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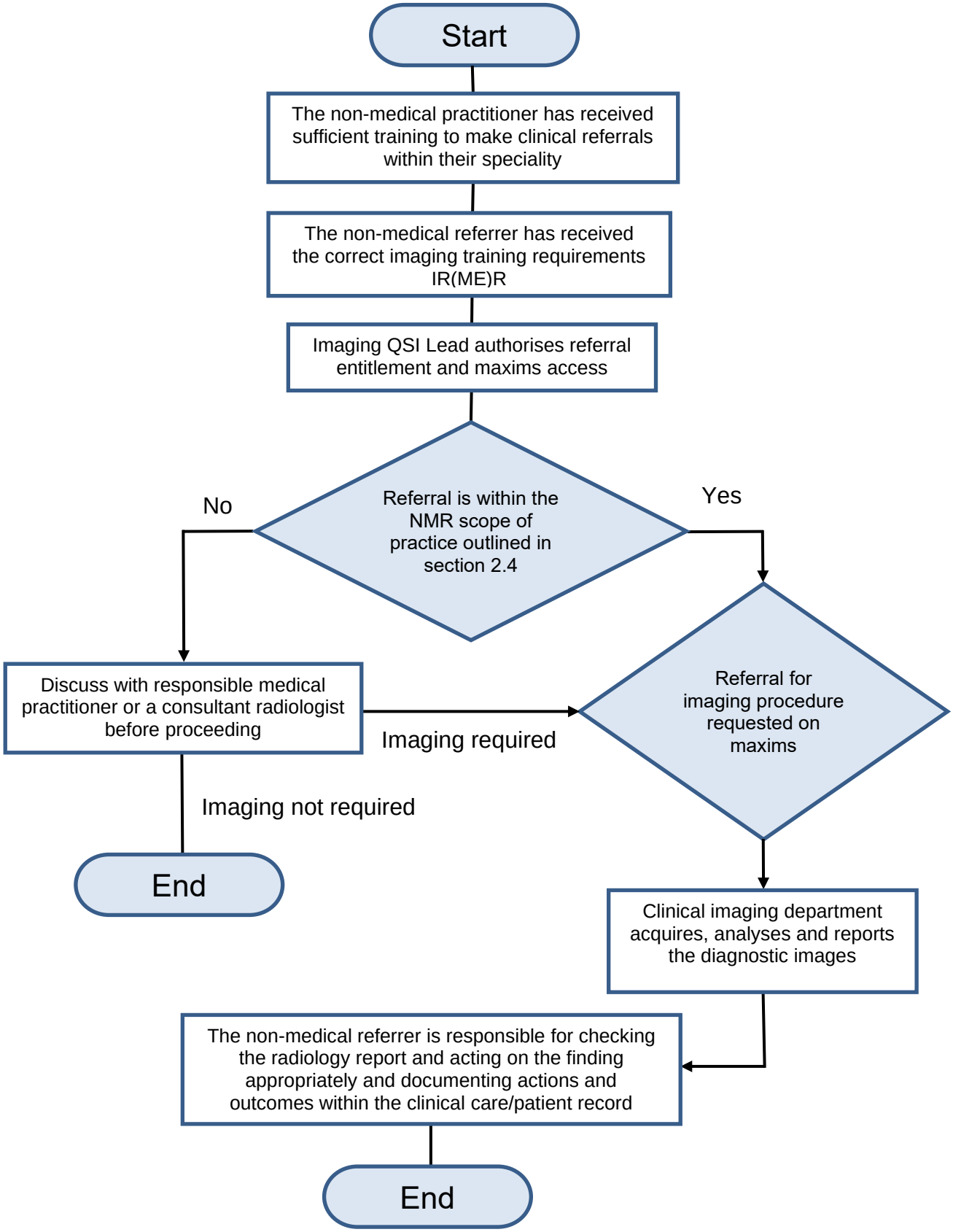
Royal Cornwall Hospitals NHS Trust

Imaging Requesting for Clinical Nurse Specialists in Rheumatology Clinical Guideline

