

Document Control

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| Clinical nurse specialist making a referral for breast imaging Standard Operating Procedure | | | |
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Standard Operating Procedure for clinical nurse specialist making a referral for breast imaging

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1. Introduction

- 1.1. The Ionising Radiation (Medical Exposure) Regulations {IR(ME)R} were introduced in the year 2000 to protect patients against the hazards associated with the use of ionising radiation in medical settings.
- 1.2. Under the regulations, employers are identified as 'Duty Holders' and are responsible for ensuring that written policies and procedures are put in place to direct the working practices of Referrers, Practitioners and Operators (also identified as Duty Holders under the regulations), to minimise the risks associated with the use of ionising radiation in clinical practice.
- 1.3. IRMER legislation is made as criminal law not civil law and any person carrying out a function as a duty holder has a personal legal responsibility to comply with the legislation. Breaches are a criminal offence.
- 1.4. The guidelines in this document are written for referrers who request imaging investigations involving the use of ionising radiation, although some of the guidelines also apply to other imaging modalities such as Ultrasound and Magnetic Resonance Imaging.

2. Purpose

- 2.1. This Standard Operating Procedure (SOP) replaces the previous document. It has been written to ensure that the Trust as 'Radiation Employer' delivers its responsibility for radiation safety through the line management structure and sets out the duties of medical and non-medical Referrers.

Non-medical referrers

- 2.2.** Following publication of a Department of Health paper in 2002, nurses and members of the Allied Health Professions were encouraged to extend and develop their 'practitioner' roles to facilitate a reduction in patient waiting times for x-ray diagnosis and treatment and also reduce the bureaucratic burden on front-line staff.
- 2.3.** Two legal standards apply to the expansion of practitioner roles. One is a constitutional standard (rule of Law), the other is a quality standard (rule of negligence). Essentially any practitioner taking on an extra task previously performed by a doctor, must be able to perform that task to the same standard as a doctor and must receive training to be able to do so.
- 2.4.** Therefore, before non-medical Practitioners can be given extended responsibilities to act as Referrers for procedures requiring the use of ionising radiation, they must be given adequate training to make them aware of their responsibilities as Duty Holders.

3. Scope

- 3.1.** This Standard Operating Procedure (SOP) applies to
- Non-medical referrers: Clinical Nurse Specialist (breast care)
 - The Clinical Nurse Specialist breast care is involved in advanced practice with the development of nurse-led clinics. The Royal College of Nursing perceive nurse-led clinics as one way of reversing the current rise in patient waiting times across the UK. This is supported by Dinsdale (1999), who perceives the government as being supportive of nurse-led clinics because of their impact on patient waiting times. The role of the nurse in this area of advanced practice includes: decreasing patient waiting times; holistic assessment; screening and monitoring; facilitating compliance; co-ordinating the care pathway; ensuring consistency of contact with health care professionals; communication; health promotion; and health education activities.
1. The Clinical Nurse Specialist carries out an early surveillance family history clinic each week which involves annual mammography for appropriately risk assessed women between the ages of 40 and 50. (NICE, 2013)
 2. Stratified open access follow-up should replace routine clinical follow-up as recommended by the Breast clinical reference group (2015). This means that annual mammography only will replace clinical and mammogram follow up. If the patient has any concerns they will have access to a quick referral back into a nurse-led assessment clinic where appropriate imaging will be requested. Annual mammography should be offered for five years to all patients with breast cancer. Patients diagnosed under the age of 50 will continue to be followed up until they enter the NHS Breast screening Programme (CRG guidance 2015: Royal College of Radiologists, 2013).

3. The Clinical Nurse Specialist is occasionally involved in the triple assessment clinic's which involves requesting of appropriate breast imaging. (NICE 2011)
4. The Clinical Nurse Specialist is also responsible for seeing women who are undergoing hormone only treatment for breast cancer. As a result may occasionally require follow-up imaging to assess hormonal treatment progress.

3.2. In summary, the Clinical Nurse Specialist can make the following referrals:

- Referral for annual family history mammograms for women who have been assessed to fit family history guidelines for annual mammogram screening.
- Referral for routine annual follow-up mammograms for breast cancer patients.
- Referral for breast imaging during symptomatic one stop clinics and for symptomatic breast cancer follow-up patients at nurse-led assessment clinic.
- Referral for assessment of progress on women undergoing breast hormone treatment (in the case where clinical progress is not evident).

3.3. The Clinical Nurse Specialist must undergo formal training to be able to undertake clinical breast examination and take a patient history, in order to appropriately refer for breast imaging.

3.4. This excludes referral for other imaging modalities such as MRI or CT, and is specific to breast referrals only.

3.5. Referrals for certain types of imaging may involve 'entitlements' and referrers must familiarise themselves with their local policies.

3.6. Registered Practitioners trained to act as referrers should be competent to assess patients and weigh the risk versus benefit of the exposure to ionising radiation to make an informed decision as to whether any imaging (or specific type of imaging) is necessary.

4. Location

4.1. This Standard Operating Procedure applies to Clinical Nurse Specialist (breast care) carrying out their duties in the North Devon area.

4.2. Staff undertaking the role of 'Duty Holder' must be able to demonstrate continued competence as per the organisations policy on assessing and maintaining competence.

