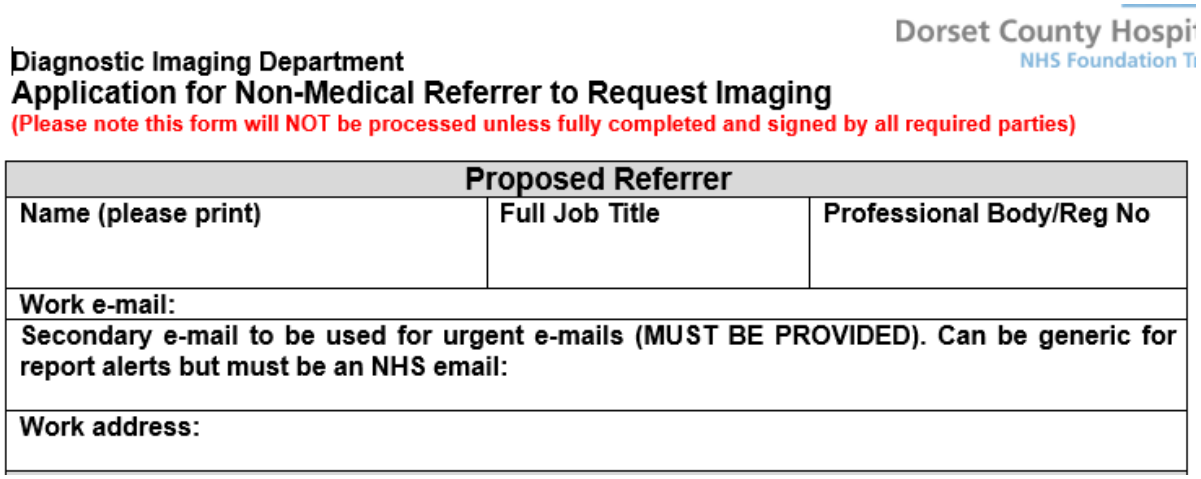
Guidance for completing the Application form to be a Non-Medical Referrer (NMR) for Diagnostic Imaging at Dorset County Hospital

- **The form must be fully completed, or it will be returned to you**



Dorset County Hospi
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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 to be used for urgent e-mails (MUST BE PROVIDED). Can be generic for report alerts but must be an NHS email:		
Work address:		

- Ensure you enter your **full** name and **full** job title
- Registration no – you must be registered with a professional body to be an NMR

We need your work e-mail to be able to contact you and to ensure you are set up for i-communicator notifications. This is a backup system to notify you when a report has urgent/unexpected/cancer findings. **You must still check all your reports**.

We also need a backup e-mail so that your team will get notifications if you are not in work. This back up e-mail must be an NHS e-mail, not a personal e-mail. Many departments have a team or group e-mail that they use. You must ensure that your team has a SOP for reviewing reports of exams other referrers have requested.

We need to have your work address, or addresses if you work at multiple sites, this ensures you are set up correctly so reports can be assigned to specific locations. You are responsible for selecting the correct location when requesting imaging if you work at multiple sites to ensure results go to the appropriate location.

Rationale for applying for requesting privileges, including evidence of service requirement and how this will benefit patients:

Please use this space to explain **why you** need to be an NMR. If there is not enough information here (especially for a NEW role) we will not be able to give you permission to request.

Protocol No Required (select from DCHFT Internet - 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.

Select the protocol number you need, basically which imaging modalities you will need access to:

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

If one of your Team is already an NMR and you will need the same requesting rights then let us know their protocol number.

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**

Make sure you clearly list which Diagnostic Imaging examinations you need to be able to request.

Please use the *Job Role list of inclusion criteria* to find the correct, or similar, inclusion criteria for your job role. You can then paste it onto the form. If you do not know exactly what you need, use one as a template and discuss with your Lead Clinician and Team Lead or contact us at dch.NMR@nhs.net

Has the proposed referrer attended or booked DCH IRMER Training to understand their legal obligations in respect of requesting ionising radiation examinations (IR(ME)R 2017)? DCHFT Intranet – NMR page. Please specify date below:		
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		
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)		

Let us know:

That you have booked or preferably completed IRMER Training.

What previous experience you have as an NMR for Diagnostic Imaging.

How long you have been qualified (you must be registered for >2yrs to be an NMR) and if you are in an Advanced or Specialist Role, how long have you been doing that?

If you are in a Training Role we may need to give you limited requesting rights until you have completed training.

It is the legal responsibility of the requesting Clinician/Team to read and act on report findings* **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(your Application will not progress without this evidence).**

Under IRMER we need to make sure that all reports and results from imaging tests are acted on.

If you are acting independently, requesting and acting on the results, that fits with the systems in the results will go back to you the referrer.

If you are not the person who will act on the results we need a Standard Operating Protocol (SOP) or pathway or how someone else is going to pick up the results of the imaging that you have requested using the systems available.

As the lead/delegating clinician I confirm that:
In relation to the requesting of Ionising Radiation procedures in accordance with this Application, **please tick** the 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.**

In addition, please tick one option from the statements below:

☐ **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**

Lead/Delegating Clinician Name and Designation (please print)	Digital 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**
- **I confirm that I am happy to receive and act on any urgent, significant or unexpected finding reports that this referrer does not initially respond to.**

Name and Designation (please print)	Digital Signature	Date

Your Lead/delegating clinician needs to confirm that you have the skills to request the right imaging for the right patient at the right time and that there is a clinical need for you to be a NMR.

They also need to confirm whether you will be acting on the report OR if someone else is (and therefore we need the SOP of how that will work i.e. how will someone else else pick-up the reports you request?)

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** • **I confirm that I am happy to receive and act on any urgent, significant or unexpected finding reports that this referrer does not initially respond to.**		
Name and Designation (please print)	**Digital Signature**	**Date**

The Service Lead needs to confirm that there is a need for you to be an NMR and that they are happy to receive and act on any reports that need acting on if the referrer does not respond.

If you need help putting a digital signature on the form, please read our *'how to add an e-signature document.'*

We no longer accept hand-written or scanned in forms.

Send the completed Application form to dch.nmr@nhs.net