PROTOCOL FOR THE REQUEST OF XRAYS BY AUTHORISED NURSE ENDOSCOPISTS FOR THE GASTROINTESTINAL AND COLORECTAL TEAMS

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In Consultation with: Dr Stephen Evans

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Ratified by: Quality Governance Committee
Review date: June 2020
History

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<th>Issue</th>
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<th>Brief Summary of Change</th>
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<td>2007</td>
<td>New policy</td>
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For more information on the status of this document, please contact: Annette Puzey, Andrew Moth

Policy Author: Anna Burrows, Andrew Moth & Annette Puzey

Department/Directorate: Radiology

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Review due: June 2020

Ratified by: Quality Governance Committee

Audience: All Nurse Endoscopists, Radiology staff, Radiology administration staff, and all endoscopy nursing and administrative staff
1. **INTRODUCTION**

The requesting of imaging examinations such as X-rays does not form part of the standard training for non-medically qualified healthcare professionals. One aspect of the modernisation of the NHS has been the increase of extended roles for non-medical healthcare professionals such as nurses and allied health professionals, including requesting diagnostic procedures such as imaging examinations.

In 1994 the College of Radiographers issued advice on X-ray examination requests by nurse practitioners and stated that x-ray requests from non-medically qualified referrers was acceptable provided the referrer complied with the Ionising Radiation (Medical Exposure) Regulations, was a registered Health Professional and was adequately trained and competent to provide the radiographer with sufficient appropriate clinical data. There also had to be local agreements and protocols in place.

Nurses working in extended roles are now key providers of health care across all settings. They deliver the right skills, at the right place and at the right time to provide optimal patient centred care.

Clinical imaging departments have reported an increase in diagnostic imaging requests from non-medically qualified referrers and this has been recognised as a key factor in improving the patient care pathway.

The following will specifically address the functions of non-medically qualified refers responsible for the coordination of diagnostic tests for patients with upper or lower GI symptoms.

2. **PURPOSE**

This protocol will enable the staff in the X-ray department of Ashford and St Peters NHS Foundation Trust to comply with the Ionising Radiation (medical Exposure) regulations whilst facilitating named registered Nurse Endoscopist referrers to write requests for specified imaging examinations for the Gastrointestinal and Colorectal teams.

3. **PRINCIPLES**

3.1 This protocol will be followed by Gastrointestinal (GI) Nurse Endoscopists employed by Ashford and St Peters NHS Foundation Trust for the request of radiographs.

3.2 The GI Nurse Endoscopist is a qualified registered nurse who has a qualification in Gastroenterology and/or Advanced Nursing Practice at degree level or above.

3.3 The nurse must have successfully completed the required IR(ME)R training programme in Radiation Protection provided via the IR(ME)R training CD. The
individual nurse is accountable for their practice and must ensure that they keep themselves up to date, competent and safe to practice.

3.4 The names of the GI Nurse Endoscopists who undertake the course will be forwarded though the radiology manager to the lead consultant and X-ray department. A record of those staff trained will be maintained in the X-ray departments (see appendix a).

3.5 X-rays may only be requested in accordance with X-ray department protocols. The radiographer retains the absolute right to decline to perform investigations they regard as inappropriate. In this case, the radiographer may suggest a more appropriate investigation to the GI Nurse Endoscopist or ask for a medical opinion from a doctor on duty or radiology colleagues before proceeding. If patients should require additional X-rays not included in the protocol, patients should be referred to a consultant.

3.6 In the absence of a consultant, then any dispute between a radiographer and the requesting Nurse Endoscopist, regarding appropriateness of requests, must be escalated to the radiology manager before the procedure is carried out.

3.7 Any variance from these procedures will lead to withdrawal of this facility forthwith.

4. REQUESTS

4.1 The Nurse Endoscopist may see GP-referred patients in community or other hospital clinics before they are seen by a Gastrointestinal or Colorectal Consultant. These patients may be referred via the Two Week Rule (TWR) and the nurse Endoscopist’s role is to assess the patient and organise the most appropriate investigations in a timely manner.

4.2 The Nurse Endoscopist will arrange or undertake upper or lower GI endoscopy and may identify a possible malignancy. The GI Nurse Endoscopist’s role is to arrange urgent staging scans and arrange urgent review of results at either the Upper or Lower GI MDT meeting. Non-cancer GI patients may also have urgent need of further radiological investigation which the Nurse Endoscopist should arrange pending review in the Consultant’s clinic or IBD clinic.

4.2 The Nurse Endoscopist may request the following radiological investigations:

- CT of the abdomen, thorax and pelvis for diagnostic and staging purposes, or in patients considered too frail or otherwise unable to cope with the bowel preparation regimen.
- Abdominal USS
- CT colonography for failed completion of colonoscopy
- MRI enterography for suspected small bowel disease, e.g. Crohn’s
- MRI Pelvis for staging of rectal tumours
- Barium swallow or meal

Excluded patients
- All patients under the age of 18
In patients under the age of 45 years without a probable or definite cancer diagnosis, the GI Nurse Endoscopist will discuss the choice of investigation with a GI or Colorectal Consultant.

5. REPORTING OF X-RAYS AND CT SCANS

5.1 All X-rays will be reported by a Radiologist or suitably qualified reporting radiographer.

5.2 Suspected malignancies found will be fast tracked to consultant responsible for the patient’s care as per code 5 protocols.

6. RESULTS

6.1 Results will be returned to the medical Gastrointestinal or Colorectal Consultant the patient is under, however the Nurse Endoscopist referrer will review results and liaise with the cancer coordinator as appropriate.

6.2 The Nurse Endoscopist referrer has a duty to ensure that unexpected or incidental findings are brought to the attention of the Gastrointestinal or Colorectal Consultant responsible for the patient’s care.

7. DISSEMINATION AND IMPLEMENTATION

7.1 It is the responsibility of the X-ray Directorate to ensure appropriate dissemination within the X-ray department of information about new non-medical referrers.

7.2 It is the responsibility of the originating team/directorate to ensure appropriate dissemination within the directorate and any other relevant areas, of information about new non-medical referrers.

7.3 The policy will be disseminated through the Aspire global email.

8. MONITORING OF COMPLIANCE

8.1 The names of the Nurse Endoscopists who undertake this course will be forwarded to the Radiology manager, lead Consultant and X-ray department. A record of those staff that are trained will be kept in the X-ray department.

8.2 All Non-medical referrers will be subject to periodical review by the X-ray department in consultation with the referring department. Review will normally be at three yearly intervals.

8.3 During the review process, the X-ray department may decide that non-medical referrer privileges, for certain individuals may be withdrawn.

8.4 Initial audit after three months of commencement of the new practice, of X-rays/imaging ordered by the GI Nurse Endoscopists, will take place. The effect of
the non-medical referrer X-ray requests on patient waiting times and general patient management will be audited annually.

9. EQUALITY IMPACT ASSESSMENT

9.1 An Equality Impact Assessment must be carried out for every policy document, referenced in the main body of the document and included as an appendix.

10. ARCHIVING ARRANGEMENTS

10.1 This is a Trust-wide document and archiving arrangements are managed by the Quality Department, who can be contacted to request master/archived copies.

11. REFERENCES


Royal College of Nursing (2008) Clinical Imaging requests from non-medically qualified professionals London: RCN


Appendix A

Staff approved to Work under this Protocol

I understand that I am only authorised to request the range of imaging procedures set out in this protocol. I have received training to fulfil this role and am aware of my responsibilities under IR(ME)R and other legislation.

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