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Local Medical Committees

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Guidance Document

Expanded Scope of Practice for Referral to Hampshire Hospital NHS Foundation Trust for x-ray Examinations by Advanced Clinical Practitioners in General Practice

Contents

Please note the information contained within this booklet may be reviewed and updated from time to time. If you have downloaded a copy, this may not be the most up to date version. You are advised to check the online version.

Background

Allowing nurses and those professionals employed in General Practice with an advanced role to refer patients for x-ray examinations.

The original guidance document referred to as the Expanded Scope of Practice (ESP) protocol was developed in 2016 in conjunction with the University Hospital Southampton NHS Foundation Trust. The aim of the document was to allow nurses with an 'extended' role employed within general practice to request specific x-ray examinations.

There have been several changes within the General Practice workforce with the introduction of new roles especially at a PCN level. This updated document aims to include those additional ACP roles that fulfil the required criteria for referral.
https://www.england.nhs.uk/gp/investment/gp-contract/

This framework is a guidance document agreed between Wessex LMCs and the Trust. Any alterations to this framework must be made in conjunction with the Trust or it will be deemed void. Trusts may want to make amendments to incorporate their own referral criteria and guidelines.

The assessment of competency and capability is the responsibility of the employer, the individual and the Trust.

Updated Nov 2020 by:

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SCOPE OF PRACTICE EXPANDED PRACTICE PROTOCOL FOR REFERRAL FOR RADIOLOGICAL EXAMINATIONS BY NON-MEDICAL STAFF

Re: Advanced Clinical Practitioners employed within a General Practice.

1. Practice Protocol (ESP)

The aim of this document is to allow Advanced Clinical Practitioners within General Practice to request specific x-ray examinations following an agreed expanded scope of practice (ESP) framework between the employing general practice and the Trust.

The document clarifies the essential competencies of the referrer, suitable patients for referral and appropriate x-ray examinations together with assessment and audit of the process. Allowing the Advanced Clinical Practitioner to make a referral for an x-ray examination will improve the patient experience, reduce duplication of effort, and improve safety.

1.1 Introduction

This document clarifies the criteria and procedures for Advanced Clinical Practitioners when referring patients to radiology. Here forward referred to as ACPs.

Allowing ACPs to request radiological investigations allows for timely holistic assessment of the patients' clinical status by a single health professional. Not all ACPs are trained in the interpretation of x-rays, mailed results would be reviewed by a General Practitioner.

The ACPs role is continually evolving and is important within General Practice, they not only make sure the patient's pathway is not unduly delayed; they use their expanded roles and experience to review and instigate treatment. They work autonomously and see a range of patients who present with undifferentiated and undiagnosed presentations. This expedites advanced clinical decision making.

1.2 Background information

ACPs have developed within General Practice in response to extended clinical and patient demand and workforce issues and have been evolving over the last 20 years. The term 'Advanced Practice' defines the level of practice at which the professional works. This requires competency in specific areas of knowledge, technical skill, expertise, and advanced clinical decision-making.

1.3 Definition of Advanced Clinical Practice

"Advanced practice is a level of practice, rather than a type or specialty of practice. Advanced practitioners are educated at Master's level in clinical practice and are assessed as competent in advanced practice using their expert knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis, and treatment of patients" (Royal College of Nursing, 2018)".

Health Education England launched the Advanced Clinical Practice Framework in November 2017:

"Registered nurses & ACP's working at this advanced level:

- *are accountable practitioners, working at the boundaries of their profession*
- *are innovative and highly skilled at assessing and managing risk including prescribing for those professions that have authority.*
- *have the freedom and authority to act autonomously and independently*
- *accept the responsibility for decisions made and actions taken*
- *are very experienced and highly educated experts*
- *are holistic practitioners, e.g. advanced nurses can address nursing as well as medical needs*
- *have the ability to 'see' the whole person, fuse biomedical science with the art of caring, providing health promotion advice, counselling, assessment, diagnosis, referral, treatment and discharge*
- *are increasingly seen as the right solution to addressing workforce challenges, meeting the needs of an increasingly ageing population and managing an ever-developing chronic disease profile."*

The Royal College of Nursing has set standards for advanced level practice nurses, accredited master's programs and has introduced a Credentialing Programme. This includes independent assessment of education, practice and experience to measure if the standards are met. Successful candidates are listed on a publicly available directory with a review period of three years.

The more recent document The Core Capabilities Framework for ACP (Nurses) Working in General Practice/Primary Care England (2019) outlines the standards for nurses working at this level.

