology – latest edition)</p> <p>RCR IRMER guidance: IR(ME)R: Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine-The Royal College of Radiologists (rcr.ac.uk), June 2020</p> <p>BIR POSITION STATEMENT Governance requirements for Non-medical referrers in Radiology, November 2022</p> <p>MHRA guidelines for MRI safety. https://www.e-lfh.org.uk/programmes/mri-safety/.</p>		
STANDARDS	The Ionising Radiation (Medical Exposures) Regulations 2017, amended 2018		
OWNER	Group Radiation Safety Assurance Manager		
AUTHOR/FURTHER INFORMATION	Associate Director for Radiography and Sonography, The Royal London and Mile End Hospital		
SUPERCEDED DOCUMENTS	COR/POL/136/2022-001		
REVIEW DUE	3 years from approval		
KEYWORDS	X-Ray, Referrals, Imaging, Non-medical referrer (NMR), and Radiation		

CONSULTATION	<i>Barts Health</i>	<p>Trust NMR's Task and Finish Group chaired by Group Deputy Chief Medical Officer chair of the Trust RPC</p> <p>Imaging Network Board</p> <p>Trust Clinical Boards</p> <p>Trust Radiation Protection Committee (RPC)</p> <p>Hospital site Radiation Protection Supervisors' Meeting members</p> <p>Hospital Site Radiation Protection Committees</p> <p>Trust Radiation Protection Advisers</p> <p>Trust Medical Physics Experts</p> <p>Trust Safety Committee</p> <p>Trust Patient Safety Team</p> <p>Diagnostic Imaging Governance Group (DIGG/ Cogwheel)</p> <p>All Imaging staff members</p> <p>Primary Care via the Clinical Commissioning Groups (CCGs)</p> <p>Registration Authority</p> <p>Clinical Systems team</p> <p>PACS (picture archiving and communication system) lead</p> <p>Trust Communications Team</p>
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SCOPE OF APPLICATION AND EXEMPTIONS	<p>Included in policy: <i>For the groups listed below, failure to follow the policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement.</i></p>
	All Trust staff, working in whatever capacity
	Other staff, students and contractors working within the Trust
	<p>Exempted from policy: <i>The following groups are exempt from this policy</i></p>
	No staff groups are exempt from this policy
	Not applicable to Private sector partners (or seconded to them under the Retention of Employment arrangement): providing Facilities Management services (Capital Hospitals Limited and its Service Providers)]

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Change Log – Non-Medical Staff Imaging Referrals (NMR) Policy				
Version	Substantive changes since previous version	Reason for Change	Author & Group(s) approving change(s)	Date of approval
1	First version of NMR policy	First version	Deputy Head of Imaging, Group Clinical Services (GCS)	2017
2	Policy Update	Policy update	Site/ Trust Radiation Protection Committee and Radiation (RPC)	May-22
2	Applications to be approved through Site based process within Imaging including Nuclear Medicine, Cardiac Imaging and Diagnostics (Echo)	Site based management structure implemented in Radiology as part of the GCS devolvement.	Hospital Site Radiation Protection Committees	May-22
2	Updated nonmedical referrals email address	New email address being used	Hospital sites	May-22
3	Site lead radiographer or technologist to contact registrations authority and/or PACS team for new authorisations	CRS and T-quest will be locked down to non-medics unless a requesting profile is granted.	Trust Radiation Protection Committee	Jan 2023
3	Retraining only required if practice has lapsed	Practical management of email volumes for governance leads	Imaging Quality and Safety Meeting	Feb 2023
3	Removed duplication	To make duties clearer	Imaging Quality and Safety Meeting	Feb 2023
3	Line Manager added to sign off process	To ensure line managers are aware of NMR in their department and can address competence and compliance issues	Imaging Quality and Safety Meeting	Feb 2023
3	Electronic process for application and sign off with multiple staff being enacted on one SOP Revised version 2 and associated revisions and making policy consistently applicable to all imaging modalities	To reduce paper waste, allow electronic storing, and standardise sops amongst clinical groups	Imaging Department	Feb 2023
3		To remove errors, inconsistencies and ambiguities and to align policy with latest NMR guidelines	MPEs, modality imaging department representatives	April 2023

1 INTRODUCTION AND AIMS OF POLICY

Non medical referrers (NMRs) are registered healthcare professionals who request imaging procedures as part of their routine or advanced clinical practice. This policy seeks to lay out the eligibility criteria for NMR entitlement, the procedure for entitlement, the governance arrangements and the training requirements to ensure that referrals are appropriate, timely and safely made and that referrals involving ionising radiation comply with the requirements of the Ionising Radiation (Medical Exposure) Regulations, also known as IR(ME)R 17.

