

Protocol for requesting Radiological Examinations by named Nurses, Paramedics, Clinical Pharmacists, Physiotherapists and Podiatrists employed by General Practice (GP) or Primary Care Networks (PCN) within the Bristol, North Somerset and South Gloucestershire (BNSSG) area.



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Review Date	13/10/2024										
Author	Kerri Magnus – Advanced Practice Lead (Avon LMC)										
Operational areas include	General Practice and PCNs in BNSSG										
Who should read this?	All registered Practitioners employed in BNSSG General Practice and Primary Care Networks. Practice and PCN Managers Senior Partners & Clinical Supervisors										
Roles responsible for carrying out this procedure	Named Practitioners & Employers within General Practices and Primary Care Networks in the BNSSG area										
<p>You may also need to refer to the following policies and guidance:</p> <p>Ionising Radiation (Medical Exposures) Regulations 2017 (IRMER17) (SI 2017 No 1322)</p> <p>Royal College of Radiologists. iRefer Protocol For Advanced Practitioners (FRSH Accredited) Employed by GP Practices Within the BNSSG Area to Request Ultrasound Examinations</p>	<table border="1"> <tr> <th colspan="2">Core accountabilities</th> </tr> <tr> <td>Author(s)</td> <td>Kerri Magnus, Advanced Practice Lead (Avon, LMC)</td> </tr> <tr> <td>Reviewed By</td> <td>NBT and UHBW IRMER Committees</td> </tr> <tr> <td>Executive Sponsor</td> <td></td> </tr> <tr> <td>Approving Committee</td> <td>NBT and UHBW IRMER Committees</td> </tr> </table>	Core accountabilities		Author(s)	Kerri Magnus, Advanced Practice Lead (Avon, LMC)	Reviewed By	NBT and UHBW IRMER Committees	Executive Sponsor		Approving Committee	NBT and UHBW IRMER Committees
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Version history		
V1	13/11/2021	New protocol for BNSSG

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1. INTRODUCTION

- I. The Interim NHS People Plan outlines the significant role Nurses, Allied Health Professionals (AHPs) and Pharmacists will play to support the demands the NHS will face in the next ten years and help to deliver the ambitions of the NHS Long Term Plan. With the introduction of Educational Frameworks and Roadmaps to Practice for AHPs, the landscape is positively changing in General Practice.

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- II. This protocol and scope of practice will aim to reflect the capabilities of the individual practitioner and referrer according to the roadmap to practice or clinical frameworks and evidence of appropriate training and capability.
- III. This protocol acknowledges the process from First Contact Practitioner to Advanced and Consultant Practitioner is currently being designed by Health Education England and the Centre for Advancing Practice and any amendments will be discussed and added following committee approval.
- IV. This protocol acknowledges The Primary Care and General Practice Nursing Career and Core Capabilities Framework (due to be released) and will support Health Education England to achieve the aims of the GPN 10 Point action plan. Any amendments will be discussed and added following IR(ME)R committee approval.
- V. By providing a standard of practice there is a solid governance structure around autonomous practice for the Multidisciplinary team in primary care. This ensures a gold standard care and puts our patient's safety first. The individual's scope of practice will be reflected in their job description that will be reviewed on an annual basis (alongside an audit process) to ensure relevance.
- VI. To provide evidence of good governance and clear standards, it is hoped that once the individual has been accredited as an Advanced Practitioner and their name is on the HEE Centre for Advancing Practice directory this protocol can be amended with an aim to expand the individual professions scope (following approval by the IRMER committee)
- VII. The use of ionising radiation for medical exposure is regulated by the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER). IRMER includes the requirements for referrers of medical exposure to ionising radiation. The role of some registered healthcare professions other than medical and dental include that of referrer, and this is supported by the Regulations.
- VIII. The requesting of imaging examinations such as X-rays does not form part of the standard training for non-medically qualified healthcare professionals.
- IX. To ensure that each medical exposure is individually justified, General Practice and PCNs in BNSSG are required to have local protocols in place for those staff acting as referrers.
- X. With the emerging multi-professional workforce in General Practice that is dictated by the NHS England General Practice Contract, registered Healthcare Professionals may be in positions where their expanding scope of clinical practice requires them to provide a comprehensive service for patients and will require access to imaging to meet this need.
- XI. It is often appropriate that a suitable professionally registered person other than a doctor or a dentist refers for radiological examinations. This may be to

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provide an efficient service or because the person responsible for initial patient management is not a Doctor or a Dentist.

