**Policy for the Requesting of Ultrasound Examinations for Non-Medical Advanced Practitioners in Primary Care/Community**

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| Version: | 1.0 |
| New or Replacement: | New |
| Policy number: |  |
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| Contributor(s): | Paul Clark – Radiology Operations Manager ULHTSarah Clapham – Ultrasound Services Manager ULHTAngela Ashcroft – Head of CommissioningLincolnshire East Clinical Commissioning Group |
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| Approved by (name of committee): | Radiology Clinical GovernanceMedical Exposures Committee  |
| Date approved: |   |
| Review date: |  |

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| Policy is: | Trust-wide |

**Version History Log**

This table should detail the version history for this document. It should detail the key changes when a version is amended.

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| **Version** | **Date Implemented** | **Details of key changes** |
| 1. |  | New document  |
|  |  |  |

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1. **Introduction**

1.1 This policy aims to ensure that patients remain at the centre of care by improving timely access to diagnostic procedures.

1.2 This policy aims to ensure that high standards of patient safety are maintained by supporting the developing a more robust and sustainable future workforce within the primary care setting.

1.3 Advanced Non-Medical Practitioners working in extended roles are now key providers of healthcare across all settings within the NHS

1.4 The delivery of timely diagnosis is key to providing optimal patient centred care.

1.5 The development of advanced practice roles presents significant opportunities for the delivery of high quality patient focussed care and service development.

1.6 For the purposes of this document an Advanced Non-Medical Practitioner is a registered professional who has developed skills, theoretical knowledge and competence to a high standard and is empowered by their CCG/Trust to make high level and complex decisions. It is essential that practitioners who take on new roles are aware of the legal boundaries relating to their role and that they have sufficient training to ensure that they can perform he role to a required standard.

1.7 The diagnostics directorate fully supports the requesting of ultrasound examinations by Advanced Non-Medical Practitioners providing that this has been agreed by the directorate in advance for each individual practitioner. Each individual practitioner must agree to undertake the necessary training, make requests that comply with agreed protocols, and must fully understand their responsibilities in respect of their extended role.

1. **Legal Boundaries**

2.1 The requesting (referral) of ultrasound examinations does not involve ionising radiation and therefore is not regulated by the Ionising Radiation (Medical Exposure) Regulations (IRMER). However the principles are followed by United Lincolnshire Hospitals NHS Trust (ULHT) with regard to any radiology diagnostic investigation. Ultrasound referrals are subject to the ALARP (As Low As Reasonably Practicable) due to peripheral harms which may be caused and thermal & mechanical safety as advised by the British Medical Ultrasound Society (BMUS) and European Federation of Societies for Ultrasound in Medicine and Biology (EFSUMB). The ‘referrer’ is ‘a registered healthcare professional who is entitled in accordance with the employer’s procedures to refer individuals for medical exposure to a practitioner’, where a ‘practitioner’ is an individual who justifies the request (i.e. Radiologist, Sonographer).

2.2 An ultrasound examination can only be carried out when justified by a named practitioner (i.e. the referrer is requesting an expert clinical opinion from the practitioner, not ordering an X-ray examination).

2.3 Advanced Practitioners in primary care may be ‘referrers’ under the guidelines provided:

* They have the competence to provide the medical data required to enable the practitioner who will undertake the examination (usually a sonographer or radiologist) to decide whether there is net benefit to the patient from the examination.
* They supply the practitioner (usually a radiologist or radiographer) with sufficient medical data relevant to the medical exposure requested to enable the practitioner to decide on whether there is justification for the exposure to go ahead.
* They have the agreement of their manager that they can fulfil the role of referrer.
* The healthcare professional understands the nature of the individual liability imposed for acting outside the terms of the agreed protocol
* The healthcare professional understands that the entitlement to act as referrer will be withdrawn if they disregard protocol or attempt to make referrals for examinations for which they are not entitled to refer.
* The healthcare professional must achieve and maintain high standards of competence and only provide services for which they are qualified by education, training and experience and which are within their professional competence.
* The healthcare professional should not undertake any aspect of work that he/she knows or believes to be outside their competence.
* They MUST be state registered as either a Nurse or AHP (Allied Health Professional

**3.0 Purpose of Policy**

3.1 To facilitate the requesting of ultrasound investigations by practitioners working at an advanced level in primary care.

3.2 To improve the delivery of high quality patient focused care while reducing patient and corporate risk.

3.3 To place the emphasis on quality assurance and best clinical practice that can be monitored and management at business unit level for the benefit of patients.

3.4 To facilitate the introduction of advanced practice roles within primary care that offer improves outcomes for patients.

**4.0 Objectives**

4.1 To enable Advanced Non-Medical Practitioners to request diagnostic ultrasound examinations

**5.0 Scope**

5.1 This policy is aimed at Advanced Non-Medical Practitioners that have achieved a level of competence that is recognised by the NHS Employer and reflected in their role and job description.

5.2 Advanced Non-Medical Practitioners must agree specific range and scope of ultrasound examinations they are to refer and provide a specific detailed list of this outcome to the Radiology Department for approval and issue of ESR number which MUST be included on ALL referrals along with clear indication of name and designation. The underlined will be subject to audit.

**6.0 Qualification(s)**

6.1 All non-medical advanced practitioners intending to request diagnostic investigations must have demonstrated sufficient knowledge and competence to:

* Assess a patient’s clinical condition
* Undertake a thorough medical history demonstrated by the possession of a History Taking and Physical Assessment qualification
* Be able to formulate a differential diagnosis and clinical management plan using result from the investigation they are requesting

6.2 Evidence would normally be a relevant degree (preferably a higher degree) supported by observed clinical practice (Direct Observation of Procedural Skills/Cased Based Discussion) with continued “fit to practice” assessment at annual appraisal.

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**7.0 Eligibility to request diagnostic investigations**

7.1 Advanced Non-Medical Practitioners may only request ultrasound investigations for patient who are on their caseload or the caseload for whom they are acting under the supervision of e.g. Senior Medical Practitioner within the GP Practice or Community. Where appropriate, the supervising clinician does not need to be physically present but does need to be available for consultation when requested. There are exceptions to this in form of independently practicing AHPs – this should be formally highlighted in appendix I.

7.2 As with all other registered professionals Advanced Non-Medical Practitioners should be state registered and are responsible and accountable for their own professional practice to their registering professional body. However, as with all non-consultant grades, the GP/ Hospital consultant maintains ultimate responsibility for the patient.

7.3 All advanced non-medical practitioners are expected to present feedback

and discuss their requesting diagnostic investigation practice, benefit to patients and the service and assure on-going competence at their annual appraisal.

7.4 It is recommended that the practice provides training specifically to highlight the best use of ultrasound examinations

7.5 All advanced practitioners working under this policy must be formally registered under this policy to do so.

1. **Implementation, Monitoring and Review**

Following approval the policy will be available dissemination and circulated to all Lincolnshire CCGs

1. **Associated Documentation**

This Policy MUST be used conjunction with Best Practice Guidelines for Referral of General Medical Ultrasound Examinations (approved January 2018/review dated January 2020)

# Monitoring Compliance

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| **Minimum requirement to be monitored –monitoring against standards set out in policy**  | **Process for monitoring** **e.g. audit** | **Responsible individuals/ group/ committee** | **Frequency of monitoring/ audit/ reporting** | **Responsible individuals/ group/ committee for review of results and determining actions required** |
| Compliance ULHT Ultrasound referral guidelines  | Audit | Medical Exposures Committee (MEC) | Annual | Ultrasound Services Manager/MEC |

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| **Appendix I:** Registration of Advanced Non-Medical Practitioners in Primary Care for the requesting of Ultrasound Examinations |
| **Name** |  |
| **Designation** |  |
| **E-mail Address** |  |
| **Professional Registration Number** |  |
| **Non-Medical Prescriber (Please circle)** | **Yes/No** |
| **Details of Agreed Ultrasound Investigations :** |
| **Signature of named person above** |  |
| **Signature of Lead General Practitioner Responsible for the Clinical Practice of named Practitioner. \*** |  |
| **Signature of Ultrasound Services Manager/Ultrasound Site Lead/Consultant Sonographer (on behalf of the Medical Exposures Committee)** |  |
| **General notes*** The requirement to request ultrasound examinations should be discussed and agreed with the Lead Clinical for the Surgery
* A list of ultrasound examinations required should be completed
* Completed forms should sent to the Ultrasound Services Manager/Consultant Sonographer via Ultrasound Dept. Lincoln County Hospital or Site Lead for Ultrasound at Pilgrim Hospital Boston
* A copy should be kept by the Non-Medical Advanced Nurse Practitioner and a second copy given to their line manager for storage in the HR file
* It is the professional responsibility of the registered practitioners to ensure good clinical practice in the requesting of investigations
* It is the responsibility of the practitioners line manager to ensure good clinical practice is maintained
* It is the responsibility of the Medical Exposures Committee with the Ultrasound Dept. to ensure any audit required takes place.
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**\*This confirms the job description is amended to reflect this practice, the practitioner is competent to meet the criteria of this policy and evidence of competence maintained and the surgeries agreement to support this practice**

**Equality Analysis: Initial Assessment Form**

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| **Title:** *of the function to which the Equality Analysis Initial Assessment applies* |
| **Policy for the Requesting of Ultrasound Investigations by Non-Medical Advanced Practitioners in Primary Care/Community** |

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| Describe the function to which the Equality Analysis Initial Assessment applies: |
| √√ | Service deliveryPolicyBoard paper | √ | Service improvementStrategyCommittee / Forum paper |  | Service changeProcedure/GuidanceBusiness care |
|  Other (please specify) …………………………………………………………… |

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| Is this assessment for a new or existing function? | **New** |
| Name and designation of function Lead professional: | **Catherine Kirkpatrick****Consultant Sonographer**  |
| Business Unit / Clinical Directorate: | **Clinical Support Services/Radiology**  |

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| What are the intended outcomes of this function? (*Please include outline of function objectives and aims):** This policy aims to ensure that patients remain at the centre of care by improving timely access to diagnostic procedures.
* The delivery of timely diagnosis is key to providing optimal patient centred care.
* To enable non-medical advanced nurse practitioners in primary care to request ultrasound investigations
 |
| Who will be affected? Please describe in what manner they will be affected? |
| **Patients / Service Users:** | **Staff:** | **Wider Community:** |
| Primary Care Community Patients  | Advanced Practitioners in primary Care/communityUltrasound Department Staff |  |

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| What impact is the function expected to have on people identifying with any of the protected characteristics (below), as articulated in the Equality Act 2010? (Please tick as appropriate) |
|  | Positive | Neutral | Negative | **Please state the reason for your response and the evidence used in your assessment.** |
| Disability |  | X |  | No specific barriers foreseen. ULHT protocol and visions on dignity and care will be observed. |
| Sex |  | X |  | No specific barriers foreseen. ULHT protocol and visions on dignity and care will be observed |
| Race |  | X |  | No specific barriers foreseen. ULHT protocol and visions on dignity and care will be observed. |
| Age |  | X |  | BMUS & ULHT Ultrasound referral Guidance will be used in con-junction with IR(ME)R (2017) Ionising Radiation (Medical Exposure) Regulations  |
| Gender Reassignment |  | X |  | No specific barriers foreseen – ULHT protocol and visions on dignity and care will be observed. |
| Sexual Orientation |  | X |  | No specific barriers foreseen – ULHT protocol and visions on dignity and care will be observed. |
| Religion or Belief |  | X |  | No specific barriers foreseen – ULHT protocol and visions on dignity and care will be observed. |
| Pregnancy & Maternity |  | X |  | Safety recommendations for the safe use of ultrasound by EFSUMB and BMUS with be adhered to |
| Marriage & Civil Partnership |  | X |  | No specific barriers foreseen – ULHT protocol and visions on dignity and care will be observed. |
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| Carers |  | X |  | No specific barriers foreseen – ULHT protocol and visions on dignity and care will be observed. |
| Other groups identified (please specify) |  | X |  | No specific barriers foreseen – ULHT protocol and visions on dignity and care will be observed. |

**If the answer to the above question is a predicted negative impact for one or more of the protected characteristic groups, a full Equality Analysis must be completed.** (The template is located on the Intranet)

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| Name of person/s who carried out the Equality Analysis Initial Assessment: | **Catherine Kirkpatrick** |
| Date assessment completed: | **31.01.2018** |
| Name of function owner: | **Catherine Kirkpatrick** |
| Date assessment signed off by function owner: |  |
| Proposed review date (please place in your diary) |  |

As we have a duty to publicise the results of all Equality Analyses, please forward a copy of this completed document to tim.couchman@ulh.nhs.uk.

**Signature Sheet**

Names of people consulted about the document:

|  |  |  |
| --- | --- | --- |
| **Name** | **Job title** | **Department** |
| Catherine Kirkpatrick | Consultant Sonographer | Diagnostics |
| Paul Clark | Head of Radiography/RSM | Diagnostics |
| Sarah Clapham | ULHT Ultrasound Services Manager | Diagnostics  |
| Angela Ashcroft | Head of Commissioning  | Lincolnshire East CCG |
| Julie Baddon  | Chair of ULHT Medical Exposures Committee/Advanced Practice Radiographer | Diagnostics |
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| Names of committees required to approve the document: | **Approved on** |
| Medical Exposures Committee |  |
| Radiology Clinical Governance |  |
| CESC |  |

**CESC MEMBER COMMENTS**

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| --- | --- | --- |
| **CESC Member Name** | **Date** | **Comment** |
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