CLINICAL GUIDELINE FOR CLINICAL IMAGING REFERRALS
BY ANTI-COAGULANT NURSE SPECIALISTS EMPLOYED BY
RCHT

1. Aim/Purpose of this Guideline
1.1 This Protocol applies to anticoagulant nurse specialists working in RCHT who are
undertaking the role of ‘referrer’ under the Ionising Radiation (Medical Exposure)
Regulations IR(ME)R. Referrer, in the context of this protocol the term ‘referrer’ refers
to a health care worker who is authorised to refer individuals for X-rays. The purpose
of this protocol is to authorize appropriately qualified non-medical practitioners to
request specified x-rays examinations, adhering to the Ionising Radiation Regulations
IR (ME)R and the Royal College of Radiologist Guidelines

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
the Radiation Protection Advisor (RPA) are responsible for ensuring that the
appropriate training has been undertaken.

2.2. Class of Healthcare Professional and Approved Clinical Areas
Anticoagulant nurse specialists employed by the Royal Cornwall Hospitals NHS
Trusts.

2.3. Training and Education
This protocol applies to anticoagulant nurse specialists with post registration
training and education in anticoagulation therapy competent to examine and
assess patients for clinical imaging.
All practitioners must have completed:

- Specific training and education in clinical assessment of the anatomical
  sites stated in this protocol
- All practitioners must have completed IR(ME)R training
- A list of authorised referrers will be retained by Medical directorate and the
  Clinical Imaging Department.

2.4. Description of the Procedures to which the protocol applies
- Chest x ray – for patients who present with idiopathic DVT as per NICE
guidance

http://publications.nice.org.uk/venous-thromboembolic-diseases-the-
management-of-venous-thromboembolic-diseases-and-the-role-of-
cg144/guidance
2.5. Referral Process and Excluded Areas.

- The clinical information must state clinical history, clinical findings, potential diagnosis and the specific area and side to be examined.

- If the anticoagulation nurse specialist is in doubt as to whether an investigation is required or which is most appropriate, they will discuss the case with the responsible medical practitioner or a Consultant Radiologist prior to requesting.

- The anticoagulation nurse specialist will be informed of any significant radiological findings. **The anticoagulation nurse specialist will be responsible for checking the radiology report and acting on the findings appropriately.**

- In the case of an unexpected adverse finding the anticoagulation nurse specialist will discuss this with the responsible medical practitioner within 24 hours of receipt of the report or if on Friday the next working day. These discussions will be via telephone or in person.

2.5.1. 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 with section 2.5.

2.5.2. Excluded Patients

- Children under 18 years of age
- Patients who are, or may be, pregnant

2.6. Unexpected & Adverse Findings

The Clinical Imaging Department is responsible for acquiring, analyzing and reporting of diagnostic images, to enable anticoagulation nurse specialists 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 anticoagulation nurse specialists. The anticoagulation nurse specialists must discuss the findings with the medical practitioner who holds overall responsibility for the patient i.e. Consultant/ General Practitioner. Depending upon the urgency of the case this must be immediate action or within the next working day. All discussions will be documented (within 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 Department of Clinical Imaging requirements and the RCHT Standards of Record Keeping. It is a requirement of the Clinical Imaging Department that all non-medical referrers document their job title on the request; failure to do so may result in the examination being declined.
2.8. Continuing Professional Development
As a result of ongoing audit, any anticoagulation nurse specialist currently requesting imaging who falls below the agreed standard, in terms of inappropriateness of requesting, will be withdrawn from the scheme and further training given until the required standard is met.

Each anticoagulation nurse specialist is responsible for maintaining their professional development.

2.9. Accredited and authorized 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 also held by clinical imaging.

3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Requesting within the scope of this protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Deputy Clinical Imaging Lead/ Consultant GI Radiographer</td>
</tr>
<tr>
<td>Tool</td>
<td>A minimum sample of 10 randomly selected practitioners will be audited to ensure requesting is within the scope of practice dictated by this protocol. Where there are less than 10 requesters, all practitioners will be sampled</td>
</tr>
<tr>
<td>Frequency</td>
<td>Quarterly basis</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Audits are reported to the Clinical Imaging Governance group which meets on a 2 weekly basis. Minutes of the meeting will record decisions and actions, these are produced by the Imaging PACS team.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Any actions will be instigated by the Deputy CI lead within 1 month. This will be in conjunction with the requesters' line manager.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned with immediate effect. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>

