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| **Radiology Department** **Standard Operating Procedure** | **Description: New Image** |
| **IRMER SOP A - Identifying individuals entitled to act as referrer, practitioner or operator HH(3)/Rad/1/17** |
| **Replaced documents:**  | IPPPP 1 – Referral for x-ray examinations by nurse practitioners and other appropriately qualified health professionalsIPPPP 4 – Procedure for the identification of operatorsIPPPP 5 – Procedure for the identification individuals entitled to act as practitionersProcedure B – To identify individuals entitled to act as referrer, practitioner or operator | **Number of pages:** | 12 |
| **Author (Owner):**  | Philip Davy | **Signature:** |  |
| **Expiry Date:** | 17/5/2020 | **Authorised by:**  | Dr Clive Vandervelde |
| **Review Date:** | 17/2/2020 | **Date Authorised:** | 17/5/2017 |
|  This SOP is not valid unless, or until the master copy is appropriately authorised |

1. **Purpose/Objective**
	* The aim of the procedure is to provide a guide for the practice of appropriately qualified health professionals employed by HHFT requesting x-ray examinations within HHFT.
	* The potential risks, from the use of ionising radiation, require a written protocol to ensure safe radiographic practice for patients, staff and associated persons.
	* Referral for x-ray by non-medical and dental officers is subject to postgraduate qualification and must be locally authorised. Such referrals are governed by this SOP. This SOP lays down protocols that restrict such referrals to a specific area of clinical practice and range of referrals appropriate to the specific postgraduate qualification. Each protocol is to be endorsed by an appropriate Consultant.
2. **Process/Procedure**

**Operator**

Certain healthcare professionals, by virtue of primary qualifications and training, act as operators within their area of expertise, e.g. radiographers, medical physicists, clinical technologists. Other medical or non-medical healthcare professionals may be given suitable training to enable them to act as Operators with limitations (see IRMER SOP L). These will be assessed and agreed on an individual basis as documented in Appendix C of the Radiation Protection Policy. The employer will maintain a list of all operators and any constraints or limitations.

Operators are divided into two categories:

* Those who set exposure parameters and/or activate the exposure switch for medical exposures.
* Those who test, calibrate and/or maintain medical exposure equipment.

*Training*

* All radiographers registered with the HCPC are deemed to have suitable training.
* All other operators must have attended an approved radiation protection course and modality specific local practical training – the RPA can provide advice.
* All operators are to maintain their competence in their areas of work. Any operator who has not used a piece of equipment for 12 months or more will need retraining and to be signed off by the Superintendent Radiographer for that modality.
* Operators must also receive training on any new piece of equipment

*Registration*

* Radiographers - must be registered with the HCPC.
* Dental nurses – must be registered with the GDC.
* Radiologists/Cardiologists – must be on the appropriate specialist register of the GMC.
* Contractors – must ensure that their operators are appropriately qualified and produce evidence on request.
* Other operators – are to produce evidence of training and qualifications with Appendix I of IRMER SOP L.

*Student Radiographers*

* Must be on an official placement from an approved University studying Diagnostic Radiography.
* May only work under the direct supervision of a radiographer who takes full responsibility for the examination.
* May not make an exposure without the supervising radiographer being satisfied that all safety checks (i.e. ‘pause and check’ list – see IRMER SOP B Appendix I).

**Practitioner**

Those entitled to act as Practitioners for medical exposures are listed in Appendix D of the Radiation Protection Policy.

Consultant radiologists are primary practitioners within their area of expertise. Other healthcare professionals, by virtue of primary qualifications and training (e.g. specialist radiology registrars, radiographers and consultant cardiologists), may act as practitioners for specific and agreed arrangements. The employer will maintain a list of all practitioners and any constraints or limitations.

Other medical or non-medical healthcare professionals may be given suitable training to enable them to act as practitioners with limitations. These will be assessed and agreed on an individual basis. In addition, where it is not practicable for the practitioner to authorise an exposure, the operator may do so in accordance with written guidelines issued by the Practitioner.

**Referrer**

*Training*

Medical and Dental Officers are deemed to have received adequate training as part of their professional education.

Non-medical referrers wishing to have authority for independent referral will only be given to personnel with an appropriate level of knowledge regarding radiation safety and IRMER. See Appendix II onwards for further information.

*New referrers*

When a new Referrer for Radiology is added to the list of Referrers, their attention is drawn to the referral criteria. The criteria for each referral is based on the Royal College of Radiologists (RCR) guidelines (‘irefer’).

Qualified medical/dental practitioners employed by HHFT have their qualifications and identity verified on appointment by the Medical Staffing Officer, or their deputy in their absence. They are then authorised to request Radiology examinations via the ICE system (electronic requesting).

