


Q-Pulse Database	DIAIMA	
Document Number	EP-Guidance-001	
Document Title	Guidance Notes on IRMER Approval Requirements (inc Non-Medical Referrer Draft Protocol and Signature Form)	

## Objectives

This guidance has been developed in accordance with IR(ME)R2017 to ensure that healthcare professionals undertaking procedures that involve ionising radiations are:

1. Appropriately trained
2. Understand the procedure for entitlement within NHSGGC.

## Practitioner and Operator

For Practitioner and Operator functions advice should be sought from within their own Directorate. Each Directorate may have different requirements but at a minimum this will include

- scope of entitlement
- detailed list of relevant training which MUST include IRMER schedule 2 training for Practitioners
- details of how the mandatory training record will be maintained

## Referrer

For Non-Medical Referrer functions advice should be sought from the Diagnostics Imaging IRMER Approval Panel (IAP). This is the ONLY panel that can approve healthcare professionals for Non-Medical Referrer status.

Non-medical referrers will be state registered health care professionals. Responsibility for checking state registration lies with the health care professional's line manager.

The training should be appropriate for the clinical requirements, the referral process, and the radiation risk from the exposure to be requested. This may be covered within an IRMER awareness training course.

Specialties will ensure that non-medical health care professionals are competent to administer an agreed clinical protocol. This is the responsibility of the health care professional's clinical director.


To proceed with an application for Non-Medical Referrer status you must follow the steps shown in the flowchart below with the following

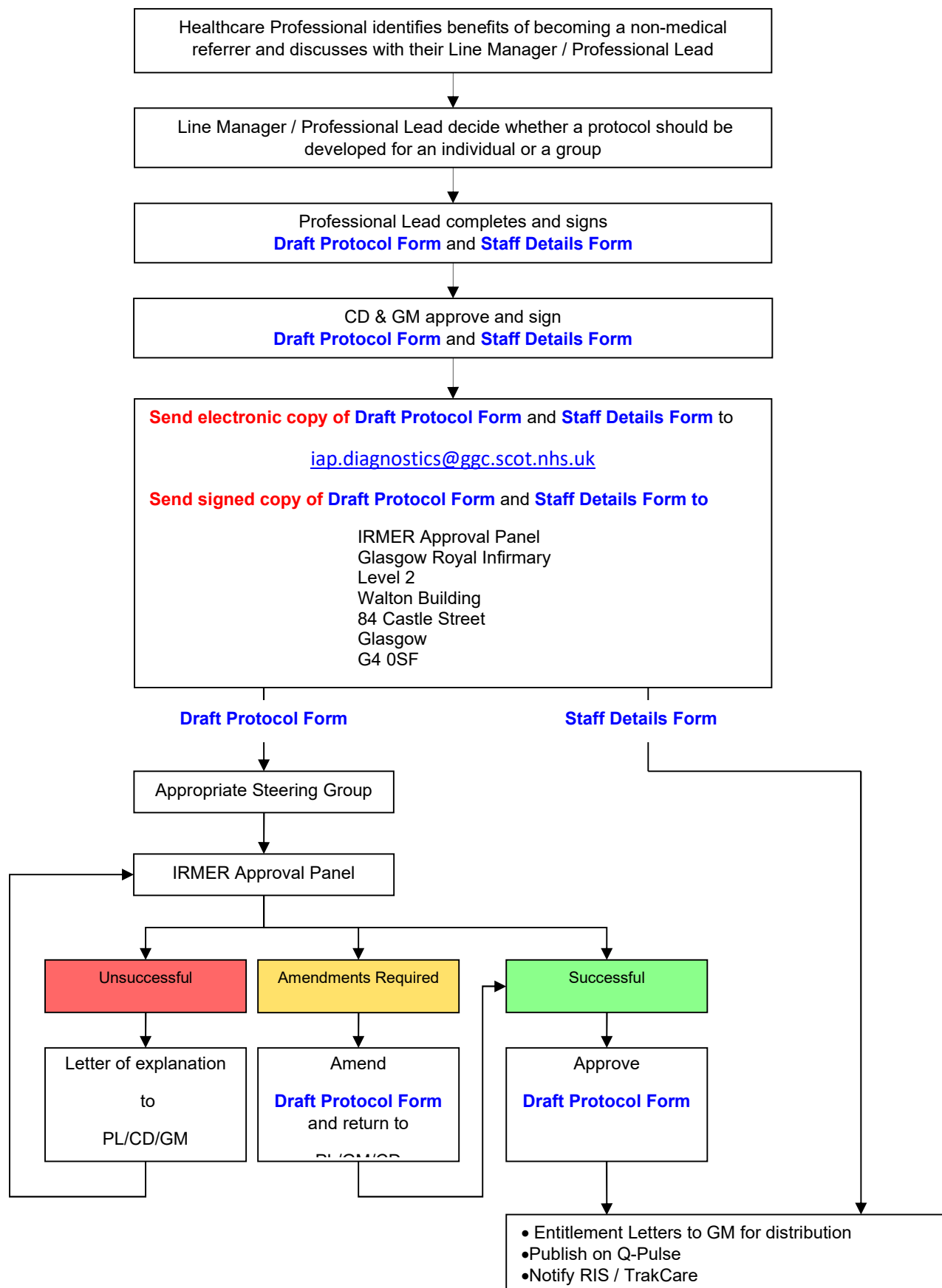
- Complete the attached Draft Protocol Form – specify training required
- Complete the attached Staff Details Form – confirm staff meet protocol training requirements
- Professional Lead, Clinical Director & General Manager must approve and sign **Draft Protocol Form**
- Professional Lead, Clinical Director & General Manager must approve and sign **Staff Details Form**
- Staff Details Form should be updated when required, signed by PL, CD and GM and submitted to Diagnostics Imaging IAP. (i.e. New Staff, Leavers and Name Changes)
- **Bank Staff can only be added if acting in same role as their substantive post**

The approved protocol AND approved Staff Details Form will be released on to the Diagnostic Imaging Q-Pulse system as a controlled document using the application number assigned by the Diagnostic Imaging IAP. This document will then be available to all staff within Diagnostic Imaging with a Q-Pulse login.


**Please note: The IAP grants entitlement for Non-Medical Referrer status only. If your Non-Medical staff will also be carrying out a clinical evaluation then this entitlement must be arranged via your GM in accordance with your service entitlement procedure.**

Owner	Author	Revision	Active Date	Review Date	Page
Leanord, Alistair	Neilson, Helen	7	28/02/2025	28/02/2028	1 of 7
This document is uncontrolled when printed. Check Revision BEFORE use!					

Q-Pulse Database	DIAIMA	
Document Number	EP-Guidance-001	
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Owner	Author	Revision	Active Date	Review Date	Page
Leanord, Alistair	Neilson, Helen	7	28/02/2025	28/02/2028	2 of 7
This document is uncontrolled when printed. Check Revision BEFORE use!					

Q-Pulse Database	DIAIMA	
Document Number	EP-Guidance-001	
Document Title	Guidance Notes on IRMER Approval Requirements (inc Non-Medical Referrer Draft Protocol and Signature Form)	

**Draft Protocol Form – must be signed by Professional Lead, Clinical Director and General Manager**


<b>Protocol Outline</b>	<b>A Brief Description of what you want to achieve</b> <p>This should include the main benefits to the patient e.g. Allow Physiotherapists to refer outpatients who meet DADS referral criteria for DEXA examinations. Patients currently have to return to GP for referral based on same referral criteria.</p>	
<b>Patient Cohort</b>	<b>Who needs the examination?</b> <p>Identify the age group of the patient cohort</p> <p>Describe the clinical grouping or groupings you wish to be entitled to refer for imaging. e.g. in-patients or outpatients, patients for DXA study</p> <p>Please state whether these are extra referrals or would these patients be referred anyway just by a different route – explain the benefit of this route of referral</p> <p>Please give reasons why you should be given the responsibility to request the examination e.g. clinics run by para-medical professionals</p> <p>Please describe briefly in a sentence or two what is your assessment process prior to requesting the examination.</p>	<input type="checkbox"/> Adult (aged 16 and over) <input type="checkbox"/> Paediatric
<b>Examinations</b>	<b>Examinations</b> <p>Please list the <b>SPECIFIC</b> plain film examinations you wish to be entitled to request. Generic applications for “plain film” will not be approved.</p> <p>Applications for higher dose examinations e.g. CT must include detailed and specific assessment. Applications for access to MR must comply with HSE regulations and include detailed and specific assessment. Applications for access to US will be considered as part of a patient pathway.</p>	

Owner	Author	Revision	Active Date	Review Date	Page
Leanord, Alistair	Neilson, Helen	7	28/02/2025	28/02/2028	3 of 7
This document is uncontrolled when printed. Check Revision BEFORE use!					

Q-Pulse Database	DIAIMA	
Document Number	EP-Guidance-001	
Document Title	Guidance Notes on IRMER Approval Requirements (inc Non-Medical Referrer Draft Protocol and Signature Form)	


<b>Clinical Justification</b>	<p><b>What is the indication for this examination?</b></p> <p>Please detail the clinical reason(s) for the requesting the examination, e.g. chest x-ray to confirm position of drain.</p> <p>Statement such as 'As requested from ward round' or 'The consultant wants it' is not acceptable and request will be rejected.</p> <p>Please attach any relevant official guidelines or protocol you are adhering to. The protocol must refer to the duties of a healthcare professional entitled to act as a referrer as detailed in Employers Procedure EP1.</p>	
<b>Clinical Responsibility</b>	<p><b>Who is clinically responsible for this patient?</b></p> <p>Who is clinically responsible for this patient's examination i.e. whether a Consultant or registered healthcare professional</p> <p>Please note that clinical responsibility means that person involved is required to understand the implication of the imaging report and to act on any relevant information contained within the report.</p>	
<b>Clinical Evaluation Report</b>	<p><b>Who will report on the examination and how the report will be recorded?</b></p> <p>The protocol must describe whether images will be passed to the radiology department for a radiologist to report or whether images will be reported by a local clinician.</p> <p>Please note: A person undertaking an initial clinical evaluation (even if the examination will be subsequently reported by radiology) needs to be entitled under the NHSGGC IRMER Employer's Procedures. Such staff undertaking clinical evaluation must have a demonstrable IRMER training record which will be inspected by the warranted inspector.</p> <p>The protocol must state how the outcome of the examination will be recorded, and how clinically significant findings will be followed up by the practitioner and / or the specialty.</p>	

Owner	Author	Revision	Active Date	Review Date	Page
Leanord, Alistair	Neilson, Helen	7	28/02/2025	28/02/2028	4 of 7
This document is uncontrolled when printed. Check Revision BEFORE use!					

Q-Pulse Database	DIAIMA	
Document Number	EP-Guidance-001	
Document Title	Guidance Notes on IRMER Approval Requirements (inc Non-Medical Referrer Draft Protocol and Signature Form)	

Information Required	<b>How to fill in the request form?</b> The protocol must confirm that an appropriate request card or equivalent will be completed for every examination requested as per Employers Procedure EP4. All relevant details such as patient's demographics, transport requirements and clinical justification for the examination should be clearly stated.  <b>REQUEST MUST STATE NAME OF REFERRER &amp; CONSULTANT</b>			
Review / Audit	<b>Who is responsible to review this referral process annually to make sure that it being kept up to date?</b>  This review process is usually performed by the Professional Lead and / or Clinical Director.			
Training	<b>Training Required for this Application</b>  Please detail a description of required relevant IRMER training such as training on scope of entitlement, IRMER and radiation safety and any relevant guidelines or protocols  Describe briefly how this training fits in with clinical need & referral process.		<b>Mandatory Training</b>  Read and Understand – EP-GUID-008 - available on StaffNet	
			<b>Training Specific to this application</b>	
Position	Professional Lead	Clinical Director	General Manager	General Manager
Name				Full postal address
Specialty				
Signature				
Date				

Owner	Author	Revision	Active Date	Review Date	Page
Leanord, Alistair	Neilson, Helen	7	28/02/2025	28/02/2028	5 of 7
This document is uncontrolled when printed. Check Revision BEFORE use!					

Q-Pulse Database	DIAIMA	
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**Staff Details Form – must be signed by Professional Lead, Clinical Director and General Manager - please use as many copies of this page as needed**  
**Bank Staff can only be added if acting in same role as their substantive post**

Name	Registration Number	Post	Contact Number	Main Base	Fulfil Protocol Requirements
<i>e.g. Jane Smith</i>	<i>12e3456s</i>	<i>ENP</i>	<i>0141 123 4567</i>	<i>Southern General</i>	✓
					✓
					✓
					✓
					✓
					✓
					✓
					✓

<b>Position</b>	<b>Professional Lead</b>	<b>Clinical Director</b>	<b>General Manager</b>	<b>General Manager</b>
<b>Name</b>				Full postal address
<b>Specialty</b>				
<b>Signature</b>				
<b>Date</b>				

Owner	Author	Revision	Active Date	Review Date	Page
Leanord, Alistair	Neilson, Helen	7	28/02/2025	28/02/2028	6 of 7
This document is uncontrolled when printed. Check Revision BEFORE use!					

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Leanord, Alistair	Neilson, Helen	7	28/02/2025	28/02/2028	7 of 7
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