

STANDARD OPERATING PROCEDURE (SOP) FOR THE ENTITLEMENT OF NON-MEDICAL REFERRERS FOR PRIVATE MRIs	
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Date of original policy / strategy/ standard operating procedure / guideline	October 2025
Impact Assessment performed	Yes/ No
Approving body and date approved	Specialty Governance Group Meeting, 11 th November 2025
Review date (and frequency of further reviews)	November 2026 (Reviewed annually, 6 months prior to expiry)
Expiry date	May 2027
Date document becomes live	11 th November 2025

Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information		Strategic Directions – Key Milestones	
Patient Experience		Maintain Operational Service Delivery	✓
Assurance Framework		Integrated Community Pathways	
Monitor/Finance/Performance		Develop Acute Services	
CQC Fundamental Standards Regulations No:	IR(ME)R 2017 Schedule 2 (b)	Delivery of Care Closer to Home	
		Infection Control	
Other (<i>please specify</i>):			
Note: This document has been assessed for any equality, diversity or human rights implications			

Controlled document

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Full History:		Status: Draft	
Version	Date	Author (Title not name)	Reason
1.0	October 2025	Quality Lead	New process for NMRs outside of the Trust to refer for private MRIs

Associated Trust Policies/ Procedural documents:	SOP for Ionising Radiation (Medical Exposures) Regulations 2017 Employers Procedures Trust Requesting of Radiological Examinations and Procedures Trust Communication and Actioning of Medical Imaging Results Policy SOP for Communication of critical, urgent or significant unexpected results following reporting
Key Words:	Non-Medical Referrers, Medical Imaging, Radiology, Private, MRI
In consultation with and date:	
Non-Medical Referrers compliance group, October 2025 Speciality Governance Group, November 2025	
Contact for Review:	Quality Lead

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KEY POINTS OF THIS PROCEDURAL DOCUMENT:

- The Ionising Radiation (Medical Exposure) Regulations 2017 (amendment 2024) require that each Healthcare Professional identified within the Employer's Procedures as Referrer, is appropriately identified and trained.
- Where the referrer is not medically qualified, they are termed an Entitled non-Medical Referrer (NMR).
- This document describes the process by which a registered Healthcare Professional may become entitled as an NMR, and the training and governance required to undertake this role.
- This SOP is for aspirant non-Medical referrers requiring entitlement for referring private MRI scans.
- The scope excludes: Children under 18 are not covered by this SOP
- Contrast requests
- Pacemakers

1. INTRODUCTION

- 1.1 Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) sets out the responsibilities of duty holders (the Employer, Referrer, IR(ME)R Practitioner and Operator) for radiation protection.
- 1.2 The Ionising Radiation (Medical Exposure) Regulations 2017 (amendment 2024), IR(ME)R hereafter, addresses the radiation protection of persons undergoing medical exposures whether as part of their own medical diagnosis or treatment, as part of research, as asymptomatic individuals, as well as those undergoing non-Medical imaging using medical radiological equipment.
- 1.3 Non-medical referrers, such as nurses and allied health professionals, can refer patients for MRI scans under specific guidelines. They must be registered healthcare professionals and adhere to IR(ME)R. The process involves requesting imaging examinations and maintaining competence in practice. Non-medical referrers can refer for MRI scans as part of a clinical team or as autonomous practitioners reviewed imaging and making treatment decisions. It is essential for non-medical referrers to be suitably authorised to request appropriate imaging examinations and to manage associated risks.
- 1.4 While MRI is a valuable diagnostic tool with minimal risks, it is essential for the referrer to seek the patients' medical history and any concerns they may have before a request is made. This ensures that the benefits of the MRI outweigh any potential risks.
- 1.5 The entitlement process is for MRI referrals only and excludes contrast and pacemakers.

2. PURPOSE

- 2.1 This document exists to describe the procedure by which non-Medical referrers may be entitled under IR(ME)R to refer patients for MRI examinations.
- 2.2 Ensure only staff appropriately trained in clinical examination can request MRI.
- 2.3 Provide supporting guidance related to the scope of the role and the consequential education and training requirements.
- 2.4 Governance of non-Medical Referrer entitlement.