NMRs 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. This includes radiographers who are requesting further images (but not radiographers who are transcribing requests or changing a request when performing authorisation). Multi-Disciplinary Team (MDT) co-ordinators are not NMR but will use Cerner- Care Records System (CRS) to request imaging already performed in other hospitals to be transferred via the image exchange portal (IEP) network. MDT co-ordinators will therefore be given requesting rights, as will Imaging clerical officers who transcribe paper or email imaging requests into CRS on behalf of the referrer. Neither group is permitted to request original imaging on behalf of clinical teams in any capacity. Furthermore staff members without registration are not permitted to apply for NMR status. Physician Associates and Nurse Associates are currently not eligible to be entitled as NMRs.

NMRs may fall into the follow categories:

1. NMR referring as part of a clinical team, where they will be acting on a radiology report as opposed to evaluating the image itself.
2. 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.
3. NMR referring as an autonomous practitioner, but as part of the clinical team who will be reviewing the images (clinical evaluation) and making a decision on patient treatment prior to the radiology report being issued.
4. NMR referring as an autonomous practitioner, where they are the senior responsible clinician for the patient. This role would be recognised as that being undertaken by a consultant nurse, midwife or allied health professional.

Regardless of the category that NMRs fall into, they will require a clinical sponsor who is a consultant grade doctor or a GP or a dentist; the clinical sponsor is expected to guide patient care should an unexpected diagnosis, such as cancer, be diagnosed.

This policy covers all imaging modalities using ionising radiation: Radiology Imaging, Cardiac Imaging, Breast Imaging and Nuclear Medicine Imaging. Non-ionising modalities such as Magnetic Resonance Imaging (MRI) and Ultrasound (US) are included in the remit of this policy as recommended in the RCR (1), RCN (2) and SOR (3).

Barts Health will keep a comprehensive list of its NMRs, their scope of practice, and their entitlement to request Imaging.

2 DEFINITIONS

AHP	Allied Health Professional
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ARSAC	Administration of Radioactive Substances Advisory Committee
Clinician Sponsor	A consultant grade doctor or GP or dentist who will act or assist the NMR to act on critical and unexpected findings that are outside the NMR's usual scope of practice and to assist with imaging discussions for pregnant patients before referral. Where critical or unexpected findings are reported that are outside of the NMR's usual scope of practice, the clinical sponsor's advice should be sought and acted upon by the NMR.
ARSAC licence holder	ARSAC Licence holder is a person who holds a practitioner licence granted by ARSAC and who is clinically responsible for the justification of administrations of radioactive substances
CRS	Care Record Service – the electronic health record system used by the NHS
Dose or Radiation Dose	A measure of the amount of exposure to ionising radiation originated from a procedure.
eGFR	Estimated Glomerular Filtration Rate A blood test to assess kidney function before the administration of iodinated contrast agents or other nephrotoxic agents that may adversely affect kidney function.
IEP	Image Exchange Portal – a network for the transfer of medical images and reports between care providers
IR(ME)R 17	The Ionising Radiation (Medical Exposure) Regulations 2017. Legislation that ensures the safety of patients when ionising radiation is used for medical exposures.
MDT	Multi-disciplinary Team
NMR	A registered health care professional who is not medically qualified but who is entitled in accordance with the employer's procedures to refer individuals for exposure
Operator	Any person who is trained and entitled to carry out the practical aspects of a medical exposure to ionising radiation.
Practitioner	A registered health care professional who is entitled, in accordance with the employer's procedures, to justify medical exposures
Registration Authority	The body that operates the NHS spine and can therefore make changes to patient and staff details.
Trust RPC	Radiation Protection Committee of Barts Health NHS Trust Trust RPC seeks assurance on compliance with this policy Trust-wide.
Site RPC	Radiation Protection Committee of hospital site Site RPC seeks assurance on compliance with this policy for the hospital site.
Scope of Practice	The agreed imaging examinations for which an NMR has been entitled to refer to a practitioner.

3 SCOPE AND EXCEPTIONS

All requests by NMRs for imaging examinations or procedures are included within this policy including all radiology imaging, cardiac imaging, breast imaging, nuclear medicine imaging, US, MRI and echo-cardiograms. All imaging is managed to the same clinical standards as per national guidance.

