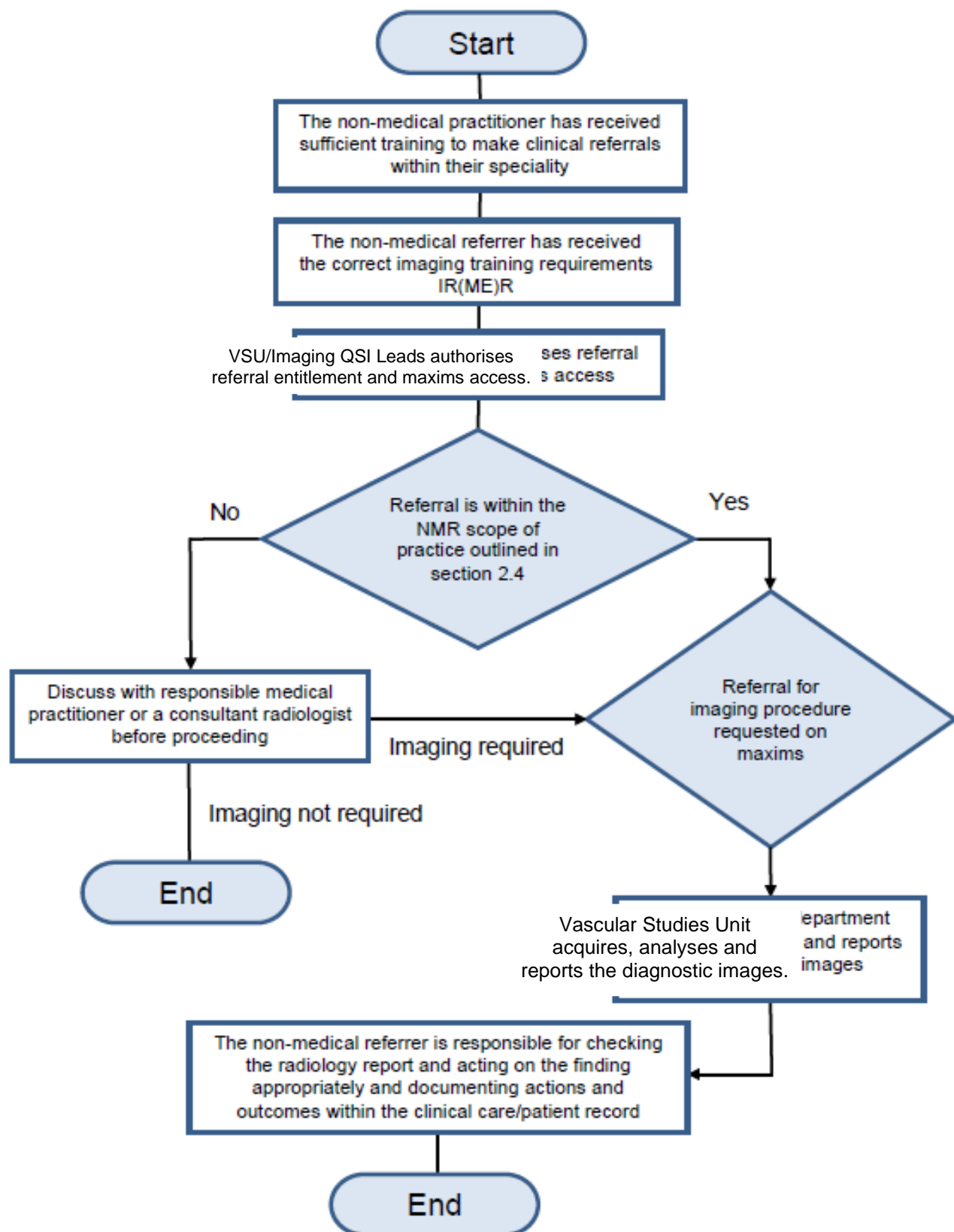


Vascular Studies Unit (VSU) Imaging requests by Renal Nurse Specialists Clinical Guideline

V1.0

June 2025

Summary



1. Aim/Purpose of this Guideline

- 1.1. This protocol applies to Renal Nurse Specialists who are undertaking the role of 'referrer' under the IR(ME)R [Ionising Radiation (Medical Exposure) Regulations] in NHS Health settings.
- 1.2. The purpose of this protocol is to authorise appropriately qualified non-medical practitioners to request specified vascular ultrasound imaging examinations, adhering to the Ionising Radiation Regulations IR (ME)R.
- 1.3. Referrer: in the context of this protocol the term 'referrer' stipulates a health care professional who is authorised to request individuals for imaging procedures within their agreed scope of practice.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Responsibilities

