



CLINICAL PROFESSIONAL RESOURCE



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Royal College of Nursing

Nurses practice autonomously across a range of health and social care settings utilising their specialist skills and competencies at varying levels such as advanced level practice and consultants. They deliver the right skills, in 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.

The Royal College of Nursing (RCN) has welcomed the opportunity to lead on the collaborative development of this guidance for non-medical registered professionals in collaboration with the Society and College of Radiographers.

Working with the key professional organisations listed below, we have produced guidance that informs employers and health care professionals regarding requests for clinical imaging from nurses and other non-medical health care 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.

Chartered Society of Physiotherapy

The ability to request clinical imaging is well embedded in many advanced roles within physiotherapy practice and is a key requirement to ensure service users receive the right care, by the right person at the right time. As advanced physiotherapy practice roles increase across primary and secondary care, including first contact practice roles, it is essential that these clinicians have access, where appropriate, to request clinical imaging to ensure the accurate assessment, diagnosis and management of patients. It is also vital that patient safety is considered paramount at all times and this document will support physiotherapists and other clinicians, to ensure they are appropriately trained and are practising responsibly and safely, within professional and legal frameworks, as part of the wider inter-professional team.

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R (2017) in Great Britain and IR(ME)R (NI) (2018) in Northern Ireland came into force on 6 February 2018 in concordance with the European Council Directive 2013/59/Euratom (2013). For the purposes of this guidance, both sets of Regulations will be jointly referred to as IR(ME)R.

IR(ME)R identifies four duty holders, each of whom has clearly identified responsibilities under the Regulations: the Employer, Referrer, Practitioner and Operator (see [Glossary](#)). The Employer has a number of legal obligations including establishing a framework of written procedures (Regulation 6(1)/Schedule 2) and protocols under which the duty holders work, as well as entitling the duty holders for the tasks they may perform under IR(ME)R. One of those duty holders is the IR(ME)R Referrer, whose sole role it is to provide relevant clinical information (Regulation 11(b)) within the request (by paper or by electronic means) in order that appropriate justification for the requested examination can take place.

Further developments in the NHS and independent sector over the past decade have led to the ever increasing role of non-medical health care professionals. Nurses and allied health professionals work at an advanced level – such as advanced nurse practitioners and advanced practice AHPs sometimes referred to as advanced clinical practitioners.

They continue to play a significant role in providing care for many patients and clients delivering both planned and urgent care. Similarly, allied health professionals such as advanced practice physiotherapists, and independent health professionals such as osteopaths and chiropractors, frequently deliver a first contact service which requires further diagnostic investigation. All UK clinical imaging departments (radiology departments) continue to report an increase in diagnostic imaging requests from non-medically qualified referrers, and this has been recognised as a key factor in improving the patient care pathway.

It is also important to note that these advanced practitioners can progress to higher levels of practice such as consultants, clinic leads or directors. It is then useful to review their local IRMER Referrer entitlement as their scope of practice may have changed/ further developed with a wider range required.

This guidance concentrates on the role of the Referrer in IR(ME)R, particularly focussing on requests from non-medically qualified and registered professionals, however, the content is just as relevant for those that are medically qualified.

Aim

Policy position

Responsibilities under IR(ME)R

The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) require employers to provide a framework for radiation protection for medical exposures. The regulations

” â The referrer, if entitled to request examinations using ionising radiation, must have developed their understanding of IR(ME)R through appropriate awareness training and experience, including a perception of the risks of ionising radiation exposure.

- â The referrer functions under IR(ME)R should be included within the individual’s job description or specified scope of practice.

– â The referrer must engage in continuing professional development and provide evidence of self-audit appropriate to their scope of practice and functions as a referrer (Royal College of Nursing, Health Education England, 2017).

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Operational requirements for referrals

- All referrals should be made in accordance with locally agreed referral criteria, which could take into account The Royal College of Radiologists’ publication i-Refer (2017).
- The required competence to refer should be agreed with the clinical imaging service provider (normally the Radiology department).
- The use of electronic requesting (ER) systems is widespread. 6 (v1 h)ctv.2 (h trlr lrl w)7.4 825v.2 (h trlr lrl w)

- Regulation 8(3) of IR(ME)R requires the employer to establish a system for recording analyses of events involving or potentially involving accidental or unintended exposures. Guidance (Royal College of Radiologists, 2019), which includes a coding system, has been published which supports UK clinical imaging departments to review errors and near misses. Coding relating to Referrers is included in the system.
- The suitability and impact of referrals should be audited on a regular basis and action taken to address issues that could compromise the overall quality of patient care. If, following the results of audits, it is highlighted that a referrer or referrers continue to make errors or near misses in the referral process (which are picked up by radiology), the clinical imaging provider may impose some form of sanction (ie, disentitle that referrer(s) for a time period. This would normally mean that further referrer awareness training would need to be given before the individual is re-entitled to refer.
- All processes regarding referral should be reviewed on at least an annual basis. The nature of this evaluation should be determined locally.

Autonomy

The referrer, as the autonomous non-medical professional, must ensure that following the clinical evaluation (ie, the report) of the medical radiation exposure that a decision is made by him/her about the ongoing management of the patient based on the results of the report. The decision and ongoing action in support of the patient must be recorded and discussed with the patient. This is to ensure that an action is taken by the referrer following each medical exposure.

Department of Health and Social Care, Guidance to the Ionising Radiation (Medical Exposure) Regulations (2017). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/720282/guidanceto-the-ionising-radiation-medicalexposure-regulations-2017.pdf (accessed 1 April 2021)

European Commission Council Directive 2013/59/Euratom (2013). <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2014:013:0001:0073:EN:PDF> (accessed 1 April 2021)

Health Education England (2017) Multi-Professional Framework for Advanced Clinical Practice in England (2017) <https://www.hee.nhs.uk/sites/default/files/documents/Multiprofessional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf> (accessed July 2019)

Ionising Radiation (Medical Exposure) Regulations (2017) Available at: www.legislation.gov.uk/uksi/2017/1322/contents/made (accessed 1 April 2021)

Ionising Radiation (Medical Exposure) (Northern Ireland) Regulations (2018) www.legislation.gov.uk/nisr/2018/17/contents/made (accessed 1 April 2021)

National Health Service Reform and Health Care Professions Act 2002(a). Available at: www.legislation.gov.uk/ukpga/2002/17/contents (accessed 1 April 2021)

Royal College of Nursing (2008) Clinical imaging requests from non-medically qualified professionals , London: RCN.

Royal College of Nursing (web) Advanced Practice Standards. Available at: rcn.org.uk/professional-development/advancedpractice-standards (accessed 1 April 2021)

The Royal College of Radiologists (2017) i-Refer (8th edition). Available at: www.irefer.org.uk (accessed 1 April 2021)

Royal College of Radiologists (2019) Clinical Imaging Board, Learning from Ionising Radiation Dose Errors, Adverse Events and Near Misses in UK Clinical Imaging Departments. Available at: www.rcr.ac.uk (accessed 1 April 2021)

Royal College of Radiologists et al. (2020) IR(ME)R Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine , RCR: London. Available at:

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