

IR(ME)R

How to request to DCH for New Referrers

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What do you need to know?



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All documentation available on our NMR Webpage: [Non-Medical Referrers \(NMR\) \(sharepoint.com\)](#)

- Demo of the Non-Medical Referrer webpage on DCH internet
- DCH NMR Protocols
- Two step application process to be an NMR at DCH
 - Application Form with agreed Inclusion Criteria
 - IRMER Training – Offered at DCH on a quarterly basis, UHD employees can attend training there however will need to watch this presentation.
- NMR database – contains details of all NMR's and their specific protocols
- Making referrals to specific Imaging Modalities at DCH
- ICE Demo
- Maintaining Competency
 - Self Audit – initially completed within first year, every two years thereafter
 - IRMER refresher training - initially required for NMR status then refresher due every 3 years.

Application Pathway



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Complete the Application form for Non-Medical Referrer to Request Imaging

Discussed with the Chair of the Medical Exposures Committee

Complete IRMER Training for New Referrers

Any future requests for amendments of inclusion criteria use same framework

Send to NMR@dchft.nhs.uk

NMR Team :
Sarah Landeg
Kate Lewins
Molly Irwin

New Application form



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Rationale for applying – important to explain WHY you should be an NMR

2nd e-mail, NHS, team email

Inclusion Criteria – what Diagnostic Imaging examinations will you need to request for which symptoms. If you already know which protocol you need put it on the form.

Exclusion criteria e.g. no under 18yr old patients

IRMER Training booked?

Diagnostic Imaging Department
Application for Non-Medical Referrer to Request Imaging
(Please note this form will NOT be processed unless fully completed and signed by all required parties)

Proposed Referrer				
Name (please print)	Full Job Title	Professional Body/Reg No		
Work e-mail:				
Secondary e-mail (Must be provided; Can be generic for report alerts but must be an NHS email):				
Work address:				
Rationale for applying for requesting privileges, including evidence of service requirement and how this will benefit patients:				
Protocol No Required (select from DCHFT Intranet - NMR page)	Are there existing NMR currently requesting in your Team with the same Role as you? If so which protocol, do they request under? Please explain if your protocols do not align.			
Inclusion criteria (what examinations and for what reasons will you request imaging?) List the specific imaging exams your delegating clinician supports you in requesting. *Critical Information*. This will form your defined scope of entitlement that you will be audited against. Please copy/paste list if replicating an existing scope of entitlement				
Modality	Body Part	Patient Age	Clinical Indication	Additional Information
Example: X-Ray	Chest	>18 years	<ul style="list-style-type: none"> NG insertion Post Pacemaker insertion 	Aspirate pH> 5.5 ? PTX
Exclusion criteria (please specify any restrictions e.g age/examination type)				

New Application Form



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Have you previously been a NMR?

Qualifications and experience


Training post

Specialist roles

Image interpretation skills

Who is your delegating clinician?

Who will act on the report?

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Are you currently, or have you previously been, a referrer at another Hospital? (please state which Hospitals)		
What relevant professional qualifications do you have? (please provide evidence) • You need to be qualified for 2 years to Apply to be an NMR for Diagnostic Imaging		
Professional qualification	Place of Study	Year of Qualification
Are you currently in a Training Post? Y/N Guide Competence Framework Template to be submitted (DCHFT Intranet – NMR page) Please provide details and estimated year of completion:		
How long have you worked in your current/specialist role? (Please provide previous role(s) if <1 year)		
Under IRMER Regulations responsibility for imaging lies with the referrer however overarching clinical responsibility is accepted by the Delegating Clinician as named below:		
<i>*It is the legal responsibility of the requesting Clinician/Team to <u>read and act</u> on report findings*</i> Who is going to act upon the imaging/report if this is not you as the referrer? In this scenario, a pathway must be in place with radiology approval. Please attach documentation e.g SOP		
What image interpretation qualifications/experience do you have? (please provide evidence where possible)		

Support for Application



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As the Applicant I confirm that:

- I have read and agree to the responsibilities as outlined in the NMR Responsibilities Document (see below).
- I have had at least two years' experience post registration
- I have the clinical assessment and decision making skills that will enable me to work as a referrer

Applicant Name	Signature	Date

As the Delegating Clinician (Dr) I confirm that:
In relation to the requesting of Ionising Radiation procedures in accordance with this Application, please tick the 3 relevant boxes below :-

There is a clinical need in the applicant's role for referring patients for imaging

I confirm the above applicant has the appropriate clinical assessment and decision making skills to be able to apply the principles of referring to their own area of practice and is working to approved clinical guidelines.

