Non-Medical Referrers Re-validation

This module is designed for registered healthcare professionals who request imaging examinations but are not medically qualified.

The purpose of the re-validation test is to:

1. Confirm that you are still required to act as an Imaging non-medical referrer for your current job role.
2. Revalidate Non-Medical referrers who are currently referring patients for Imaging procedures to ensure that they are up-to-date with their Radiation Protection and Ionising Radiation Medical Exposure Regulations (IRMER) knowledge.

These notes are designed as a refresher for the training and to enable you to answer the re-validation test. Upon completion and passing of the test you will be entitled to continue to refer for Imaging procedures according to your own specific entitlements within your Non-Medical Referrer policy. Your entitlement form will be emailed to you within 4 weeks following successful completion of the test.

As a non-medical referrer, you play a vital role in ensuring that all imaging requests are safe, justified, and compliant with **IRMER 2017**, UHL policies, and your professional codes of conduct.

Non-medical referral is an extended role. This means:

- Not everyone is eligible to refer
- Your ability to refer is tied to a **local departmental agreement SOP**
- You must complete this 5-year re-validation to maintain your entitlement to refer

Your name, assessment results, and referring scope are recorded by Imaging. Only those on the list are allowed to request imaging

By the end of this refresher course, you will understand:

- Your legal and professional responsibilities
- What constitutes a safe and appropriate referral
- The causes of common radiation incidents
- How to avoid errors

1. Purpose of the Training

To ensure Non-Medical Referrers (NMRs) request imaging examinations (ionising and non-ionising radiation exams) safely and legally in line with:

IRMER 2017 legislation

UHL policies and local agreements

Professional accountability standards

2. Professional Accountability

All healthcare professionals are accountable for their actions. Non-medical referrers must:

- Work **within their agreed scope of practice**
- Decline any duties that are outside your Scope of Practice. Eg. if a consultant asked you to refer for an imaging examination that is not included in your non-medical referrer agreement and Scope of Practice.
- Understand **vicarious liability** and **professional liability**

Two forms of liability apply to non-medical referrers:

1. **Vicarious Liability**

Your employer is responsible for your actions *only if you follow established procedures*. If you act outside your scope or ignore procedures, you may be personally liable.

2. **Professional Liability – you must**

    - Take personal responsibility for **all decisions and omissions**
    - Follow NMC/HCPC/GPhC/GOC codes of conduct
    - If you work outside your scope, both your employer and your professional regulator may take action. Professional bodies such as **NMC**, **HCPC**, **GPhC**, and **GOC** can remove individuals from their register for unsafe practice.

Your actions are judged according to what an average member of your profession would do. If your peers agree your actions were inappropriate, you are not protected.

3. IRMER 2017: Key Legal Responsibilities

IR(ME)R 2017 is designed to protect patients from unnecessary exposure to ionising radiation. It is a legal requirement for all imaging procedures that use ionising radiation and sets out four key roles, each with defined legal responsibilities.

Employer: ensures procedures and training are in place

Referrer: provides sufficient clinical information to allow justification and authorisation of the referral

Practitioner: Justifies and authorises the referral using the clinical information supplied by the referrer. This role is usually the Radiologist or Reporting Radiographer

Operator: Carries out the examination/exposure of ionising radiation according to the relevant IRMER policies and procedures.

IRMER 2017 specifies that trusts must fulfil certain requirements including having written procedures in place

There are 16 IRMER 2017 UHL procedures, examples of IRMER 2017 procedures that the trust has written include:

Procedures for identification of the patient, justification and authorisation of the referral and recording of an evaluation of the image

Pregnancy checks (for patients aged 10–55 years having ionising radiation examinations from diaphragm–knee)

Providing patients with risk/benefit information

Reporting all significant accidental/unintended exposures

The IRMER Policy that applies to referrers specifically is:

Providing patients with information about the benefits and risks associated with the radiation exposure you are referring for including an explanation about why the imaging examination is required.

4. Expectations for Non-Medical Referrers - Safe referring Practice

Safe referrals depend on four core principles:

A. Assess the Patient Each Time - Do not rely on old clinic notes.

Make sure the patient:

Is the correct patient

Understands the examination

Is clinically appropriate for imaging

B. Provide Clear Clinical Information

Requests must:

Specify the exact body part

Include relevant signs and symptoms and supply sufficient clinical information to enable the referral to be justified and authorised

Include a clinical question to be answered

Explain how imaging will change patient management

E.G. “Chest infection” is not enough. Include relevant clinical signs and symptoms
“Cough, fever, SOB, crackles RLL — query pneumonia” *is* acceptable.
"Fell on outstretched arm last night, pain and swelling distal radius," is acceptable.