- XII. This protocol acknowledges NBT Scope of Practice Ref: CC1-Non-Medical Referrers (NMR) -001 as a source of content to ensure clarity and adherence to local trust policies and procedures.

2. PURPOSE

- I. 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.
- II. This document also demonstrates compliance with guidance issued by relevant UK professional bodies.
- III. The purpose of this document is to comply with the relevant documents regarding non-medical referral imaging requests from North Bristol Trust (NBT) and University Hospitals Bristol and Weston (UHBW).
- IV. To ensure only staff who have demonstrated capability in physical assessment and clinical reasoning can be the named registered practitioner.
- V. To provide a mechanism for appropriately registered multi-professional practitioners to refer patients for radiological examinations.
- VI. To provide supporting guidance related to the scope of the role and the consequential education and training requirements.

3. SCOPE OF PRACTICE (see section 14 for profession specific)

- I. This document and any arrangements made under it apply to registered healthcare professionals, other than medical doctors or dentists, referring patients for imaging with x-rays or radioactive materials employed by General Practice and Primary Care Networks within the BNSSG area (unless indicated under profession specific)
- II. This should not apply to non-registered healthcare professionals, who are not permitted to refer for radiological imaging, by law.
- III. The British institute of Radiology defines three types of Non-Medical Referrers (NMR) that the professional may identify under:

- | |
|--|
| <ul style="list-style-type: none">○ NMR referring as part of a clinical team where they will be acting on a radiology report as opposed to evaluating the image itself.○ NMR referring as part of a clinical team where a doctor will do an initial review (clinical evaluation) of the imaging prior to radiology issuing a formal |
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report.

- NMR referring as an autonomous practitioner who will be reviewing the images (clinical evaluation) and making a decision on patient treatment prior to the radiology report being issued

IV. All staff requesting under this protocol must have evidence of undertaking a recognised post registration course which includes

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

V. 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, evidenced against a relevant educational framework and achieved within the past 10 years.

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

4. DEFINITIONS

- I. Nurse, Paramedic, Pharmacist, Physiotherapist, Podiatrist indicates the referrer is a registered healthcare professional who is not a qualified medical doctor or Dentist.
- II. ICE is the electronic investigations ordering system and is linked to the individual patient record system in General Practice (currently EMIS)
- III. GPhC stands for The General Pharmaceutical Council
- IV. NMC stands for The Nursing and Midwifery Council
- V. HCPC stands for The Health and Care Professions Council
- VI. HEE stands for Health Education England
- VII. SNOMED CT or SNOMED Clinical Terms is a systematically organised computer processable collection of medical terms providing codes, terms, synonyms and definitions used in clinical documentation and reporting.
- VIII. First Contact Practitioner (FCP) - A First Contact Practitioner service is provided by a registered health professional who is the first point of contact for patients, providing new expertise and increased capacity to general practice

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and providing patients with faster access to the right care. The individual aligns to their professional HEE First Contact Practitioner: A Roadmap to Practice Framework.

- IX. Enhanced Practitioner (EP) - Enhanced Clinical Practitioners are qualified health and social care professionals who are working at an Enhanced level of practice with specific knowledge and skills in a field of expertise. They manage a discrete aspect of a patient's care within their current level of practice, which will be particular to a specific context, be it a client group, a skill set or an organisational context.
- X. Advanced Practitioner (AP) - Advanced Clinical Practitioners have developed their knowledge and skills to an advanced level of practice and would manage the whole episode of a patient's clinical care, from the time they first present, through to the end of the episode.
- XI. ALMC stands for Avon Local Medical Committee
- XII. BNSSG TH stands for Bristol, North Somerset & South Gloucestershire Training Hub.
- XIII. PCN stands for Primary Care Networks
- XIV. GP stands for General Practice

