**Expanded Scope of Practice for Referral for x-ray Examinations by**

**Advanced Nurse Practitioners in General Practice**

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| **NHS Trust Approval Committee:** | Radiology Radiation Protection Committee |
| **Date of Approval:** |  |
| **Signature of ratifying Committee Group/Chair:** |  |
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| **Date issued:** | July 28th 2016 |
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| **Target audience** | Nurses employed within a general practice who have undertaken a recognised postgraduate ‘advanced practitioner’ course at a University having achieved either a Masters and or BSc qualification. |

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This Expanded Scope of Practice (ESP) protocol is based on information provided by University Hospital Southampton NHS Foundation Trust on the expanded scope of practice for referral for x-ray examinations by CV&T advanced practitioners.

Thanks go to the following people who have contributed to the development of this ESP.

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**SCOPE OF PRACTICE EXPANDED PRACTICE PROTOCOL FOR REFERRAL FOR RADIOLOGICAL EXAMINATIONS BY NON MEDICAL STAFF**

**Re: Advanced Nurse Practitioners employed within a General Practice.**

1. **Practice Protocol (ESP)**

The aim of this document is to allow Advanced Nurse Practitioners within General Practice to request specific x-ray examinations following an agreed expanded scope of practice (ESP) framework.

The document clarifies the essential competencies of the referrer, suitable patients for referral and appropriate x-ray examinations together with assessment and audit of the process. Allowing the Advanced Nurse Practitioner to make a referral for an x-ray examination will improve the patient experience, reduce duplication of effort and improve safety.

1. **Introduction**

This protocol clarifies the criteria and procedures for Advanced Nurse Practitioners when referring patients to radiology. Here forward referred to as Advanced Practitioners (APs)

Allowing APs to request radiological investigations allows for timely holistic assessment of the patients’ clinical status by a single health professional. APs are not trained in the interpretation of x-rays, mailed results would be reviewed by a General Practitioner.

The APs role is continually evolving and is important within General Practice, they not only make sure the patient’s pathway is not unduly delayed; they use their expanded roles and experience to review and instigate treatment. They work autonomously and see a range of patients who present with undifferentiated conditions. Allowing APs to request radiological investigations allows for timely holistic assessment of the patients’ clinical status by a single health professional. This expedites clinical decision making.

1. **Background information**

APs have developed within General Practice in response to extended clinical and patient demand and workforce issues and have been evolving over the last 20 years. The term ‘Advanced Practice’ defines the level of practice at which the nurse works. APs are responsible for the safe delivery of a number of defined roles not routinely performed by nurses within primary care. This requires competency in specific areas of knowledge, technical skill, nursing expertise and clinical decision-making.

1. **Definition of Advanced Nursing**

The International Council of Nurses (ICN) definition of advanced nursing practice identified the need for the following components:

*'A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level*.' (ICN) <http://international.aanp.org/Practice/APNRoles>

In 2010 the Department of Health (DoH) published a position statement on Advanced Level Nursing to support employers and commissioners to establish good governance.

<https://www.gov.uk/government/publications/advanced-level-nursing-a-position-statement>

“The ANP is an experienced and autonomous registered nurse who has developed and extended their practice skills beyond their previous professional boundaries. The ANP is able to use their expert knowledge and decision making skills, guided by The Code (NMC) in unpredictable situations. This may include managing patients with undiagnosed health care problems and is shaped by the context of their clinical practice” Ref: RCGP/RCN General Practice Advanced Nurse Practitioner Competencies (Nov 2105 pg. 6) [http://www.rcgp.org.uk/membership/practice-team](http://www.rcgp.org.uk/membership/practice-team-resources/~/media/16411E76AC5B4E818547E331F9D3CA97.ashx)

Nurses who work at an advanced level:

“Use their expertise, experience and professional and clinical judgement as demonstrated in the expert nature of their practice and the depth of their knowledge. Patients, clients and other professionals acknowledge their highly developed and extensive knowledge in areas such as diagnostics, therapeutics, the biological, social and epidemiological sciences and pharmacology, and their enhanced skills in areas such as consultation and clinical decision-making. Nurses working at an advanced level use complex reasoning, critical thinking, reflection and analysis to inform their assessments, clinical judgements and decisions. They are able to apply knowledge and skills to a broad range of clinically and professionally challenging and complex situations.” DoH 2010.