I confirm the above applicant is competent to understand and act on the imaging report for the procedures requested and hereby delegate responsibility for this action to the above named. In the event of any query on an X-ray image or report findings, the advice of a Senior Clinician will be sought

OR

In exceptional circumstances another party retains overall responsibility for the patient and will remain responsible for acting on the report. In such a scenario a SOP/Pathway must be provided with this Application

Delegating Clinician Name and Designation (please print)	Signature	Date

As the Departmental/ Practice Manager/ Service Lead I confirm that:

- There is a clinical need for the Applicant to request imaging and I therefore support this application

Name and Designation (please print)	Signature	Date

Your Responsibilities

Full history and assessment
Read the Trust Employers
Procedures
Clinical Information – i-refer
Inclusive Pregnancy Policy –
confirm patient’s sex at birth.
Self-Audit- every 2 years
IRMER update training every
3 years
Where standards are not met
an action plan will be agreed.

Diagnostic Imaging NMR Responsibilities
Responsibilities
It is the responsibility of the referrer to:
<ul style="list-style-type: none">• Only request following a full history and assessment process• Only request imaging within the inclusion criteria of the agreed protocol• Read and adhere to the Trust IRMER employers procedures (NMR Webpage/IRMER)• Complete an ICE referral or a Diagnostic Imaging Department paper referral (if no ICE access) providing a clinical history summary and provisional diagnosis, ensuring that their name, designation, professional registration number and consultant code (if applicable) are clearly legible. Paper forms must be signed• Check the reproductive capacity of all patients of child-bearing potential and record the outcome on the imaging referral for radiation exposures between diaphragms and knees, ages 10-55 years• If requesting cross-sectional imaging understand the risks associated with imaging contrast agents and be familiar with the Diagnostic Imaging policy on Contrast Administration and also to provide information on the referral form of the appropriate renal function for requests for CT• Read and act upon the subsequent radiology report in the electronic system ICE to comply with NPSA notice 16 "Failure to act on radiological reports"• If, prior to a report being generated, an urgent opinion on the images is needed, the referrer will be able to contact the Duty Radiologist at DCH (extension 6964)• Maintain audit compliance to ensure that imaging has been appropriately requested in respect of the patient's management• Attend IRMER training reviews every 3 years and submit an audit to demonstrate compliance with this protocol every 2 years to Dorset County Hospital Radiology Department• To understand that their status as a referrer cannot be transferred to a new post and that they must inform Diagnostic Imaging when they have given notice for their current position.
Competence Criteria
The referrer may request imaging providing they meet the following criteria:
<ul style="list-style-type: none">• Has a minimum of two years post-registration experience.• Has attended the DCH in-house IRMER course for new referrers.• Has been assessed as competent to request imaging by responsible clinicians.• It has been agreed that they are competent to request imaging (providing the criteria as outlined in this document are adhered to) by the Chair of the MEG (consultant radiologist) at DCHFT for and on behalf of the Diagnostic imaging department.
Record Keeping
<ul style="list-style-type: none">• The named referrer will request imaging via the electronic referral system ICE or by completing and signing the Diagnostic Imaging Department request form.• If a paper request form is used the named referrer will clearly state their name, designation, professional registration number and consultant code on the imaging referral.• The named referrer will provide information to include a clinical history summary, provisional diagnosis (or reason why imaging is requested) and examination required.• I-communicator alert must be acknowledged• The report should be read as soon as possible using the electronic results system ICE and actioned and filed accordingly in ICE leaving an auditable trail.
Audit
<ul style="list-style-type: none">• Standards will be audited every two years to ensure that practice standards within the agreed protocol are being met and that the protocol is being adhered to.• A random sample of 10% or a maximum of 50 of the imaging requests by the above referrer will be taken and reviewed in consultation with the responsible Clinicians to ascertain that the inclusion criteria has been adhered to and that imaging has been appropriately requested in respect of their having bearing on the patient's management.• A copy of all audits must be sent to the NMR Team, Diagnostic Imaging, DCH, NMR@dchft.nhs.uk• Where any standards are not met, it will be the responsibility of the above referrer, the responsible Clinicians and the Radiology Services Manager to develop an action plan or review the existing standards.• If the referrer fails to attend IRMER training review and / or submit their audits in a timely fashion, Diagnostic Imaging reserves the right to revoke their referral status.