Exceptions to NMR scope of practice will usually include pregnant women and children under 16 except where the NMR has particular expertise in these fields. Such NMRs will be authorised on the specific agreement by their clinical director/ sponsor in the entitlement document.

It should be noted that clinical evaluation is an operator function under IR(ME)R 17 (Appendix 3) requiring appropriate training and entitlement.

Clerical, administrative, and operative staff members are not permitted to request imaging of any form. MDT co-ordinators will be given access to CRS to request the import of Images performed at other hospitals, via the IEP only. Imaging clerical staff and radiographers will be given CRS access to enable them to transcribe requests.

Radiographers who request imaging (for example in MR to clarify issues arising in the safety questionnaire) require NMR status and a scope of practice (SOP), in the same manner as any other healthcare professional.

4 ROLES AND RESPONSIBILITIES

Please refer to IR(ME)R regulations and the Royal College of Radiology (RCR) guidance on duty holders (Appendix 3).

Employer

The entitlement of NMR is the employer's responsibility under IR(ME)R17, this responsibility is delegated to each modality imaging department at each hospital site. Under this delegated arrangement, each modality imaging department must ensure that the relevant IR(ME)R employer's procedures are accessible to the NMR and that there is annual auditing of NMR processes and activities to ensure compliance with this policy and any NMR written SOPs and protocols.

All Parties

Must ensure that NMR work in keeping with this policy, their own professional code of conduct, and their approved scope of practice.

IR(ME)R Practitioners and Operators

The Trust IR(ME)R procedures state which staff members are entitled to act as practitioners and operators in each imaging modality.

The practitioner will provide justification and authorisation for each medical exposure. Authorisation may be made against protocols by operators under agreed written arrangements, e.g. radiographers or technologists.

The practitioner and operator are responsible for checking that the non-medical referrer is on the approved list of NMRs and is requesting within their scope of practice.

Referrals outside the NMR's scope of practice will be rejected and will be recorded as an incident on Datix by the modality imaging department to which the referral is made, to enable investigation, discussion with the referring team and feedback of learning. Consistent referrals made out-of-scope may result in the removal of the NMR's access to the referral process.

Administrative/Clerical Staff Members

Admin/Bookings clerical staff are responsible for checking the NMR referrer's compliance with the IR(ME)R procedures i.e. Patient ID, patient clinical information and referrer details when processing the requests submitted by internal and external NMR referrers.

Radiology Site leads and/or the Imaging Radiologist Governance lead

To assess, validate, and approve the qualifications, applications and scope of practice/s of individual healthcare professional applying to act as NMR.

To maintain an up to date, central and secure electronic live register of approved NMRs including their associated scope(s) of practice.

To update the Registration Authority when new NMRs are granted entitlement to request.

Nuclear Medicine and Radiopharmacy Department

Nuclear Medicine Practitioner (ARSAC certificate holder/Clinical Lead) has the responsibility to assess, validate and approve the qualifications, applications and scope of practice of individual healthcare professional applying to act as NMR, to make use of Medical Physics Expert (MPE) advice and support regarding training compliance i.e. IR(ME)R 17, radiation safety.

Nuclear Medicine MPEs and Radiation Safety are responsible for reviewing and updating the online training for NMRs to ensure that this includes all relevant aspects of Nuclear Medicine procedures. The online training will include information relevant to NMRs requesting nuclear medicine imaging procedure. Certificated successful completion of this training will be used as part of validation and approval by the Nuclear Medicine Practitioner (ARSAC certificate holder/Clinical Lead) and Head of Nuclear Medicine and Radiopharmacy Department.

Nuclear Medicine Site leads and Bookings Manager are responsible for maintaining an up to date, central and secure electronic Nuclear Medicine live register of approved NMRs including their associated scope(s) of practice. They are also responsible for updating the Registration Authority when new NMRs are granted entitlement to request. The overall responsibility of internal records lays with the Head of Nuclear Medicine and Radiopharmacy Department. The central register for Nuclear Medicine will be saved on Q-Pulse.

In addition to the above, the application process will also include the following:

- Complete the online training on radiation safety and IRMER17 including any other Nuclear Medicine specific training provided/advised by NM MPE.
- Submit the application form (listed below) via Nuclear Medicine NMR group email (bartshealth.nmrnm@nhs.net) to gain written approval along with the scope of practice (specifying the procedures) from Head of Nuclear Medicine and Radiopharmacy Department and NM Practitioner (ARSAC holder).