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 & Human Rights 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

| Document Title | CI.REF.PPG.29  
CLINICAL GUIDELINE FOR CLINICAL IMAGING REFERRALS BY ANTI-COAGULANT NURSES SPECIALISTS EMPLOYED BY RCHT |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Date Issued/Approved:</strong></td>
<td>Jan 2016</td>
</tr>
<tr>
<td><strong>Date Valid From:</strong></td>
<td>Jan 2016</td>
</tr>
<tr>
<td><strong>Date Valid To:</strong></td>
<td>Jan 2019</td>
</tr>
<tr>
<td><strong>Directorate / Department responsible (author/owner):</strong></td>
<td>Christine Bloor: Consultant Radiographer</td>
</tr>
<tr>
<td><strong>Contact details:</strong></td>
<td>01872 252285</td>
</tr>
<tr>
<td><strong>Brief summary of contents</strong></td>
<td>A protocol to enable Anticoagulant Nurses to request imaging procedures within their scope of practice.</td>
</tr>
<tr>
<td><strong>Suggested Keywords:</strong></td>
<td>Imaging, x-ray, request, practitioner, radiology, IRMER, non medical</td>
</tr>
<tr>
<td><strong>Target Audience</strong></td>
<td>RCHT, PCH, CFT, KCCG</td>
</tr>
<tr>
<td><strong>Executive Director responsible for Policy:</strong></td>
<td>Nurse Executive</td>
</tr>
<tr>
<td><strong>Date revised:</strong></td>
<td>Jan 2016</td>
</tr>
<tr>
<td><strong>This document replaces (exact title of previous version):</strong></td>
<td>CLINICAL GUIDELINE FOR CLINICAL IMAGING REFERRALS BY ANTI-COAGULANT NURSES SPECIALISTS EMPLOYED BY RCHT</td>
</tr>
</tbody>
</table>
| **Approval route (names of committees)/consultation:** | CICG  
Governance DMB CSSC |
| **Divisional Manager confirming approval processes** | Sally Kennedy, Divisional Director CSSC |
| **Name and Post Title of additional signatories** | Not required |
| **Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings** | {Original Copy Signed}  
Name: Janet Gardner, Governance Lead CSSC |
Signature of Executive Director giving approval

{Original Copy Signed}

Publication Location (refer to Policy on Policies – Approvals and Ratification):

Internet & Intranet ✓ Intranet Only

Document Library Folder/Sub Folder

Clinical / clinical imaging

Links to key external standards

Ionising Radiation (Medical Exposure) Regulations

Related Documents:

RCHT Patient Identification Policy
RCHT Consent to Treatment/Examination
RCHT Standards of Record Keeping
RCHT Radiation Safety Policy

Training Need Identified?

no

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/06/2013</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Naomi Burden Governance Radiographer</td>
</tr>
<tr>
<td>20.1.2016</td>
<td>V2.0</td>
<td>Format updated</td>
<td>Naomi Burden Governance Radiographer</td>
</tr>
</tbody>
</table>

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

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
### Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of individual completing assessment: N. Burden</th>
<th>Telephone: 01872 25 5086</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Directorate and service area: Imaging, CSSC</th>
<th>Is this a new or existing Policy? Existing</th>
</tr>
</thead>
</table>

1. **Policy Aim**
   - Who is the strategy / policy / proposal / service function aimed at?
   - To authorize 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 practitioners to request the specified X-Ray examinations.

3. **Policy – intended Outcomes**
   - To ensure that X-Ray referrals are made by an appropriately trained practitioner and within a specific remit.

4. **How will you measure the outcome?**
   - On going monitoring by the requesting practitioner and Clinical Imaging department

5. **Who is intended to benefit from the policy?**
   - Patients through prompt assessment and appropriate referral as appropriate.

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?
   - No

   b) If yes, have these *groups been consulted?

   c) Please list any groups who have been consulted about this procedure.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>X</td>
<td></td>
<td>This policy allows the Nurse to write referrals for an X-Ray examination for all patients over 18 years old.</td>
</tr>
<tr>
<td><strong>Sex</strong> (male, female, transgender / gender reassignment)</td>
<td>X</td>
<td>The Nurse would discuss any needs with the radiographer, to ensure good image quality. Patient information is available in different formats. The department’s comforter and carer policy can allow carer’s or others to remain with patient if extra support is needed.</td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities / groups</td>
<td>X</td>
<td>This group is not distinguished within the protocol. The Nurse is expected to communicate any needs to the Imaging team.</td>
<td></td>
</tr>
<tr>
<td><strong>Disability</strong> - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>X</td>
<td>The Nurse is expected to consider the patients holistic needs, as is the Radiographer during interactions. Should the patient be required to remove any items during the examination this will be discussed and consent obtained.</td>
<td></td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
<td>X</td>
<td>Gender will not be an issue under this protocol unless the patient is suspected/confirmed pregnant and radiation protection protocols will be applicable and medical opinion will be sought.</td>
<td></td>
</tr>
<tr>
<td><strong>Marriage and civil partnership</strong></td>
<td>X</td>
<td>The protocol has measures in place to detect pregnancy and actions should the patient be pregnant.</td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
<td>X</td>
<td>Racial groups are not affected by this protocol.</td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
<td>X</td>
<td>This group is not distinguished within the protocol.</td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  
   | **Yes** | **No** |

9. If you are not recommending a Full Impact assessment please explain why.

No issues identified

Signature of policy developer / lead manager / director  
N. Burden

Date of completion and submission  

Names and signatures of members carrying out the Screening Assessment  
1. Naomi Burden  
2. 

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.
Signed ________________

Date ________________