

Policy for the Requesting of Diagnostic Investigations for Advanced Non-Medical Practitioners

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New or Replacement:	Replacement
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Executive sponsor:	Pauline Pratt Acting Chief Nurse
Approved by (name of committee):	Clinical Effectiveness Steering Committee
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Review date:	July 2019

Policy is:	Trust-wide
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References/ Bibliography:

Clinical imaging requests from non-medically qualified professionals. London 2008. Royal College of Nursing, Society of College of Radiographers, General Chiropractic Council, General Orthopaedic Council, Chartered Society of Physiotherapists, NHS Alliance, The Royal Society of Radiologists.

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1.0 Introduction

- 1.1 This policy aims to ensure that patients remain at the centre of care by improving timely access to diagnostic procedures.
- 1.2 This policy aims to ensure that high standards of patient safety are maintained by supporting the developing a more robust and sustainable future workforce within ULHT.
- 1.3 Advanced non-medical practitioners working in extended roles are now key providers of healthcare across all settings within the NHS.
- 1.4 The delivery of right skills, at the right place, at the right time is key to providing optimal patient centred care.
- 1.5 The development of advanced practice roles presents significant opportunities for the delivery of high quality patient focussed care and service development.
- 1.6 For the purposes of this document an advanced non-medical practitioner is a registered professional normally a nurse or profession allied to medicine who has developed skills, theoretical knowledge and competence to the same standard and is empowered by the Trust to make high level and complex decisions. It is essential that practitioners who take on new roles are aware of the legal boundaries relating to their role and that they have sufficient training to ensure that they can perform he role to a required standard.
- 1.7 The Diagnostics Directorate fully supports the requesting of radiological examinations by nurses and other health care professionals providing that this has been agreed by the directorate in advance for each individual practitioner. Each individual practitioner must agree to undertake the necessary training, make requests that comply with agreed protocols, and must fully understand their responsibilities in respect of their extended role.

2.0 Legal Boundaries

2.1 The requesting (referral) of diagnostic examinations involving ionising radiation is regulated by the Ionising Radiation Medical Exposure Regulations (IRMER). The regulations define the 'referrer' as 'a registered health care professional who is entitled in accordance with the employer's procedures to refer individuals for medical exposure to a practitioner', where a 'practitioner' is an individual who justifies the exposure (i.e. radiologist, radiographer).

2.2 The duties of a referrer are described as follows:

2.2.1 They have undergone the necessary training in respect of IRMER and are able to explain the risks of radiation to the patient being referred

2.2.2 This regulation requires that exposures can only be carried out when justified by the practitioner. Strictly, the referrer is requesting a clinical opinion from the practitioner, not ordering an X-ray examination.

2.2.3 Non-medical healthcare professionals may therefore be 'referrers' under these regulations provided –

- They have the competence to provide the medical data required to enable the practitioner who will undertake the examination (usually a radiologist or radiographer) to decide whether there is net benefit to the patient from the exposure.
- They have the agreement of their employer that this task can be part of their role
- They have undergone the necessary training in respect of the Ionising Radiation (Medical Exposure) Regulations 2000 and are able to explain the risks of radiation to the patient being referred
- The entitlement to act as referrer will specify the scope of referrals i.e. the types or range of conditions for which the healthcare professional can be the referrer.
- The healthcare professional understands the nature of the individual liability imposed for acting outside the terms of the agreed protocol
- The healthcare professional understands that the entitlement to act as referrer will be withdrawn if they disregard protocol or attempt to make referrals for examinations for which they are not entitled to refer
- The healthcare professional must achieve and maintain high standards of competence and only provide services for which they are qualified by education, training and experience and which are within their professional competence.
- The healthcare professional should not undertake any aspect of work that he/she knows or believes to be outside their competence.

3.0 Purpose of Policy

3.1 To facilitate the requesting of diagnostic investigations by non-medical practitioners working at an advanced level.

- 3.2 To improve the delivery of high quality patient focused care while reducing patient and corporate risk.
- 3.3 To support the Trust in the development of a high quality sustainable workforce.
- 3.4 To place the emphasis on quality assurance and best clinical practice that can be monitored and management at business unit level for the benefit of patients.
- 5.5 To facilitate the introduction of advanced practice roles within ULHT that offer improves outcomes for patients.

4.0 Objectives

- 4.1 To enable non-medical advanced practitioners to request diagnostic investigations (ionising and non-ionising i.e. ultrasound).

5.0 Scope

- 5.1 This policy is aimed at advanced non-medical practitioners that have undergone a period of training and achieved a level of competence that is recognised by the Trust and reflected in their role and job description.
- 5.2 Advanced non-medical practitioners must agree the range of diagnostic procedures with their Clinical Director (CD) and provide a list to agreed investigations to the diagnostic department using appendix 1.

6.0 Qualification(s)

- 6.1 All non-medical advanced practitioners intending to request diagnostic investigations must have demonstrated sufficient knowledge and competence to:
 - Assess a patient's clinical condition.
 - Undertake a thorough medical history demonstrated by the possession of a History Taking and Physical Assessment qualification.
 - Be able to formulate a differential diagnosis and clinical management plan using results from the investigation they are requesting.
- 6.2 Evidence would normally be a relevant degree (preferably a higher degree) supported by observed clinical practice (Direct Observation of Procedural Skills/ Case Based Discussion) with continued 'fit to practice' assessment at annual appraisal.

7.0 Eligibility to request diagnostic investigations

- 7.1 Non-Medical advanced practitioners may only request diagnostic investigations for patients who are on their caseload or the caseload of a

colleague for whom they are acting as relief under the direct / indirect supervision of a senior doctor (normally a consultant). The supervising clinician does not need to be physically present but does need to be available for consultation when requested.