New Protocols



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Protocol Number	Imaging Modality Permitted
1	X-Ray
2	X-Ray & US FB or DVT Only
3	X-Ray and US
4	Ultrasound Only
5	CT only
6	X-Ray & CT
7	X-Ray / CT / MRI
8	X-Ray / CT / US
9	X-Ray / CT / US /MRI
10	MRI Only
11	UNRESTRICTED
12	CT and MRI
13	CT / US /MRI
14	X-Ray/MR

Modality-based not
Role- based

However each
Application/Requestin
g Agreement will be
specific to individual
Radiographers will be
able to access link to
NMR Requesting
Agreement in
SharePoint when
vetting requests.

Changes

For any changes contact
the NMR Team:

NMR@dchft.nhs.uk

- Name
- Location
- Inclusion Criteria

- Change in Job role –
Stop requesting,
- New Application, New
delegating clinician



Requesting

Once Application accepted and Protocol agreed:

- You will be given access to Radiology ICE pages to request imaging and view reports
- Entered on CRIS – Radiology Information system
- You may also want Insignia PACS to view images and reports

Contact:

pacs@dchft.nhs.uk



wellbeing
software
a Citadel Group Company

CliniSys
A CLINISYS GROUP COMPANY

INSIGNIA
Powered by Intelrad

Radiology IT Team

N.B. You will need to complete DCH ICE Training to get access to request.

Contact:

dhc.clinicalsystems-servicedesk@nhs.net to arrange training.

DCH ICE Requesting



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Please complete the following details and click the 'Accept Request' button to continue or 'More Tests' to add more tests.

Each request accepted by the department of Pathology at DCHFT for examinations/tests is considered a service agreement.

General Details:
User: **knak**
Bleep / Contact No:
Requesting Consultant / GP:
Location:
Location Room:
Global Clinical Details:
Category:

Order Details:
RAD - XRAY
Tests in this order: XR Neck soft tissue
Priority:
Sample collection options:
 Radiology Request

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As a referrer under the Ionising Radiation Medical Exposure Regulations 2017 YOU are responsible for providing sufficient information to allow for justification of the examination. If you do not do this the request will be rejected.

Radiation Cancer Risk - Negligible Risk
As a Referrer you have a legal duty to communicate the risks and benefits of this radiology referral.
Risk from this examination is Negligible - Less than 1 in 1,000,000 additional risk of cancer per examination - a few days background radiation

Identity check
Please type in patient name. First name followed by second name. This is a necessary patient safety check.

Inclusive Pregnancy Status
What gender was the patient at birth?

Patient type?

- Pan Dorset Guidelines
- NICE guidelines
- i-refer

Reports are tagged if:

- Urgent finding
- Critical finding
- Significant unexpected result

E-mail alert sent to referrer

Not done for 'normal' results

Back-up process.

N.B. ALL reports should be checked.



Diagnostic Imaging Department Responsibilities for NMRs

This document sets out the responsibilities of the diagnostic imaging department for the governance of non-medical referrers (NMRs), referring to DCH.

The NMR governance team includes:

- Chair of the Medical Exposures Group
- Imaging Department Manager
- Senior Radiographer/s
- Medical Physics Expert
- Radiologist/s

Responsibilities

- Make appropriate documentation available to referrers
- Approve, adjust or reject applications
- Process applications and liaise with applicants/ delegating clinicians as required
- Agree scope of entitlement (inclusion criteria) for individual NMRs
- Keep up to date records of referrers
- Determine and advise on the level of training required relating to the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER)
- Ensure that referrers have undertaken initial IRMER training prior to accepting imaging requests
- Offer update IRMER training
- Ensure that referrers are aware of any update/revisions of IRMER regulations that may be applicable to their practice
- Audit NMRs to ensure requests are appropriate, adhere to their requesting agreement & demonstrate professionalism and accountability in referring patients for diagnostic imaging procedures
- Monitor audit compliance with IRMER 2017
- Radiographers have the right to question a request for imaging before they justify the imaging exposure. These queries should be addressed in the first instance to the named referrer
- Remove requesting privileges if standards are not met and communicate this to the referrer