1. **Key points**

Radiological examinations will only be requested by APs with a named qualification at either first level degree (BSc Hons) or Masters having undertaken a recognised course at a

University. All nurses will work within the Nursing & Midwifery Council (NMC)Code of Professional Conduct (NMC) 2015) <https://www.nmc.org.uk/standards/code>

They will be competent in having completed training in history taking and examination skills of all body systems and making differential diagnosis using clinical decision making and problem solving skills. [https://www2.rcn.org.uk/\_](https://www2.rcn.org.uk/__data/assets/pdf_file/0003/146478/003207.pdf)

1. **Rationale for Change**

X-rays would normally be verbally ordered by the APs and passed to the GP to request electronically or in writing. This proposal does not relate to an increased number of x-ray investigations being sought by APs rather a change of personnel entitled to request the same. Allowing the APs to make a referral will improve the patient experience reduce duplication of effort and improve safety.

1. **Benefits to the Patients or Service**

* Allows for timely, holistic assessment of the patients clinical status by a single health professional.
* Expedite clinical decision making
* Early detection of potential complication

1. **Minimum qualifications and experience:**

Expanded role for named Registered General Nurses, having attained:

* A University based BSc. or Masters qualification, completed successful written assessments, including a history and physical examination module with an Objective Structured Clinical Examination (OSCE) and is working at an advanced level within general practice
* Received appropriate, certificated, Ionising Radiation (Medical Exposure) Regulations (IRMER) referrer training, acceptable to the organisation receiving referrals. This should cover the technical requirements of the referral documentation and relevant legal aspects of IRMER 2000. The training should be repeated at least every five years or when new regulations are issued.
* An initial competency assessment by a named GP in the general practice in which they are employed consisting of a minimum of 10 patient sign off of x-rays by a GP
* The AP is currently registered with the NMC
* The AP will work within the NMC code of conduct and will practice within their clinical and educational boundaries for their scope of practice. The AP will ensure they have appropriate indemnification and notify the indemnifiers of any changes to their role. Each AP is responsible for making sure they have appropriate cover for their role and scope of practice. <https://www.nmc.org.uk/registration/staying-on-the-register/professional-indemnity-arrangement/>

1. **Suitable Patients for Referral**

The process for checking suitability for referral will include:

* Undertaking a full clinical assessment by the AP
* Checking that the patients over the age of 18
* Giving a verbal explanation to the patient of why the referral is recommended
* Obtaining Verbal consent from the patient
* Recording of the above in the patient’s records

1. **Range of Diagnostic Examinations**

AP Referrals under this ESP are restricted to PLANAR x-ray examinations as follows:

* Chest
* lower limb up to an including the hip joint
* upper limb up to and including the shoulder

The following are excluded:

* Abdomen
* Pelvis
* Spine
* Head
* Any other modality (CT/MR/Ultrasound/Nuclear Medicine)
* People under the age of 18 years

The following may be excluded:

* Pregnant women or pregnancy unsure <http://www.cqc.org.uk/content/nigels-surgery-66-advanced-nurse-practitioners-anps-primary-care>; [https://www2.rcn.org.uk/\_\_data/assets/pdf\_file/0003/146478/003207.pdf](https://www.wessexlmcs.com/websitefiles/download/2872)

1. **Clinical Criteria; Chest X-rays**

Planar chest X-ray requests will be limited to the following symptomatic presentations, unexplained or persistent in excess of 3 weeks

* Unresponsive infection
* Cough
* Chest/shoulder pain
* Dyspnoea
* Weight loss and associated other chest symptoms
* Persistent hoarseness
* New haemoptysis
* Any deteriorating patient with acute shortness of breath or showing clinical signs of chest sepsis/pulmonary oedema/pleural effusions.

(<https://www.nice.org.uk/guidance/NG12/chapter/1-Recommendations-organised-by-site-of-cancer>)

* To monitor the effectiveness of treatments for heart failure/pleural effusions/chest infections.
* Any possible exposure to TB

Patients with an acute illness are to be referred directly to an Emergency Department or Acute Medical Assessment Unit.

1. **Clinical Criteria: Appendicular MSK**

Any un-resolved trauma greater than two weeks can be referred directly to radiology (i.e. where the patient is not likely to need treatment via ED)

The Ottawa rules will be used to identify the need for an ankle x-ray <http://cks.nice.org.uk/sprains-and-strains#!diagnosissub:1>

Patients with a suspected acute injury and suspected fracture are to be referred directly to an Emergency Department.

