

Policy for the Requesting of Imaging Examinations by Non-medically Qualified Professionals

Approved By:	Policy and Guideline Committee
Date of Original Approval:	16 February 2018
Trust Reference:	B3/2018
Version:	3
Supersedes:	2 – August 2020
Trust Lead:	Nicola Pearman (Superintendent Radiographer)
Board Director Lead:	Medical Director
Date of Latest Approval	16 August 2024 Policy and Guideline Committee
Next Review Date:	November 2027

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

The previous version was approved by the Policy and Guidelines Committee in August 2021 with a review date of February 2024. This policy has therefore been reviewed in line with these dates. Changes have been made to include a statement about professional registration as stated by the NHS Reform and Healthcare Professions Act 2002 and to include Pharmacists as a separate professional group. Community and Primary Care alongside CMG in the text has been added and a separate statement about training for non-ionising radiation examinations has been added and removed the statement about previous training for therapeutic and diagnostic Radiographers. The local agreement template has been updated.

KEY WORDS

Non-medical referrers

Imaging examinations

Ionising radiation

Non-ionising radiation

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the policy of the Imaging Service within University Hospitals of Leicester (UHL) NHS Trust for the requesting of imaging examinations by non-medically registered professionals within UHL, UHL in the Community and Primary Care.

- 1.2 Changes in the delivery of healthcare brought about by the NHS and Community Care Act, Care Act 2014 – Community Care and the NHS Long Term Plan have resulted in the delegation of some traditionally led tasks to non-medical, but professionally registered colleagues. This development has brought with it new opportunities for Nurses, Midwives (hereafter referred to as Nurses), Allied Health Professions (AHP's) and other health and care professionals (such as Biomedical and Clinical Scientists, Pharmacists) and has led to an increase in their scope of practice.
- 1.3 One of the elements of these roles affected by this change has been the need for non-medically qualified referrers to be suitably authorised to request appropriate imaging examinations. It is essential that, in order to optimise the benefit of such a development, the associated risks are identified and appropriately managed. As the majority of examinations that fall into the category involve an exposure to ionising radiation UHL Trust must accept the delegation of such tasks as appropriate and justified in accordance with the Ionising Radiation (Medical Exposure) Regulations 2017.
- 1.4 This policy specifies the framework of acceptable practice for non-medical referrers requesting imaging examinations – both ionising and non-ionising. In addition, it reflects the responsibilities of the individual referrers and UHL Trust in accordance with the Ionising Radiation (Medical Exposure) Regulations 2017.
- 1.5 The number and scope of extended roles continues to increase. In order to ensure a consistent and objective approach to the evaluation of the future need, a specific evaluation process has been developed and is documented within this policy section 6 and as part of the local agreement.

2 POLICY SCOPE

- 2.1 This policy applies to non-medical referrers such as Nurses and Allied Health Professionals working within UHL, UHL in the Community, GP practices and Leicestershire Partnership Trust (LPT) wishing to refer patients for imaging examinations undertaken within UHL and the Community Hospitals.
- 2.2 All non-medical referrers must hold current professional registration as stated in the NHS Reform and Healthcare Professions Act 2002 which includes the Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC) General Pharmaceutical Council (GPhC).
- 2.3 Any staff groups such as Physicians Assistants and Assistant Practitioners that do not hold professional registration as stated in 2.2 are excluded from this policy. This also applies to Nursing Associates, although they are registered with the NMC this is currently outside their scope of practice.
- 2.4 In addition to the professional registration requirements those undertaking this role will need to attend non-medical referrers training and supervised practice as detailed in section 6.
- 2.5 Individual local agreements with services within the CMG's / LPT will be agreed by the Imaging Service and authorised by the Medical Lead for Imaging or nominated representative and the Medical Lead or nominated representative for the referring Service or CMG.
- 2.6 The local agreements will cover:
 - Who can request
 - How they can request
 - What they can request
 - In what circumstances (presentation and justification)
 - Who is medically responsible for each transaction

3 DEFINITIONS AND ABBREVIATIONS

IRMER - Ionising Radiation (Medical Exposure) Regulations 2017

CMG – Clinical Management Group

CT scan – computerised tomography

MR scan – magnetic resonance scan

US scan – ultrasound scan

Imaging examinations – referrals for x-rays, CT scan, MR scan, US scan, fluoroscopy procedures

