

Clinical imaging requests from non-medically qualified professionals

Royal College of Nursing

Society and College of Radiographers

General Chiropractic Council

General Osteopathic Council

Chartered Society of Physiotherapy

NHS Alliance

Royal College of Radiologists



General
Chiropractic
Council



nhsalliance



Contributors

Jenny Aston (RCN Nurse Practitioner Association)
Maria Murray & Christina Freeman (The Society and College of Radiographers)
Margaret Coats (General Chiropractic Council)
Robert Wadsworth (General Osteopathic Council)
Sue Jackson (Chartered Society of Physiotherapy)
Sandra Rote (NHS Alliance)

Dr Jane Adam (Royal College of Radiologists)

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Foreword



Royal College of Nursing

Nurse practitioners and nurses working in extended roles are now key providers of health care across all settings. They deliver the right skills, at the right place, at the right time to provide optimal patient-centred care. National policy has supported these developments, but local variations in provision have prevented nurses from fulfilling their true potential. Refusal of X-ray referrals from nurses is a widespread example of this.

The Royal College of Nursing (RCN) has welcomed the opportunity to lead on the collaborative development of this guidance for non-medically qualified professionals, building on recent work by the Society and College of Radiographers.

Working with the key professional organisations listed below, we have produced guidance that supports imaging staff in accepting requests for clinical imaging from nurses and other non-medical professionals.

We hope that nurses will take the opportunity to use this guidance fully in their area/organisation and so optimise another aspect of clinical practice to benefit their patients.

Dr Beverly Malone
General Secretary, Royal College of Nursing



Society and College of Radiographers

Dramatic improvements in the speed and quality of patient care have been made through role redesign and multidisciplinary working in all areas of health care. This guidance (based on previous guidance from the Society and College of Radiographers) promotes this kind of improvement. I am delighted that the guidance is being made available to potential referrers. This is an important further step in collectively providing excellent patient services.

Richard Evans,
Chief Executive Officer, Society and College of Radiographers

General
Chiropractic
Council



General Chiropractic Council

The General Chiropractic Council valued the opportunity to contribute to this guidance. We believe that patients will benefit from the multidisciplinary ethos that replaces a previously fragmented approach. The guidance represents progress towards ensuring that standards of referral and choice of procedure are optimal in every individual case.

Margaret Coats,
Chief Executive, General Chiropractic Council



General Osteopathic Council

A general policy will remove the variance between local arrangements, to create equal opportunity, to the benefit of patients.

Madeleine Craggs,
Chief Executive and Registrar, General Osteopathic Council



Chartered Society of Physiotherapy

Requesting X-rays is within the scope of physiotherapy practice. This document will assist in maintaining high quality and effective assessment of patients. It will also support practitioners in addressing the Government's agenda on patient choice, direct access and reduced waiting times.

Phil Gray,
Chief Executive Officer, Chartered Society of Physiotherapy



NHS Alliance

The NHS Alliance is pleased to have participated in the production of this guidance. The guidance will clearly allow health care professionals to make the most use of their skills and competencies. The range and type of patients being assessed and treated in one episode by non-medical professionals is increasing all the time. This guidance will assist practitioners to use effectively one of the recommendations of the Chief Nursing Officer (CNO) report *Making a Difference* back in 1999. Non-medical prescribing has advanced tremendously in that time, but requesting X-rays has been very fragmented and slow to get off the ground consistently. The guidance will assist nurses and others to add another skill to their 'toolbox'.

Michael Sabanja,
Chief Executive, NHS Alliance



Royal College of Radiologists

The Royal College of Radiologists is pleased to support this cross-professional guidance, which we hope will enhance the safety and delivery of patient services. We are pleased to support the emphasis on training, competencies, the development of clear local protocols, in close cooperation with the medical supervision by consultant radiologists and the importance of the inclusion of all clinically-relevant information in requests for imaging.

Dr Gillian Markham,
Dean, Faculty of Clinical Radiology, Royal College of Radiologists

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Adapted from *Clinical Imaging Requests from Non-Medically qualified staff* (2005), with kind permission from the Society and College of Radiographers.