5. ROLES AND RESPONSIBILITIES

The lead clinician at each practice or clinical director in a PCN will accept responsibility for imaging examinations requested under this protocol and the GP practices and PCNs will ensure that the Nurse, Paramedic, Pharmacist, Physiotherapist and Podiatrist:

- I. Is suitably registered with an appropriate professional body.
- II. Has at least 3 years post-registration experience (or more if indication on HEE Educational Frameworks).
- III. Has undertaken a recognised post registration training which meets the requirements of the local imaging department (see below).
- IV. Meets the capabilities requirements to request imaging according to their professional frameworks and professional scope of practice (see section 14)
- V. Completes IRMER training and the Competency Assessment Form for Named Nurse, Paramedic, Pharmacist, Physiotherapist, Podiatrist Practitioners employed in General practice or PNCs within the BNSSG area (appendix 1).
- VI. Support the Nurse, Paramedic, Pharmacist, Physiotherapist, Podiatrist Practitioners attainment of audit on an annual basis and will provide clinical supervision to ensure best practice is achieved (see appendix 3).
- VII. Support clinical training to ensure clinical capability is maintained.

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- VIII. Be aware of individual practice procedures with regards to the referral to appropriate specialists according to REMEDY (or equivalent) patient pathways – including where the referrer is not able to do this.
- IX. Be aware of individual practice procedures with regards to the communication of the imaging results to the patient or their representative – including where the referrer is not able to do this.
- X. Allocate a responsible manager to maintain the central ‘onboarding’ document (see appendix 4 & 5) of authorised referrers employed in their practice and ensure this list is updated on an annual basis or if there is a change in circumstances i.e. leaver. Email this information to Avon Local Medical Committee.
- XI. Ensure that all additions to the list of clinical referrers are agreed by the Imaging Department of the Trust receiving the referrals prior to referrals commencing, adhering to IR(ME)Regulations 2017 concerning the agreed status of a “referrer”.
- XII. Support the Nurse, Paramedic, Pharmacist, Physiotherapist, Podiatrist Practitioner with maintaining refresher training every 3 years or when any additions or amendments are issues to the IR(ME)R regulations 2017.

Imaging Departments agree to deliver training requirements for Nurse, Paramedic, Pharmacist, Physiotherapist, Podiatrist Practitioners that will include:

- I. Principles of radiation protection.
- II. Benefits and risks of the examination being referred for. This should include an understanding of the ionising radiation dose level for the type of examinations to be requested and can identify if there is a safer alternative to the requested exam.
- III. Ionising Radiation Regulations 2017 and the Ionising Radiation (Medical Exposure) regulations 2017 (IRMER).
- IV. Responsibilities of referrers in relation to patient safety and clinical governance.
- V. Overview of local referral pathways, including the use of electronic referral systems and the cancellation process.
- VI. The employer’s procedures that must be read and followed. This will include the referral protocol containing their scope of practice for referrals.
- VII. Professional and legislative responsibilities.
- VIII. Maintain a register of entitled Nurse, Paramedic, Pharmacist, Physiotherapist, Podiatrists.

Imaging Departments will also acknowledge and accept:

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- I. Updated IRMER training via an approved source or e-learning (e.g NHS Education England e-learning for Health IRMER 2017) which should be undertaken every three years, with a maximum permitted interval of five years before entitlement is removed.
- II. Initial Nurse, Paramedic, Pharmacist, Physiotherapist, Podiatrist Practitioners training will be accepted where it was received at Royal United Hospital (RUH), Bath or the training has been assessed as adequate by the MPE and additional training is given in local radiology referral requirements and the detailed requirements of the referral protocol is to be used.