- The Nuclear Medicine site lead will notify the Trust NMR Registration Authority of the NMR applicant approval to be added into the CRS and to enable the applicant to place requests.
- The line manager of the NMR staff or the NMR must inform the Head of Nuclear Medicine and Radiopharmacy Department/service upon resigning the organisation so their names can be removed from the register and access to CRS rescinded.

Hospital Site Radiation Protection Committee / Trust Radiation Protection Committee (RPC)

To ensure authors undertake a regular review of this policy - as a minimum 3 yearly, or following changes in relevant legislation and national guidance, and if needed, following learning from significant incidents.

To seek assurance on compliance with this policy.

NMR's clinical sponsor (including community and primary care)

To validate and sign the NMR's application to ensure/validate accuracy and competency.

To act or assist the NMR to act on critical and unexpected findings that are outside the NMR's usual scope of practice. Depending on the NMR's level of advanced clinical practice, the clinical sponsor may be required to retain full clinical and managerial responsibility for the patient and be required to refer on for more imaging or treatment as appropriate.

To assist with imaging discussions for pregnant patients before referral. The implications of the radiation exposure to pregnant patients must be outlined along with the consideration of the risks of high or low dose procedure versus benefit.

To participate, as necessary, in investigations and/or Duty of Candour where the wrong or inaccurate referral of a patient results in a reportable incident.

Line Manager of the NMR (referring team)

To validate and sign the NMR's application to ensure/validate accuracy and competency. Keep a full and current list of all current NMR in their departments and advising the departments where referral are made of any changes such as staff leaving the Trust or changing role.

To ensure the professional capability of all NMRs in their management and that scope(s) of practice are fit for purpose and within the candidate's usual scope of practice, that knowledge and skills are kept up to date and assured during annual appraisal.

To ensure the NMR has written referral guidelines and adheres to the applicable speciality scope(s) of practice.

To regularly audit NMR's practice and provide assurance on working practice.

To participate, as necessary, in investigations and/or Duty of Candour where the wrong or inaccurate referral of a patient results in a reportable incident.

NMR

The NMR must ensure Continuing Professional Development (CPD) is up to date, including the Trust Radiation Safety and IR(ME)R 17 training and assessment for NMRs and MRI Safety if relevant, and have sufficient post registration experience in their specialist field to request imaging.

The NMR should advise the relevant modality imaging department if they change job/role/function or leave the Trust i.e. scope of practice SOPs are not transferable and will require updating if the NMR's role changes.

All NMR should refer to the Society of Radiographers' Pause and Check process when referring to minimise error in requesting and must have read the relevant Employer's procedures of the Trust (Appendix 3)

The NMR should check for and supply any previous diagnostic imaging information (in house or external) to the modality imaging department to which the referral is made or liaise with the Image Exchange Portal (IEP) Team to prevent unnecessary re-l imaging and allow comparison with previous images.

NMRs should ensure the patient is aware of any referral for imaging and have obtained verbal consent.

The NMR should check contraindications including allergy status and (where relevant) the pregnancy status (including breastfeeding in the case of nuclear medicine procedures) of individuals of child-bearing potential before referring for imaging.

The NMR must supply sufficient clinical indication, unique patient identification details and information (previous diagnostic information or medical records) to enable the IR(ME)R 17 practitioner to perform justification i.e. to determine if there is a net benefit to the patient in carrying out the medical exposure.

The NMR should use Trust approved methods of electronic requesting unless IT failure or processes outside the Trust prevent. Where paper forms are submitted, they should be legible and clearly state the NMR's details.

The NMR should adhere to the written referral criteria and explain to the patient the type of images required.

The NMR should contact the modality imaging department to which the referral has been made to cancel any imaging request that is no longer required.

NMR should not interpret images or reports without suitable training and authorisation, instead they should liaise with the modality imaging department when a report is urgently required e.g. after imaging but before an NG tube is used.

Imaging reports and notifications of critical and unexpected findings must be acted upon promptly by the NMR (refer to the Trust Policy for the communication of Critical, Urgent and Unexpected Significant Radiological Findings) . Where a report highlights a diagnosis outside the NMR's usual scope of practice or competence the NMR is required to liaise with the clinical sponsor to discuss a suitable course of action. National Patient Safety Agency (NPSA/2007/16) states a joint responsibility between requestor and reporter for highlighting and ensuring action on the contents of an Imaging report.

The NMR will participate, as necessary, in investigations and/or duty of candour where incorrect referral of a patient or inaccurate referral details results in a reportable incident.

NMR Training Arrangements

The Trust expects NMRs to be appropriately trained in their area of clinical expertise before commencing NMR training. As a minimum the training of NMR should include:

Read the Radiation Safety Training for Staff Requesting Imaging Examinations (Non-Medical Referrers) on WIRED:

[Barts Health NHS Trust Education Academy Portal](#)

Complete the assessment here:

[Barts Health NHS Trust Education Academy Portal](#)

If requesting for Nuclear Medicine or PET-CT procedures as part of their scope of practice, complete Nuclear Medicine training (search 'Nuclear Medicine' and select 'Clinical Physics Staff – Nuclear Medicine': Barts Health NHS Trust Education Academy Portal.

If requesting MRI scans as part of your scope of practice, complete the MRI safety e-learning for health training on WIRED: <https://www.e-lfh.org.uk/programmes/mri-safety/>

Non-medical referrers' training should include the following:

- Principles of radiation protection.
- Professional and legislative responsibilities including IR(ME)R 17 and IRR(17) regulations.
- Knowledge of the appropriate imaging modalities to include the risks and benefits of the examinations being referred, an understanding of the ionising radiation dose levels for the types of examinations, and the ability to identify safer alternative examinations.
- Use of referral guidelines, e.g. iRefer.
- Responsibilities of the NMR in relation to patient safety and clinical governance (including but not restricted to) follow up of results, critical and unexpected findings, and MRI safety training (where appropriate) to ensure knowledge of the hazards associated with MRI.
- Local referral pathways including the use of electronic referral systems.

Governance arrangements

Annual audit of a selection of NMR requests will be performed by each division and submitted to the Hospital and Trust RPCs to demonstrate compliance with this policy, the agreed scope of practice SOPs and the quality of the referrals.

Failure to adhere to the scope of practice will be escalated to the clinical sponsor and the NMR's professional line manager, persistent failure to adhere to the scope of practice will result in rights to request being removed.

Requests from unauthorised persons will be rejected by the modality imaging department to which the referral was made, where possible a verbal explanation must be provided to the referring team by the clinician refusing the imaging referral to prevent clinical delays to the patient. If the clinician cannot be contacted, an email should be sent and the imaging referral put on hold.

Development of clinical guidelines and referral protocols

All clinical guidelines and referral criteria should be developed in keeping with the most current version of iRefer or other relevant referral guidelines. NMR should refer to local SOP to guide requirements such as follow up.

Imaging referral agreement – application process

Application for entitlement as an NMR is via the Imaging Referral Agreement (IRA), see appendix 4, which includes the scope of practice template. IRAs may be completed/approved for individuals or roles with the individuals' names. Amendments should be made to the IRA when staff members change role, leave the Trust, or wish to apply for NMR status after suitable training.

Only staff members named on the IRA and entitled by the modality imaging department to which the referral was made can work under the scope of practice. The modality imaging department must be informed of any changes to roles or staffing.

The application must be signed by the clinical sponsor and the NMR's Line Manager. The clinical sponsor must be a consultant grade doctor, GP or dentist.

Where a large number of applicants are seeking referrer entitlement at the same time, it is recommended to use a templated copy of the application form and to add multiple members of staff to the same form by copying and pasting multiple name and signature boxes.

Successful applicants will gain referrer entitlement to refer for imaging as specified in their scope of practice to any Trust hospital site.

Referrals for high dose examinations such as CT and PET-CT can only be approved where a multi-disciplinary team or specific consultant led care pathway is demonstrated in the application process.

The **Imaging Agreement Referral – Application Form** (Appendix 4) must be completed electronically, signed and sent as an attachment via e-mail to the relevant email address as shown below:

Royal London Hospital & Mile End Hospital: nonmedicalreferrals.bartshealth@nhs.net

Newham University Hospital: bartshealth.nuhnmr@nhs.net

Whipps Cross Hospital: bartshealth.wxnonmedicalreferrers@nhs.net

St Bartholomew's Hospital: bartshealth.sbhnonmedicalreferrers@nhs.net

Nuclear Medicine and Radiopharmacy Department (networked to SBH):
bartshealth.nmrnm@nhs.net

Cardiac Imaging contact: bartshealth.cardiacdxnmrs@nhs.net

In the email subject box, the following must be included:
“Non-Medical Referrer Application – (Name of applicant and Hospital site)”

No other/alternative application forms will be processed; old or alternative application forms will be returned. The requests to become an NMR will be processed within 2- 4 weeks.

