

Document Control

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Standard Operating Procedure for First Contact Practitioners Employed by GP Practices to Request X-rays			
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1. Background

It is often appropriate that a suitably competent, professionally registered person other than a Doctor refers for radiological examinations, this may be to provide an efficient service or because the person responsible for initial patient management is not a GP but another health professional. The GP Practices in North Devon have employed Physiotherapists and Paramedics as First Contact Practitioners (FCPs) to enhance the service provided their to patients.

Health Education England (HEE) have recently published the training requirements for FCPs and Advanced Practitioners in Primary Care ^(1,3) which comprehensively outline the expected training and qualifications needed for this role in relation to the management of musculoskeletal and other services. Part of this role includes the referral of patients for imaging and so this Standard Operating Procedure sets out the entitlement requirements for the FCPs to be able to request imaging at the Northern Devon Healthcare Trust.

2. Purpose

The Standard Operating Procedure (SOP) has been written to:

- Provide a mechanism for appropriately trained and registered FCPs to refer patients for radiological examinations.
- Avoid patients having repeated clinical examinations
- Provide supporting guidance related to the scope of the role and the consequential education and training requirements.

3. Scope

This Standard Operating Procedure (SOP) relates to the following staff groups who may be involved in the assessment and delivery of patient care:

- Registered FCPs employed by GP practices within the Northern Devon Healthcare Trust catchment area
- Non-medical professionals registered with the Health & Care Professions Council (HCPC) and included on the HEE Centre for Advancing Practice's directory of verified FCPs.

4. Location

This Standard Operating Procedure relates to FCPs employed by GP practices within the Northern Devon Healthcare Trust catchment area.

Staff undertaking this procedure must be able to demonstrate continued competence as per the organisations policy on assessing and maintaining competence.

5. Definitions

To explain any specific terminology or acronyms used in the document

- IR(ME)R refers to the Ionising Radiation (Medical Exposure) Regulations 2017 ⁽²⁾
- NDHT relates to the Northern Devon Healthcare Trust
- Projections are X-ray views
- Referrals relate to the X-ray Request form
- HCPC stands for Health & Care Professions Council
- FCP relates to First Contact Practitioners
- HEE relates to Health Education England.

6. Roles and Responsibilities

6.1 GP Practices/Primary care Provider/Orthopaedic Interface Services

Will ensure that FCPs have completed the HEE recommended training and progression before being able to refer patients for imaging as a Non-Medical Referrer. This will include ensuring that the FCP:

- Is suitably registered with the HCPC
- Has at least 3 years post-registration experience
- Has undertaken a recognised post registration course which includes physical examination and diagnostic reasoning, including either the HEE level 7 module or the minimum of 4-6months via the portfolio route.
- Is included on the HEE Centre for Advancing Practice's directory of verified FCPs.

They will also:

- Maintain the central list of authorised Referrers and regularly update as appropriate.
- Ensure that all additions to the list of Non-Medical Referrers are agreed by the Radiology Department of the Trust and scope of entitlement is correctly applied for prior to referrals commencing; adhering to IR(ME)R concerning the agreed status of a "Referrer".
- Ensure that all Non-Medical Referrers complete their IR(ME)R training every three years; non-compliance will affect their ability to refer patients for x-ray.
- Ensure that the Non-Medical Referrer undertakes annual audits of their own practice; these audits may be requested periodically under IR(ME)R by the Radiology department.
- Will be responsible for ensuring that the FCP has completed the HEE recommended training, as well as on-going training, and ensuring continued competence.

The Lead Clinician at each GP practice will accept responsibility for imaging examinations requested under this protocol.

6.2 Imaging Departments

- To ensure that an appropriate IR(ME)R Training programme is available to cover:

- X-ray Radiography: The Basic Principles and the Health Risks
 - Radiation Protection Legislation
 - Requesting an X-ray Examination
- (Further details are given in Section 8)*

- To hold a list of Referrers and ensure that Referrers are properly entitled under IR(ME)R according to their scope of practice.

6.3 Non-Medical Referrer

- To ensure that initial and continuing education and training is undertaken to ensure on-going competence in their role
- To undertake annual audit of their practice
- To work within the scope of practice of this protocol
- To inform the Radiology department of any change of name in order to be compliant with IR(ME)R procedures and regulations.