Nurse, Paramedic, Pharmacist, Physiotherapist, Podiatrist will:

- I. Only request imaging following a clinical assessment of the patient and checking the patient's radiological history to ensure no examination is duplicated.
- II. Accept responsibility to examine the patient and then provide sufficient clinical information to enable justification and to clarify the expectations of the examination.
- III. Only request radiographs when justified (IRMER 2017) and follow the criteria as stated in the relevant protocol. The Imaging Department (Radiographer or Radiologist) will decline to accept any referrals that are considered unjustified.
- IV. Ensure the request for an x-ray examination will be recorded in the patient's notes and allocate an appropriate SNOMED code on EMIS.
- V. Ensure that initial and continuing education and training is undertaken to ensure on-going competence in their role.
- VI. Undertake annual audit of their practice on an annual basis (see appendix 3).
- VII. Ensure their details on the onboarding document (see appendix 5) is correct at annual audit.
- VIII. Work within the scope of practice of this protocol and their individual professions.
- IX. Complete the request clearly, fully and identify which protocol they are operating under.
- X. 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.
- XI. Ensure the referring of patients for clinical imaging must be covered within their job description and supported by the GP Partners at the GP practice.
- XII. Be currently registered with the NMC, HCPC or GPhC
- XIII. Have at least 3 years post registration experience.
- XIV. Work within their job description, capabilities and scope of practice as outlined in national frameworks and standards.

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- XV. Provide timely evidence of current documentation (signed protocol, IRMER certificate and professional registration).
- XVI. Perform continuous professional development (CPD) according to:
 - Health and Care Professions Council
 - Nursing and Midwifery Council
 - General Pharmaceutical Council

The overall responsibility for the correct requesting procedure as outlined above rests with employers of the Nurse, Paramedic, Pharmacist, Physiotherapist and Podiatrists. 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.

6. REFERRER ENTITLEMENT

- I. The Nurse, Paramedic, Pharmacist, Physiotherapist and Podiatrist must be formally entitled (by name) and logged on a register held by the relevant radiology department. These lists of authorised referrers are available to Radiology staff on the relevant Imaging IRMER Workspace and will be made available to referring departments on request.
- II. Entitlement of individual Nurse, Paramedic, Pharmacist, Physiotherapist and Podiatrist will be notified by email.
- III. Access to requesting on ICE is authorised by Radiology when the training is completed, and the individual member of staff is assessed as competent. Evidence of this must be supplied to the radiology department (see appendix 2)
- IV. When the Nurse, Paramedic, Pharmacist, Physiotherapist and Podiatrist is referring from another employing organisation both organisations should agree the entitlement before the Nurse, Paramedic, Pharmacist, Physiotherapist or Podiatrist’s employer confers entitlement.

Disagreements about referrals:

- I. After reviewing the information provided in the request, the IRMER practitioner, may decline to carry out the examination and will discuss the request with the referrer where practical.

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- II. Further advice and guidance may be sought from a consultant radiologist or the consultant responsible for the patient.

7. AUDIT

- I. This will be evaluated on an annual basis and recorded using the audit document in Appendix 3.
- II. This Audit document will be held by the Nurse, Paramedic, Pharmacist, Physiotherapist, Podiatrist Practitioner and called upon if requested.
- III. The referring department should routinely audit referrals against the requirements of the referral protocol. These should be submitted when protocols are updated and reviewed by the IRMER sub- committee.
- IV. An audit can be instigated by the IRMER sub-committee at any time if there are concerns.

8. RADIATION INCIDENTS, INVESTIGATION AND LEARNING

- I. A radiation incident is defined in the individual Trusts Radiation Safety Policy. For patients it is a medical exposure which is unintended or significantly different to that intended or an occurrence which could have led to such an exposure.
- II. Such an occurrence could result from the incorrect referral of a patient, or the referral of a patient outside of the referrers scope of practice. Where a request from a Nurse, Paramedic, Pharmacist, Physiotherapist and Podiatrist is found to be outside the scope of practice and the agreed referral protocol, the event will be treated as a radiation incident by the IRMER Operator (e.g., radiographer) and appropriate action taken as per the Trusts protocols.
- III. The imaging will not be performed, and the referral returned to the Nurse, Paramedic, Pharmacist, Physiotherapist and Podiatrist and Lead General Practitioner advising of the discrepancy and that the procedure was not performed or booked for the patient.
- IV. An investigation will be carried out by the Imaging Services Manager and Avon LMC will be informed. All staff must cooperate in any investigation that results from an incident report. This will typically involve personal reflection where a mistake has been made.
- V. The learning from incidents should be fed back to all individuals involved, and to their teams for wider learning. Where a radiation incident is classified as 'clinically significant' according to national guidance, the referrer must be informed of the incident and the outcome of the investigation.
- VI. If a radiation incident or suspected radiation incident is discovered by a referrer, they, or their managers must report it to the imaging department as soon as practical.