IMAGING APPROVAL PROCESS AND RESPONSIBILITIES

- The non-medical referrers email box will be monitored by the site/modality lead radiographer or technologist. The site/modality lead radiographer/technologist may delegate monitoring of the email box; however, they retain the responsibility for discussing the applications with the modality IR(ME)R practitioner leading on NMR approval and governance on a twice monthly basis.
- The nominated modality IR(ME)R practitioner at each hospital site will authorise or decline the application. Any agreement which is declined by the modality imaging department will be returned to the applicant with a full explanation as to how this decision was made.
- The site/modality lead radiographer or technologist will add approved names to the list of referrers
- stored on the shared drive at this location: **I:\Imaging\Non Medical Referrers** until the shared drive is moved to O365, at which point the procedure will be revised.
- The responsibility for maintaining the list of non-medical referrers and ensuring it is current sits with the respective site/modality lead radiographer/technologist, who must ensure that all clinical staff have read-only access to the list of non-medical referrers.
- The site/modality lead radiographer/technologist (or their nominated deputy) will contact the Registration Authority to allow requesting rights to be granted on CRS.
- Where a community referral is agreed, the site/modality lead radiographer/technologist (or their nominated deputy) will contact the PACS teams to allow imaging referral rights to be granted on T-quest.

The Imaging Referral Agreements will be stored electronically on the Imaging shared drive in the following location:

For Radiology: **I:\Imaging\Non Medical Referrers\approved agreements** - grouped by hospital and department.

NMRs should undertake refresher training before resuming referrals if their practice has lapsed for more than 12 months.

In accordance with the recommendations made in The UK joint working party guidance on IR(ME)R and the BIR position statement on NMRs, NMRs are required to complete NMR update training at least every three years in addition to the continuing professional development (CPD) requirements undertaken in their area of clinical expertise. It is the responsibility of the individual and their line manager to monitor all CPD and refresher training.

UPDATING THE INDIVIDUAL'S STATUS TO NMR ON CRS

The hospital site/modality lead radiographer/technologist , or their nominated deputy, will make a request for the updated profile/s to be allocated via the non-medical referrer tile on the ICT helpdesk on the Intranet. The use of this tile is locked down to specified lead radiographers and technologists at each site.

APPENDIX 1-MONITORING THE EFFECTIVENESS OF THIS POLICY

Issue being monitored	Monitoring method	Responsibility	Freq.	Reviewed by and actions arising followed up by
Compliance with adherence to scope of practice	Audit of a sample of NMR's practice, 10 NMR last 10 referrals to be submitted to Hospital site RPC	Modality imaging departments	Annual	Datix and actions from Hospital site RPC to be followed up by site lead radiographer/technologist
Maintenance of a full list of entitled NMRs	Assurance in exception report to Hospital site RPC	Modality imaging departments	Quarterly	Datix and actions from Hospital site RPC to be followed up by site lead radiographer/technologist
Suitable training and competency of NMR	via IRA in first instance, then DATIX for deviations from NMR policy	Line Manager	As required	Line Manager to follow up datix.
lock down of CRS to only entitled NMRs	Assurance in exception report to Hospital site RPC, Datix for errors	Modality imaging departments and Registration Authority	As required	Site lead radiographer/technologist to have liaison with registration Authority.
Checking of NMR requests against register	Datix	all IR(ME)R practitioner and operators	As required	Line manager to follow up datix, site lead radiographer/technologist to liaise with Registration Authority to remove inappropriate access.

APPENDIX 2: IMPACT ASSESSMENTS

Equalities impact checklist - must be completed for all new policies

[Equalities Impact Assessment](#)

Organisational impact checklist - must be completed for all new policies

[Organisational impact](#)

APPENDIX 3: ADDITIONAL GUIDANCE AND INFORMATION

National Health Service Reform and Health Care Profession Act 2022- Section 25

[National Health Service Reform and Health Care Professions Act 2002 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)

[The Ionising Radiation \(Medical Exposure\) Regulations 2017 \(legislation.gov.uk\)](https://www.legislation.gov.uk)
[The Ionising Radiation \(Medical Exposure\) \(Amendment\) Regulations 2018 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

The Royal College of Radiologist 2020

[IR\(ME\)R: Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine | The Royal College of Radiologists \(rcr.ac.uk\)](https://www.rcr.ac.uk), RCR June 2020

The Society and College of Radiographers- Diagnostic Radiology Referral

[Pause and Check IR\(ME\)R referrers_hr.pdf \(sor.org\)](https://www.sor.org) SOR pause and check for referrers

The Royal College of Nursing April 2021

<https://www.rcn.org/professional-development/publications/rcn-clinical-imaging-requests-uk-pub-009-108> 4 January 2019 Royal College of Nursing guidance

[Clinical-Imaging-Requests-from-Non-Medically-Qualified-Professionals \(sor.org\)](https://www.sor.org)

Barts Health Trust Radiation Safety Policy

[Radiation Safety Policy \(bartshealth.nhs.uk\)](https://www.bartshealth.nhs.uk)

Barts Health Trust IR(ME)R Employer's Procedures

[Employer Procedures \(bartshealth.nhs.uk\)](https://www.bartshealth.nhs.uk)

MHRA (February 2021) Safety guidelines for magnetic resonance Imaging equipment in clinical use.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958486/MRI_guidance_2021-4-03c.pdf

NHS England – MRI Safety 2023

<https://www.e-lfh.org.uk/programmes/mri-safety/> MRI safety training

BIR/BSPR/IPEM/PHE/RCR/SCoR Joint working party guidance. IR(ME)R: Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine. BFCR(20)3 2020

Available from: <https://www.rcr.ac.uk/publication/irmer-implications-diagnostic-imaging-interventional-radiology-diagnostic-nuclear-medicine>

British Institute of Radiology (BIR) position statement on governance requirements for non-medical referrers to radiology, published 16 Nov 2022

[BIR Publications](#)

British Institute of Radiology (BIR) Radiation Safety Advice Sheet – Non-Medical Referrers (NMR), published March 2023

[advice_sheet_3_non-medical_referrers_to_imaging_.pdf \(bir.org.uk\)](#)

APPENDIX 4 – IMAGING REFERRAL AGREEMENT

Trust Application form for non-medical referrers to request imaging using ionising and non-ionising radiation.

This form should be fully completed and then signed before sending the form to the following email addresses for approval. Where approval from more than one imaging modality is required, the completed form should be sent to each relevant email address.

Royal London & Mile End Hospital: nonmedicalreferrals.bartshealth@nhs.net

Newham University Hospital: bartshealth.nuhnmr@nhs.net

Whipps Cross Hospital: bartshealth.wxnonmedicalreferrers@nhs.net

Radiology imaging at St Bartholomew's Hospital: bartshealth.sbhnonmedicalreferrers@nhs.net

Nuclear Medicine imaging (inc. PET) for all sites: bartshealth.nmrnm@nhs.net

Cardiac Imaging/ Echo: bartshealth.cardiacdxnmrs@nhs.net

In the email subject box, the following must be included:

“Non-Medical Referrer Application – (Name of applicant and Hospital site)”

It is recommended that departments with large numbers of staff members in the same role have a templated SOP to ensure consistency of approach in training, requesting and follow up.

Part One: Scope of Practice (SOP) Arrangements

Division, department and staff group the SOP pertains to:			
X-rays/ Imaging Investigations to be requested and indications:	Evidence of competence to request imaging in this area:	Recent CPD supporting Imaging requesting in this area: (include dates)	Please state guidelines or attach protocols worked to: e.g stating that you have read and understood the Relevant IRMER Employer's standard operating procedures, procedures for referrers and iRefer
Exclusions (example paediatric and pregnant patients)			
Reporting arrangements +			

Hospital sites where requesting Imaging will be made	
How will you act upon critical and unexpected findings including a cancer diagnosis?	
Minimum continued professional development (CPD) needs of this role/individual to continue requesting, including prescribed method for attainment:	
Guidance Notes for Referrers, all non -medical referrers must:	
Have been assessed and approved by the modality imaging department as competent to refer	
Have Completed and passed Trust Radiation Safety training for Staff Requesting Imaging Examinations (Non- Medical Referrers) and Staff requesting Imaging -Assessment which can be accessed on the Education Academy portal	
Have completed and passed MRI safety training- https://www.e-lfh.org.uk/programmes/mri-safety/ Training aligns with MHRA guidelines.	
submit fully completed, accurate referrals showing patient demographics, the examination required, relevant clinical history/symptoms and:	
Include the name of the NMR making the referral including job status, contact number and the scope of practice version number on this application	
Accept that the justification for all referrals lies with the modality imaging department to which the referral is made. Any discrepancy regarding the referral will be directed in the first instance back to the referrer.	
Part Two: Individual sign off against the agreed SOP *	
* This section can be replicated to allow multiple staff members to apply for NMR entitlement to the same SOP	
Name of NMR Applicant	
Job Title in full ie no abbreviations	
Smart Card registration number (access cannot be given to requesting without this number)	
Date of application (dd/mm/yyyy)	
Hospital site/ Department	
Name of NMR line manager and their job title:	
Professional Registering Body, PIN or registration number & Expiry Date	