7. Procedure/Referral Process

7.1 General Principles

Non-Medical Referrers must apply to the radiology department to become a 'Duty Holder' under IR(ME)R if their job role requires them to refer patients for diagnostic imaging.

Application forms must include evidence of continuing professional development which demonstrates that the applicant is sufficiently competent in patient assessment, history taking and decision making, to supply pertinent medical data to enable the Practitioner (Radiographer or Radiologist) to 'justify' the exposure.

Evidence must be submitted with the application to show completion of portfolio or level 7 modules.

Applications from Non-Medical Referrers will be considered at scheduled monthly Radiology Management Group (RMG) Meetings.

It is the responsibility of the Referrer to examine the patient and then provide sufficient clinical information to enable justification and to clarify the expectations of the examination. Examinations must be justified under the IR(ME)R Regulations. The Radiology/Imaging Department (Radiographer or Radiologist) will decline to accept any referrals that are considered unjustified; this may result in the patient being sent away without imaging.

It is essential that correct patient identification details are recorded as well as giving sufficient clinical and medical data and a provisional diagnosis. Referrers must provide a legible signature uniquely identifying the Referrer and a contact number for any queries.

All referrals must indicate clearly the name and role of the Referrer e.g. FCP and also the Patients Registered GP so that the results can be sent to the correct GP Practice.

Referrals should clearly indicate the region for examination and appropriate clinical information. The Radiographer will take standard projections in accordance with the Imaging

Department protocols and additional projections if they believe them to be necessary and appropriate.

If any Referrer is in doubt as to whether an investigation is required, or which examination is best, they should discuss the case with an appropriate Medical Practitioner or with a Radiographer prior to referral and the rationale for and the outcome of this discussion be documented in the patients records. Notice should be taken of previous relevant examinations in order not to expose a patient to ionising radiation unnecessarily.

FCP Non-Medical Referrers will be experienced Physiotherapists or Paramedics who have undertaken further extensive training in clinical assessment/history taking and examination.

The referring of patients for clinical imaging must be covered within their job description and supported by the GP Partners at the GP practice

The Non-Medical Referrer must have made a clinical assessment of the patient and will only request x-rays if clinically justified (IR (ME) R 2017).

They will also be currently registered with the HCPC and be included on the HEE Centre for Advancing Practice's directory of verified FCPs.

7.2 Inclusion Criteria

Inclusion criteria may vary for different FCP professional groups due to the varied nature of their individual scope of practice and patient caseload.

Please see Appendices for Inclusion criteria for FCPs by professional group.

7.3 Results of Imaging

All reports of imaging requested by Non-Medical Referrers will be sent back to the patient's Registered GP or the supervising GP indicated on the request form; it is the responsibility of both the GP and the Non-Medical Referrer to ensure that a clinical evaluation of the x-ray examination is made and recorded in the patient's notes.

7.4 Exclusions

- Children under 16 are not covered by this policy.
- Pregnant women are not covered by this policy.
- The Non-Medical Referrer must always ascertain whether the patient is or might be pregnant, complete status on the referral and if there is any doubt refers to a GP; this includes all individuals who may have been female at birth but are now transgender or non-binary in accordance with IR(ME)R 2017.
- All plain imaging not included in the inclusion criteria by professional group (Appendices).
- For delayed presentation of more than four weeks consider discussing with a GP unless this is the first presentation and the need for imaging is necessary clinically.

CT, Nuclear Medicine, Fluoroscopy, MRI and Ultrasound scans are also excluded, however may be reviewed in the future.

7.5 Urgent Reports

Patients referred for x-ray following injury in which an urgent evaluation of the image is needed then the Referrer must consider whether the patient needs to be assessed by the Emergency Department (ED) prior to or following their x-ray and make arrangements with the ED for them to do so. Same day reporting by the Radiologist cannot be guaranteed.

If an unexpected finding or clinically urgent pathology is identified by the Radiographer then the Liaison Radiologist will be notified and the findings reported back to the patient's GP within a reasonable timescale.

7.6 Responsibility

The overall responsibility for the correct requesting procedure as outlined above rests with Employers of the Non-Medical Referrer. If it is subsequently shown that an examination requested is unnecessary in the given set of clinical circumstances the responsibility for that is with the GP practice and not with the Imaging Department.