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- VII. Where necessary for patient safety, the Imaging Services Manager, Radiology Services Clinical Lead and Avon LMC should remove entitlement of a Nurse, Paramedic, Pharmacist, Physiotherapist and Podiatrist from the register.

9. STANDARDS, GOVERNANCE & KEY PERFORMANCE INDICATORS

- I. Compliance: The Health and Safety regulation compliance is part of the individual practices' assurance framework. This requires the individual practice to comply with all legislation applicable to the individual practice as far as is reasonably practicable.
- II. Applicable Standards: The legislation and the associated approved codes of practice and the professions.
- III. Avon LMC is responsible for ensuring this protocol is reviewed every three years or if there are changes which will impact patient safety in the use of imaging services.
- IV. The Onboarding document (Appendix 5) is reviewed on an annual basis by the individual practices or PCNs to ensure it captures the current workforce.
- V. This process will be audited annually by the GP practice and imaging requests will be sampled and examined to ensure appropriate requesting of procedures/examinations by the Nurse, Paramedic, Pharmacist, Physiotherapist and Podiatrists within the practice using the audit form in Appendix 3.
- VI. Actions are identified for review at the IRMER sub-committee meeting by a representative from Avon LMC and the Imaging Services Manager. The IRMER audit reports, actions and feedback are reviewed at the Radiation Protection Committee
- VII. Any amendments to the protocol will be agreed between Avon Local Medical Committee, BNSSG Training Hub, North Bristol Trust (NBT) and University Hospitals Bristol and Weston (UHBW), Bristol.

10. REFERRAL PROCEDURE

- I. An x-ray request will be made on EMIS when working at a GP surgery.
- II. The referral must comply with IRMER regulations and contain accurate information which includes:
 - Full demographic details.
 - Clinical information giving rationale for the referral and potential pathology to be determined.
 - Area requested.
 - Signature, date and professional registration number.
 - Surname and designation printed.

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- General Practitioner (GP) on call for the day or usual patient GP.
- LMP status as appropriate.

11. INTERPRETATION AND REPORTING

- I. All radiological images will be formally reported by the Imaging Departments at UHBW and NBT. The reports will be saved electronically on relevant systems and a report will be sent to the referrer in a timely fashion.
- II. If an Unexpected Serious Finding is reported, the radiological Departments at NBT and UHBW will contact the GP Practice according to Trust Unexpected Findings Procedures
- III. If the referring clinician is not available, the duty GP will take the necessary steps to make any necessary/urgent referrals within 3 days of the receipt of the reported result. This will ensure that there is no delay to patient care.
- IV. 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.
- V. It is the responsibility of the referring practitioner to achieve and maintain competence in radiological report interpretation in the context of the clinical picture.
- VI. The finding will be explained to the patient, recorded in their record and appropriate action taken/treatment instigated in a timely fashion.
- VII. The Nurse, Paramedic, Pharmacist, Physiotherapist and Podiatrists 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.
- VIII. In addition to the basic requirements for the training practitioners, they can also undertake the following as long as it is indicated in their scope of practice (FCP minimum standard), and they have evidence to prove capability.

12. EXCLUSIONS FOR ALL PROFESSIONS

- Children under 16 are not covered by this policy.
- Pregnant women are not covered by this policy.
- All plain imaging not included in scope of practice.
- CT, Nuclear Medicine, Fluoroscopy, MRI and Ultrasound scans are also excluded unless indicated in the list below.
- Whole spine X-rays.
- Skull or abdominal radiographs.

13. ON-BOARDING PROCESS

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- I. Please refer to Appendix 5 (onboarding process) and Appendix 6 (onboarding template) for this process. Also see section 5 for roles and responsibilities.