Database on SharePoint

- Index of authorised Non-Medical Referrers
- Record of Training and Compliance
- Accessible by all Diagnostic Imaging Team for vetting

Diagnostic Imaging Modalities

- Conventional X-rays
- CT
- MR
- Interventional/
Fluoroscopy
- Mammography -
symptomatic
- Ultrasound – general/
obstetric/ gynae/
vascular/ MSK
- DEXA



**The quality of the report
reflects
the quality of the request form**

**Please ensure all the clinical
information is relevant and
succinct!**

Clinical Indications

– Injured hand

This could lead to potentially 1 of 5 examinations and 13 views

What is the clinical question?

Is there a specific area of interest?



Trauma X-ray Referrals



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A thorough clinical examination should elicit sufficient information to help you decide whether imaging will affect management or whether you manage the patient clinically .

e.g. Ottawa Foot and Ankle

ribs

Relevant Clinical Information

Specific anatomy

A history of carcinoma is **ALWAYS** relevant

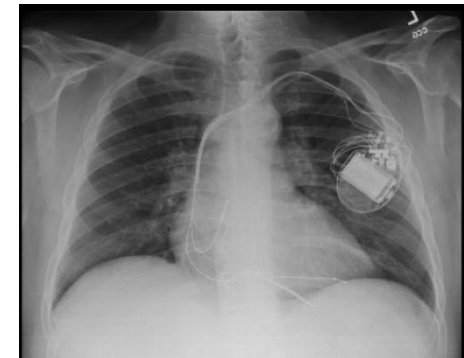
Mechanism of injury

Acute/chronic

Previous medical history/ previous injury

Previous surgery – internal fixation, implants, tendon / ligamentous repairs

Has this patient had recent imaging? Where?



Be precise and concise!

X-ray bleep 300

CT Specific Requirements

CT contrast examinations:
eGFR – less than 30 may
contraindicate

eGFR Warning
Patients for contrast CT scans require an eGFR within the last 12 months. If the patient has renal disease, diabetes or an organ transplant, an eGFR within the last 3 months is required. FAILURE TO PROVIDE AN eGFR MAY RESULT IN THE SCAN BEING DELAYED.

Please enter the last eGFR with date?
Click below to look up the last eGFR. If there is no result available please enter 'PENDING' in the box and place an eGFR request.

Renal Impairment
Does the patient have renal disease, diabetes, or an organ transplant?

Yes No



Allergies – previous contrast
reaction

CT – brain for Stroke admissions –
time of arrival in hospital

(dual-energy x-ray absorptiometry)

Bone density assessment

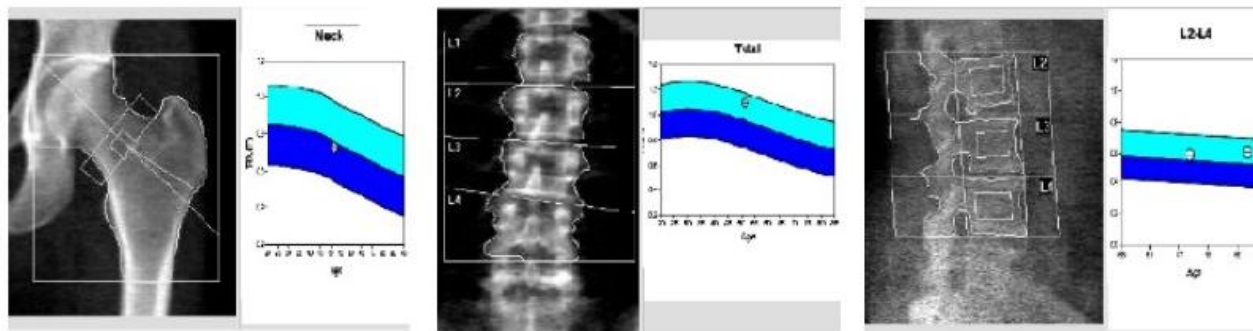
Patients with severe scoliosis, spinal metalwork or bilateral hip metal work cannot be scanned

At least 10 weeks post hip surgery

There are some circumstances in which DXA scans **cannot be booked:**

- If they have had a Barium meal or Barium Enema exam patient must wait one month before DXA exam
- Must wait 24 hours after intravenous contrast
- Must wait 48 hours after nuclear medicine exam (not completed at DCH)

Repeat scans no sooner than 2 years



Osteoporosis Risk Factors: to comply with IRMER.
To select multiple options: Ctrl and left mouse-click.