Qualified Radiographers employed by HHFT have their HCPC registration verified by the Radiology Clinical Services Manager, or nominated person, on appointment and biannually thereafter. They are then authorised to request the examinations covered by the extended role procedures listed below, and to alter requests according to IRMER SOP D.

Non-medical referrers will have their training assessed on an individual basis, and are subject to the specific procedure for non-medical referrers.

All General Practitioners who refer for Radiology examinations to HHFT have their qualifications and identity verified on appointment by the Clinical Commissioning Groups (CCGs). Appendix I must be completed whenever a new appointment is made or one is terminated (including locums).

*Non-registered referrers*

If a request is received from a person not included in the authorised referrers list, (or for an examination which is not included in the referrer’s list of accepted examinations) the examination cannot be undertaken. This should immediately be brought to the attention of the Radiology Manager, Clinical Coordinator or Radiation Protection Supervisor who may be able to:

* Direct the patient to an authorised referrer (e.g. Emergency Department)
* Contact the practice manager, who may be able to send the 'Application for inclusion on the authorised referrer list for medical and dental practitioners' form.
* Contact the practice manager who may be able to send an alternative request signed by an authorised referrer.

*Radiographers*

In order to provide an efficient service, it is sensible for radiographers to refer under certain circumstances:

* Chest x-rays for patients with an acute fractured neck of femur who meet one of the following criteria:
	+ The patient is over 70 years old.
	+ The patient has had previous cardiac or thoracic surgery, e.g. a coronary artery bypass graft, lobectomy.
	+ The patient is under the care of the physicians for respiratory or cardiac disease.

The radiographer should add the chest examination to the existing event in CRIS. It is the radiographer’s responsibility to inform the referrer that a chest x-ray has been performed so that it can be reviewed.

* + - MRI patients who have a suspected foreign body:
	+ Any qualified, HCPC registered radiographer employed by this trust and rostered to the MRI scanner, may proceed to refer for an x-ray examination of the appropriate body part, prior to the MRI scan, when the patient is uncertain about the possible presence of a metallic foreign body or suspected intra-cranial clip in situ.
	+ The radiographer must add the examination to the request form, scan it onto CRIS and add the examination to CRIS.
	+ Exception - Any possibility of pregnancy.
	+ The MRI examination may proceed if a radiologist has checked the x-ray or if two MRI radiographers agree that there is no foreign body present.
	+ If radiographers are checking the radiograph, the following statement is written on the request form 'No foreign body seen', and both must sign this statement. This must then be scanned onto CRIS.
* If a foreign body of any sort is seen on the image the patient must not be taken into the MRI scanning room. The x-ray, relevant previous images and any patient notes must be shown to the radiologist in charge of the list, who will decide whether it is safe to proceed with the scan.

*Sonographers*

* May request pelvis x-ray for patients who have had an ultrasound examination for ?lost coil and the coil is not visible on the ultrasound.
* May request a KUB (abdomen) x-ray if they suspect renal tract stones.
* Sonographers should follow-up and audit their referrals.

**Duties**

Practitioner Responsible for ensuring that a referral has come from an entitled referrer and for justifying the referral.

Radiology Clinical Director

 Identifies the current practitioners and operators and submits their details for adding to the Trust lists.

Radiology Clinical Services Manager

 Maintains the current list of referrers, practitioners and operators. Will also maintain the record of all training undertaken by practitioners and operators.

 Referrers The referrer has various responsibilities which are detailed in IRMER SOP D (justification and authorisation of medical exposures) and IRMER SOP I (carrying and recording of an evaluation for each medical exposure).

 Operator Carrying out the practical elements of the radiographic exposure in line with the SOPs

1. **Explanation of Terms**

Referrer AnyMedical and Dental Officers or other appropriately qualified registered health professionals requesting an x-ray examination.

PractitionerAny appropriately qualifiedMedical or Dental Officer, or registered healthcare professional who justifies the x-ray examination. For referrals to Radiology, the practitioner is any HHFT Consultant Radiologist. For low dose examinations, radiographer led examinations the authority of the practitioner is delegated to the operator.

OperatorAnyhealth professionals appropriately qualified to initiate an exposure of ionising radiation or administer radioisotopes for the purposes of producing a diagnostic image. Usually a ‘radiation professional’ (radiographer or radiologist) – see ‘IRMER SOP L Safe use of ionising radiation by staff other than radiation professionals’ for details on other staff able to act as operator.

 EmployerThe person holding the ultimate corporate responsibility for Health and Safety. For HHFT this is the Chief Executive.

1. **Monitoring**

The Radiology clinical services manager will ensure that Appendix B of the Radiation Protection Policy is maintained and a current list available at all times.