14. PROFESSION SPECIFIC SCOPE OF PRACTICE OF NURSE, PARAMEDIC, PHARMACIST, PHYSIOTHERAPIST AND PODIATRIST WORKING IN GENERAL PRACTICE AND PRIMARY CARE NETWORKS IN BNSSG

General Practices and PCNs in BNSSG employ highly skilled professionals that enhance the care environment for our patients and make up the richness of the multi-disciplinary team. This protocol acknowledges the wealth of experience and capabilities of each profession but understands the need to ensure robust standards are in place to ensure patient and professional safety. Outlined below are the profession specific 'scope of practice' guidelines that acknowledge certain national educational frameworks.

The overarching standard is the Multi-professional Framework for Advanced Clinical Practice in England which enables consistent understanding of advanced clinical practice for all professions and acts as a document that all Nurse, Paramedic, Pharmacist, Physiotherapist and Podiatrist should be able to map against.

14.1. PHYSIOTHERAPISTS (MUSCULOSKELETAL)

Educational Frameworks

The First Contact Practitioners (FCP) and Advanced Practitioners (ACP) in Primary Care: (Musculoskeletal) A Roadmap to Practice is a supportive document that provides a clear educational pathway from undergraduate to advanced practice for clinicians wishing to pursue a career in primary care. All physiotherapists employed in BNSSG will be mapped and benchmarked against the frameworks, therefore ensuring capability and governance.

Clinicians completing the capability framework will be recognised by Health Education England's Centre for Advancing Practice and will be placed on a First Contact Practitioner and if appropriate, Advanced Practitioner directory.

It articulates the capabilities so that employers and workforce planners can understand what the clinicians can offer to the multi-professional team to enable the best care for their patient population. It also provides clear guidance of the expected supervision needed to support the roadmap to practice and outlines the bespoke supervision training that a supervisor needs to have completed.

Below is a summary of permitted radiological examinations that can be requested by a Physiotherapist (MSK) working in a FCP or AP role, provided they have completed their relevant training and their competencies as per document in Appendix 1. See also Appendix 6 for further specific criteria

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Physiotherapist (MSK)					
Joint/Location	X-Ray	Ultrasound	MRI	Ultrasound Guided Injection	Fluoro Guided Injection
Foot including toes	Yes	Yes	Yes	Yes	No
Ankle	Yes	Yes	Yes	Yes	No
Knee	Yes	Yes	Yes	Yes	No
Hip	Yes	Yes	Yes	Yes	Yes
Lumbar Spine	Yes	No	Yes	No	Yes
Thoracic Spine	Yes	No	Yes	No	No
Cervical Spine	Yes	No	Yes	No	No
Shoulder	Yes	Yes	Yes	Yes	Yes
Elbow	Yes	Yes	Yes	Yes	No
Hand	Yes	Yes	Yes	Yes	No
Wrist	Yes	Yes	Yes	Yes	No
CXR	Yes	No	No	No	No
Clavicle	Yes	No	No	No	No
Tibia/Fibula	Yes	No	No	No	No
Finger/Thumb	Yes	No	No	No	No

14.2. NURSES

Educational Frameworks

Protocol for requesting Radiological Examinations by named Nurses, Paramedics, Pharmacists, Physiotherapists and Podiatrists employed by General Practice (GP) or Primary Care Networks (PCN) within the Bristol, North Somerset and South Gloucestershire (BNSSG) area.

The Primary Care and General Practice Nursing Career and Core Capabilities Framework is due to be released and will support Health Education England to achieve the aims of the GPN 10 point action plan. The Framework provides a standard and greater clarity on the scope of practice for nurses working within primary care and general practice settings. As more care is being managed and delivered in the primary care setting there are opportunities for a wider range of nursing knowledge, skills and attributes including nursing associate, mental health, learning disabilities and children's nursing. The NHS needs a workforce that is fit for the future and nurses can play an integral part in the multi-professional team.

The Core Capabilities Framework for Advanced Clinical Practice (Nurses) working in General Practice/Primary Care in England is already in use and this framework identifies the robust underpinning knowledge and capabilities required by the ACP (Primary Care Nurse) working with an agreed scope of practice within the general practice/primary care multi-professional team and provides the opportunity for them to embrace the Health Education England Multi-Professional Framework for Advanced Clinical Practice in England.

