

## Standard Operating Procedure for named subcontracted staff employed to work in BNSSG General Practice (Practices and PCNs)

Author	Role	Organisation
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### Applicable to

All named employed subcontracted staff employed to work in Bristol, North Somerset and South Gloucestershire General Practice and PCNs.

By signing this agreement, Non-Medical Referrers (NMR), Employers, Practices and Supervisors agree to adhere to the requirements set out in this protocol: **Protocol for requesting Radiological Examinations by named Registered Professions employed by General Practice (GP) or Primary Care Networks (PCN) within the Bristol, North Somerset and South Gloucestershire (BNSSG) area V 2.6 and subsequent amendments and revisions.**

The purpose of this document is to comply with the requirements of the Ionising Radiation (Medical Exposures) Regulations (IRMER) 2017 and its subsequent amendments and revisions.

### Executive Summary

To enable requesting of radiological investigations and viewing of reports on the North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) ICE systems as part of clinical assessments to inform shared decisions regarding appropriate care.

### Implementation

- Applying for ICE
- Essential information and training to become a Non-Medical Referrer (NMR)
- ICE Training
- Process for applying for Non-Medical Referrer (NMR) status
- Competence assessment
- Audit requirements
- Removal from the ICE register in BNSSG
- Useful contacts

## 1. Applying for ICE

This should be done with the relevant line manager as part of every new starter induction. However, this process can also be followed if access is needed at a later date. Please access REMEDY Radiological page found [here](#) for more information.

To request access to view images/reports, the relevant process will need to be followed for each hospital that you need access to within BNSSG – NBT and UHBW. see ICE application form found on the REMEDY Radiological page found [here](#). Please only request access to the systems relevant to your role.

**It is the responsibility of the individual member of staff to record and maintain usernames and passwords for their account. If they need re-setting then please go through the relevant IT service.**

## 2. Essential information and training to become a Non-Medical Referrer (NMR)

All staff requesting under this protocol must adhere to the requirements set out in this protocol:

### **Protocol for requesting Radiological Examinations by named Registered Professions employed by General Practice (GP) or Primary Care Networks (PCN) within the Bristol, North Somerset and South Gloucestershire (BNSSG) area V 2.6**

Evidence of undertaking a recognised post registration course which includes:

- History taking
- Physical examination and diagnostic reasoning
- Clinical Reasoning and decision making
- Advanced Communication

This evidence should aim to be at Level 7 academic descriptors though consideration will be given to other modules whereby the individual can

evidence their capability that is relevant to their scope of practice, relevant educational framework and achieved within the past 10 years.

This level of capability will be decided and evidenced during the recruitment process, individual clinical supervision, competency sign off and professional development reviews.

### **NMRs must:**

- Only request imaging following a clinical assessment of the patient and checking the patient's radiological history to ensure no examination is duplicated.
- Accept responsibility to examine the patient and then provide sufficient clinical information to enable justification and to clarify the expectations of the examination.
- Complete IRMER and relevant imaging training e.g [MRI](#) every 3 years.
- Complete all relevant documents and procedures associated with this protocol.
- Only request radiographs when justified (IRMER 2017 & subsequent amendments) and follow the criteria as stated in the relevant protocol.
- Ensure the request for an x-ray examination will be recorded in the patient's notes and allocate an appropriate SNOMED code on EMIS.
- Ensure that initial and continuing education and training is undertaken to ensure on-going competence in their role.
- Undertake audit of their practice on an annual basis and participate in the General Practice audit every 3 years.
- Ensure their details are correct and confirm change in circumstances with the acute trust imaging teams.
- Work within the scope of practice of this protocol and their individual professions.
- Complete the request clearly, fully and identify which protocol they are operating under.
- 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 patient's records.
- Ensure the referring of patients for clinical imaging must be covered within their job description and supported by the Practice Management at the GP practice.
- Be currently registered with a healthcare regulator and professional body.
- Have at least 3 years post registration experience.
- Work within their job description, capabilities and scope of practice as outlined in national frameworks and standards.
- Provide timely evidence of current documentation (signed protocol, IRMER certificate and professional registration)
- Individuals who are subcontracted to work in General Practice can adopt this protocol via the agreed and signed [Standard Operating Procedure](#).

- The requester takes responsibility for receiving, reviewing, and interpreting the report that comes from the investigation, and actioning any further tasks required as a result of the report.
- Perform continuous professional development (CPD) according to their healthcare regulatory requirements.

**The overall responsibility for the correct requesting procedure as outlined above rests with employers of the Non-Medical Referrer and 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 Departments.**

- **IRMER Training – SEE REMEDY PAGE [Radiology Imaging](#)**
  - Individuals need to comply with the requirements of the Ionising Radiation (Medical Exposures) Regulations (IRMER) 2017 and its subsequent amendments and revisions.
  - For IRMER training please see [REMEDY webpage](#) for more information.
  - IRMER and MRI Safety training needs to be updated every 3 years as per protocol

### 3. Process for applying for Non-Medical Referrer (NMR) status

Please follow the process on the [BNSSG REMEDY radiological imaging](#) webpage and [Avon Local Committee](#)

Subcontracted staff employer or line manager (for any new members of staff or those new to this SOP) needs to collect the following information and evidence of completion:

- Degree Certificate
- Any relevant MSc Certificates
- Proof of Current Registration and Number (screenshot)
- IR(ME)R Training Certificate – within 6 months of start date
- Evidence of completion of ICE training on induction to Primary Care
- Evidence of a completed competency assessment form (completed by the subcontracted employer)
- Evidence of a completed referrer confirmation of competence form (signed by practice and clinical supervisor)
- Evidence of completion of MRI safety training renewed every 3 years found [here](#)

### 4. Competence Assessment

#### **Competency assessment form**

Completed by the subcontracted employer and the individual with discussions and agreement by the PCN or Practice management and Clinical Supervisor.

#### **Confirmation of referrer competence form**

Completed by the individual, PCN or Practice Clinical Supervisor and Practice Management representative.

All forms are found on the [Avon Local Medical Committee website](#).

### 5. Audit

Completed annually and held by the individual referrer and practice as part of the appraisal process. This may be called upon to produce as part of the acute trust or practice IRMER audit process.

Audit documentation found [here](#)

## 6. Removal from ICE

Please see REMEDY page [Radiological Imaging](#).

## 7. Useful Contacts

### IT Helpdesks (for help with usernames/passwords/using the systems):

NBT: 0117 4142020 and [servicedesk@nbt.nhs.uk](mailto:servicedesk@nbt.nhs.uk)

UHB: 0117 3423939 and [itservicedesk@uhbw.nhs.uk](mailto:itservicedesk@uhbw.nhs.uk)

WGH: 01934 881390 and [itservicedesk@uhbw.nhs.uk](mailto:itservicedesk@uhbw.nhs.uk)

### ICE Support

NBT: See above

UHB: [ice.support@uhbw.nhs.uk](mailto:ice.support@uhbw.nhs.uk)

WGH: [wnt-tr.icesupport@nhs.net](mailto:wnt-tr.icesupport@nhs.net)

### Imaging Secretaries/Admin

Please go to: [Advice & Queries \(Remedy BNSSG ICB\)](#)

Please see separate BNSSG General Practice NMR protocol sign off sheet

Organisational sign off sheet

Role	Name	Signature	Date
PCN or Practice Manager			
NMR Educational Supervisor			
Non – Medical Referrer (NMR)			
Subcontracted employer line manager			