

Non-medical referral for radiological investigations

Reference: RAD_EP3

Version: 7

Date approved 05/06/2025

Review date: 05/06/2027

Summary

- All non-medically qualified registered healthcare professionals must apply with Radiology before they are allowed to request any examination.
- IRMER and MRI (if applicable) certification must be renewed every three years.
- Annual assurance must be completed every year.
- Failure to follow procedures will result in the removal of requesting rights.

Background

Traditionally, referrals for procedures involving the use of ionising radiation were only accepted from qualified medical and dental practitioners. It is now accepted practice that referrals for imaging (not just imaging involving the use of ionising radiation i.e. Ultrasound and MRI) can be made from non-medically qualified registered healthcare professionals [RHCPs].

The justification for RHCPs referring to Radiology must be that patient care and organisational efficiency will be improved.

There have been many initiatives to modernise the way in which care is delivered including broadening the scope of practice for many RHCPs. Referring patients for diagnostic imaging is one example.

Appropriate initial and continuing education must underpin all role development programmes. However, there are no established qualifications or uniform assessment methods against which to assess or benchmark the practice of RHCPs in respect of imaging requesting practice.

This guideline is designed to ensure that RHCPs requesting medical imaging are certified (by the team that knows them best - their CSU or GP/community practice) to have the necessary skills and training to make referrals for imaging and act on the findings and that ongoing governance arrangements are in place to ensure safe and responsible requesting and patient safety.

This process is designed to complement any existing code of conduct relevant to the RHCP's profession and should allow the applicant to develop their role in this area safely.

In adjusting their scope of professional practice to include the requesting of radiological investigations, RHCPs must ensure they continue to work within their relevant scope of

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-pulse version to ensure that it is current.

professional practice and adhere to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R 2017) and [Radiology Employer's procedures](#).

Scope and Purpose

These guidelines apply to both non-medically qualified RHCPs employed by the Leeds Teaching Hospitals NHS Trust and non-medically qualified RHCPs not employed by Leeds Teaching Hospitals NHS Trust (eg. those in primary care).

Non-medical referrers include RHCPs other than qualified doctors such as nurse practitioners, physiotherapists, midwives or podiatrists.

Process for Non-medical referrers seeking authorisation to request radiological examinations (LTHT referrer)

If RHCPs require the requesting of radiological examinations as part of their clinical duties, they need to discuss the need with the Clinical Director of the CSU they are working for.

Applications to Radiology for requesting rights should be made *by the CSU* on behalf of the RHCP.

The CSU will need to establish protocols to which the RHCP must adhere. These protocols must be developed in conjunction with a named Radiologist, usually the Radiologist with whom the RHCP or CSU works most closely (such as an MDT lead or the clinical lead for a certain group of Radiologists - eg. GI lead, MSK lead or paediatric lead).

The protocols must be formally approved by the relevant Radiologist, the Radiology quality assurance group and the Radiology Clinical Director (CD).

The RHCP must acknowledge that they take responsibility for each referral they make and must understand the need and reason for the referral. The RHCP must have completed IRMER training (available on the training interface) and training should be renewed every three years. If the RHCP is requesting or able to request a MRI scan, [MRI safety training](#) must be completed. Each referral for imaging will be subject to the usual vetting process based on the clinical information provided. RHCPs must provide contact details and be able to explain the need for the investigation if queries arise. Inadequate or poorly explained clinical information will result in the request being rejected.

Acting on the results

Autonomous non-medical referrers are responsible for ensuring that the outcome from the referral, e.g. the report, is acted upon in a timely manner.

Clinical team-based referrer, NMR refers the patient as part of a clinical team, the responsibility for acting on the report typically falls on the team's designated medical professional.

Application process (LTHT referrer)

Documents required for applications are available on the Radiology pages of the trust

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-pulse version to ensure that it is current.

Intranet

The RHCP working in LTHT completes a Registration form in [Appendix A](#) electronically.

The application should include the rationale for the development of this extended role for that RHCP and their service, and the protocols to which the RHCP will be requesting. This should then be passed to the RHCP's CSU Clinical Director for electronic signature. If the non-medical referrer works for 2 different CSUs separate requests need to be made for each CSU.

The CSU CD is required to certify that they are satisfied that the RHCP is appropriately trained in history taking, physical examination, clinical reasoning, clinical decision making and radiation protection to be able to request medical imaging. Given the lack of established qualifications or uniform assessment methods for Radiology to assess these competencies, the responsibility for assuring the practice of the RHCPs is delegated to CSU CD who works most closely with the applicant.