V3.0

August 2022

Summary


Start
The non-medical practitioner has received sufficient training to make clinical referrals within their speciality
The non-medical referrer has received the correct imaging training requirements IR(ME)R
Imaging QSI Lead authorises referral entitlement and maxims access
Referral is within the NMR scope of practice outlined in section 2.4
No
Yes
Discuss with responsible medical practitioner or a consultant radiologist before proceeding
Imaging required
Imaging not required
End
Referral for imaging procedure requested on maxims
Clinical imaging department acquires, analyses and reports the diagnostic images
The non-medical referrer is responsible for checking the radiology report and acting on the finding appropriately and documenting actions and outcomes within the clinical care/patient record
End

1. Aim/Purpose of this Guideline

1.1. This protocol applies to Registered Clinical Nurse Specialists [CNS] in the Rheumatology Department, based at the Royal Cornwall Hospitals Trust [RCHT], 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 imaging examinations, adhering to the Ionising Radiation Regulations IR(ME)R, MHRA Safety Guidelines for MRI Equipment in Clinical Use and the Royal College of Radiologist Guidelines (i-Refer).

1.3. Referrer: in the context of this protocol the term 'referrer' stipulates a health care worker who is authorised to request individuals for imaging procedures within their agreed scope of practice.

1.4. This version supersedes any previous versions of this document.

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

The Trust has a duty under the Data Protection Act 2018 and 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 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 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 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

This protocol applies to Registered Clinical Nurse Specialists in the Rheumatology Department.

2.3. Training and Education

All practitioners must have:

- Completed IR(ME)R training
- Be employed as a Band 6 Rheumatology Clinical Nurse Specialist within Royal Cornwall Hospitals Trust
- Specific training and education in clinical assessment of the anatomical sites, where applicable, stated in this protocol
- Achieved In house training and competency
- All practitioners must have completed local online IR(ME)R training

A list of authorised referrers will be retained by the Individual Clinical Department and the Clinical Imaging Department.

2.4. Description of the Procedures to which the protocol applies

- Patients commencing on to biological or targeted synthetic DMARDs
- Patients commencing on to conventional DMARDs, e.g. methotrexate
- Patients who present with respiratory symptoms which may be related to their disease or a potential side effect of treatment
- To aid in differentiating between inflammatory and degenerative symptoms

The CNS may also request the following X-ray or Ultrasound examinations, following appropriate clinical examination or discussion with consultant/registrar:

- Hands, feet, wrists, elbows, shoulders, hips, knees, ankles
- Where clinically indicated, patients who require monitoring for erosions in hands and feet

The request rationale and planned review of the image must be fully documented in the patients notes.

2.5. Referral Process and Excluded Areas

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

2.5.2. If the CNS in Rheumatology 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.

2.5.3. The Rheumatology CNS will be informed of any significant radiological findings as per the Policy. For the Referral Justification and Reporting In Clinical Imaging. **The non-medical referrer will be responsible for checking the radiology report and acting on the findings appropriately**.

2.5.4. In the case of an unexpected adverse finding, refer to the Policy. For the Referral Justification and Reporting In Clinical Imaging. **The Rheumatology CNS referrer will discuss this with the responsible medical practitioner within 24 hours of receipt of the report or, if on 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 with section 2.4.

2.5.6. **Excluded Patients**

- Children under 18 years of age
- Patients who are, or may be, pregnant If an **X-ray examination**

is deemed necessary due to overriding clinical reasons in a patient who is or may be pregnant the referral must be made by a Doctor

2.6. **Unexpected & Adverse Findings**

The Clinical Imaging Department is responsible for acquiring, analysing and reporting of diagnostic images, to enable the CNS in Rheumatology 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 CNS in Rheumatology who 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. **Audit and Risk Management**

The non-medical referrer will audit their practice regularly. Any clinical incident that arises as a result of requesting Clinical Imaging must be reported appropriately. Audit results will be reported to the CNS in Rheumatology's clinical supervisor (Dr David Hutchison) and line manager (Chris Mitchell).

2.9. **Continuing Professional Development**

As a result of on-going audit any CNS in Rheumatology currently requesting X-rays falling 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 CNS in Rheumatology 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 also held by the Clinical Imaging Department.