Operator – Radiographer, Assistant Practitioner within Imaging, Sonographer or Radiologist who performs the examination

Practitioner – Radiologist, Reporting Radiographer or Sonographer who justifies the examination

Authorising according to protocol – examination authorised according to established clinical guidelines

Senior Clinical Management for example Heads of Nursing, Clinical Service leads, Superintendent AHPs, Medical Practitioner

4 ROLES

4.1 The Executive Lead responsible for this policy is the **Medical Director**.

4.2 The **Imaging Lead for Non-medical referrers** is designated as having overall responsibility for ensuring that:

a) all relevant staff are aware of this policy

b) there are mechanisms in place for providing assurance that the policy is followed

c) there are written local agreements with the relevant CMG, Community hospital or GP practice and the Imaging Service

d) non-medical referrers training is available via dedicated training sessions

e) the record of training and update training is kept centrally within the Imaging Service

4.3 The **Superintendent Radiographers** are responsible for:

a) ensuring that radiographic staff in the clinical areas follow this policy

4.4 The **Radiographic staff**

a) have a duty to follow this policy and report any concerns where referrers are referring outside of the agreed scope or are not on the list of approved referrers.

4.5 **Senior Clinical Managers** are responsible for:

a) ensuring that any new or existing requests to refer for imaging examinations are within the scope of the policy and local agreements

b) the clinical staff referring remain up to date with their non-medical referrers training

4.6 **Non-medical referrers** are responsible for:

a) referring imaging examinations within the local agreement

b) ensuring their non-medical referrers training is up to date

4.7 The **Imaging Service Radiation Protection Group** oversees all matters relating to compliance with radiation regulations and will support this policy.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Requests for a new agreement to Refer

- a) Any staff requesting to refer must have the support of their CMG or Service including approval from a Consultant/Service Lead and Head of Nursing/Head of Service for AHP staff (where appropriate).
- b) A proposal form (appendix 1) must be completed and forwarded to the Imaging Lead for Non-medical Referrers together with any supporting information e.g. national guidelines, clinical pathways.
- c) The request will be discussed with the relevant Radiologists/Radiology Speciality Group who will confirm whether the request to refer is accepted.
- d) If accepted the Imaging Lead for Non-Medical Referrers will draw up the local agreement between the Imaging Service and the local service/CMG/UHL in the Community/GP Practice (Appendix 2). This agreement will be held with the Imaging SOP's and a copy sent to the relevant CMG.
- e) If not already done so the individual(s) will need to undertake non-medical referrers training as detailed in section 6.

5.2 Existing Requests already in place

- a) Any new staff wishing to request under an existing agreement will be nominated by their ward/department and requested to undertake the non-medical referrers training as detailed in section 6 before they are permitted to refer. (appendix 2)

5.3 Referrer Responsibilities

- a) The request must be fully completed in line with the Imaging Service standards, including the patients' full name, date of birth, address, NHS number, full clinical details and electronic signature (where applicable).
- b) The imaging examination(s) must only be requested when the results, either positive or negative, will alter patient management.
- c) The patient must be given a full explanation of the need for an examination including providing where possible the individual or their representative to be exposed adequate information relating to the benefits and risks associated with the radiation dose from the exposure. Relatives/carers must be involved especially if the patient is a child or has learning difficulties.
- d) To minimise the risk to our patients and the Trust, the Imaging Service will not accept requests received from non-medically registered staff whom are not on the list of accepted referrers or for examinations outside of the local agreement. Referrers will be crossed checked against the non-medical referrers training database.
- e) Staff using electronic requesting must adhere to the Data Network Security Policy (Trust ref. B48/2009) and the Policy for the Control of Access to Electronic Systems (Trust ref.B25/2007).

5.4 Radiology Responsibilities

- a) All imaging examinations will be justified by the practitioner or authorised according to protocol by the radiographic staff prior to the examination being performed.
- b) If the request does not have sufficient clinical information for the radiographic staff to authorise the request according to guidelines, the radiographic staff may contact the referrer to seek clarification (if appropriate) and gain further information. They may also (if applicable) seek the advice of a Radiology IRMER Practitioner prior to carrying out the procedure.
- c) Any request that is not justified will be rejected and the referrer informed.

- d) The radiographic staff will ensure that the patient has been correctly identified before proceeding with the examination.