The non-medical Practitioner in acting as referrer must do so in accordance with IR(ME)R and the RCHT Radiation Safety Policy. The non-medical practitioner must have received sufficient training and be assessed as competent to make clinical imaging referrals. The non-medical practitioner's clinical supervisor and Lead Clinical Vascular Scientist are responsible for ensuring that the appropriate training has been undertaken.

2.2. Class of Healthcare Professional and Approved Clinical Areas

This protocol applies to Renal Nurse Specialists.

2.3. Training and Education

All practitioners must have:

- Completed IR(ME)R training.

- Adhere to the [‘Referral, Justification and Reporting of Vascular Studies Unit Diagnostic Procedures Policy’](#).
- Completed local Vascular Studies Unit report interpretation training.

A list of authorised referrers and clinical supervisors will be retained by the Lead Clinical Vascular Scientist, Vascular Studies Unit.

2.4. Description of the Procedures/examination codes to which the protocol applies

- Post Arterio-Venous Fistula (AVF) Duplex (UDDA) to assess function of:
 - Upper limb arterial mapping (pre-AVF creation) – UAAMB/UAAML/UAAMR.
 - Upper limb venous mapping (pre-AVF creation) – UAVMB/UAVML/UAVMR.
- Carotid/Vertebral artery Duplex for patient(pre-renal transplant) – UDCAB/UVTAB.
- Ilio-femoral artery Duplex (pre-renal transplant) – UAILB.

2.5. Referral Process and Excluded Areas

- 2.5.1. The clinical information must state clinical history including previous interventions, clinical findings, potential diagnosis and the specific area/limb to be examined.
- 2.5.2. If the non-medical referrer is in doubt as to whether an investigation is required or what is most appropriate, they will discuss with the responsible medical practitioner or a Clinical Vascular Scientist prior to requesting.
- 2.5.3. The non-medical referrer will be informed of any significant findings as per the Referral, Justification and Reporting of Vascular Studies Unit Diagnostic Procedures Policy. The non-medical referrer is responsible for checking the Vascular Studies report and acting on the findings appropriately.
- 2.5.4. In the case of an unexpected adverse finding, refer to the Referral, Justification and Reporting of Vascular Studies Unit Diagnostic Procedures Policy. The non-medical referrer will discuss this with the responsible medical practitioner within 24 hours of receipt of the report or, if on a Friday, the next working day.

2.5.5. Excluded Areas

All examinations and patient groups not defined within this protocol. The non-medical practitioner must not operate under this protocol in clinical areas not specified within section 2.4.

2.5.6. Excluded Patients

Children under the age of 18 years of age.

2.6. Unexpected and Adverse Findings

The Vascular Studies Unit are responsible for acquiring, analysing and reporting of diagnostic images, to enable the non-medical referrer to make an informed clinical decision. In the case of unexpected or adverse findings including those outside of the practitioner's scope of practice, the professional and clinical responsibility to act on the information appropriately remains with the non-medical referrer who must discuss the findings with the medical practitioner who hold overall responsibility for the patient i.e. Consultant. Depending upon the urgency of the case this must be immediate action or within the next working day. All discussions will be documented (within the clinical care/patient record) and must include actions and outcomes; this record must be open to audit.

2.7. Documentation

All documentation will be in compliance with the Vascular Studies Unit requirements and the RCHT Standards of Record Keeping. It is a requirement of the Vascular Studies Unit that all non-medical referrers document their job title on the request; failure to do so may result in the examination request being declined.

2.8. Audit and Risk Management

The non-medical referrer will audit their practice regularly. Any clinical incident that arises as a result of requesting Vascular Studies imaging must be reported appropriately. Audit results will be reported to the named clinical supervisor and line manager as documented on the VSU IR(ME)R database.

2.9. Continuing Professional Development

Each non-medical referrer is responsible for maintaining their professional development.

2.10. Accredited and authorised Healthcare Practitioners

All specimen signatures are found on the IR(ME)R Entitlement Referrer Form and held by Clinical Imaging. All names will be added to the IR(ME)R referrer database held by the Clinical Imaging Department and Vascular Studies Unit.