7.7 Training

The HEE's FCP Roadmap to Practice requires:

- A minimum of 3 years post graduate experience.
- Either a taught FCP HEI level 7 module (10 months) or a Minimum of 4-6months via a portfolio route.

These routes have two stages:

- Stage 1 – Theory – which must be verified before entry into Primary Care.
- Stage 2 – To be completed in Primary Care setting.

During stage 2, and to be able to complete all competencies, the FCP will need to be able to request imaging. **All requests for imaging made before the FCP has completed their training must be countersigned by the patient's GP or Supervising FCP Assessor who must already have entitlement to request x-rays in North Devon from the NDHT Radiology Department.**

Requests made for imaging that are not countersigned will be rejected and sent back to the GP surgery, which might result in delaying the patient's diagnosis or treatment.

Appropriate radiation protection training has been agreed as follows:

- The Acute Trusts require non-medical referrers to have reached a required level of competence and experience in assessing patients before requesting x-ray examinations as described in section 6.
- The GP surgery will be responsible for ensuring that the FCP has completed the HEE recommended training as well as on-going training and ensuring continued competence.

- Training will be provided by the Radiology Department in relation to expectations of Non-Medical Referrers, the implications of radiation, patient constraints/positioning and legal requirements.
- Non-medical Referrers must have completed an appropriate IR(ME)R training. NDHT requires all Non-medical Referrers to complete the following 'e-learning for Health' modules initially, prior to requesting imaging, and then every three years thereafter; these can be found by searching the catalogue for 'Ionising Radiation (Medical Exposure) Regulations (e-IRMER)'.

IRMER module 01

Radiation Hazards and Dosimetry

- Biological Effects of Radiation 01-02-01
- Examples of Radiation Dose 01-02-04
- Risks v Benefits in Patient Exposure 01-02-05
- **Special Circumstances**
- Use of Medical Exposures in Special Circumstances 01-03-01

IRMER module 02

Management and Radiation Protection of the Patient

Patient Selection

- The Justification of Patient Exposure 02-01-01

IRMER module 03

Legal Requirements – Regulations

- Ionising Radiation (Medical Exposure) Regulations 2017 - IR(ME)R 2017 03-01-02
- Non-Medical Referrers operating under this protocol will be acting as 'Referrers' under the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R), which places upon them a legal responsibility to provide sufficient medical data to enable the IR(ME)R 'Practitioner' to decide on the necessity of the exposure.
- Non-medical referrers must ensure they are familiar with the correct procedure for completing all sections of the request. This must include a clinical history of the mechanism and site of the injury as well as the clinical question the x-ray will answer.

7.8 Post Investigation Follow Up

Reports will be generated by the Radiology department and sent to the patient's GP either electronically or hardcopy (dependent on local agreement). The FCP may also view these results on PACS.

The Non-Medical Referrer will discuss any report with a GP if there are any incidental findings or abnormality for which they do not feel confident in arranging appropriate follow up, treatment, or advice.

Any unexpected / urgent findings highlighted by Radiology will be directed to the GP.

Even though the x-ray examination may be evaluated by another appropriately trained member of staff, the Referrer has the responsibility for ensuring that a clinical evaluation of the x-ray examination is made and recorded; this is a legal requirement under IR(ME)R.

7.9 Audit

This process will be audited annually by the GP practice and x-ray requests will be sampled and examined to ensure appropriate requesting of procedures/examinations by the Non-Medical Referrers within the practice; the results of these audits will be requested periodically by the Radiology department in accordance with IR(ME)R and might be subject to external audit by the Radiology department.

8. References

- (1) First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice (2020). Available from: <https://www.hee.nhs.uk/sites/default/files/documents/A%20Roadmap%20to%20Practice.pdf> Accessed 16.11.2020.
- (2) Ionising (Medical Exposures) Regulations 2017 Statutory Instruments 2017 No 1322 <http://www.legislation.gov.uk/ukxi/2017/1322/made>
- (3) First Contact Practitioners and Advanced Practitioners in Primary care: (Paramedic) A Road Map to Practice (2021). Available from: <https://www.hee.nhs.uk/sites/default/files/documents/Paramedics-FINAL%20%28002%29.pdf> Accessed 25/01/2021.

