

Non-Medical Referrers (NMR)

Who can be a Non-Medical Referrer (NMR)?

The IR(ME)R regulations require that all referrers must be a registered health-care professional. Specifically, they must be a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health-Care Professions Act 2002; for example: Nurses, Radiographers, Physiotherapists.

What about Physicians Associates?

Physician associates are on the voluntary register for the General Medical Council (GMC) and therefore do not meet the requirements of IR(ME)R. Therefore, they cannot be entitled under employer's procedures to act as NMRs for examinations involving ionising radiation currently.

What Training is required?

Whilst not explicitly required under IR(ME)R, it is strongly recommended that all NMRs should receive appropriate training prior to being entitled as a referrer. The training may be delivered in-house, via an educational institution, e-Learning or a combination. It is recommended the training is refreshed at least every 3 years. The training should include

- Principles of radiation protection
- Benefits and risks of the examinations being requested
- Responsibilities of NMR in relation to patient safety and clinical governance and legislative responsibilities.

What Governance Arrangements are needed?

The entitlement of staff to be NMRs is the responsibility of the employer under IR(ME)R. This should be delegated in the written procedures to a suitable body within the organisation, for example the radiology department or the radiation protection committee.

A NMR must be formally entitled in writing and logged on a register held by the radiology service, which is available to IR(ME)R Practitioners and Operators.

The governance arrangements around NMRs should consider the training requirements, supervision, and auditing of practice. The governance arrangements for NMRs should also include consideration of the mitigation of failure to act on results and supervision.

What about Clinical Evaluation?

The employer must take steps to ensure that a clinical evaluation of the outcome of each exposure is recorded, where "evaluation" means interpretation of the outcome and implications of an exposure. Alongside the role of the NMR, it is important to consider when NMRs act on the images prior to the formal radiology report, e.g., emergency department or minor injuries. IR(ME)R regards clinical evaluation as an operator duty, which requires that they are appropriately trained to undertake the clinical evaluation and are appropriately entitled in writing to act as an operator under IR(ME)R.

What about high dose examinations?

Join the BIR today
at www.bir.org.uk

The British Institute of Radiology
Audrey House
16-20 Ely Place
London
EC1N 6SN

T : +44(0)20 3668 2220
|
E : admin@bir.org.uk

www.bir.org.uk

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No. GB 233 7553 63

Due to the increased risks associated with high dose examinations¹⁶ (such as CT and PET-CT), additional consideration of those entitled to make such referrals is warranted. It is therefore recommended that these should only be made as part of a multidisciplinary team, or National Institute for Health and Care Excellence¹⁷ (NICE) defined patient care pathways or consultant-led care pathway. Where the NMR scope of Practice includes administration of radionuclide substances the suitability for entitlement to referrer should be agreed with the IR(ME)R practitioner Licence Holder

What about MRI and Ultrasound Referrals?

Although there are no statutory regulations covering referrals for MRI and Ultrasound, best practice is to follow the principles set out for referrals for examinations involving ionising radiation. A NMR undertaking MRI referrals should undergo training in MRI safety.

Further Information

The BIR has published more detailed guidance which is available at <https://www.birpublications.org/doi/10.1259/bjr.20220749>

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