3. DEFINITIONS

- 3.1 A full list of definitions under IR(ME)R can be found in Regulation 2 'Interpretation' of the Ionising Radiation (Medical Exposure) Regulations 2017 (amendment 2024)
- 3.2 **Non-Medical Referrer:** A registered healthcare professional entitled under this procedure to refer patients for medical imaging procedures – Please see appendix 3 for full list of registered bodies accepted.
- 3.3 **NMR:** Non-Medical Referrer
- 3.4 **SCoRs:** Society and College of Radiographers

- 3.5 **RCR:** Royal College of Radiologists
- 3.6 **NMC:** Nursing and Midwifery Council
- 3.7 **HCP:** Health and Care Professions Council
- 3.8 **GPC:** General Pharmaceutical Council
- 3.9 **RSG:** Radiation Safety Group
- 3.10 **ACP:** Advanced Clinical Practitioner
- 3.11 **MRI:** Magnetic Resonance Imaging

4. **DUTIES AND RESPONSIBILITIES OF STAFF**

- 4.1 The **Non-Medical Referrers Compliance group** are responsible for:
 - Considering and approving requests for new protocols/entitlement
 - Ensuring that the Employer's Procedure for the entitlement of Duty Holders is followed and that the related documents for identifying non-Medical referrers and their agreed scope of referral practice are available for all Practitioners and Operators within Medical Imaging
 - Reviewing out of scope requests and issuing probation notification

- 4.2 The **Responsible Clinician** is responsible for:
 - Radiological interpretation will remain the responsibility of the Responsible Clinician, named on the protocol, under whose auspices the practitioner is working
 - Agreeing the clinical indications for the examination/s to be requested, and in doing so, confirms that the applicant has appropriate training, knowledge and skills to perform this duty
 - Reviewing the protocols every 3 years and entitled referrers to ensure this remains correct

- 4.3 The **Imaging Department** is responsible for:
 - Dealing with and processing applications
 - Drafting protocols for approval and signature by the Medical Imaging Clinical Lead/Responsible clinician and Radiology Services Manager
 - Updating and maintaining the Private Duty Holders database
 - Informing NMR of their entitlement and issuing the relevant documentation as per their entitlement
 - Issuing any NMR reminders ie; IR(ME)R Expiry, audit, review etc
 - Undertaking audit of compliance with this procedure and acting on areas of non-compliance

- 4.4 The **Non-Medical referrer** is responsible for:

Reference number: RADP0111 v1.0

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Ratified by: Specialty Governance Group Meeting, 11th November 2025

Review date: November 2026 (Expiry May 2027)

- Ensuring they have an appropriate level of training/education to achieve competence in:
 - History taking
 - Physical examination
 - Advanced communication
 - Clinical reasoning & decision making
- Undertaking continuing professional development
- Having been assessed and agreed to be competent to request radiological examinations by their Responsible Clinician/ Line Manager
- Ensuring they read and understand the SOP for Entitlement of non-Medical Referrers – Private MRI and SOP for Requesting a radiological examination or procedure
- Undertaking initial IR(ME)R and MRI training and regular update training every 3 years
- They understand the role of a Referrer under IR(ME)R
- Ensuring they adhere to their agreed scope of referral practice
- Understanding their responsibilities in referring patients for MRIs
- Ensuring MRI requests are only within the agreed protocol, which excludes contrast and pacemakers
- Understanding their responsibilities for avoiding unnecessary imaging
- Must ensure that the examination (or similar imaging) has not already been performed that would answer the clinical question
- Making a clinical assessment of the patient and will only request MRI examinations if clinically justified
- Contacting the rduh.privatepatientsadmin@nhs.net to cancel or amend requests
- Reviewing the report and acting on these results as necessary. This must be documented within the patient's record.
- Undertaking regular self-audit to evaluate compliance with their protocol, and to identify any training needs and clinical development for the referrer. (Appendix 2)
- Undertaking annual audits of their own practice that will be expected to be presented at their annual appraisal
- Submitting data and documents for audit as requested by the non-Medical Referrers Compliance Group
- For informing the non-Medical Referrers Compliance Group when they move roles/department and a further application is required should they need to be entitled under a different protocol. The NMR is **not** permitted to carry the entitlement across to another role

The NMR will accept responsibility for radiological examinations/procedures requested under their name.

Failure to comply with the above mandatory points may result in entitlement being removed.

4.5 The **Practitioner** is responsible for:

- Ensuring that requests are in scope of practice
- Rejecting any out of scope requests and informing **Non-Medical Referrers Compliance Subgroup** via rduh.radiology-eastern@nhs.net

4.6 The **Operator** is responsible for:

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- Ensuring that all exposures are justified and that the referrer is acting within their scope of practice prior to performing the procedure on the patient
- Not undertaking out of scope requests and informing the non-Medical referrers compliance group - rduh.radiology-eastern@nhs.net

