WESSEX
Local Medical Committees

Advanced Clinical Practitioners Employed within General Practice – Referring for Ultrasound

Date: June 2020

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 (Advanced Clinical Practitioners (ACPs) to refer patients for ultrasounds investigations

In 2016, in conjunction with John Beamer, Head of Radiology at The University of Southampton NHS Foundation Trust a scope of practice expanded protocol was written. The aim of the document was to allow nurses with an “extended” role employed within General Practice to request specific x-ray examinations following an agreed expanded scope of practice (ESP) framework.

This initial document clarified the essential competencies of the referrer, suitable patients for referral and appropriate x-ray examinations together with assessment and audit of the process. The following is based on the contents of the original protocol for referral for x ray investigations.

An ESP was agreed with Southampton NHS Foundation Trust in 2019 to allow those professionals defined as Advanced Clinical Practitioners (ACPs) to refer for USS. Local Trusts may wish to adapt/amend the following document based on this ESP as outlined below.

This framework has been 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.

Update in June 2020 by:

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1. Key Points

Ultrasounds (USS) 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: -

- For 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.

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

1.2 Rationale for Change

Most local Trusts now accept referrals from ACPs for X-ray investigations and in their line of work, some ACPs will see patients who will require an ultrasound. It seems logical therefore that they are also able to request this investigation. Some Trusts already allow ACPs to refer for USS, all ACPs should refer to local guidelines on referral for USS.

Currently, the decision to refer for an USS would normally be made by the ACP then would be passed to the 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.

1.3 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
- Allows a truer line of accountability with clinicians ordering investigations for patients they are directly assessing

1.4 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

1.5 Suitable Patients for Referral

The process for checking suitability for referral will include:

- Undertaking a full clinical assessment by the ACP
- Discussion with the patient to ensure they agree with the planned course of action
- The ultrasound 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

Ultrasound is often used as a first line investigation as the test is non-invasive and does not involve ionising radiation. It can confirm and or refute a diagnosis but should not be used as an investigation for diagnosis.

- All employing organisations and ACPs are advised to refer to their local Trust's guidance on referrals and two week waits.

3. Accountability, Monitoring & Audit

- 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.

3.1 Patient Group

The inclusion and exclusion criteria for ACP referrals under this ESP 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 USS investigation.

3.2 Referral Methodology

USS examinations will be requested using the same methodology as a General Practitioner 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 history, presentation and symptoms together with any other relevant information to identify cause or disease
- The rationale for requesting the type of USS and reason for investigation and accurate details on what examination is requested and provisional diagnosis or diagnosis of concern
- Printed name of referrer, status (ACP) and signature

4. Results Acknowledgement

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

5. 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.

5.1 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 USS 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 will document in the patient's medical notes why and when the USS investigation has been ordered
- The ACP and practice will ensure the USS result is reviewed by a GP
- Following the initial sign off period then an audit will be undertaken by the ACP over an agreed period to ensure that an agreed number of USS examination requested by the ACP is appropriate
- 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 period 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.

5.3 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 USS referrals are discussed with the ACPs GP supervisor. Ensure that 100% of the USS 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.

This Expanded Scope of Practice for Ultrasound 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	

Useful Links

Expanded Scope of Practice for Referral for x-ray Examinations By Advanced Nurse Practitioners in General Practice
https://www.wessexlmcs.com/referringtoradiologyandultrasound

Extended Scope of Practice APs Referring to Radiology
https://www.wessexlmcs.com/email6843

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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