1.4 Key Points

X ray investigations will only be requested by ACPs with a named qualification at either first level degree (BSc Hons) or Masters having undertaken a recognised course at a University at Level 7.
All ACPs will work within their scope of practice as defined by their governing body for example: -

- Nurses - The Nursing & Midwifery Council (NMC) Code of Professional Conduct 2015
- Allied Health Professionals are regulated by the Health and Care Professions Council (HCPC). The HCPC set the standards for the professions they regulate

To remain on the NMC and HCPC register, registrants must demonstrate that they continue to meet these standards as this is how their fitness to practice is determined.

All ACPs will be competent in having completed training in history taking and examination skills of all body systems and making differential diagnosis using clinical decision making and problem-solving skills. They must undertake an IRMER course.

1.5 Rationale for Change

Most Trusts now accept referrals from ACPs for X-ray investigations and some for ultrasound. All ACPs should refer to local referral guidelines.

Currently, the decision to refer for an x-ray would normally be made by the ACP then would pass to a GP to complete the request electronically or in writing. This proposal therefore does not relate to an increased number of investigations being sought by ACPs rather it is a change of personnel entitled to request the investigations. Allowing the appropriately qualified ACPs to directly make a referral will improve the patient experience, reduce bureaucracy and duplication of effort.

1.6 Benefits to the Patients or Service

- Allows for timely, holistic assessment of the patient's clinical status by a single health professional
- Expedite clinical decision making
- Early detection of potential complication

1.7 Minimum qualifications and experience

Expanded role for named (ACP) working at an advanced level, having attained:

- A University based BSc. or Masters qualification, completed successful written assessments, including a history and physical examination module with an Objective Structured Clinical Examination (OSCE) and is working at an advanced level employed within general practice.
- Received appropriate, certificated, Ionising Radiation (Medical Exposure) Regulations (IRMER) referrer training, acceptable to the organisation receiving referrals. This should cover the technical requirements of the referral documentation and relevant legal aspects of IRMER 2000. The training should be repeated at least every five years or when new regulations are issued. The frequency of updates may be different in each Trust. This needs to be communicated to ACPs acting under this framework by the Trust and would need to be undertaken to remain under this framework.
- The ACP is currently registered with the appropriate professional body for their scope of practice (NMC or HCPC)
- The ACP will practice within their clinical and educational boundaries for their scope of practice.
- The ACP will ensure they have appropriate indemnification and notify the indemnifiers of any changes to their role. Each ACP is responsible for making sure they have appropriate cover for their role and scope of practice.
- Their employer supports the ACP working under this framework as being appropriate to their current job role
- An initial competency assessment by a named GP in the general practice or PCN in which they are employed consisting of a minimum of 10 patient sign off x-rays

1.8 Suitable patients for referral

The process for checking suitability for referral will include:

- The ACP undertaking a full clinical assessment
- Discussion with the patient to ensure they agree with the planned course of action
- The x-ray referral is completed with enough detail and in a timely manner
- Appropriate details of how to book and safety netting are given to the patient
- Adequate records are kept according to national expected standards around consultations

2. Range of Diagnostic Examinations

All employing organisations and ACPs are advised to refer to their local Trust's guidance on referrals and two week wait.
ACP Referrals under this ESP are restricted to plain x-ray examinations as follows:

- Chest
- lower limb up to an including the hip joint
- upper limb up to and including the shoulder

The following are excluded:

- Abdomen
- Pelvis
- Spine
- Head
- Any other modality (CT/MRI/Ultrasound/Nuclear Medicine)
- People under the age of 18 years

The following may be excluded:

- Pregnant women or pregnancy unsure – will need discussion with a GP before referral

2.1 Clinical Criteria: Chest X-rays

Plain chest X-ray requests will be limited to the following symptomatic presentations, unexplained or persistent for more than 3 weeks

- Unresponsive infection
- Cough
- Chest/shoulder pain
- Dyspnoea
- Weight loss and associated other chest symptoms
- Persistent hoarseness
- New haemoptysis
- Any deteriorating patient with acute shortness of breath or showing clinical signs of chest sepsis/pulmonary oedema/pleural effusions.

(https://www.nice.org.uk/guidance/NG12/chapter/1-Recommendations-organised-by-site- of-cancer)

- To monitor the effectiveness of treatments for heart failure/pleural effusions/chest infections.
- Any possible exposure to TB

Patients with an acute illness are to be referred directly to an Emergency Department or Acute Medical Assessment Unit.

2.2 Clinical Criteria: Appendicular MSK

Any un-resolved trauma greater than two weeks can be referred directly to radiology (i.e. where the patient is not likely to need treatment via ED)

The Ottawa rules will be used to identify the need for an ankle x-ray
http://cks.nice.org.uk/sprains-and-strains#!diagnosissub:1

Patients with a suspected acute injury and suspected fracture are to be referred directly to an Emergency Department.