CRIS & ICE may be audited to ensure that only authorised referrers have been doing so.



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**Appendix I**

**RADIOLOGY DEPARTMENT**

**Application for inclusion on the authorised referrer list for medical and dental practitioners**

It is a requirement of the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) that we are able to identify those individuals entitled to act as referrers.

In order to have your name included on the list, please complete this form and scan and return to: pacs.servicedesk@hhft.nhs.uk

Fully completed imaging requests will then be accepted from you providing there is adequate information for the practitioner to justify the exposure and uniquely identify the patient (further IRMER requirements).

It is a legal requirement that we keep this list up to date, please inform us of GPs who are joining and leaving the practice.

GP Registrar/SHO – should not complete this form but must specify on request forms which GP they are working under the supervision of.

# Practice name /stamp ……………………………………………

# Clinician’s signature ……………………………………………

**Clinician’s name** ……………………………………………

**GMC code** ……………………………………………

**Date** ……………………………………………

* Please add to the referrer list
* Please delete from the referrer list
* Locum GP – Contract start date …………………………….

Contract end date …………………………….

# Confirmation by Practice Manager - I confirm that the above named individual is a registered medical practitioner and is employed by this practice.

**Signature** ………………………………………………

**Name** ………………………………………………



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**Appendix II**

**Non-Medical Referrers to HHFT Radiology.**

Please direct all queries to non-medical.referrers@hhft.nhs.uk

**Training:**

Non-medical referrers wishing to have authority for independent referral will only be given to personnel with an appropriate level of knowledge regarding radiation safety and IRMER. This is deemed as attendance on an ‘IRMER for non-medical referrers’.

Other courses may be attended but evidence of the curriculum and certificate will be required. Courses are run at HHFT and places on these courses can be booked through Radiology.

IRMER training must be attended every five years. Referral rights will be withdrawn once the five year anniversary is reached if a new ‘entitlement to refer’ form and IRMER certificate are not supplied.

The referrer must have received structured, evidenced, teaching in clinical examination of the area in which the trainee wishes to be able to refer, e.g. Ottawa rules for the knee and ankle would enable referrals for these examinations only.

Referrers must in addition be familiar with:

* IRMER SOP B – Patient Identification
* IRMER SOP C – Exposure of women of a child bearing age
* IRMER SOP D – Justification and authorisation of medical exposures
* iRefer – Royal College of Radiologists – Making the best use of clinical radiology <http://nww.irefer.nhs.uk/>

**Application Process:**

The role extension must be agreed by the trainee’s own clinical governance group, or equivalent, to demonstrate a service need.

The form in Appendix IV (Request for a non-medically qualified person to refer patients to HHFT Radiology)must be completed in full for each individual. Appendix III details each signatures’ responsibilities and actions.

* Confirm suitable protocol exists and is approved.
* Provide IRMER training certificate or book onto a course through non-medical.referrers@hhft.nhs.uk
* Complete Appendix IV - Request for a non-medically qualified person to refer patients to HHFT Radiology
* Radiology approve the form, place non-medical referrer on the live register and request ICE access through IT.

**Protocol:**

Each staff group (e.g. Emergency Nurse Practitioners) must work to an approved protocol (template available from Radiology). Adjustments to the protocol for individuals will not be permitted (e.g. single additional examination).

**Advanced nurse practitioners in general practice (in Wessex):**

* Will follow the expanded scope of practice protocol approved by the Wessex Local Medical Committees.
* Each advanced nurse practitioner still needs to register with HHFT using Appendix III & IV.



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**Appendix III**

**Responsibilities of signatures for Request to Refer Patients to Radiology Form.**

* **The Referrer:**

Before signing this form, the referrer must read and agree the following statements:

* + I certify that I have read and understood the responsibilities when referring for imaging examinations as detailed in the HHFT IRMER SOP A. I understand that I may only refer for such examinations as are permitted by this procedure for my role.
	+ I understand that the referral form must provide adequate clinical details to permit the justification of exposure to ionising radiation. The justification itself is the responsibility of the operator/practitioner.
	+ If the clinical information given is not clear or adequate the operator is obliged to refuse to perform the examination until clarification is obtained. This may involve sending the patient away until a further referral is made.
	+ I understand the implications of an incorrect referral (e.g. wrong patient details) and I will take full responsibility for any radiation incidents that may arise due to my mistake.
	+ Internal HHFT referrals must be made electronically on the ICE system, including the lead clinician. This is to ensure that examinations are correctly attributed and that an audit trail exists.
	+ I know that I am responsible either for evaluating the images myself and recording that evaluation in a timely mannerorfor reading the report, which is available on PACS/ICE, in a timely manner. I know that I am also responsible for acting on the evaluation/report and recording that action in a timely manner.
	+ If the results are outside my area of expertise, I will refer the patient appropriately.
	+ I understand that any of the other signatories can request my name to be removed from the list of referrers at any time.
	+ I understand that the right to refer patients for imaging is at the discretion of the Radiology Department and subject to audit of my practice.
	+ I agree to discuss this both with my appraiser during my annual appraisal and also with my Clinical Trainer, if different. I agree to audit 20 of my referrals each year. Ideas for audit include appropriateness of referral, activity levels, benchmarking with previous activity levels and referrals, the ratio of positive to negative results, acting upon results, budgetary implications and possible service improvement from different levels of referral. Audit is therefore an opportunity to meet service improvement and other criteria within the Knowledge and Skills Framework.
	+ I understand that the Radiology Clinical Services Manager or Clinical Director may ask at any time to see the results of my audits.
	+ I understand that my right to refer patients for x-rays is time-limited and must be renewed every five years.
* **Line Manager:**

Before signing this form, the line manager must read and agree the following statements:

* + I certify that the person requesting to refer patients to Radiology has received the appropriate training for this role.
	+ I will ensure this person receives continuing and appropriate mentorship
	+ I will keep records of the training they have received, and I understand that these records could be requested by the IRMER inspectors at any time.
	+ I understand that the right to refer patients for imaging is at the discretion of the Radiology Department and subject to audit of referrers’ practice. I agree to discuss this practice/audit with the referrer for continued referral privileges at appraisal.
	+ I am aware of the budgetary implications of imaging referrals.
* **The Referrer’s Clinical Director/Lead GP**:

Before signing this form, the clinical service director / lead GP must read and agree the following statements:

* + I certify that I am prepared to take responsibility for this extended role, which has been identified as a business need.
	+ I am prepared to become involved in any issues associated with referrals by this person, e.g. radiation incidents, or an evaluation of the image which is outside the referrer’s expertise.
	+ I understand that the right to refer patients for imaging is at the discretion of the Radiology Department and subject to audit of referrers’ practice. I understand that their right to refer patients for imaging is time-limited and must be renewed every five years.
	+ I am aware of the budgetary implications of imaging referrals.
* **The Radiology Clinical Services Manager:**

Before signing this form, the Radiology Clinical Services Manager must read and agree the following statements:

* + I agree to accept the referrals stated from this person providing all IRMER regulations have been adhered to, and within the agreed limitations.
	+ The Clinical services Manager may request copies of any training / qualifications, including course content, before agreeing to this request.
* **The Radiology Clinical Director:**

Before signing this form, the Radiology Clinical Director must read and agree the following statements:

* + I agree to accept the referrals stated from this person providing all IRMER regulations have been adhered to, and within the agreed limitations
	+ The Clinical Director may request copies of any training / qualifications, including course content, before agreeing to this request.

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**Appendix IV**

**Request for a non-medically qualified person to refer patients to HHFT Radiology**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Employer** | Choose an item. |
| **HHFT department/GP practice/name of private provider or other** |  |
| **Date IRMER Course Attended** & Copy of Certificate Attached (within last 5 years) |  |
| **HHFT Radiology Approved Protocol** | Choose an item. |

**It is the referrer’s responsibility to obtain the signatures of their line manager and their clinical director/lead GP.**

*I certify that I have read the IRMER Standard Operating Procedure A (Identifying individuals entitled to act as referrer, practitioner or operator), including the list of responsibilities and required actions which my signature represents:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Signature** | **Date**(permission expires after maximum 5 years) |
| Referrer |  |  |  |
| Line Manager\* |  |  |  |
| Referrer’s Clinical Director/Lead GP\* |  |  |  |
| RadiologyClinical Service Manager |  |  |  |
| RadiologyClinical Director |  |  |  |

\* If either of these changes or leaves employment, this authority is invalid until the new incumbent has signed it.

RETURN TO: Send a scanned copy to non-medical.referrers@hhft.nhs.uk

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IRMER SOP A – Identifying individuals entitled to act as referrer, practitioner or operator

**Appendix V**

**Approval Email for Non-Medical Referrer.**

Dear Click here to enter text.,

Click here to enter text. has been approved as a non-medical referrer for Radiology exams as detailed in the attached protocol.

Please note compliance in adhering to the protocol and acting within the agreed scope of practice lies with the member of staff and their line manager.

IT have been requested to give the referrer appropriate ICE access to make referrals.

Approval expires on Click here to enter text. when their IRMER training becomes 5 years old.

Please inform us if the referrer n changes role and no longer requires referral rights, or if they leave your employment.

Kind regards,

Click here to enter text.