5.5 Accountability

- a) The extended role of the non-medically registered referrer requesting imaging examinations is undertaken by the individual on the understanding that:
- Each referrer is personally accountable for his or her own practice.
 - Referrers and the Imaging Service adhere to the local agreement that specifies the requesting of appropriate imaging examinations by a non-medically qualified professional.
 - A named Consultant or group of Consultants (i.e. referrers delegating the task) remain medically responsible for patients under their care who are examined under this scheme of work.

5.6 Reporting

- a) The examination will be reported by a Radiologist/Reporting Radiographer/Sonographer according to departmental procedure unless there is a written agreement to the contrary.
- b) It is the responsibility of the health care professional responsible for the patient to ensure that an evaluation of the images/report obtained is recorded in the patient notes.
- c) A provisional written report should be documented in the patient's notes for emergency examinations and/or a full report if a radiological opinion is not sought.

Associated Documents

Data Network Security Policy (Trust ref. B48/2009)

Policy for the Control of Access to Electronic Systems (Trust ref. B25/2007).

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 Management and Administration of the Education and Training

- a) In order to comply with the requirements under IRMER, all new and existing staff who wish to practice under this policy will be required to undertake a programme of education. This is to ensure that each individual has an appropriate knowledge base to understand the legal and professional responsibility they hold in relation to the IRMER regulations and this document.
- b) The Imaging Service will take the lead role in the co-ordination of the radiation safety training programme and will:
- Ensure that appropriate staff from the Imaging Service and the Radiation Safety Service are involved in the design of the education and training programme.
 - Ensure that a rolling programme is maintained.
- c) For staff referring for non-ionising (MRI and US) examinations only attendance at a non-ionising training session is required which will cover legal and professional responsibilities in relation to referring for these examinations.
- d) All non-medically registered staff undertaking the extended role of the requesting of imaging examinations must complete a programme of education that includes attendance at a non-medical referrers training day and a period of training in their workplace appropriate to the role.
- e) The non-medical referrers course can be booked via HELM under Imaging Directorate – non-medical referrers – Initial course.

- f) Following attendance on the non-medical referrers training course, the non-medical referrer must complete and pass an assessment form which must be returned to Radiographer co-ordinating the training session within the designated time frame.
- g) Non-medical referrers who fail the assessment will be asked to re-train and attend the study programme again until they successfully complete their booklet.
- h) Non-medical referrers who fail to return their assessment form within the designated time frame will not be added to the register.
- i) Once the non-medical referrer has passed their assessment access to the electronic referring system will be added to their profile enabling them to refer for the locally agreed imaging examinations.
- j) All referrers must be assessed and documented as competent to carry out the tasks described prior to receiving authorisation to practice under this policy.

6.2 Assessment

The process of assessment will have two parts:

- a) Underpinning Knowledge of IRMER, radiation protection and local governance.

This knowledge is acquired through the attendance on the Non-medical referrers training programme which is demonstrated through successful completion of the assessment form.

- b) Supervised Practice

Having completed the relevant education, referrers will be required to undertake clinical practice under supervision. The duration and manner in which this is managed will be specific to the speciality in which the referrer is practising. It is therefore the individual CMG responsibility to formalise the details of acceptable clinical supervision.

6.3 Re-assessment

Education and training updates will be available, and registered Nurses, Midwives, Allied Health Professions and Health Care Scientists will need to attend these every 5 years if they wish to continue to practice this extended role. In the event of a major change in appropriate legislation, it may be necessary for additional training to be carried out within the time limit. In this event all appropriate parties will be advised of the scope of further training required.

- Non-medical referrers who fail the reassessment will be asked to re-train and attend the study programme again until they successfully complete their re-assessment booklet.
- Non-medical referrers who fail to return their reassessment form within the designated time frame will be removed from the register and access to the electronic referring system will be removed from the individual's profile.

6.4 Recognition of Previous Training and Experience of Requesting Radiological Examinations

- a) For staff joining UHL, Community Hospitals or Primary Care evidence of previous non-medical referrers training at another Trust if within the previous 5 years and completion of the assessment form will be required.