Applications should be submitted to leedsth-tr.nonmedref@nhs.net for assessment and approval. Applications should be submitted electronically. Paper applications will be returned.

Applications will be reviewed by the Lead Clinician for quality on a regular basis (this includes RHCP requests for imaging modalities not involving ionising radiation) and either authorised or rejected. Reasons for rejection will be supplied.

Radiology will issue a letter of authorisation to the RHCP which is valid for the agreed protocols only and is specific to the CSU sponsoring the application. If the non-medical referrer changes their scope of work or place of work a new application needs to be submitted. The authorisation is valid for a period of 12 months.

A copy of this letter should be kept on the RHCPs personal file.

Individual practitioners are responsible for ensuring that they maintain the necessary skills, knowledge and clinical competence in relation to adjustments of their scope of practice. This will need to be assured annually by the CSU CD ([see below](#)).

Process for Non-medical referrers seeking authorisation to request radiological examinations (non-LTHT referrers)

If RHCPs require the requesting of radiological examinations as part of their clinical duties, they need to discuss the need with the Lead Clinician for the GP practice or equivalent they are working for.

Applications to Radiology for requesting rights should be made *by the practice* on behalf of the RHCP. Applications directly from RHCPs will not be accepted.

The practice will need to establish protocols to which the RHCP must adhere. These protocols must be developed in conjunction with a named Radiologist, usually the

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-pulse version to ensure that it is current.

Radiologist with whom the RHCP or practice works most closely (such as an MDT lead or the clinical lead for a certain group of Radiologists - eg. GI lead, MSK lead or paediatric lead).

The protocols must be formally approved by the relevant Radiologist, the Radiology quality assurance group and the Radiology CD.

The RHCP must acknowledge that they take responsibility for each referral they make and must understand the need and reason for the referral. The RHCP must have completed [IRMER training](#) and training should be renewed every three years. If the RHCP is requesting or able to request a MRI scan, [MRI safety](#) training must be completed. Each referral for imaging will be subject to the usual vetting process based on the clinical information provided. RHCPs must provide contact details and be able to explain the need for the investigation if queries arise. Inadequate or poorly explained clinical information will result in the request being rejected.

Application process (non-LTHT referrers)

Documents required for applications are available on request from the follow email address leedsth-tr.nonmedref@nhs.net.

The RHCP not working in LTHT completes a Registration form in [Appendix B](#) electronically.

The application should include the rationale for the development of this extended role for that RHCP and their service, and the protocols to which the RHCP will be requesting. This should then be passed to the RHCP's Lead Clinician for the GP practice or equivalent for electronic signature. If the non-medical referrer works for 2 different employers separate requests need to be made for each employer.

The Lead Clinician is required to certify that they are satisfied that the RHCP is appropriately trained in history taking, physical examination, clinical reasoning, clinical decision making and radiation protection to be able to request medical imaging. Given the lack of established qualifications or uniform assessment methods for Radiology to assess these competencies, the responsibility for assuring the practice of the RHCPs is delegated to Lead Clinician who works most closely with the applicant.

Applications should be submitted to leedsth-tr.nonmedref@nhs.net for assessment and approval. Applications should be submitted electronically. Paper applications will be returned.

Applications will be reviewed by the Radiology Lead Clinician for quality on a regular basis (this includes RHCP requests for imaging modalities not involving ionising radiation) and either authorised or rejected. Reasons for rejection will be supplied.

Radiology will issue a letter of authorisation to the RHCP which is valid for the agreed protocols only and is specific to the employer sponsoring the application. If the non-medical referrer changes their scope of work or place of work a new application needs to be submitted. The authorisation is valid for a period of 12 months.

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-pulse version to ensure that it is current.

A copy of this letter should be kept on the RHCPs personal file.

Individual practitioners are responsible for ensuring that they maintain the necessary skills, knowledge and clinical competence in relation to adjustments of their scope of practice. This will need to be assured annually by the Lead Clinician ([see below](#)).

Audit and re-authorization

Radiology will maintain a register of approved RHCPs and the protocols to which they are operating.

The non-medical referrer agrees to audit their practice and submit evidence of this to their own CSU on a yearly basis. The protocols to which the RHCP is working will state minimum audit requirements for that protocol. The audit results can be requested by Radiology.

The CSU Clinical Director must provide annual assurance that they are satisfied that the RHCP's practice is demonstrably safe and per-protocol. This includes review of the RHCP's audit and IRMER certification. The assurance must also confirm that the RHCP remains working within the same CSU and continues with the same scope of work.