5.0 PROCEDURE FOR THE ENTITLEMENT AND GOVERNANCE OF NON-MEDICAL REFERRERS FOR PRIVATE MRI REFERRALS

5.1 Procedure for the application and entitlement of non-Medical referrers on a new protocol

- 5.1.1 Requirement, as part of their role, to be a non-Medical referrer must complete the application form (appendix 1) along with evidence of completion of the required e-Learning for Health (e-LfH) training (appendix 2).
- 5.1.3 The Responsible Clinician must agree the examinations and relevant clinical indications to be requested, and in doing so, confirms that the applicant has appropriate clinical training, knowledge and skills to perform this duty.
- 5.1.6 The application form along with evidence of completion of the required e-Learning for Health (e-LfH) training is returned to the non-Medical Referrers Compliance Group for consideration rduh.radiology-eastern@nhs.net
- 5.1.7 When application is approved, the applicant may then proceed to complete face to face training as detailed in appendix 3.
- 5.1.8 The NMR will receive a copy of the agreed Protocol and relevant supporting documentation which must be read and signed and returned to rduh.radiology-eastern@nhs.net
- 5.1.9 The NMR will not be fully entitled until the non-Medical referrer responsibilities agreement has been returned to rduh.radiology-eastern@nhs.net
- 5.1.10 Once referrer responsibilities agreement has been received the NMR will be sent an email confirmation of their entitlement, along with a copy of the signed Protocol and relevant supporting documentation which must be read prior to placing any requests.

5.4. Governance arrangements

- 5.4.1 NMR's are emailed with the requirements to comply with scope of practice, being up to date on their training and self-audit.
- 5.4.2 Individual entitled non-Medical referrers are required to regularly self-audit their compliance with the agreed protocol. Every 3 years in line with their IR(ME)R training, results must be submitted to the Imaging Services upon request. The Imaging Services reserve the right to request this information earlier if required.
- 5.4.3 The Imaging Services will also undertake regular audit of referrals to ensure compliance.
- 5.4.4 Any audits that high-light referring outside of protocol will be reviewed by the non-Medical Referrers Compliance Group. If upheld, the non-Medical Referrers Compliance Group will trigger a 6-month probationary period during which the NMR referrals will be closely monitored. If referral outside of protocol during the 6-month period then referring entitlement will be withdrawn and will not be reinstated until the NMR has undergone further training. At the end of the 6 months they will be required to complete a self-audit and reflective assessment of their referring in order to maintain their referring entitlement.
- 5.4.5 Protocols will be reviewed every 3 years to ensure they remain compliant and in scope of practice. The review date will be set from the date of signature by the Responsible Clinician.
- 5.4.6 Where any discrepancies in requesting are identified, this will be recorded on DATIX for investigation and action. A 6-month probation period may be enforced and if further breaches identified during this time it will be escalated through Care Group Directors of Patient care, Line Manager and Responsible Clinician.
- 5.4.9 The non-Medical Referrers Compliance Group on behalf of Imaging Services reserve the rights to revoke entitlement at any point where non-adherence to agreed protocols is demonstrated and IR(ME)R renewal training is out of date.
- 5.4.10 The non-Medical referrer, or Responsible Clinician are responsible for informing the Imaging Services when they move roles/department, and a further application is required to be submitted should they need to be entitled under a different department/surgery. The NMR is **not** permitted to carry the entitlement across to another role.

5.5 Audit

- 5.5.1 For self-audit all entitled non-Medical referrers are required to complete an audit in line with their IR(ME)R e-learning every 3 years using the template in appendix 4 as part of the re-entitlement process.
- 5.5.2 At least 50 requests must be audited (this should include evidence of the previous 3 years) however if less than 50 examinations have been requested during this audit period then all requests must be audited.
- 5.5.3 Results of audits must be sent to
- 5.5.4. The re-entitlement process is not complete until the NMR has completed any additional e-learning required and submitted their self-audit to rduh.radiology-eastern@nhs.net and received confirmation of their continued non-Medical Referrers entitlement.

5.5.5 The NMR is expected to produce evidence of these audits as part of their CPD.

5.5.6 Exclusions to this SOP;

- Children under 18 are not covered by this SOP
- Contrast requests
- Pacemakers

ARCHIVING ARRANGEMENTS

6.1 The original of this SOP will remain with the author as listed on the front sheet, (please see page one). This document will be stored electronically on Q-Pulse and HUB. Archived electronic copies will be stored in the obsolete register of Q-Pulse. All paper copies past the review date will be destroyed with only the electronic obsolete copy available on Q-Pulse. Any printed copies are uncontrolled.

7. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE STANDARD OPERATING PROCEDURE/ GUIDELINE

7.1 To evidence compliance with this SOP, the following elements will be monitored:

- Non-compliance will be monitored 3 monthly at the non-Medical Referrers compliance group.