6.5 Professional Requirements

- a) Nurses and Midwives
 - Holds a recognised professional qualification appropriate to the individuals' current practice
 - Registered with the Nursing and Midwifery Council

b) Allied Health Professions

- Holds a recognised professional qualification appropriate to the individuals' current practice
- Registered with the Health and Care Professions Council (HCPC) or General Pharmaceutical Council (GPhC).

7 PROCESS FOR MONITORING COMPLIANCE

7.1 The audit criteria for this policy and the process to be used for monitoring compliance are given in the table below:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Records of non-medical referrer training attendance	Imaging Service Non-medical referrer Lead	Non-medical referrers register and HELM	Ongoing basis	Imaging Service QSI Board
Review of policy	Imaging Service Non-medical referrer Lead	Review by Imaging policy group	Every 3 years	Imaging Service QSI Board
Review of local agreements	Imaging Service Non-medical referrer Lead & CMG	Review with nominated clinical leads	Every 3 years	Imaging Service QSI Board
Audit of non-medical referrers are on the register and referring within the local agreement	Imaging Service Lead for Radiation Protection	Retrospective review	Annually	Imaging Service Radiation Protection Group
Audit of clinical practice by referrer	Individual referrer	Retrospective review	Annually	Appraisal
Datix incidents relating to non-medical referrers	Imaging Service Lead for Radiation Protection	Datix	Bi-monthly	Imaging Service Radiation Protection Group

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER 2017)
- Clinical Imaging requests from non-medically qualified professionals (November 2006) Joint document from the Royal College of Nursing (RCN), Royal College of Radiologists (RCR), Chartered Society of Physiotherapists (CSP), Society of Radiographers (SOR), General Chiropractic Council, General Osteopath Council, NHS Alliance
- Data Network Security Policy (Trust ref. B48/2009)
- Policy for the Control of Access to Electronic Systems (Trust ref.B25/2007).

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 Once this Policy has been approved by the UHL P&G Committee, Trust Administration will allocate the appropriate Trust Reference number for version control purposes.
- 10.2 The updated version of the Policy will be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system
- 10.3 This Policy will be reviewed every three years and it is the responsibility of the Trust Lead for this Policy to commission the review.

New Requests from Non-Medical Referrers to Request for Imaging Examinations Proposal Form

Part 1: To be completed by applicant

Name of staff/staff group wishing to refer	Job Title	Dept/Ward/Service	CMG
Professional Registration body		Professional Registration number reference	
HPCPC	NMC		
Is there a current agreement	Yes/No	If Yes, please state SOP number/agreement SOP Appendix	
Is this part of an extended role?	Yes/No	If Yes, please state	
Who will be medically responsible for the patients?	Consultant Group	Named individual Consultants	
Please indicate who will report the images	Medical staff	Imaging	
Please state for which imaging referral is being requested			
Please state the clinical criteria for the above examination(s)			
Please state whether adult/paediatric	Adult	Paediatric	
Please state any exclusions	Patient is or maybe pregnant		

Part 2: to be completed by the Clinical Lead from the referring speciality

<p>Proposal approved by</p> <p>I support their application and confirm that the above applicant has the relevant clinical training and experience to be able to refer for the Imaging examinations.</p>	<p>Consultant Name:</p> <p>Signature:</p>
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Please forward completed form plus any other supporting information to ImagingNonMedicalReferrers mailbox.

The request will be discussed with the relevant Radiologist Speciality Group and if agreed a local agreement will then be drafted up for sign off by the supporting Consultant and Imaging.

Part 3: Imaging Service Agreement

Date received:	Existing procedure in place Yes/No	Existing SOP Appendix Exams referred for	New procedure Yes/No
If new agreed by Imaging Speciality Group Yes/No Date	If new noted by Imaging Radiation Protection Group Yes/No Date	Agreed by Imaging Service Yes/No Date	

Part 4: Local Agreement Implemented

Local Agreement drafted Date: SOP number: Appendix	Signed by CMG Name: Date:	Signed by Imaging Name: Date:
Local Agreement Live Date:	Information to individual/dept/ward Date:	
Local Agreement on I-Drive Date:	Nervecentre /ICE access requested Date: Profile Assigned:	NM referrers database updated: Date:

Template

Imaging Services

Standard Operating Procedure for the Delegated Requesting of Imaging Examinations by Non- medically Qualified Professionals

CMG:
Service:
Agreement:

Change Description	Reason for Change

References to other standards and procedures:

APPROVERS	POSITION	NAME
Person Responsible for Procedure:		
SOP Owner:		
Sub-group Lead:		

1 INTRODUCTION AND BACKGROUND

- 1.1 There is an expressed wish by the Consultants in the [insert CMG name] to delegate the requesting of specific radiographs / fluoroscopic examinations / CT scans / MRI

scans / US scans [delete as appropriate] to suitably trained Non-Medical Staff.