2.3 Accountability

- The employing organisation has overall responsibility for the patient
- The ACPs have joint accountability to patient, self, and employer for the patient
- The ACP will work within their clinical and educational boundaries for their scope of practice
- The ESP is specific to the named ACP and employing organisation and is not directly transferable to another organisation should the ACP change employment
- Ongoing clinical supervision needs to be agreed and established between the ACP and a named supervising GP in the employing organisation
- Agreed clear pathways of referral need to be agreed within the organisation
- This ESP is only for the ACPs, who meet the criteria in sections 1.4 and have undertaken the recognised IRMER training
- The ACP must be registered and named on the relevant Trust's "referrers" list
- Initial assessments of competence of the ACP to be performed by the employing organisation via a nominated supervisor
- Interpretation of the x-ray image and documentation of the evaluation is the responsibility of the Radiological Consultant.
- However, if any clarification is required the referrer should seek advice from the radiologist and GP
- It is the responsibility of the individual registered ACP to remain updated around clinical and relevant administrative aspects pertinent to this investigation
- It is the responsibility of the individual registered ACP to conduct an annual audit of their referrals to review if they were appropriate.

2.4 Patient group

The inclusion and exclusion criteria for ACP referrals under this guidance document must be agreed by the practice and will fit with the ACPs pre-existing training and scope of practice.

For example, pregnant patients or pregnancy status unable to be ascertained - It would be expected that the ACP would seek advice from a medical colleague and or midwife before ordering any investigation.

The Trust may state that this ESP can only be used for patients over 18 years of age.

2.5 Patient exclusion criteria

- If the patient has had a recent CXR within three months
- If the patient has an acute illness which is likely to need urgent treatment
- Patients with suspected acute injury or suspected fracture
- A patient who re-attends with symptoms that have not improved from the initial presentation to the AP. This patient will be referred to a GP colleague for further assessment
- Aged under 18yrs of age – this may vary between Trusts
- Pregnant or pregnancy status unable to be ascertained. It is good practice to seek advice from a medical colleague and or midwife before proceeding for further examinations.

2.6 Consent

The ACP will gain informed consent from the patient for treatment and this will be documented in the patient's records.

If the patient declines, then the ACP will refer to the responsible doctor and document in the patient's medical notes.

2.7 Referral methodology

Plain X ray examinations will be requested using the same methodology as the General Practice, either electronically or paper based.

The following information must be included:

- Patient's first name and surname
- Date of birth
- Current address and telephone number
- Relevant past and current medical history
- Practice name and address
- Date of referral
- Clinical presentation and symptoms together with any other relevant information to identify cause and or mechanisms of injury or disease
- Accurate details on what examination is requested and provisional diagnosis
- Printed name of referrer, status (ACP) and signature

2.8 Results acknowledgement

It is the responsibility of the referrer and employing practice to have systems in place to ensure **ALL** results when returned to the practice are read, acknowledged and acted upon by a GP. (http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59817)

3. Assessment of ACP Competencies

3.1 Assessment of ACP competence

A named GP supervisor will be agreed with the ACP's employer. They will be a fully qualified, practicing GP who ideally will be working regularly alongside the ACP and will be responsible for ensuring the ACP is competent and fulfils the criteria in section 1.

3.2 Assessment of Competence during the Learning Period (measurable outcomes):

- The individual has already completed IRMER training at the relevant Trust
- They will then be added to the 'referrers list' at the relevant Trust and this allows them to request investigations on ICE
- During the learning period the ACP will make the decision and complete the paperwork but discuss the cases with an authorising GP on the day
- The ACP will request a minimum of an agreed number and type of x-rays and write in the patient notes which GP authorises the investigation - this should be the named GP whenever possible
- The named GP will sign the ACP as competent if they are happy that all the requests have been appropriate after discussion with the ACP (and other GPs who have authorised requests if appropriate)
- If they are not happy then the supervising GP and the ACP need to discuss the reasons for this and agree a further assessment period and/ or necessary learning and training needs before continuing
- Each ACP is responsible for remaining updated on changes in accepted practice and their own clinical knowledge
- The ACP and practice will ensure the X-ray result is reviewed by a GP
- The cases and audit results will be shared with the supervising GP and a reflection on practice will be carried out as part of their clinical supervision

- If no referrals are made within an agreed period, then the ACP and GP must agree between them what is the time they will accept to ensure safety and competency
- Further audit will be carried out by agreement between the ACP and the supervising GP but should be done as a minimum on an annual basis to satisfy requirement of this ESP arrangement
- Documentation and evidence will be required and made available if necessary
- Any breach of the ESP or safety concerns identified by the radiology department will be reported to the GP and employing practice and the Trust reserves the right to refuse permission for further referrals. The GP and employing practice are responsible for notifying the Radiology Department(s) of any changes to the agreed ESP and the addition or deletion of named ACP's working to this ESP.