8. REFERENCES

- The Royal College of Nursing: [Clinical imaging requests from non-medically qualified professionals 3rd edition](#) (2021).
- The College of Radiographers, The Royal College of Radiologists: [Quality Standard for Imaging](#) (2022).
- The British Institute of Radiology: [Guidance for non-medical referrers to radiology](#) (2022).
- HM Government: [The Ionising Radiation \(Medical Exposure\) Regulations 2017](#).
- HM Government: [The Ionising Radiation \(Medical Exposure\) \(Amendment\) Regulations 2024](#).

APPENDIX 1:

Application for entitlement to the non-Medical Referrer Duty Holder Register Under Ionising Radiation (Medical Exposures) Regulations 2017 (amendment 2024)

non-Medical Referrer details		
Date		
Name		
Job Title/Role		
Employer		
Professional Registration Number (HCPC, NMC, etc)		
Email address		
Name and email of Line Manager (if applicable)		
Have you undertaken a post-registration course which includes physical examination and diagnostic reasoning?	Yes/No (please circle)	
Have you completed IR(ME)R and MRI safety e-learning?	Yes/No (please circle) If yes, please provide date and certificates with application submission	
Is your request for an amendment to an existing protocol?	Yes/No (please circle)	
Details of patient groups and examinations		
Patient cohort to be referred		
Examinations to be requested Please provide details of each examination you are applying to request with associated clinical indications	It is essential that you provide detailed clinical indications for each examination as referrals will be subject to future audit of compliance	
Examination	Clinical Indications (add in additional boxes where required)	
Signature (form must be signed before sending application)		
	Name	Signature
Applicant		

Please return completed and signed form to: rduh.radiology-eastern@nhs.net

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APPENDIX 2 - Training requirements

The Royal Devon University NHS Foundation Trust requires all non-Medical referrers to have received current training in relevant IR(ME)R procedures. The non-Medical referrer must complete the e-learning for Health modules listed below prior to initial entitlement and then every three years thereafter. Completion certificates must be submitted to the rduh.radiology-eastern@nhs.net and will form part of the Duty Holder records.

Renewal: Before the expiry of their current IR(ME)R the non-Medical referrer must complete the e-learning for Health modules listed below, along with their self-audit. Certificates must be emailed to: rduh.radiology-eastern@nhs.net

Mandatory modules

IRMER module 01

Radiation Hazards and Dosimetry

- Biological Effects of Radiation 01-02-01
- Examples of Radiation Dose 01-02-04
- Risks v Benefits in Patient Exposure 01-02-05

Special Circumstances

- Use of Medical Exposures in Special Circumstances 01-03-01

IRMER module 02

Management and Radiation Protection of the Patient

Patient Selection

- The Justification of Patient Exposure 02-01-01

IRMER module 03

Legal Requirements – Regulations

- Ionising Radiation (Medical Exposure) Regulations 2017 - IR(ME)R 2017 03-01-02

MRI: e-lfh MRI Safety > 5. Referrers > MRI safety for referrers

(https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_35609&programmId=35609#)

APPENDIX 3 – Registered bodies

The provisions for non-Medical Referrers under IR(ME)R state that referrers must be a “registered health care professional.” This means a person who is 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(a).

The bodies referred to are—

- (a)the General Medical Council,
 - (b)the General Dental Council,
 - (c)the General Optical Council,
 - (d)the General Osteopathic Council,
 - (e)the General Chiropractic Council,
 - (f)the General Pharmaceutical Council,
 - (g)subject to section 26(6), the Pharmaceutical Society of Northern Ireland,
 - (ga)the Nursing and Midwifery Council,
 - (gb) The Health and Care Professions Council],
 - (gc)Social Work England]
- and
- (j)any other regulatory body (within the meaning of Schedule 3 to the 1999 Act) established by an Order in Council under section 60 of that Act.

APPENDIX 4

Audit for Radiological Examinations requested by non-Medical Referrers

Please refer to your approved protocol (if you require any assistance please contact rduh.radiology-eastern@nhs.net)

To ensure all named members of the Multi-disciplinary workforce comply with the above protocol and to provide evidence towards the four pillars of Multi-Professional Advanced Practice, please complete this audit 3 years in line with re-entitlement training of your IR(ME)R certificates sharing the results with rduh.radiology-eastern@nhs.net

As part of the ongoing governance regarding requests you may be required to provide this evidence at ad hoc times over the course of your employment.

Audit period Date:	
Practitioner name:	
Job Title/Role:	
Professional registration number:	
Responsible Clinician:	
Line Manager	
Protocol number:	
IR(ME)R update completed:	
Number of imaging requests for this audit period:	

At least 50 requests must be audited (this should include evidence of the previous 3 years) however if you have requested less than 50 examinations during this audit period then all requests must be audited.