1.2 The imaging examination requested must be acted upon to determine patient management either by the medical/non-medical staff responsible for the patient.

1.3 This procedure must comply with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017.

1.4 MRI requests should ensure compliance with the appropriate questionnaire.

2 SCOPE

2.1 This procedure applies to referrals from [insert service] from named non- medical referrers who have received appropriate training both clinical and non-medical referrers training to comply with referrer, radiation protection and IRMER requirements.

3 EDUCATION AND TRAINING

3.1 The delegatee must complete a programme of education that includes attendance at the approved non-medical referrers training course (or equivalent) and the passing of a written assessment by the Imaging Service.

<u>TRAINING</u>	<u>OVERALL RESPONSIBILITY</u>	<u>COMMENT</u>
1. Assessment of clinical indications / patient presentation	[Insert.....Clinical Management Group/Community Hospital/GP Practice]	Training may be delegated to Senior Medical Staff.
2. Guidelines for imaging examinations 3. Completion of request forms.	By agreement between Imaging and [Insert....CMG/Community Hospital/GP Practice]	Based on published recommendations of the appropriate professional bodies
4. Core of theoretical knowledge and assessment	Leicester Radiation Safety Service (LRSS) and representatives from the Imaging Service	Non-medical referrers training (1/2 day) includes radiation protection, IRMER legislation and Imaging requirements
5. Communication between Imaging and [Insert....CMG/Community Hospital/GP Practice]	Identified Senior Radiology Staff and Senior Practice Nurses/Senior AHP	

3.2 A record must be kept of all Non-Medical staff trained to request imaging examinations. This record must document the dates, location and nature of the training.

4 PROCEDURE

4.1 The DELEGATOR

- 4.1.1 The delegator will be the Consultant responsible for the patient or the Consultant working on the unit/ward/department.
- 4.1.2 The responsibilities of the Imaging Service Medical Lead and Consultant Radiologist will not be delegated.

4.2 THE DELEGATEE

- 4.2.1 The delegatee will be a Nurse, Allied Health Professional (AHP) or Clinical Scientist (HCS) whose job role requires them to be able to refer or has the agreed level of experience as decided by the CMG. See Appendix 2 which lists individuals/groups of staff within this service.
- 4.2.2 The delegatee must undertake the relevant training, as stated in section 3 or provide evidence if received training elsewhere within the last 5 years.
- 4.2.3 The delegatee must complete and pass a re-assessment every 5 years or attend further training in order to remain on the list of non-medical referrers.
- 4.2.4 A record will be kept centrally by the Imaging Service and on HELM of all non-medical staff who have completed the appropriate training and education programmes.
- 4.2.5 The individual referrer should notify the Imaging Service if there is a change of name or if they are no longer referring under this procedure or are referring under another procedure.

4.3 DELEGATION

- 4.3.1 Delegation is agreed by the delegator, delegatee, Clinical Management Group and the Imaging Service Ops Group.
- 4.3.2 The Consultant who delegates must be satisfied that the person to whom the task is delegated is competent.
- 4.3.3 It is case by case responsibility of the delegatee to ensure that their individual 'duty of care' to the patient is not breached by 'working beyond their competence' and they are working within the NMC or HCPC Code of Conduct and Scope of Practice.
- 4.3.4 Delegation is planned through agreed and accepted working practices within the Clinical Management Group.

4.4 THE REQUEST

- 4.4.1 The request form must be completed according to departmental protocol, including full clinical details. (Appendix 1)
- 4.4.2 All requests must conform to the agreed guidelines. (Appendix 2)
- 4.4.3 The request form must be completed electronically if available and by the accredited Nurse/AHP. Completing of forms prospectively is not permitted and should be done on a patient by patient basis.
- 4.4.4 Staff using electronic requesting must adhere to the relevant UHL Trust Data Network

Security Policy and Policy for the Control of Access to Electronic Systems.