The assurance should be completed electronically using [Appendix C](#) and send to the follow email address leedsth-tr.nonmedref@nhs.net. A copy should be stored in the RHCP's personal file.

Escalation process

Warnings will be issued to RHCP if they are referring outside agreed protocols. After three warnings, the authorisation will be withdrawn. Warnings will remain on the database for 12 Months.

Radiology has the right to withdraw authorisation without notice, if the RHCP continues to work outside of their scope of practice.

Protocol approval

These must be developed in conjunction with a named Radiologist (usually the Radiologist with whom the RHCP or CSU works most closely) and require approval via a parallel process to that for RHCP requesting approval.

Protocols should be submitted using [Appendix D](#).

A proposed protocol must be formally approved by the relevant Radiologist before being submitted electronically to the Radiology Quality Assurance Group via a different email address (<mailto:leedsth-tr.nonmedref@nhs.net>) for review.

The Radiology Quality Assurance Group and the Radiology CD then review and either approve or reject the protocol. Reasons for protocol rejection will be supplied. The purpose of protocol development is explicitly NOT to limit requesting or access to imaging.

Protocols will require review every 5 years.

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-pulse version to ensure that it is current.

A list of previously approved Radiology protocols will be placed on the intranet in the [Approved protocols document list](#)

The protocol must clearly state the following:

- A rationale as to why this protocol for RHCP requesting is necessary
- Specific details of the imaging to be requested.
- Characteristics of patients to whom the guideline applies
- Details of inclusion and exclusion criteria
- Specific and precise description of clinical or other assessments undertaken (and their results) prior to requesting.
- Details of who will be making these assessments
- Clear description of the form of words to be used in the request
- Description of audit assessment (and standard required) to allow annual RHCP recertification against that protocol)

Protocols should be CSU neutral, therefore inclusion or exclusion criteria based on a particular CSU, ward or geography will not be accepted. This is to limit the number of protocols required. Hence, for example, an RHCP from A&E and acute medicine could request permission to order CXRs under the same protocol.

New protocol applications will be reviewed against existing ones. Duplicate or substantially similar protocols will be merged.

Protocol applications will be reviewed within 4 months after submission, and either authorised or rejected. Reasons for rejection will be supplied.

Provenance

Revised September 2022 by Dimitri Lots, Nasim Tahir and Penny Dutton.

Process for primary care referrers, new application forms, and escalation process has been added to the document.

Revised March 2017 by Christopher Hammond, Jeanette Kraft and Penny Dutton to modernize the process in the light of substantial increases in applicant numbers, increasing complexity of imaging being requested, lack of clarity regarding training and governance arrangements for RHCPs fulfilling this role and instigation of electronic requesting (OrderComms).

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-pulse version to ensure that it is current.

Appendix A

Application from CSU for Registered Health Care Practitioner authorisation to request imaging (LTHT referrers)

Please follow this link for the most recent application form ([Intranet](#))

Appendix A	
Application from CSU for Registered Health Care Practitioner authorisation to request imaging (LTHT referrers)	
Name of Applicant	
Role	
Work Address	
Professional body	
Professional registration number	
Phone number	
Email	
Application type	
CSU	
Rationale for request	
Protocols to which RHCP will be working (list all) See Radiology pages on trust intranet for list of currently approved protocols	

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-pulse version to ensure that it is current.

IRMER certificate number (N/A if not given)	
<p>For information how to book IRMER training go to:</p> <p>https://intranet.leedsth.nhs.uk/wp-content/uploads/2022/09/How-to-access-the-IRMER-training-for-Referrers-e-Learning.pdf</p>	
IRMER certification expiry date (N/A if not given)	
<p>Addition MRI safety training is required for the following protocols: 2,4,5,12,18,25,26,29,33,35, 53, 55, 58</p> <p>https://www.e-lfh.org.uk/programmes/mri-safety/</p>	
MRI safety training completed	
Date	
<p>Certification (to be signed by the CSU CD)</p> <p>I certify that the practitioner named on this application is appropriately trained in history taking, physical examination, clinical reasoning, clinical decision making and radiation protection to be able to request medical imaging.</p> <p>I agree to review annually audit of their referral practice against the audit standards identified on the protocols on which they are referring, and to provide annual assurance that they remain competent to refer for this imaging.</p> <p>Signed (electronic or hand signature)</p>	
Signature inserted	
CSU CD name	
GMC #	
Date	
<p>Certification (to be hand signed by the applicant)</p> <p>I certify that the information provided on this application is accurate. I agree to limit my imaging referral practice to those protocols stipulated in this application.</p> <p>Signed (electronic or hand signature)</p>	
Signature inserted	
Date	
Ready for submission	No

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-pulse version to ensure that it is current.