- Hx of low trauma fractures after age 50
- Long-term oral glucocorticoid treatment (>3months)
- Vertebral fracture seen on plain X-ray
- Crohns/ulcerative colitis if high risk
- Celiac disease if high risk
- Male hypogonadism
- Osteopaenic X-ray
- Chronic severe respiratory disease
- Chronic liver disease
- Other conditions associated with osteoporosis

Fracture probability
If you have calculated the probability of a fracture using FRAX or QFracture please enter the value in the Clinical Details section.

Repeat scan requests
Repeat scans should be performed on the same scanner as the original if possible. Please identify the original indication for the scan, when and where it was performed, the results and treatment in the Clinical Details section.

Current osteoporosis medication.
Please select and specify duration in the Clinical Details.

- Oral bisphosphonate
- IV bisphosphonate
- Calcium and Vitamin D
- Colecalciferol
- Denosumab (60mg/1ml)
- Raloxifene
- HRT
- Teriparatide
- None

Patient type
During examination will the patient be attending as an Inpatient/Outpatient/Ward attender or unknown?

(Please Select) ▼

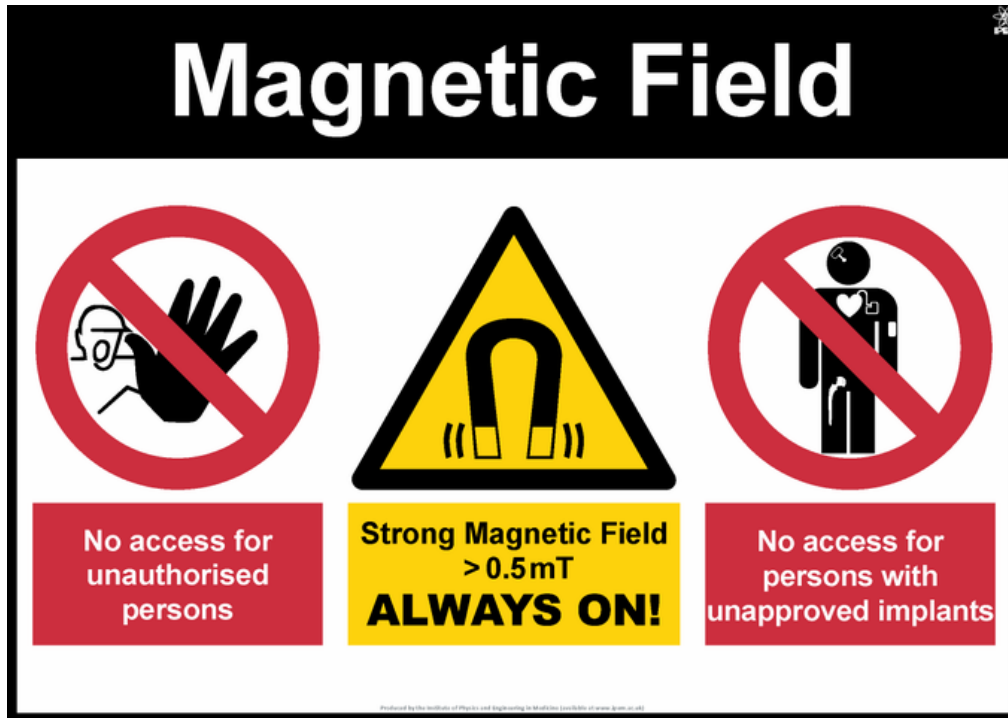
“Requesting an X-ray is like prescribing a dose of radiation”



A type of low-energy radiation that does not have enough energy to remove an electron (negative particle) from an atom or molecule. Non-ionizing radiation includes visible, infrared, and ultraviolet light; microwaves; radio waves; and radiofrequency energy from cell phones

Diagnostic Imaging

MRI and Ultrasound



Have you completed the MRI Patient **Safety** Questionnaire?