3.3 Ongoing Monitoring and audit

- The ESP protocol for the procedure and documentation must be adhered to.
- The ESP protocol is approved and monitored by Trust Care Group Management Team and the ACP referrer's employing organisation and line manager.
- The ACP will document in the patient's medical notes why and when the investigation has been ordered.
- The ACP will ensure: An annual audit will be carried out by the ACP to review an agreed number of x-ray referrals are discussed with the ACPs GP supervisor.
- Ensure that 100% of the investigations requested by ACPs have an explanation for the reason for referral and a documented medical review of the result once the investigation has been carried out. Any learning from the audit should be captured and kept for the ACPs appraisal.

Approved and Agreed ESP

This Expanded Scope of Practice for X-ray Referral Examinations by Advanced Clinical Practitioners in General Practice has been approved and agreed by:

Title	Name	Signature	Date
NHS Trust: Clinical Lead Radiologist			
Employing organisation: Lead General Practitioner			

	Name	Signature	Date
Advanced Practitioner(s) Authorised to refer under this ESP			

IRMER Training Date & location undertaken	

HHFT Guidance Document

Under the Ionising Radiation (Medical Exposure) Regulations 2017 no medical exposure to radiation can take place without prior justification by a practitioner (general radiographic exposures can be authorised by the operator if the referral complies with guidelines and criteria pre-approved by an entitled practitioner).

Please note all referrals made to the X-Ray department at HHFT will be vetted and justified according to the Royal College of Radiologists (RCR) Guidelines ''Making the best use of clinical radiology''. Please note iRefer is available as hard copy books or online at https://www.irefer.org.uk/

If the request received does not fall within this guidance, or provide enough clinical detail, then it will be rejected and returned to the GP Practice with an explanatory covering note. This may delay the patient receiving necessary investigations within an adequate time frame.

Below is a table outlining some of the common incorrect referrals we receive:

X-Ray Referrals		Guidance
Coccyx XR for Coccyx pain	Coccyx x-rays are not justified for coccyx plain (RCR guidelines). Normal appearances are often misleading, findings do not affect management and radiation dose is significant.	In cases of chronic intractable coccydynia, specialist referral (e.g. pain clinic or orthopaedics) is suggested.
Abdominal XR	Abdominal x-ray requests for renal stones, renal colic or haematuria are not appropriate	If there is blood in the patients urine and history is suggestive of acute renal colic then a GP should refer the patient for a CT KUB.
Facial bones XR for nasal bone fracture	X-rays are unreliable in the diagnosis of nasal fractures. Even when positive they do not usually affect patient management.	A referral to ENT/maxillofacial team is suggested.
Chest XR for rib fracture	Demonstration of a simple rib fracture does not usually alter management.	If a complication such as pneumothorax or infection is suspected CXR is appropriate
Skull XR for trauma	Skull x-rays are not justified in the context of trauma.	If there is a suspicion of a head injury an urgent neuro referral for appropriate assessment is recommended, or the patient needs to attend A&E if they are having symptoms of a head injury.
Submandibular stone	Plain film is not an appropriate referral.	Initial referral to oral surgery is the recommended pathway
Lumbar spine XR for low back pain / sciatica	Plain film not justified for routine cases of low back pain with or without sciatica.	X-rays may be helpful for suspected osteoporotic collapse or patients with red flags.

Useful Links

NHS Health Education England - Advanced Clinical Practice Framework
https://www.hee.nhs.uk/our-work/advanced-clinical-practice

Royal College of Nursing – Advanced Practice Standards
https://www.rcn.org.uk/professional-development/advanced-practice-standards

Skills for Health – Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice / Primary Care in England
https://www.skillsforhealth.org.uk/services/item/724-advanced-clinical-practice-core-capabilities-for-nurses-working-within-general-practice-settings-in-england

Nursing & Midwifery Council - Code of Professional Conduct
https://www.nmc.org.uk/standards/code

Nursing & Midwifery Council - Search the Register
https://www.nmc.org.uk/registration/search-the-register/

Health & Care Professions Council - Regulating
https://www.hcpc-uk.org/

CQC - Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)
https://www.cqc.org.uk/guidance-providers/ionising-radiation/ionising-radiation-medical-exposure-regulations-irmer

NHS Improvement - Learning from patient safety incidents
https://improvement.nhs.uk/resources/learning-from-patient-safety-incidents/

British Institute of Radiology – Guidance for non-medical referrers to radiology
https://bir.org.uk/media-centre/position-statements-and-responses/guidance-for-non-medical-referrers-to-radiology.aspx

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DOC-0123/28.08.21