5. Equipment

- Imaging Request forms (paper or electronic)
- iRefer (available in booklet format, on-line or as i-phone app)

6. Procedure

- 6.1.** Referrers should consult and adhere to the Royal College of Radiologist's booklet 'Making the best use of a Department of Clinical Radiology' which is now available on-line as 'iRefer' and can be accessed through <http://portal.e-lfh.org.uk/account/logon> The Trust uses the guidelines contained in these pages as the basis of its Referral Protocols.
- 6.2.** Radiology Request forms (or referral letters on officially headed paper) will only be accepted from recognised referrers who have undertaken an NDHT IRMER training session.
- The request form will be written using a standard request form (electronically when available) at breast clinic or from individual case review.

Referrer's responsibilities under IR(ME)R

- 6.3.** In order to avoid an unintended radiation exposure to the wrong patient, all imaging requests must correctly identify the individual for whom the examination is intended. Therefore, imaging request forms must bear at least three patient identifiers from the following list;
- Full name,
 - Address
 - Postcode
 - Date of birth
 - Hospital or NHS number if known.
- Where the patient's identity is unknown, standard Trust identification procedures must be followed. (NDHT Patient Identification Policy)
 - For follow-up /out-patient referrals, the patient's telephone number is also desirable.
 - For procedures involving the use of ionising radiation, the Referrer must include sufficient clinical information to enable the Practitioner to justify the examination. Examinations involving ionising radiation should only be requested when the results, either positive or negative, will alter the management of the patient. The scope and range of requests for non-medical referrers is restricted in accordance with local arrangements (for details see Appendix A)
 - The Referrer must inform their patient about the test(s) they are requesting and explain the risks v benefits of the examination. The radiology department will then consider the patients attendance for a non-invasive x-ray examination as their given consent to undergo the procedure.
 - Referrers must provide sufficient information to enable special circumstances to be identified in order to minimise any unnecessary, avoidable and repeat doses of ionising radiation, e.g. previous clinical radiation procedures, pregnancy status, underlying reasons for procedures in relation to screening, employment or for medico-legal purposes

- Referrers must NOT request repeat procedures without taking into account other procedures that are still in progress or outstanding and must highlight this on any additional referral.
- The possibility of pregnancy must be checked and excluded for all female patients aged 12-55 years. The date of the last menstrual period should be recorded on the request form.
- Imaging referrals must be submitted on North Devon Radiology Request forms, appropriately formatted (A5 / A4) electronic copies (GP referrals) or by letter on officially headed paper. Referrers in East and Mid Devon must use RD&E request forms.
- The Referrer must complete the form legibly.
- The request form must be signed and dated by the Referrer. Legally a signature means that the Referrer takes responsibility for the IRMER specific aspect of their role and they can be held accountable for their actions. Include CNS to identify Clinical Nurse Specialist.
- The request form must also include the contact details of the referrer i.e. bleep and /or telephone number so that they can be contacted if necessary.
- Radiographers have a statutory and professional responsibility to refuse to undertake an x-ray examination if the request form does not bear sufficient information to enable them to justify the request, or if in their experience they believe it is unnecessary or the examination will not benefit or alter patient management.
- Any requests that do not conform to these standards will be returned to the referrer for further information / corrective action. This may result in delays and inconvenience to patients, affecting the timeliness of their treatment.

6.4. It is normally implied that Referrers are requesting a Radiological opinion and in most circumstances the images will be reported by a Radiologist, Registrar or Advanced Practitioner. However, if the referrer requests an x-ray examination solely for their own assessment or to effect immediate treatment, then under IRMER legislation they are responsible for recording their clinical opinion or evaluation of the x-ray examination in the patient's notes.

7. References

- Guidance on screening and symptomatic breast imaging 3rd edition, Faculty of clinical radiology 2013
- NICE (Familial breast cancer) clinical guideline 164. Listed June 2013
- NICE quality standard 12. Early and locally advanced breast cancer September 2011
- Dinsdale P. (1999) Nurses in waiting. Nursing Standard 13(51), 12–12. PubMed, CAS
- Ionising (Medical Exposures) Regulations 2000. Statutory Instruments 2000 No 1059 – <http://www.opsi.gov.uk/si/si2000/20001059.htm>
- IRMER – Ionising Radiation (Medical Exposures) Amendment Regulations 2006

http://www.opsi.gov.uk/si/si2006/uksi_20062523_en.pdf

- Guidance on screening and symptomatic breast imaging 3rd edition. Faculty of clinical radiology 2013.
- NICE (Familial breast cancer) clinical guideline 164. Listed June 2013.
- NICE quality standard 12. Early and locally advanced breast cancer September 2011.
- Royal College of Nursing (2008) *Clinical imaging requests from non-medically qualified professionals*.
- The Royal College of Radiologists (2013) *Guidance on screening and symptomatic breast imaging*, Third edition, London: The Royal College of Radiologists

8. Associated Documentation

8.1. Northern Devon Healthcare NHS Trust Policies for:

- Standard Operating Procedure: Patient Identification Policy
- Standard Operating Procedure: Checking Pregnancy Status prior to procedures involving ionising radiation
- Northern Devon Healthcare NHS Trust Radiation Policy