Contents	Page
Foreword	1
Introduction	4
Policy position	5
Eligibility criteria for making referrals	6
Recommended implementation strategy	9
References	Back cover

Introduction

Aim

This guidance document provides advice for staff in clinical imaging departments on accepting requests for all modalities of imaging procedures from non-medically qualified health care professionals. It sets out a policy position on handling this type of request which was agreed by all the contributing organisations.

Non-medically qualified referrers might include such professionals as radiographers, chiropractors, physiotherapists, osteopaths and nurses.

Clinical imaging procedures include those using both ionising and non-ionising radiation such as ultrasound and magnetic resonance imaging (MRI).

Background

In 1994, the College of Radiographers issued advice on X-ray examination requests by nurse practitioners, in response to changes in the delivery of services caused by the establishment of minor injury units. More than ten years later, further developments in the health service have led to an increase in the role of non-medical health care professionals. Nurse practitioners now have a developed role in providing care for many clients and patients, and extended roles for nurses exist in all health care settings. Similarly, allied health professionals, such as extended scope physiotherapists, frequently deliver a first contact service which requires further diagnostic investigation. Clinical imaging departments report an increase in diagnostic imaging requests from non-medically qualified referrers and are also involved in their training.

Responsibilities under IR(ME)R regulations

Under the latest Ionising Radiation (Medical Exposure) Regulations (IR(ME)R), employees are required to provide a framework for radiation protection which includes clarity on the functional responsibilities of referrers, practitioners and operators.

IR(ME)R states that the “referrer” means a registered medical or dental practitioner, or other registered health professional who is entitled to refer individuals for medical exposure to a practitioner. Under IR(ME)R:

- the referrer has prime responsibility for, and must be competent to provide, sufficient and necessary clinical data for the practitioner
- the imaging practitioner has prime responsibility for justifying the procedure based on clinical information supplied. The prime responsibility of the practitioner is to justify, so they will be responsible professionally and legally for the justification of each individual medical radiation exposure.

The framework provided by IR(ME)R also provides a good practice model for imaging modalities which do not involve ionising radiation. The need for appropriate training and clarification of roles is relevant for all imaging modalities, not just those involving X-radiation.

Policy position

Protocols for accepting referrals

The Society and College of Radiographers' (SCoR) policy is that it is perfectly in order for radiographers to accept requests from non-medically qualified referrers – provided that the referrer is adequately trained and remains competent to refer, and that there are written local agreements and protocols.

Imaging departments which accept non-medical referrals need to develop local protocols that include the IR(ME)R roles and responsibilities of all staff involved. These should be in line with the imaging department's procedures, which should include audits of the appropriateness of referrals and subsequent action taken accordingly.

Establishing a register

Imaging departments should establish and maintain an up-to-date register of non-medically qualified staff who are authorised to request clinical imaging procedures. This should be made available to all staff working in the imaging department.

Non-medical referrers must be registered practitioners with one of the following regulatory bodies: the Nursing and Midwifery Council, the General Chiropractic Council, the General Osteopathic Council or the Health Professions Council.

Referrers must be competent to understand the significance of the reported findings and ensure that appropriate action is taken for the patient.

Training

Imaging departments must ensure that non-medically qualified referrers have received appropriate training which is documented in accordance with local clinical governance procedures. Judgements about the appropriate level of training should be informed by discussion with the organisation's clinical imaging department staff (including radiographers and radiologists), the medical physics expert and radiography education providers.

Process of referral

The process of referral must be agreed with the designated radiologists and radiographers in the imaging department which accepts referrals, and standardised to ensure a consistent and clear approach. Similarly, the range of procedures that non-medically qualified staff can request must be agreed and a clear policy disseminated to staff in the department and to non-medical practitioners on the register. This should be reviewed on an annual basis.

In the case of ionising radiation, the individual accepting the request must be a registered health care professional undertaking the role of "practitioner" in compliance with the latest IR(ME)R regulations.

The referrer, under IR(ME)R, must provide adequate clinical information to the practitioner to allow appropriate justification of the diagnostic imaging procedure. Under IR(ME)R, the practitioner should seek further clarification from the referrer in the event that the clinical information is inadequate. Ultimately, the practitioner has the responsibility to refuse the referral if the procedure cannot be justified.