Below is a summary of permitted radiological examinations that can be requested by a Nurse working in an Enhanced or Advanced role, provided they have completed their relevant training and their competencies as per document in Appendix 1

Nurse		
Joint/Location	Xray	Criteria
Finger / thumb	Yes	Mechanism of injury, focal bony tenderness, loss of function
Forearm / wrist / hand	Yes	Mechanism of injury, focal bony tenderness, loss of function
Elbow	Yes	Mechanism of injury, focal bony tenderness, loss of function
Shoulder	Yes	Mechanism of injury with restriction of shoulder movements / loss of function on movement
Clavicle	Yes	Mechanism of injury, focal bony tenderness, obvious deformity
Foot including toes	Yes	Mechanism of injury, bony tenderness, loss of function
Ankle	Yes	History of trauma – refer to Ottawa ankle rules

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Knee	Yes	History of trauma – refer to Ottawa knee rules – history of arthropathy
Tibia / fibula	Yes	Mechanism of injury, bony tenderness, non-weight bearing, bony deformity
Pelvis and hip	Yes	History and clinical examination suggest arthropathy, pubic rami fracture
Foreign bodies	Yes	To exclude foreign bodies when there is a clear history of penetration by a foreign body made of metal, stone or glass
CXR	Yes	16 and over –pneumonia / chest infection, persistent cough over 3 weeks, heart failure, malignancy

14.3. PARAMEDICS

The First Contact Practitioners and Advanced Practitioners in Primary Care: (Paramedics) A Roadmap to Practice is a supportive document that provides a clear educational pathway from undergraduate to advanced practice for clinicians wishing to pursue a career in primary care.

Clinicians completing the capability framework will be recognised by Health Education England’s Centre for Advancing Practice and will be placed on a First Contact Practitioner directory.

The ‘roadmap to practice’ outlines the skills and attributes needed to help paramedics become First Contact practitioners (FCPs) or Advanced Practitioners (APs). The new roadmap provides an educational pathway for paramedics who wish to work in primary care, as well as setting out the supervision and governance needed and giving training guidance for supervisors.

It articulates the capabilities so that employers and workforce planners can understand what the clinicians can offer to the multi-professional team to enable the best care for their patient population. It also provides clear guidance of the expected supervision needed to support the roadmap to practice and outlines the bespoke supervision training that a supervisor needs to have completed.

Paramedics also have the Skills for Health Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework.

This framework is used to provide guidance on clinical capabilities to undertake this role and supports the Paramedic in their role.

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Below is a summary of permitted radiological examinations that can be requested by a Paramedic working in an FCP or Advanced role, provided they have completed their relevant training and their competencies as per the document in Appendix 1.

Paramedic		
Joint/Location	Xray	Criteria
Finger / thumb	Yes	Mechanism of injury, focal bony tenderness, loss of function
Forearm / wrist / hand	Yes	Mechanism of injury, focal bony tenderness, loss of function
Elbow	Yes	Mechanism of injury, focal bony tenderness, loss of function
Shoulder	Yes	Mechanism of injury with restriction of shoulder movements / loss of function on movement
Clavicle	Yes	Mechanism of injury, focal bony tenderness, obvious deformity
Foot including toes	Yes	Mechanism of injury, bony tenderness, loss of function
Ankle	Yes	History of trauma – refer to Ottawa ankle rules
Knee	Yes	History of trauma – refer to Ottawa knee rules – history of arthropathy
Tibia / fibula	Yes	Mechanism of injury, bony tenderness, non-weight bearing, bony deformity
Pelvis and hip	Yes	History and clinical examination suggest arthropathy, pubic rami fracture
Foreign bodies	Yes	To exclude foreign bodies when there is a clear history of penetration by a foreign body made of metal, stone or glass
CXR	Yes	16 and over –pneumonia / chest infection, persistent cough over 3 weeks, heart failure, malignancy

14.4. CLINICAL PHARMACISTS

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To ensure national consistency in standards of patient care and safety across England, the Primary Care Network Contract Directed Enhanced Service Contract specification 2019/20 says that 'clinical pharmacists being employed through the Network Contract DES funding will either be enrolled in, or have qualified from, the CPPE Primary care pharmacy education pathway that it has commissioned through Health Education England (HEE)'. This training programme equips the pharmacist to be able to practise and prescribe safely and effectively in a primary care setting and to deliver the key responsibilities of the role.