- 7.2 As with all other registered professionals advanced non-medical practitioners are state registered and are responsible and accountable for their own professional practice to their registering professional body. However, as with all non-consultant grades, the admitting consultant maintains ultimate responsibility for the patient.
- 7.3 All advanced non-medical practitioners are expected to present feedback and discuss their requesting diagnostic investigation practice, benefit to patients and the service and assure on-going competence at their annual appraisal.
- 7.4 Annual appraisals for advanced non-medical practitioners MUST be tripartite in nature and involve their line manager and a senior clinical supervisor.
- 7.5 If the diagnostic procedure requested utilises ionising radiation the practitioners MUST be able to demonstrate that they have had IRMER training and have maintained their competencies. It is recommend that IRMER training is updated three yearly.
- 7.6 All advanced non-medical practitioners using this policy MUST have in their job description the statement 'required to request and interpret investigations'

8.0 Associated documentation

- 8.1 Diagnostic procedures that require the administration of pharmaceuticals (other than those required to perform the investigation itself i.e. contrast) can only be requested by registered non-medical prescribers. for reference please refer to ULHT Policy on Non-Medical Prescribing 2013

9.0 Implementation, Monitoring and Review

- 9.1 Following approval the policy will be posted on the Trust website to aid dissemination and circulated to all Clinical Directors and Matrons and non-medical prescribers. Monitoring of requesting will be undertaken by the clinical directorate.

Appendix One: Registration of Advanced Non-Medical Practitioners for the Requesting of Diagnostic Investigations	
Name of Advanced Non-Medical Practitioner	
Base	
Email address	
Professional Registration Number	
Area of Practice/ Clinical Specialty	
Designation	
Non-Medical Prescriber	Yes/ No
Agreed investigations:	
Head of Radiology (on behalf of MEC)	
Clinical Directors signature confirming job description amended and departments wish for practitioner to request	
Practitioners Sample Signature	
<ul style="list-style-type: none"> • The requirement to request diagnostic investigations should be discussed and agreed with the advanced-non-medical practitioners clinical director. • A list of required investigations should be completed. • Completed forms should be returned the Diagnostic Department via the Head of Radiology • A copy should be kept by the advanced non-medical practitioners and a second copy given to the practitioners line manager and retained on their personal file • It is the professional responsibility of the registered practitioners to ensure good clinical practice in requesting of investigations. • It is the responsibility of the Directorate and the practitioner to ensure good clinical practice is demonstrated at annual appraisal. 	



Equality Analysis: Initial Assessment Form

Title: *of the function to which the Equality Analysis Initial Assessment applies*

Policy for the Requesting of Diagnostic Investigations for Advanced Non-Medical Practitioners

Describe the function to which the Equality Analysis Initial Assessment applies:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Service delivery | <input type="checkbox"/> Service improvement | <input type="checkbox"/> Service change |
| <input checked="" type="checkbox"/> Policy | <input type="checkbox"/> Strategy | <input type="checkbox"/> Procedure/Guidance |
| <input type="checkbox"/> Board paper | <input type="checkbox"/> Committee / Forum | <input type="checkbox"/> Business care paper |

Other (please specify)

Is this assessment for a new or existing function?	Existing
Name and designation of function Lead professional:	Alun Roebuck Consultant Nurse/ Associate Chief Nurse
Business Unit / Clinical Directorate:	Cardiology

What are the intended outcomes of this function? (*Please include outline of function objectives and aims*):

To improve access to diagnostic services

Who will be affected? Please describe in what manner they will be affected?

Patients / Service Users:	Staff:	Wider Community:
Yes		

What impact is the function expected to have on people identifying with any of the protected characteristics (below), as articulated in the Equality Act 2010? (Please tick as appropriate)				
	Positive	Neutral	Negative	Please state the reason for your response and the evidence used in your assessment.
Disability		x		
Sex		x		
Race		x		
Age		x		
Gender Reassignment		x		
Sexual Orientation		x		
Religion or Belief		x		
Pregnancy & Maternity		x		
Marriage & Civil Partnership		x		
Carers		x		
Other groups identified (please specify)		x		

If the answer to the above question is a predicted negative impact for one or more of the protected characteristic groups, a full Equality Analysis must be completed. (The template is located on the Intranet)

Name of person/s who carried out the Equality Analysis Initial Assessment:	Alun Roebuck
Date assessment completed:	23 March 2017
Name of function owner:	
Date assessment signed off by function owner:	
Proposed review date (please place in your diary)	

As we have a duty to publicise the results of all Equality Analyses, please forward a copy of this completed document to tim.couchman@ulh.nhs.uk.

Signature Sheet

Policy title: The Requesting of Diagnostic Investigations for Advanced Non-Medical Practitioners

Names of people consulted about the document:

Name	Job title	Department
Pauline Pratt	Interim Director of Nursing	
Suneil Kapadia	Medical Director	
Non-Medical Professional Advisor Committee		
Diagnostic Department Business Meeting		
Radiology Head of Service Meeting		

Names of committees required to approve the document:	Approved on
Clinical Effectiveness Steering Group	23 July 2014 (Chair of CESC)

Version History Log

This table should detail the version history for this document. It should detail the key changes when a version is amended.

Version	Date Implemented	Details of key changes
1.2	July 2014	New document
1.3	July 2015	Authors revised 1.7 removed 2.1 amended 2.2.1 amended Head of Radiology included in Appendix 1
2	April 2017	No change. New Equality Assessment form completed. Review date extended to July 2019.