Radiation Safety Training Details		
Trust Radiation Safety training for Staff Requesting Imaging Examinations (Non-Medical Referrers) and Staff requesting Imaging -Assessment. Date completed:		
List MRI Safety training attended (<i>including date of training and course name ie. eLearning for health</i>)		
<i>The applicant is required to provide a copy of their referral criteria and evidence of their radiation safety training/ MRI safety training.</i>		
Requirements	Attained Y/N	Date:
Qualifications		
Degree/ Diploma in a Healthcare Profession		
Post Graduate Qualification relevant to Job Role		
Other qualifications (<i>e.g. nurse requesting diagnostics and imaging- inhouse training</i>)		
Experience		
Evidenced experience in current role		
Documented evidence of on-going professional development/CPD/audit		
Knowledge; Attributes; Training and Skills		
Communication skills		
Ability to use IT system competently		
Capability in role		
Evidenced clinical competency		

Image interpretation course / Or evidenced equivalent training		
Ability to recognise limitations of practice		
Referrer Declaration:		
I, the undersigned, declare that the information given above is true and correct and that if referrer entitlement is granted, that I will act in accordance with Barts Health's NMR policy and make referrals within the scope of practice outlined above. My intended scope of practice has been discussed and agreed with my clinical sponsor and line manager. I have completed the IRMER training.		
Attach completion certificate:		
I have been provided with specific clinical protocols and referral criteria to work to AND have received supervised training from the clinical sponsor or nominated clinical supervisor where appropriate.		
I can confirm that copies of the training package and protocols are available within my workplace and will keep my competencies up to date.		
NMR's name:		
NMR's signature: Date:.....		
Clinical Sponsor's Declaration		
I can confirm that I have delegated the responsibility for requesting the above imaging examinations to the applicant.		
I confirm that he/she has completed the listed relevant training and that the imaging requesting rights are within their scope of practice.		
Clinical Sponsor's name		
Clinical Sponsor's signatureDate:.....		
Job title:Site/Dept.....		
Registration Body and Number:.....		
Line Manager's Declaration		
I will ensure the applicant's compliance with the NMR policy and scope of practice SOP.		
Line Manager's Name.....		
Line manager's Signature.....Date:.....		
Job TitleSite/ Dept:.....		
Radiology Departmental Signatories		
I approve the implementation of this agreement as specified above.		
Authorising Radiologist Name:		
Authorising Radiologist Signature:		
Date of Authorisation:		
Cardiac Imaging Departmental Signatories		
I approve the implementation of this agreement as specified above.		
Authorising IR(ME)R Practitioner's Name:		
Authorising IR(ME)R Practitioner's Signature:		
Date of Authorisation:		
Echo- cardiogram Departmental Signatories		

I approve the implementation of this agreement as specified above.
Authorising Physiologist Name:
Authorising Physiologist Signature:
Date of Authorisation:
Nuclear Medicine and Radiopharmacy Departmental Signatories
I approve the implementation of this agreement as specified above.
Authorising Head of Department Name:
Authorising Head of Department Signature:
Date of Authorisation:
Authorising Nuclear Medicine Practitioner (ARSAC certificate holder/Clinical Lead) Name:
Authorising Nuclear Medicine Practitioner (ARSAC certificate holder/Clinical Lead) Signature:
Date of Authorisation:
Rejecting Referrals:
Rejected by (enter department name/s):
IR(ME)R Practitioner's name:
Reason for rejection:
Date of rejection:
Additional Comments:
*Please complete the above form electronically, add electronic signatures using snipping tool, then send a word version via email copying in your clinical sponsor and line manager to A PDF version will be returned to you when approved and sign by the modality imaging department for your records.
Please note that applications that are not submitted electronically as detailed above cannot be accepted.