3. Monitoring compliance and effectiveness

The non-medical referrer will audit their practice regularly as part of continued professional development and should be included within their annual performance appraisal. Any incident that arises as a result of the non-medical referrer requesting, will be reported through the Trust Datix system and managed as per Trust policy. On an annual basis the Vascular Studies Unit will also audit the practice of the non-medical referrer against this protocol; any results will be discussed at the Vascular Surgery Clinical Governance Group [VSCGG] and shared with the individual or team affected, including their line management.

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Requesting within the scope of this protocol. A yearly NMR audit will be undertaken to ensure requesting is within agreed scopes of practice. NMR must audit their practice regularly and share results with the Vascular Studies team.
Lead	Vascular Studies Lead Clinical Vascular Scientist. Non-medical referrer and or supervisors.
Tool	Monitor imaging requests made through the hospital ordercoms (maxims) system via the Clinical Radiology Information System [CRIS].
Frequency	Referrers requested will be checked on CRIS over a three-month period, those referrers who are not requesting correctly will be investigated further by looking retrospectively at the previous 12 months referrals. If referring issues arise, additional training will be provided, and individual audits will be considered.
Reporting arrangements	Audits will be reported to the Vascular Surgery Clinical Governance Group, which meets monthly. Minutes of the meeting will record decisions and any necessary actions.
Acting on recommendations and Lead(s)	Any recommendations will be communicated to the non-medical referrer and their clinical supervisor immediately.
Change in practice and lessons to be shared	Discussed and communicated from the Vascular Surgery Clinical Governance Group.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Vascular Studies Unit (VSU) Imaging Requests by Renal Nurse Specialists Clinical Guideline V1.0
This document replaces (exact title of previous version):	New Document.
Date Issued/Approved:	December 2024
Date Valid From:	June 2025
Date Valid To:	June 2028
Directorate / Department responsible (author/owner):	Daniela Bond-Collins, Lead Clinical Vascular Scientist.
Contact details:	01872 253190 / 01872 255186 Rch-tr.vascularstudies@nhs.net
Brief summary of contents:	A protocol to enable non-medical practitioner to request vascular studies imaging procedures within their scope of practice.
Suggested Keywords:	Non-medical referrer vascular imaging IR(ME)R.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Vascular Surgery Clinical Governance Group. Specialty Services and Surgery Governance Group. General Surgery and Cancer Care Group Governance Meeting.
Manager confirming approval processes:	Ian McGowan.
Name of Governance Lead confirming consultation and ratification:	Suzanne Atkinson
Links to key external standards:	Ionising radiation (Medical Exposure) Regulations.
Related Documents:	<ul style="list-style-type: none"> RCHT Positive Patient Identification Policy and Procedures.

Information Category	Detailed Information
	<ul style="list-style-type: none"> • RCHT Consent to Examination or Treatment Policy. • Management of Information, Records and Data Quality Policy. • Referral, Justification and Reporting of Vascular Studies Unit Diagnostic Procedures Policy.
Training Need Identified?	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Vascular

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
December 2024	V1.0	Document created	Daniela Bond-Collins, Lead Vascular Scientist

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Vascular Studies Unit (VSU) Imaging Requests by Renal Nurse Specialists Clinical Guideline V1.0
Directorate and service area:	Vascular, General Surgery and Cancer Services.
Is this a new or existing Policy?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Daniela Bond-Collins, Lead Vascular Scientist.
Contact details:	01872 253190 / 01872 255186

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To authorise appropriately qualified non-medical practitioners to request specified X-ray examinations, adhering to the ionising radiation Regulations IR(ME)R and the Royal College of Radiologists guidelines.
2. Policy Objectives	To enable appropriately trained Renal Nurse Specialists to request the specified vascular studies ultrasound examinations.
3. Policy Intended Outcomes	To ensure that vascular ultrasound referrals are made by an appropriately trained practitioner and within a specific remit.
4. How will you measure each outcome?	Patients through prompt assessment and appropriate referral as appropriate.
5. Who is intended to benefit from the policy?	Patients through prompt assessment and appropriate referral as appropriate.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/ visitors: No Local groups/ system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Renal Specialist Team. Vascular Surgeons. Clinical Imaging.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Daniela Bond-Collins, Lead Clinical Vascular Scientist, Vascular Studies Unit.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)