If you are unsure about whether the implant is MRI-Safe, contact the MRI team on 3498 or 5881

MRI - ICE

Has the patient EVER had an implanted electronic device?

Yes No

Has the patient EVER had metal fragments in their eyes at any time in their life?

(Please Select) ▼

Has the patient EVER had an operation to the heart, brain, eyes, ears or spine?

Yes No

Does the patient have any other known implants? (excluding orthopedic implants).

Yes No

MRI gantry size

Please note - There is a physical constraint on the SIZE of the patient that can be accommodated by the scanner - if you suspect your patient will have difficulties (due to BMI, weight, girth etc) please discuss with the MRI radiographers.

Special Considerations

Select one or more relevant special considerations from the list below (use CTRL for multiple items):

- None
- Dementia
- Claustrophobic
- Recent Surgery (within 6/52)
- Interpreter required
- Hoist required
- Deaf
- Blind
- Hospital transport
- Other - Please detail in Global Clinical Details

What type of appointment slot does the patient require?

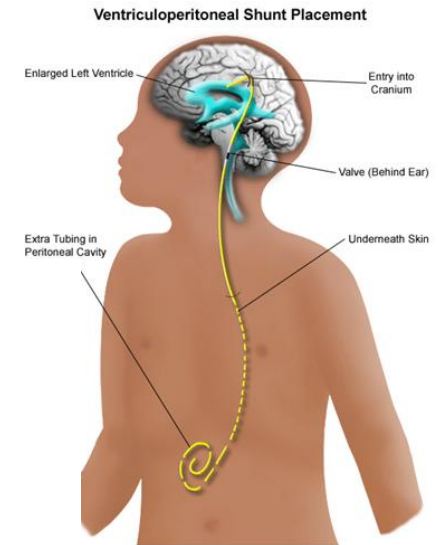
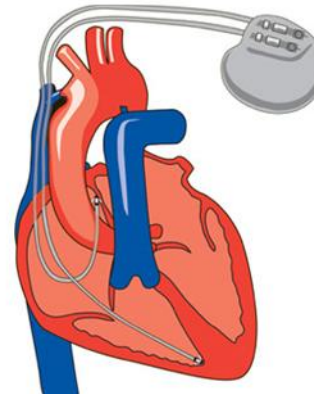
(Please Select) ▼

Is the patient pregnant?

Yes No

Active implants (power source)

- Pacemakers
- Neurostimulators
- Drug infusion pumps
- Hydrocephalus shunt
- Heart valve
- Cochlear implants
- Peripheral stent



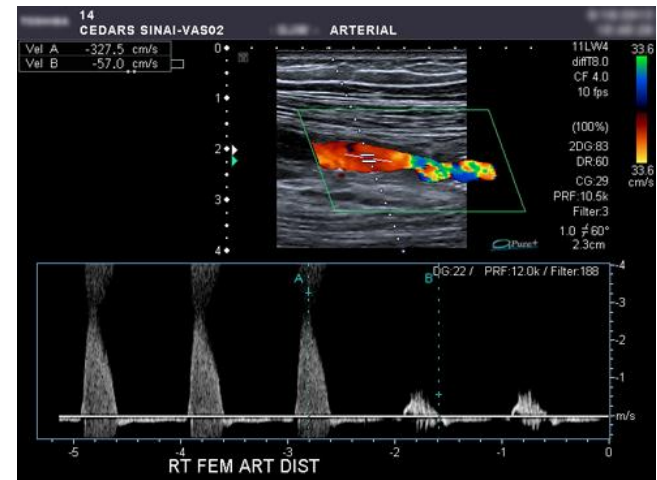
Doppler Ultrasound

- Wells assessment score ≥ 2 – list symptoms
- If < 2 must have D-dimer test value
- D- dimer test value – not a reliable indicator in patients with co-morbidities or recent surgery, etc

DVT NICE guidelines

For prompt vetting of DVT requests, add all pertinent info in the clinical details inc Wells score OR the D-dimer result. Please confirm

Yes No



Arranging Inpatient Scans/Procedures

All In-Patient requests for CT, MR,
Ultrasound/ Interventional

MUST

be discussed with a radiologist

Duty: (01305 25) 6964

To determine the appropriateness

To determine the patient preparation

To determine the urgency

**Be prepared to tell the Radiologist the
clinical information and what you are
hoping this examination will
demonstrate**



N.B. on Abbr!

