WESSEX
Local Medical Committees

Extended Scope Document Allowing Advanced Clinical Practitioners Employed within General Practice to Refer to Radiology at ……

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Expanded Scope of Practice for Referral for X-Ray Examinations by Advanced Clinical Practitioners in General Practice

NHS Trust Approval Committee:	
Date of Approval:	
Signature of ratifying Committee Group/Chair:	
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Date of original issue of referral document: **Updated:**	July 28th, 2016 February 13th and June 20th, 2019
Amended to include ACPs:	March 2020
Target audience	Advanced Clinical Practitioners employed within a general practice who have undertaken a recognised postgraduate 'advanced practitioner' course at a University having achieved either a Masters and or BSc qualification. Including, successful completion of modules in history taking and clinical decision making normally at Level 7.

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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.

THANK YOU to the following people for their support and input into this document. . .

This Expanded Scope of Practice (ESP) protocol is based on original information developed with the University Hospital Southampton NHS Foundation Trust (2016). The initial ESP was to allow nurses with an advanced role and who met the required competencies to refer for x-ray examinations. This initial piece of work has subsequently been updated to include referral for some Ultrasounds (June 2019).

Thanks to the following people who contributed to the development of the initial ESP.

- Dr Gareth Bryant, Medical Director, Wessex LMC, Churchill House, 122-124 Hursley Road, Chandlers Ford, Eastleigh, Hampshire. SO53 1JB
- Elaine Campbell, Nurse Practitioner, Whitewater Heath (Hook & Hartley Witney Medical Partnership, Hook
- Natasha Duke, Doctoral Student at Southampton University, Advanced Nurse Practitioner, Ladies Walk Practice, Southampton
- Clare Mechen, Nurse Manager/Advanced Nurse Practitioner, The Adam Practice, Poole, Dorset
- Claire Muir, Nurse Practitioner/Practice Nurse Manager, The Wilson Practice, Alton Health Centre, Alton
- Debbie Taylor, Nurse Practitioner, The Arnewood Practice, New Milton
- Dr Alex Fitzgerald Barron, GP Trainer, Senior Partner, St Clements Practice, Winchester, Hampshire
- John Beamer (MBE), Head of Radiology Services, University of Southampton NHS Foundation Trust
- Amendments - Sue Clarke, Head of Workforce and Education, South Eastern Hampshire and Fareham and Gosport Clinical Commissioning Groups.

Update March 2020

This specific ESP has been updated to include those who met the criteria in the original document and in response to recent changes within the workforce. There are several Advanced Clinical Practitioners (ACPs) roles that are now working within general practice and across PCNs (it is implicit that the term ACP also refers to nurses working at this level).

It is advised that the completed ESP is signed and agreed with the local Trust and may be adapted to their own specific guidelines/recommendations. Advice regarding IRMER training should be directed to the local Trust into which the ACP refers.

It is hoped that this document will in time be accepted by all Trusts across Wessex LMCs.

Helene Irvine

March 2020

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

Re: Advanced Clinical Practitioners employed within a General Practice.

1. Practice Protocol (ESP)

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

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 ACP 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 protocol clarifies the criteria and procedures for ACPs when referring patients to radiology

Allowing ACPs to request radiological investigations allows for timely holistic assessment of the patients' clinical status by a single health professional. ACPs are not 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 conditions. Allowing ACPs to request radiological investigations allows for timely holistic assessment of the patients' clinical status by a single health professional. 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. ACPs are responsible for the safe delivery of several defined roles not routinely performed by nurses and or other staff within primary care. 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 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

Radiological examinations 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.

1.5 Rationale for Change

X-rays would normally be verbally ordered by the ACPs and passed to the GP to request electronically or in writing.

This proposal does not relate to an increased number of x-ray investigations being sought by ACPs rather a change of personnel entitled to request the same. Allowing the ACPs to make a referral will improve the patient experience reduce duplication of effort and improve safety.

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 ACPs having attained:

- A University based BSc and or Masters qualification (or working towards a Masters)
- 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 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
- An initial competency assessment by a named GP in the general practice in which they are employed consisting of a minimum of 10 patient sign off x-rays by a GP
- The ACP will be registered with a relevant body e.g. the NMC or HCPC
- The ACP will work 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

1.8 Suitable Patients for Referral

The process for checking suitability for referral will include:

- Undertaking a full clinical assessment by the ACP
- Checking that the patients over the age of 18
- Giving a verbal explanation to the patient of why the referral is recommended
- Obtaining verbal consent from the patient
- Recording of the above in the patient's records

2. Range of Diagnostic Examinations

(It is essential that ACPs refer to local guidelines)

ACP Referrals under this ESP are restricted to PLANAR 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/MR/Ultrasound/Nuclear Medicine)
- People under the age of 18 years

The following may also be excluded, and you are advised to discuss with your GP, midwife and or member of the radiology department for further advice.

- Pregnant women or pregnancy unsure

2.1 Clinical Criteria; Chest X-rays

Planar 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
- 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 the Emergency Department)

The Ottawa rules will be used to identify the need for an ankle x-ray.

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

2.3 Accountability

- The employing General Practitioner has overall responsibility for the patient.
- The ACPs have joint accountability to patient, self, and GP/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 practice and is not directly transferable to another practice should the ACP change employment
- Ongoing clinical supervision needs to be agreed and established between the ACP and a named GP in the employing practice
- Agreed clear pathways of referral need to be agreed within the practice.
- This ESP is only for the ACPs, who meet the criteria in sections 1.7 and have undertaken the recognised IRMER training
- The ACP must be registered and named on the relative Trusts “referrers” list
- Initial assessments of competence of the ACP to be performed by the employing GP
- 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
- It is the responsibility of the individual registered ACP to conduct an annual audit of their referrals to confirm they resulted in a change in patient management.

2.4 Patient Group

ACP referrals under this ESP are restricted to adult patients over the age of 18 years of age registered with the referrers employing general practice.

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 ACP. This patient will be referred to a GP colleague for further assessment
- Aged under 18yrs of age
- 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

PLANAR 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

3. Assessment of Competencies

3.1 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. NHS – Learning from patient safety incidents

3.2 Assessment

The ACP will request a minimum of 10 x-rays and write in the patient notes which GP supervised the request

- The ACP is responsible for remaining updated on changes in practice and own clinical knowledge

- The ACP will document in the patient's medical notes why and when the x-ray investigation has been ordered
- The ACP and practice will ensure the x-ray result is reviewed by a GP
- An audit will be undertaken by the ACP over an initial four-week period to ensure that 100% of any radiological examination requested by ACPs is appropriate and encourage reflection on practice under clinical supervision
- If no referrals are made within this four-week period, the ACP and GP must agree between them what is the time period they will accept to ensure safety and competency
- 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 referrers employing GP.

The ACP will document in the patient's medical notes why and when the radiological investigation has been ordered.

The ACP will ensure:

- The radiological outcome is reviewed by a GP
- The result is written in the notes and if necessary, acted on
- An annual audit will be carried out by the ACP to ensure that 100% of the radiological investigations requested by ACPs have an explanation for the reason for referral and a documented medical review once the investigation has been carried out.

This ESP has been approved and agreed by:

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

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

Practice Address	
Contact Details	

Useful Links

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

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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