Eligibility criteria for making referrals

To be eligible to refer patients for clinical imaging procedures, non-medically qualified health care professionals must be able to demonstrate that they have a certain level of understanding of the procedures and the skills to interpret the results.

Radiographers

As part of their radiography education, all radiographers (eligible for registration with the Health Professions Council) already have the knowledge, skills and competence to act in all three roles of the latest IR(ME)R regulations (presently IR(ME)R 2000) – referrer, practitioner and operator. In carrying out each of these roles, the radiographer has the legal responsibility to ensure that a clinical imaging referral includes sufficient clinical information, is justified, and that the subsequent radiation dose is appropriately assessed and administered. Radiographers also possess the knowledge and understanding to interpret the resulting clinical images.

Chiropractors

Chiropractors are autonomous primary care practitioners, competent to perform diagnostic triage. The majority are fully trained to take, as well as interpret, X-ray images and interpret reports from radiologists. When requesting imaging procedures, they will provide a clear diagnostic rationale based on a well-founded clinical impression.

Osteopaths

As primary health care practitioners with clinical diagnostic skills, osteopaths possess the competencies to refer patients for clinical imaging. Undergraduates are trained in clinical imaging techniques. Some osteopaths undertake post graduate training to become competent as imaging operators, but this is not prescribed by the General Osteopathic Council. However, all osteopaths have the professional duty to practice within the limits of their competence and to extend their skills in which they are not up to date.

Nurses

A nurse who is eligible to refer patients for clinical imaging must be able to demonstrate that they:

1. are currently registered with Nursing and Midwifery Council (NMC), on the Nursing part of the Register
2. have completed IR(ME)R training and any additional local clinical imaging training, in accordance with the Training section of this guidance
3. have evidence of study at H (degree) level
4. have evidence of appropriate education/training to achieve competence in:
 - history taking
 - physical examination
 - advanced communication
 - clinical reasoning and decision making
5. understand their professional accountability arising from the latest NMC *Code of Professional Conduct* and medico-legal issues related to their extended role
6. are aware of the limits of their knowledge and competence
7. undertake continuing professional development activities to maintain their competence
8. have sufficient knowledge to understand the findings of clinical imaging, and the ability to act on them
9. undertake evaluation of their clinical imaging referrals regularly.

Physiotherapists and ESPs

Physiotherapists or extended scope practitioners (ESPs) who are eligible to refer patients for clinical imaging must be able to demonstrate that they:

1. are currently registered with the Health Professions Council and Chartered Society of Physiotherapy
2. have completed IR(ME)R training and any additional local clinical imaging training in accordance with the Training section of this guidance
3. have evidence of education/training to achieve competence in:
 - history taking
 - physical examination
 - formulating a diagnosis and being aware of varied differential diagnoses
 - advanced communication
 - advanced clinical reasoning and decision making
4. understand their professional accountability arising from the current CSP Rules of Professional Conduct (CSP, 2002), Core Standards of Physiotherapy Practice (CSP, 2005) and medico-legal issues arising from their extended role
5. are aware of boundaries of their knowledge and competence
6. undertake continuing professional development activities to maintain their competence, including updating training within the latest IR(ME)R guidelines
7. have knowledge to request the appropriate investigations for their patients, understand findings of radiological investigations and reports, and have the ability to act on them
8. are fully familiar with current, local clinical imaging protocols
9. undertake evaluation of their clinical imaging referrals regularly.

Requesting clinical images is within the scope of Chartered Physiotherapists working to the CSP rules of professional conduct and as such covered by the professional liability insurance of the CSP membership.

Recommended implementation strategy

This guidance provides a framework to establish local protocols for requesting clinical images by non-medically trained health care professionals.

Hospital trusts and departments, primary care trusts, health boards (Scotland) or similar employing authorities, and independent health care organisations, should work with their local clinical imaging departments to:

1. ensure that this guidance is disseminated to all key staff and departments
2. write a local protocol following the guidance set out in this document
3. establish local IR(ME)R training for potential non-medical referrers
4. set up a register for non-medical referrers who are authorised to request clinical images, and develop a process to keep this register up to date
5. establish a means of auditing non-medical referrals, preferably annually.

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