3. Monitoring compliance and effectiveness

The non-medical referrer will audit their practice regularly as part of continual professional development and should be included within annual performance appraisal. Any clinical 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 Imaging Department will also audit the practice of the non-medical referrer against this protocol; any results will be discussed at Clinical Imaging Clinical Governance Group [CICGG] 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 Clinical Imaging team.
Lead	Imaging Quality and Service Improvement Lead. Non-medical referrer and or supervisors.
Tool	Monitor imaging requests made through the hospital ordercoms (maxims) system.
Frequency	Referrals requested will be checked on ordercoms 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, individual audits will be considered.
Reporting arrangements	Audits will be reported to the Clinical Imaging Clinical Governance Group, which meets on a monthly basis. Minutes of the meeting will record decisions and any necessary actions.
Acting on recommendations and Lead(s)	Any recommendations will be communicated to the referrer and their supervisor immediately.

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	Discussed and communicated from Clinical Imaging 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, Inclusion & 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

Information Category	Detailed Information
Document Title:	Imaging Requesting for Clinical Nurse Specialists in Rheumatology Clinical Guideline V3.0.
This document replaces (exact title of previous version):	Imaging Requesting for Clinical Nurse Specialists in Rheumatology Clinical Guideline V2.1.
Date Issued/Approved:	July 2022.
Date Valid From:	August 2022.
Date Valid To:	August 2025.
Directorate/Department responsible (~~author~~/owner):	Clinical Support Care Group/Clinical Imaging/Glenda Shaw, Quality and Service Improvement Lead.
Contact details:	01872 255086.
Brief summary of contents:	Guideline to outline the imaging examinations which Rheumatology CNS based at Royal Cornwall Hospital can request.
Suggested Keywords:	Non-medical referrer clinical imaging IR(ME)R Rheumatology Clinical Nurse Specialist CI.REF.PPG.35.
Target Audience:	RCHT: Yes CFT: No KCCG: No

Information Category	Detailed Information
Executive Director responsible for Policy:	Medical Director.
Approval route for consultation and ratification:	Clinical Imaging Governance Group. Clinical Support Care Group Governance Meeting.
General Manager confirming approval processes:	Richard Andrzejuk, Care Group General Manager Clinical Support.
Name of Governance Lead confirming approval by specialty and care group management meetings:	Kevin Wright.
Links to key external standards:	Ionising radiation (Medical Exposure) Regulations.
Related Documents:	• RCHT Positive Patient Identification Policy and Procedures • RCHT Policy for Consent to Examination or Treatment • RCHT Policy to Manage Information and Records • RCHT Ionising Radiation Safety Policy
Training Need Identified?	Yes – completion of local online IRMER training.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet.
Document Library Folder/Sub Folder:	Clinical/Clinical Imaging.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by (Name and Job Title)
March 2015	1.0	Document created.	H. Austin, CNS Rheumatology.
May 2019	2.0	Revision and reformatted into new template.	Hayley Austin, CNS Rheumatology. Heidi Clode, CNS Rheumatology.
December 2019	2.1	Section 2.4 copy updated.	Hayley Austin, CNS Rheumatology. Heidi Clode, CNS Rheumatology.
July 2022	3.0	Mandatory 3-year review. Trust template updated. Minor updates to Section 2.	Hayley Austin, CNS Rheumatology. Heidi Clode, CNS Rheumatology

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 & Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/ service function to be assessed:	Imaging Requesting for Clinical Nurse Specialists in Rheumatology Clinical Guideline V3.0.
Directorate and service area:	Clinical Imaging.
Is this a new or existing Policy	Existing.
Name of individual completing EIA (should be completed by an individual with a good understanding of the service/policy):	Glenda Shaw, Imaging QSI Lead.
Contact details:	01872 255086.

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 Rheumatology CNS 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 Rheumatology CNS to request the specified X-ray examinations.

Information Category	Detailed Information
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 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.
6a. Who did you consult with (Please select *Yes* or *No* for each category)	• 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.	Rheumatology CNS team.
6c. What was the outcome of the consultation	Equality Impact considered and decided that no full impact assessment required.
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	
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:
Glenda Shaw, Imaging QSI Lead.
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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