Only use commonly accepted abbreviations

e.g. FOOSH/ TATT/
SOBOE/ PMH/ BIBA/
FLOF

Beware of abbreviations that have more than one meaning

e.g. PE – pulmonary embolism/ pleural effusion/ pre-eclampsia/ physical examination



Pause and Check

Are the patient demographics correct?

Do you need to consider pregnancy status?

Is the clinical information sufficient to perform the correct examination?? But still succinct.

Is the examination indicated in accordance with local and national guidelines (Pan Dorset Lumbar and cervical spine guidelines; RCR guidelines; NICE recommendations)

Is the body part and laterality correct?

What clinical question are you trying to answer? What do you suspect or wish to exclude?

Will this imaging request effect clinical management?



Monitoring Compliance



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Self Audit

We will send you a random sample of 10% (minimum of 10 or a maximum of 50 patients) of all imaging requested by you, the referrer, in the last **24 months**.

(Your first audit is in **12 months time**, thereafter ever two years)

Check:

- Request within the parameters of the protocol & inclusion criteria
- There is a recorded outcome – report has been acted on – DPR notes
- Did the exam confirm your clinical diagnosis or excluded what you wanted it to?
- Was the clinical examination done by you as the referrer?
- Was the patient on a referral pathway? Example neck of femur pathway from ED – please note this

10% Audit Data



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We will generate a report of all your requests, randomly select 10% and e-mail them in a spreadsheet ready for you to audit

Hosp No	Age At Ev	Accessi	Examinati	Event Date	Referr	Referrer Nar	Exam Name	NHS number	Referrin g Loca	Request within parameters of protocol? Y/N	a written outcome ? Y/N	clinical diagnosis? Y/N	Cinical examination by you the referr? Y/N	Patient on a referral pathway?	Comments

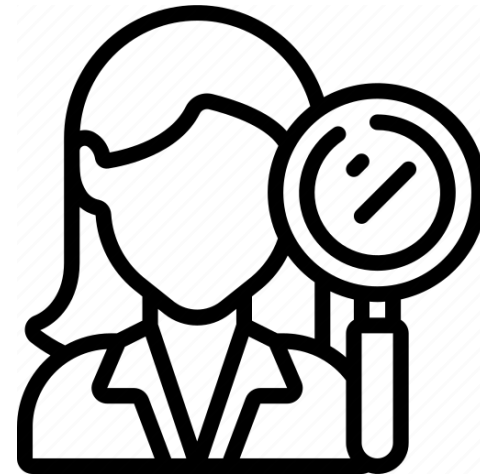
Audit Template

NON-MEDICAL REFERRER AUDIT RESPONSE SHEET

Name	
Job Title	
Place of employment	
Delegating Clinician	
Non- Medical Referrer Protocol Number	
Refresher IRMER Training Completed	Online / Face to Face Date:
Date of audit completion	

Audit Items	Responses
Total number of imaging referral requests you have submitted over the 24-month period?	
Start and end date for your audit period?	
Who else has been involved in collecting the information for your audit?	
Number of imaging referrals audited.	
What percentage of imaging requests is within the inclusion criteria of your requesting protocol?	
<i>IRMER states that 'each medical exposure should have a written outcome'.</i> What percentage of your imaging referrals achieved this?	
What percentage of your imaging referrals confirmed your clinical diagnosis?	
What percentage of your referrals were made following a clinical examination by you as the referrer?	

Qualitative reflection
Always submit the completed 10% data sheet and Audit template



Business Continuity

Paper requests to Diagnostic Imaging when ICE system or network is down

Planned or BC

Modalities still not on ICE:

- Obstetric US
- Some dental examinations

Requests from hospitals/community without access to DCH ICE system



Essential Details

- 4 patient identifiers
- Allergies, diabetic, medical alerts
- Patient location - ward/ department
- Mobility/ Co-morbidities
- Clinical history – succinct, relevant, PMH
- What is the clinical question?
- Examination required
- Select your name as the referrer - provide contact details



PAUSE AND CHECK

Outstanding care for people in ways which matter to them

Any questions?



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Any questions e-mail NMR@dchft.nhs.uk