The Primary Care Pharmacy Education Pathway (PCPEP) is the education and development pathway for all pharmacy professionals working in primary care network (PCN) roles, including general practice and care homes

Below is a summary of permitted radiological examinations that can be requested by a Clinical Pharmacist working in an Enhanced or Advanced role, provided they have completed their relevant training and their competencies as per document in Appendix 1.

Clinical Pharmacist		
Joint/Location	Xray	Criteria
Finger / thumb	Yes	Mechanism of injury, focal bony tenderness, loss of function
Forearm / wrist / hand	Yes	Mechanism of injury, focal bony tenderness, loss of function
Elbow	Yes	Mechanism of injury, focal bony tenderness, loss of function
Shoulder	Yes	Mechanism of injury with restriction of shoulder movements / loss of function on movement
Clavicle	Yes	Mechanism of injury, focal bony tenderness, obvious deformity
Foot including toes	Yes	Mechanism of injury, bony tenderness, loss of function
Ankle	Yes	History of trauma – refer to Ottawa ankle rules
Knee	Yes	History of trauma – refer to Ottawa knee rules – history of arthropathy
Tibia / fibula	Yes	Mechanism of injury, bony tenderness, non-

		weight bearing, bony deformity
Pelvis and hip	Yes	History and clinical examination suggest arthropathy, pubic rami fracture
Foreign bodies	Yes	To exclude foreign bodies when there is a clear history of penetration by a foreign body made of metal, stone or glass
CXR	Yes	16 and over –pneumonia / chest infection, persistent cough over 3 weeks, heart failure, malignancy

14.5. PODIATRISTS

Podiatrists are experts in all aspects of foot and lower limb function and health and are highly skilled healthcare professionals trained to diagnose, treat, rehabilitate and prevent abnormalities of the foot and lower limb. They can enable patients to manage foot and ankle pain, manage skin conditions of the legs and feet, treat foot and leg infections and assess and manage lower limb neurological and circulatory disorders. In addition to delivering wider public health messages in order

to minimise isolation, promote physical activity, support weight loss strategies and healthy lifestyle choices, podiatrists keep people mobile, in work and active throughout their life course.

Podiatrists are trained to work autonomously and as part of multidisciplinary teams to safely diagnose, risk assess and triage, and provide advice and initiate treatment for complications of the foot and lower limb. The expertise of the podiatrist as a First Contact Practitioner is wide ranging, facilitating for early identification of a range of conditions.

The First Contact Practitioners and Advanced Practitioners in Primary Care: (Podiatrists) A Roadmap to Practice is supportive document that provides a clear educational pathway from undergraduate to advanced practice for clinicians wishing to pursue a career in primary care.

Below is a summary of permitted radiological examinations that can be requested by a Podiatrist working in an FCP or Advanced role, provided they have completed their relevant training and their competencies as per the document in Appendix 1.

Podiatrist					
Joint	X-ray	Ultrasound	MRI	Ultrasound Guided	Fluoro Guided

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				Injection	Injection
Foot	Yes	Yes	Yes	Yes	No
Ankle	Yes	Yes	Yes	Yes	No
Knee	Yes	Yes	Yes	No	No

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21. APPENDIX

Appendix 1 Imaging Competency Assessment Form

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Imaging Competency
Assessment Form for

Appendix 2 Referrer Confirmation of Competence



Referrer
Confirmation of Competence

Appendix 3 Audit for Radiological Examinations



Audit for Imaging
Examination for General Practice

Appendix 4 Onboarding Process



Onboarding Process
for General Practice & PCNs

Appendix 5 Onboarding template



Onboarding template
for General Practice and PCNs

Appendix 6 Specific Indications for referral of Radiological Imaging by Physiotherapists



Specific indications
for referral of Radiological Imaging by Physiotherapists

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