4.5 IMAGING SERVICE RESPONSIBILITIES

4.5.1 The IRMER practitioner for the examination will be the responsible Radiology Consultant, Specialist Radiology Registrar, Reporting Radiographer or Senior Radiographer who will justify the exposure.

4.5.2 The operator for the exposure will be the responsible Radiographer or Assistant Practitioner, who will ensure the validity and legitimacy of the request and authorise the request according to Royal College of Radiologist (RCR) and local guidelines.

4.5.3 For Ultrasound examinations the operator will be the Radiologist or Sonographer performing the US scan.

4.5.4 The imaging examination will be taken according to departmental guidelines.

4.5.5 The images will be reported routinely by a Radiologist /Reporting Radiographer/Sonographer, according to the Imaging Service protocol.

4.5.6 Medical staff should document a provisional report in the patient's notes for urgent/emergency examinations and a full report if a radiological opinion is not required.

4.6 [Insert name of CMG/Community Hospital/GP Practice] RESPONSIBILITIES

4.6.1 [insert the name of the CMG/Community Hospital/GP Practice] should notify the Imaging Service of any leavers to ensure that accurate records are kept.

4.6.2 The Local Procedure will be reviewed jointly by the Imaging Service and the [insert the name of the CMG/Community Hospital/GP Practice] every 3-5 years. Any changes to the referral criteria/local procedure must be discussed and agreed with the Imaging Service before implementation.

5 LEGAL LIABILITY

The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

Have undergone any suitable training identified as necessary under the terms of this procedure or otherwise:

- Have been fully authorised by their line manager and their department to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

Staff are recommended to have Professional Indemnity arrangements in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies.

For advice please contact:
Head of Legal Services - Assistant Director on Ext 8585

6 APPROVAL PROCESS

To be reviewed by the SOP sub-group lead. The final draft SOP must then be forwarded to the Imaging Ops group for approval.

7 DISSEMINATION AND IMPLEMENTATION

Approved and signed SOPs will be placed onto the I-drive for access by all staff. It is the responsibility of the group writing the SOP to disseminate changes to relevant staff groups.

8 REVIEW AND MONITORING

This SOP must be reviewed every three years. Any changes in practice which require amendments must be forwarded in writing to the SOP administrator for the SOP sub-group lead to authorise the review.

APPENDIX 1: MANDATORY REQUESTING INFORMATION

Each request **must** contain the following information:

- Patients' full name
- Date of Birth
- Address
- NHS Hospital Number
- Full clinical indications to enable justification and authorisation of the request.
- Electronic/written signature of the non-medical referrer requesting the imaging examinations
- Name of patient's designated Consultant
- Date of request

APPENDIX 2: REFERRAL CRITERIA FOR [INSERT SERVICE/WARD/GP PRACTICE]

Guidelines for referral to the Radiology Department by suitable trained

NURSE/AHP

**Based at: Glenfield Hospital/Leicester Royal Infirmary/Leicester General Hospital/
Community Hospital/GP Practice**

Named Consultant (s) who has/have medical responsibility for the patient:
Consultant Rheumatologists

List Consultant or Speciality

INCLUSION CRITERIA SPECIFIC TO: [insert Department/Area/CMG]

EXCLUSION CRITERIA SPECIFIC TO: [insert Department/Area/CMG]

INDIVIDUALS WITHIN THIS SERVICE

[Insert the name of individuals or staff groups]

It will be assumed that any referrals not listed within the inclusion criteria fall into the exclusion criteria. Such referrals will not be accepted and the patient must be referred by the medical staff responsible for the patient.

If Non-Medical Staff refer outside of the inclusion criteria they will be operating outside of their scope of practice and risk being removed from the list of referrers.

The names of the specific individuals within the service staff group are listed and copies kept in relevant radiology department.

INITIAL AGREEMENT

I agree that the documented Non-Medical Staff can refer for imaging examinations within the limitations as specified above.

Printed Name:

Printed Name:

MEDICAL LEAD – Imaging Service

On behalf of .the [insert name] Service

Date:.....

Date:

SUBSEQUENT REVIEW

I agree that the documented Non-Medical Staff can refer for imaging examinations within the limitations as specified above.

Printed Name:

Printed Name:

MEDICAL LEAD – Imaging Service

On behalf of .the [insert name] Service

Date:.....

Date: