Guidance on referral for diagnostic imaging by prosthetists and orthotists

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Introduction

A prosthetist and orthotist, if permitted to do so by their employer, is legally able to act as a ‘referrer’ under the Ionising Radiation (Medical Exposure) Regulations 2017 and equivalent regulations in Northern Ireland – known as ‘IR(ME)R’. This means that they are able to request that a patient undergoes a diagnostic imaging procedure.

This document is intended to support prosthetists, orthotists and their employers to make appropriate use of IR(ME)R. It provides information about IR(ME)R and its implementation in a prosthetics and orthotics context, with references to available multi-professional guidance. It includes an example Standard Operating Procedure (SOP) which services can utilise and adapt as necessary.

This document uses ‘diagnostic imaging procedure’ to refer to x-rays, scans or other imaging procedures which involve the use of ionising radiation.

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IR(ME)R and prosthetists and orthotists

IR(ME)R ensures that ionising radiation is used safely to protect patients from the risk of harm. IR(ME)R defines specific roles with responsibility for radiation protection and basic safety standards. These responsibilities include minimising unnecessary exposure, justifying exposures to ensure benefits outweigh risks and keeping radiation doses as low as possible for their intended use (CQC 2024).

One of those roles is that of the 'referrer'. This is defined as a 'registered health care professional who is entitled in accordance with the employer's procedures to refer individuals for exposure to a practitioner' (Regulation 2(1)).

Prosthetists and orthotists are regulated by the Health and Care Professions Council (HCPC) and are 'registered health care professionals' in the meaning of IR(ME)R. This means that prosthetists and orthotists, if permitted to do so by their employers, are legally able to decide that a patient requires diagnostic imaging and to refer them for such a procedure.

The role of employers

Permission to act as a referrer is granted by the IR(ME)R employer to whom an individual is referring. Employers have a range of responsibilities under IR(ME)R.

The employer will need to be satisfied that the referrer is working within their scope of practice. They should also consider how this impacts service improvement measures.

Although IR(ME)R does not distinguish between medical and non-medical referrers, in practice, each entitlement for non-medical referrers reflects a clearly defined (and usually limited) scope of practice. It is the employer's decision whether to entitle someone as a duty holder under IR(ME)R. This would usually occur at a Trust / Health Board level within the NHS. For contracted services, extra lines of communication would need to be completed within the contract for the clinician to be registered within the specific Trust(s) / Health Board(s) or hospital(s) they are practising within.

Employers will need to have appropriate governance and oversight arrangements in place which ensure compliance with IR(ME)R. This includes regular audits of practice.

While IR(ME)R does not specify a particular training requirement for non-medical referrers, the organisations with responsibility for enforcing IR(ME)R will expect to see a procedure in place for the entitlement of non-medical referrers which is likely to reflect registration standards and professional body guidance.[1]

Training and scope of practice

Organisations may require non-medical referrers to undertake specific learning activities related to IR(ME)R, which may include online learning or self-directed activity in order to be given referral rights for diagnostic imaging.

All prosthetists and orthotists who wish to refer patients for diagnostic imaging must be able to demonstrate that they are educated, trained and competent in this aspect of practice, or working as part of a formal training and/or development programme with appropriate supervision to acquire competence in this area. It is up to the individual clinician and manager to ensure any initial training has been completed as required, as well as ensuring that any ongoing training required locally to develop and maintain competence in this area is completed.

Prosthetists and orthotists who would like to extend their role and be eligible to refer patients for diagnostic imaging should liaise with their management and radiology leads to determine local requirements for learning and professional development.

In addition, the IR(ME)R regulations require employers to ensure that written protocols are in place for every type of radiological imaging practice. All health care professionals who refer patients for diagnostic imaging must follow the protocols in place within their organisation to ensure safe referral for imaging.

1 The enforcing authorities for IR(ME)R are: England: Care Quality Commission; Wales: Health Inspectorate Wales; Scotland: Healthcare Improvement Scotland; Northern Ireland: Regulation and Quality Improvement Authority.

Diagnostic imaging in prosthetics and orthotics

Prosthetists and orthotists acting as referrers has the potential to benefit patients and clinical pathways.

Within the musculoskeletal context of practice, requests for diagnostic imaging form part of the comprehensive prosthetic and orthotic assessment of a patient's presenting condition and may be required to reach a differential diagnosis and/or to rule out serious medical pathology.

More complex imaging or ordering investigations outside the musculoskeletal context would need careful consideration in relation to professional scope. BAPO does not keep a list of techniques/modalities that fall within the profession's scope of practice, instead, we ask members to reflect critically on the scope and purpose of the prosthetic and orthotic management they are delivering. It is important to determine if you are working outside your professional scope as this can impact your insurance cover.

Advanced practice

Advanced practice is a level of practice at which practitioners are managing increased levels of complexity, uncertainty and risk. To move into advanced practice roles, prosthetists and orthotists will normally complete a full Master's degree which addresses all the required advanced practice capabilities across all four pillars of professional practice: clinical practice; leadership and management; education; and research (BAPO 2024a).

Advanced practice is in its relative infancy in prosthetics and orthotics but more roles are likely to become available in the future as services continue to develop.

Prosthetists and orthotists at all levels of professional practice, if permitted to do so by their employers, are able to act as referrers. Whilst employers will make their own decisions about which registered staff groups are able to act as referrers based on clinical need and patient safety, it is not a requirement of IR(ME)R that healthcare professionals must be trained at an advanced practice level in order to act as referrers.

Professional indemnity

Prosthetists and orthotists registered with the HCPC are required as a condition of their registration to have in place a professional indemnity arrangement when they practise. When registering or renewing registration they are required to make a declaration that they have, or will have, an arrangement in place which provides an appropriate level of cover (HCPC 2014).

Most prosthetists and orthotists will meet this legal requirement because they are employed by the NHS or by another employer and their employers' liability insurance arrangements are sufficient. BAPO provides members with insurance as a benefit of membership. BAPO insurance (with the private practice supplement if applicable) will also allow members to meet this requirement (BAPO 2024b).

It is the responsibility of each prosthetist and orthotist to ensure that they have appropriate professional indemnity in place for their work. BAPO members' insurance only covers activities within the scope of standard professional practice (subject to the terms and conditions of the policy). Therefore prosthetists and orthotists must only request diagnostic imaging in the context of prosthetic and orthotic practice.

It is important that the job description of the prosthetist and orthotist wishing to request diagnostic imaging accurately reflects their role and responsibilities. If they are expected to act as a referrer this should be clearly stated.

Interpretation of diagnostic images

It should be noted and understood that if a non-medical referrer is expected to make their own clinical evaluation of the images (rather than wait for the images to be read/interpreted and the resulting radiology report), they must first be trained and entitled as an IR(ME)R operator to do this. This training is detailed in schedule three of IR(ME)R and would need to be evidenced relative to the individual's scope of practice. Making the referral and making the clinical evaluation are two different duties under IR(ME)R and require quite different training, education, and practical experience.

As with all areas of practice, each prosthetist and orthotist must be able to demonstrate they are appropriately and adequately educated, trained and competent in this aspect of practice, or are working as part of a formal training and/or development programme with appropriate supervision to acquire competence in this area.

Investigations will normally be returned to primary care settings with a report provided by the radiology department. This is the same process for GPs. More information can be found in the Royal College of Radiologists standards for the interpretation and reporting of imaging investigations (RCR 2018).

Governance arrangements

Employers will have in place arrangements governing the implementation of IR(ME)R, including standard operating procedures (SOPs), non-medical referrer protocols or clinical practice guidelines within the local Trust / Health Board carrying out the imaging. Trust / Health Board guidelines and protocols will sometimes include specific criteria on the appropriate imaging recommended for specific conditions.

Prosthetists and orthotists and departments wishing to refer patients for diagnostic imaging will therefore need to establish links with the local radiology department and follow the process to become registered with them as a non-medical referrer. This may require the agreement of a new pathway. If so, this should also be established in conjunction with senior managers and involve the rehabilitation consultant where clinics are being delivered.

As with other investigations (e.g. blood tests), there will need to be robust governance to ensure results are acted upon even if the requesting prosthetist or orthotist is absent through planned or unplanned leave. Contracted or private practitioners will need support from their rehabilitation lead or GP to obtain referral rights within secondary care.

See Appendix 1 to this document for an example SOP which services can utilise and adapt as necessary.

References

British Association of Prosthetists and Orthotists (2024a). Advanced practice in prosthetists and orthotics.
www.bapo.com/wp-content/uploads/2024/03/BAPO-Advanced-Practice-in-Prosthetics-and-Orthotics-compressed-1.pdf

British Association of Prosthetists and Orthotists (2024b). Insurance.
www.bapo.com/membership/insurance/

Care Quality Commission (2024). Guidance for providers: Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).
www.cqc.org.uk/guidance-providers/ionising-radiation/ionising-radiation-medical-exposure-regulations-irmer/enforcing-irmer

Health and Care Professions Council (2014). Professional indemnity and your registration.
www.hcpc-uk.org/resources/guidance/professional-indemnity-and-your-registration/

Ionising Radiation (Medical Exposure) Regulations 2017.
www.legislation.gov.uk/uksi/2017/1322/contents/made

Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018.
www.legislation.gov.uk/nisr/2018/17/made

Royal College of Nursing (2021). Clinical imaging requests from non-medically qualified professionals.
www.rcn.org.uk/professional-development/publications/rcn-clinical-imaging-requests-uk-pub-009-108

Royal College of Radiologists. iRefer: Making the best use of clinical radiology. 8th edition.
www.irefer.org.uk

Royal College of Radiologists (2018). Standards for interpretation and reporting of imaging investigations. Second Edition.
www.rcr.ac.uk/our-services/all-our-publications/clinical-radiology-publications/standards-for-interpretation-and-reporting-of-imaging-investigations-second-edition/

Further information about training recommendations

British Institute of Radiology (2022). Guidance for non-medical referrers to radiology.
www.bir.org.uk/media-centre/position-statements-and-responses/guidance-for-non-medical-referrers-to-radiology/

Royal College of Radiologists et al (2020). IR(ME)R. Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine. Available at:
www.rcr.ac.uk/our-services/all-our-publications/clinical-radiology-publications/ir-me-r-implications-for-clinical-practice-in-diagnostic-imaging-interventional-radiology-and-diagnostic-nuclear-medicine/

Examples of online training modules

Health Education England e-learning for healthcare: Ionising Radiation (Medical Exposure) Regulations programme:
www.e-lfh.org.uk/programmes/ionising-radiation-medical-exposure-regulations/

Royal College of Radiologists: iRefer:
www.irefer.org.uk/why-irefer/about-irefer

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