1. **Accountability**

* The employing General Practitioner has overall responsibility for the patient.
* The APs have joint accountability to patient, self, and GP for the patient.
* The AP will work within the NMC code of conduct and will practice within their clinical and educational boundaries for their scope of practice.
* The ESP is specific to the named AP and employing practice and is not directly transferable to another practice should the AP change employment.
* Ongoing clinical supervision needs to be agreed and established between the AP and a named GP in the employing practice.
* Agreed clear pathways of referral need to be agreed within the practice.
* This ESP is only for the APs, who meet the criteria in sections 1.8 and have undertaken the recognised IRMER training.
* The AP must be registered and named on the UHS “referrers” list.
* Initial assessments of competence to be performed by the employing GP.
* Interpretation of the x-ray image and documentation of the evaluation is the responsibility of the Radiological consultant.
* However, if any clarification is required the referrer should seek advice from the radiologist and GP
* It is the responsibility of the individual registered AP to remain updated.
* It is the responsibility of the individual registered AP to conduct an annual audit of their referrals to confirm they resulted in a change in patient management.

1. **Patient group**

AP Referrals under this ESP are restricted to adult patients over the age of 18 years of age registered with the referrers employing general practice.

1. **Patient exclusion criteria:**

* If the patient has had a recent CXR within three months
* If the patient has an acute illness which is likely to need urgent treatment
* Patients with suspected acute injury or suspected fracture
* A patient who re-attends with symptoms that have not improved from the initial presentation to the AP. This patient will be referred to a GP colleague for further assessment
* Aged under 18yrs of age
* Pregnant or pregnancy status unable to be ascertained, it is good practice to seek advice from a medical colleague and or midwife before proceeding for further examinations.

<http://www.cqc.org.uk/content/nigels-surgery-66-advanced-nurse-practitioners-anps-primary-care>; [https://www2.rcn.org.uk/\_\_data/assets/pdf\_file/0003/146478/003207.pdf](https://www.wessexlmcs.com/websitefiles/download/2872)

1. **Consent**

The AP will gain implied consent from the patient for treatment and this will be documented in the patient’s records.

If the patient declines then the AP will refer to the responsible doctor and document in the patient’s medical notes.

1. **Referral methodology**

PLANAR examinations will be requested using the same methodology as the General Practice, either electronically or paper based.

The following information must be included:

* Patient’s name
* Date of birth
* Current address and telephone number
* Relevant past and current medical history
* Practice name and address
* Date of referral
* Clinical presentation and symptoms together with any other relevant information to identify cause and or mechanisms of injury or disease
* Accurate details on what examination is requested and provisional diagnosis
* Printed name of referrer, status (AP) and signature

1. **Results acknowledgement**

It is the responsibility of the referrer and employing practice to have systems in place to ensure **ALL** results when returned to the practice are read, acknowledged and acted upon by a GP. (<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59817>)

1. **Assessment of AP competence**

A named GP currently registered with the GMC with employer status within the General Practice will be responsible for ensuring the AP is competent and fulfils the criteria in para 8.

1. **Assessment of Competence during the Learning Period** (measurable outcomes)**:**

* The AP will request a minimum of 10 x-rays and write in the patient notes which GP supervised the request
* The named GP will sign the AP as competent if all the requests have been appropriate
* Each AP is responsible for remaining updated on changes in practice and own clinical knowledge
* The AP will document in the patient’s medical notes why and when the x-ray investigation has been ordered
* The AP and practice will ensure the x-ray result is reviewed by a GP.
* An audit will be undertaken by the AP over an initial four week period to ensure that 100% of any radiological examination requested by APs is appropriate and encourage reflection on practice under clinical supervision.
* If no referrals are made within this four week period then the AP and GP must agree between them what is the time period they will accept to ensure safety and competency.
* Documentation and evidence will be required and made available if necessary
* Any breach of the ESP or safety concerns identified by the radiology department will be reported to the GP and employing practice and the Trust reserves the right to refuse permission for further referrals
* The GP and employing practice are responsible for notifying the Radiology Department(s) of any changes to the agreed ESP and the addition or deletion of named AP’s working to this ESP.

1. **Ongoing Monitoring and audit**

The ESP protocol for the procedure and documentation must be adhered to.

The ESP protocol is approved and monitored by Trust Care Group management Team and the referrers employing GP.

The AP will document in the patient’s medical notes why and when the radiological investigation has been ordered.

The AP will ensure:

* The radiological outcome is reviewed by a GP
* The result is written in the notes and if necessary acted on
* An annual audit will be carried out by the AP to ensure that 100% of the radiological investigations requested by APs have an explanation for the reason for referral and a documented medical review once the investigation has been carried out.

**This ESP has been approved and agreed by:**

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| --- | --- | --- | --- |
| **Title** | **Name** | **Signature** | **Date** |
| **NHS Trust**:  Clinical Lead Radiologist, |  |  |  |
| **Practice:**  Lead General Practitioner |  |  |  |

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| --- | --- | --- | --- |
| Advanced Practitioner(s)  Authorised to refer under this ESP | **Name** | **Signature** | **Date** |
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| Practice Address |  |
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