9. Associated Documentation

Northern Devon Healthcare NHS Trust Policies for:

- Northern Devon Healthcare Trust Medical Radiation Policy <http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2015/07/Medical-Radiation-Policy-v1.0-30Jul15.pdf>
- IR(ME)R 2017 Employer's Procedures <http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2017/09/IRMER-employers-procedures.pdf>
- Standard Operating Procedure: Scope of Entitlement <http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2017/09/IRMER-procedure-1-SOP-Scope-of-Entitlement-V1-0-Updated-1.pdf>
- Standard operating Procedure: Making a Referral for Diagnostic Imaging <http://ndht.ndevon.swest.nhs.uk/wp-content/uploads/2017/09/IRMER-procedure-2-SOP-Making-a-Referral-for-Diagnostic-Imaging-V1-0-Updated-1.pdf>
- Northern Devon Healthcare Trust - A Guide to IR(ME)R for Referrers <https://www.northdevonhealth.nhs.uk/2018/01/guide-irmer-referrers/>

10. Appendix A: Inclusion Criteria for Physiotherapists working as FCPs (Musculoskeletal)

Following clinical examination of the patient the following x-ray examinations may be requested for adults and children 16 years of age and over:

Investigation	Criteria
Finger / thumb	Mechanism of injury, focal bony tenderness, loss of function
Forearm / wrist / hand	Mechanism of injury, focal bony tenderness, loss of function
Elbow	Mechanism of injury, focal bony tenderness, loss of function
Shoulder	Mechanism of injury with restriction of shoulder movements / loss of function on movement
Clavicle	Mechanism of injury, focal bony tenderness, obvious deformity
Foot including toes	Mechanism of injury, bony tenderness, loss of function
Ankle	History of trauma – refer to Ottawa ankle rules
Knee	History of trauma – refer to Ottawa knee rules History of arthropathy
Tibia / fibula - clinical examination	Mechanism of injury, bony tenderness, non-weight bearing, bony deformity
Pelvis and hip	History and clinical examination suggests arthropathy, pubic rami fracture
Lumbar Spine	Potential sudden onset of osteoporotic collapse. However only if this will significantly change the patient's immediate management pathway; if referring patient on to the rheumatology team then lumbar spine x-rays should not be requested by the FCP.

11. Appendix B: Appendix A: Inclusion Criteria for Paramedics working as FCPs

Following clinical examination of the patient the following x-ray examinations may be requested for adults and children 16 years of age and over:

Investigation	Criteria
Finger / thumb	Mechanism of injury, focal bony tenderness, loss of function
Forearm / wrist / hand	Mechanism of injury, focal bony tenderness, loss of function
Elbow	Mechanism of injury, focal bony tenderness, loss of function
Shoulder	Mechanism of injury with restriction of shoulder movements / loss of function on movement
Clavicle	Mechanism of injury, focal bony tenderness, obvious deformity
Foot including toes	Mechanism of injury, bony tenderness, loss of function
Ankle	History of trauma – refer to Ottawa ankle rules
Knee	History of trauma – refer to Ottawa knee rules History of arthropathy
Tibia / fibula - clinical examination	Mechanism of injury, bony tenderness, non-weight bearing, bony deformity
Pelvis and hip	History and clinical examination suggests arthropathy, pubic rami fracture
Foreign bodies	To exclude foreign bodies when there is a clear history of penetration by a foreign body made of metal, stone or glass
CXR	- Aged 16 and over - Pneumonia / chest infection (<i>only request x-ray following conservative or medicinal</i>

	<p><i>treatment, not in the first instance),</i></p> <ul style="list-style-type: none">- Persistent cough over 3 weeks (<i>only request x-ray following conservative or medicinal treatment, not in the first instance</i>)- Heart failure.- Possible Malignancy (<i>see notes below</i>)
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Possible Malignancy.

If the requested Chest X-ray shows a malignancy, or possible malignancy, and the report that the Radiologist provides for the Chest X-ray triggers the Lung Cancer Pathway then the care of the patient must revert back to the patient's GP and not continue with the FCP.

The FCP must notify the Patient's GP immediately who is responsible for reviewing the results and contacting the patient.

All subsequent imaging must be requested and results reviewed by the patient's GP in line with the Lung Cancer Pathway.