C. Stay Within Your Scope of Practice

Examples of restrictions:

Non-medical referrers **cannot refer pregnant patients**

Non-Medical Referrers can only refer for those examinations within their agreement. It is their responsibility to know what these examinations are, and it is a breach of legislation to refer for examinations outside their scope of practice. Repeated instances of this can lead to them having their referral rights removed.

D. Make sure that the images/results from examinations that you refer are

- Reviewed
- Acted on
- And that this is recorded in the patient’s notes/electronic record

Referrers must:

- Assess the patient **each time** before referring
- Provide **explicit clinical details**
- Never sign on behalf of another referrer or share passwords
- Ensure referral is within their agreed local scope
- Review and act on imaging results

5. Referral Information Requirements

Every referral must include

- Full patient demographics
- Referrer name, signature (or electronic equivalent), contact details and consultant team
- Exact anatomical area
- Relevant history and guideline compliance
- Clear clinical question
- Infection status and special requirements

6. Radiation Incidents & Reporting

Why Referrer Errors Matter

> Approximately 50% of radiation incidents are referrer-related. They result in unnecessary radiation exposure — comparable to medication errors. They also cause reputational and legal consequences for individuals and the Trust.

Common examples are:

- Wrong patient referred
- Wrong body part/side referred
- Duplicate referrals
- Referral outside of scope

All incidents are investigated internally and must be logged on **Datix**. These incidents may become **IRMER-reportable**. This means some are escalated to the **Care Quality Comission** if considered Significant Accidental Unintended Exposures. i.e exposures that result in a radiation exposure much larger than was intended.

Examples of real incidents at this Trust:

CT performed on wrong patient.

Wrong side knee referral due to referral being made from GP referral letter rather than following face to face assessment of the patient. The GP letter stated the wrong side.

Duplicate pelvis x-ray despite the patient having the same x-ray 1 month previously.

NG tube imaging requested with guide wire still in situ. Not following the Trust NG tube insertion policy.

Each could have been prevented with better assessment and checking.

7. Radiology Responsibilities

Radiology teams must:

Justify & authorise requests

Check patient ID and guidelines and follow all IRMER policies

Perform standard projections

Reject requests outside guidelines. This is not refusal, it is a legal obligation

8. Quick Safety Checklist: "PAUSE & CHECK"

Before submitting any request, pause and check:

P — Patient

Correct patient? Appropriate and consenting?

A — Anatomy

Correct side? Correct body part?

U — User checks

Previous imaging? Pregnancy? Timing? Special requirements?

S — System & Settings

Request matches clinical question? Guidelines met?

E — End

Is this within your scope? Have you clearly documented on the referral why imaging is needed?

9. Who is most at risk from radiation exposures?

Children & foetuses have a greater risk associated with radiation exposures.

This is because they:

- live longer and have more time for cancers to develop

- They are growing and so have rapidly proliferating cells. Their cells' radio-sensitivity is dependent on the stage of the cell cycle and rapidly proliferating cells have more cells in the radiosensitive stages

10. What are the potential effects of radiation exposure?

Ionising radiation damages DNA and cells, causing effects that are either immediate (high dose) or long-term (low/high dose). Acute effects include radiation sickness, skin burns, and hair loss. Long-term effects include cancer, genetic damage, and cataracts. Risks depend on dose and duration.

Key Health Effects of Ionising Radiation:

- **Cancer:** Even low-dose exposure can slightly increase cancer risks

- **Tissue Damage:** Burns, skin reddening, and hair loss

- **Cataracts:** Eye damage leading to reduced vision

- **Genetic and Reproductive Effects:** Potential mutations or sterility

- **Foetal Damage:** High doses to a foetus can cause malformation

Types of Radiation Effects

- **Deterministic Effects:** Occur at high doses (e.g., burns)

- **Stochastic Effects:** Probabilistic effects like cancer, which can happen after any dose

The body can often repair damage, but if not, cells can die or become malignant

11. Summary & Close

As a non-medical referrer, you play a crucial role in imaging safety.

Always assess the patient — don’t rely on old clinic notes / GP letters

Check for previous imaging before referring

Confirm specific anatomy/body part/side to be imaged

Provide detailed clinical information

Stay within your agreed scope

Ensure the examination will alter management

12. Leicester Radiation Safety Service LRSS

If you have any questions about radiation safety or the use of ionising radiation

- LRSS Contact Details
  - Ext 5978
- LRSS@uhl-tr.nhs.uk
- Radiation Protection Advisor (RPA) *IRR legislation*
  - Trust RPA is Elizabeth Davies
- Medical Physics Expert (MPE) *IRMER legislation*
  - Elizabeth Davies
  - Andrew Bridges
  - Richard Farley