Appendix B

Application from CSU for Registered Health Care Practitioner authorisation to request imaging (non-LTHT referrers)

Please follow this link for the most recent application form ([Link](#))

Appendix B	
Application from for Registered Health Care Practitioner authorisation to request imaging (GP and community referrers)	
Name of Applicant	
Role	
GP Practice/external organisation	
Work Address	
Professional body	
Professional registration number	
Phone number	
Email	
Application type	
Are you requesting for any other GP practices or areas (please list all practices)	
Rationale for request	
Please state how you will obtain the results of the Radiological investigation	
Protocols to which RHCP will be working (list all) See Radiology pages on trust intranet for list of currently approved protocols	

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-pulse version to ensure that it is current.

IRMER certificate number (N/A if not given)	
<p>For information how to book IRMER training go to:</p> <p>https://www.e-lfh.org.uk/programmes/ionising-radiation-medical-exposure-regulations/</p>	
IRMER certification expiry date	
<p>Addition MRI safety training is required for the following protocols: 2,4,5,12,18,25,26,29,33,35</p> <p>https://www.e-lfh.org.uk/programmes/mri-safety/</p>	
MRI safety training completed	
Date	
<p>Certification (to be signed by the line manager)</p> <p>I certify that the practitioner named on this application is appropriately trained in history taking, physical examination, clinical reasoning, clinical decision making and radiation protection to be able to request medical imaging.</p> <p>I agree to review annually audit of their referral practice against the audit standards identified on the protocols on which they are referring, and to provide annual assurance that they remain competent to refer for this imaging.</p> <p>Signing this section will authorise the applicant to request in all GP practices/areas listed above.</p> <p>Signed (electronic or hand signature)</p>	
Signature inserted	
Line manager name	
GMC #	
Date	
<p>Certification (to be hand signed by the applicant)</p> <p>I certify that the information provided on this application is accurate. I agree to limit my imaging referral practice to those protocols stipulated in this application.</p> <p>Signed (electronic or hand signature)</p>	
Signature inserted	
Date	
Ready for submission	No

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-pulse version to ensure that it is current.

Appendix C

CSU assurance of RHCP practice

Name of Applicant	Role
Are you working in the same role	Yes/No If answer is No, please send an email to leedsth-tr.nonmedref@nhs.net
Work Address and CSU	
Are you still working for the same CSU	Yes/No If answer is No, please send an email to leedsth-tr.nonmedref@nhs.net
Professional body	Professional registration number
Phone number	Fax
Email:	
IRMER certificate number	IRMER certificate expiry date (IRMER training should be renewed every Three years) New certificate should be emailed to leedsth-tr.nonmedref@nhs.net
MRI safety training completed (only required for the following protocols (2, 4, 5, 12, 18, 25, 26, 29, 33, 35, 53, 55, 58) Training is available on https://www.e-lfh.org.uk/programmes/mri-safety/	Certificate should be emailed to leedsth-tr.nonmedref@nhs.net
Protocols to which RHCP is working (list all)	

Certification (to be signed by the CSU CD)

I certify that the CSU has audited the referral practice during the last 12 months of the above-named practitioner against the audit standards referred to in the protocols to which they are working. I am satisfied that they are referring for imaging appropriately and to these protocols.

I confirm that they remain clinically competent to request imaging.

I have seen up-to-date and valid IRMER certification for this practitioner.

The practitioner has not been responsible for any incorrect radiation exposures due to referrer error in the last 12 months.

Signed

CSU CD name

GMC #

Date

Appendix D
Protocol authorisation for non-medical referrers.

Protocol name	
Rationale	
Patients to whom protocol will apply	
Inclusion and exclusion criteria	
Clinical assessments to be undertaken prior to decision to request imaging (please attach any flowcharts / other documents as necessary)	
Additional documents attached?	Yes No
Description of who will be making these assessments	
Details of imaging to be requested	
Form of words to be used on request	

NOTE – Version control managed in Q-Pulse, all printed documents must be checked against Q-pulse version to ensure that it is current.

Audit standards for annual recertification

Approvals

Lead Radiologist

Signature

Name

GMC #

Date

Radiology Governance Lead

Signature

Name

GMC #

Date

Radiology CSU CD

Signature

Name

GMC #

Date