

Non-Medical Referrer (NMR) Agreement and Entitlement

Completion of this form will entitle the Healthcare Professional named below to act as an IR(ME)R Referrer for imaging as stated at the designated Ramsay Health Care UK Hospital

Name of NMR:	Profession:	Employer/Organisation:
Sample Signature:	Registration Body: Registration Number:	Named Delegating Consultant:

Statement of relevant further training and experience that entitles the above named to refer for imaging:

Signature of Clinical Lead / Delegating Consultant:

Date:

Training

I confirm that I have received, and understand, IR(ME)R training which has covered the following elements:

- Principles of radiation protection
- Benefits and risks of the examinations being referred for. This has included an understanding of the ionising radiation dose levels (DRLs) for the type of examinations to be requested, and identification of any safer alternative to the requested exam.
- Ionising Radiation Regulations 2017 and the Ionising Radiation (Medical Exposure) Regulations 2017
- Responsibilities of NMR in relation to patient safety and clinical governance
- Overview of local referral pathways, including the use of electronic referral systems where appropriate
- Professional and legislative responsibilities.

In addition, if requesting MRI examinations:

I confirm that I have had training in MRI safety and I am aware of the hazards associated with MRI examinations

Date of training:

IRMER & MRI Training

Signature of NMR:

Date:

Scope of Practice

Modality and Examinations that can be requested:

MRI:

Lumbar Spine

Thoracic Spine

Cervical Spine

Sacrum

Hips

Knee

Plain Film:

Lumbar Spine

Thoracic Spine

Cervical Spine

Hips

Knee

Feet

Ankles

Exclusions to scope of practice

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. CT examinations (should only be made as part of a multi-disciplinary team or consultant led care pathway) 2. MRI with contrast 3. MRI arthrography 4. Fluoroscopy | <ol style="list-style-type: none"> 5. Children under the age of 18 years 6. Pregnancy 7. Red flag symptoms for malignancy 8. MRI – known contra-indications |
|---|---|

Governance Processes

- The entitlement of staff to be NMRs is the responsibility of the employer under IR(ME)R 17. This is delegated in the written procedures to the radiology department. This agreement forms the written entitlement of the NMR
- All NMR's must be named on a register held by the radiology department
- All NMR's must be appropriately trained in their area of clinical expertise
- All NMR's should receive training in radiation protection. This could include e-LFH (e-Learning for Health) and face-to-face training together with spending time in the appropriate modalities in Radiology.
- Each NMR must have a defined scope of practice
- There must be an annual audit of NMR practice under the IR(ME)R regulations
- NMRs should complete update training every three years (this could be via e-LFH)
- The NMR must engage in continuing professional development appropriate to their scope of practice and functions as a referrer, and provide evidence of this to the radiology department
- The Lead Radiologist in the radiology department, or Specialty Consultant is responsible for providing mentorship, advice, guidance and patient care to the NMR
- The processes for mitigating the risks of failure to act on diagnostic results for both results acknowledgement and clinical management handover (as identified by NPSA Safety alert 16: Early Identification of failure to act on Radiological Imaging Reports) is detailed below.
- When an NMR is referring to another employing organisation both organisations should agree the entitlement before the NMR's employer confers entitlement

- The radiology department must ensure that the appropriate feedback of learning is fed back to the NMR in response to Radiation Incidents or Near Miss reports.
- The radiology department must ensure the employer’s procedures under IR(ME)R17 are accessible to the NMR
- The radiology department must ensure local referral guidelines are available to the NMR
- Tees Valley Hospital will take enforcement action if the NMR is referring ‘out of scope’ or audit activity is inadequate i.e remove NMR access to referral processes.

Reporting Process

All Reports to be completed within 2 weeks from test date

Once completed results to be sent electronically via NHS Email the next working day

Escalation Process

Any significant unexpected pathology will be reported as soon as practicable in line with local Incidental finding policy.

These will be sent electronically by NHS E-mail as soon as available. Referrer will be contacted directly to inform them of an escalated time scale.

Confirmation of receipt of results must be provided by the referrer.

Ramsay Health Care UK Agreement

Non-Medical Referrer statement:

I agree that as an IR(ME)R entitled NMR, I will continue to engage with the procedures and processes contained within this document.

I will inform the radiology manager in writing when I no longer wish to refer.

Non-Medical Referrer Signature:

Date:

Radiology Imaging Manager statement:

I confirm that the above named healthcare professional has provided all evidence of training and a sample signature. All imaging requests will be reported by a Radiologist.

Radiology Imaging Manager Signature:

Date:

Lead Radiologist Signature:

Date: