



Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery
Board of Ireland

Scope of Nurse Referral Practice for Medical Radiological Procedures

22 June 2023

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Director of Education, Policy and Standards

The scope of referral for medical radiological procedures is determined by:

**Step 1:
European
and National
legislation**

**Step 2:
Professional
regulations**

**Step 3:
Education,
information
and training**

**Step 4:
Individual
levels of
competence**



STEP 1 >

European and National Legislation

Radiation Protection Legislation

17.1.2014

EN

Official Journal of the European Union

L 13/1

II

(Non-legislative acts)

DIRECTIVES

COUNCIL DIRECTIVE 2013/59/EURATOM

of 5 December 2013

laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation, and repealing Directives 89/618/Euratom, 90/641/Euratom, 96/29/Euratom, 97/43/Euratom and 2003/122/Euratom

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Atomic Energy Community, and in particular Articles 31 and 32 thereof,

Having regard to the proposal from the European Commission, drawn up after having obtained the opinion of a group of persons appointed by the Scientific and Technical Committee from among scientific experts in the Member States, and after having consulted the European Economic and Social Committee,

Having regard to the opinion of the European Parliament,

Having regard to the opinion of the European Economic and Social Committee,

Whereas:

(1) Point (b) of Article 2 of the Euratom Treaty provides for the establishment of uniform safety standards to protect the health of workers and of the general public. Article 30 of the Euratom Treaty defines "basic standards" for the protection of the health of workers and the general public against the dangers arising from ionising radiations.

(2) In order to perform its task, the Community laid down basic standards for the first time in 1959 by means of Directives of 2 February 1959 laying down the basic standards for the protection of the health of workers and the general public against the dangers arising from ionising radiation⁽¹⁾. The Directives have been revised several times, most recently by Council Directive 96/29/Euratom⁽²⁾ which repealed the earlier Directives.

(3) Directive 96/29/Euratom establishes the basic safety standards. The provisions of that Directive apply to normal and emergency situations and have been supplemented by more specific legislation.

(4) Council Directive 97/43/Euratom⁽³⁾, Council Directive 89/618/Euratom⁽⁴⁾, Council Directive 90/641/Euratom⁽⁵⁾ and Council Directive 2003/122/Euratom⁽⁶⁾ cover different specific aspects complementary to Directive 96/29/Euratom.

(5) As recognised by the Court of Justice of the European Union in its case-law, the tasks imposed on the Community by point (b) of Article 2 of the Euratom Treaty to lay down uniform safety standards to protect the health of workers and the general public does not preclude, unless explicitly stated in the standards, a Member State from providing for more stringent measures of protection. As this Directive provides minimum rules, Member States should be free to adopt or maintain more stringent measures in the same matter covered by this Directive, without prejudice to the free movement of goods and services in the internal market as defined by the case-law of the Court of Justice.

(6) The Group of Experts appointed by the Scientific and Technical Committee has advised that the basic

⁽¹⁾ OJ L 11, 20.2.1959, p. 221.


⁽²⁾ Council Directive 96/29/Euratom of 13 May 1996 laying down basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionising radiation (OJ L 159, 29.6.1996, p. 1).

⁽³⁾ Council Directive 97/43/Euratom of 30 June 1997 on the protection of individuals against the dangers of ionising radiation in relation to medical exposure, and repealing Directive 84/466/Euratom (OJ L 180, 9.7.1997, p. 22).

⁽⁴⁾ Council Directive 89/618/Euratom of 27 November 1989 informing the general public about health protection measures to be applied and steps to be taken in the event of a radioactive emergency (OJ L 357, 7.12.1989, p. 31).

⁽⁵⁾ Council Directive 90/641/Euratom of 4 December 1990 on the operational protection of outside workers exposed to the dangers of ionising radiation during their activities in controlled areas (OJ L 349, 13.12.1990, p. 21).

⁽⁶⁾ Council Directive 2003/122/Euratom of 22 December 2003 on the control of high-activity sealed radioactive sources and orphan sources (OJ L 346, 31.12.2003, p. 57).



STATUTORY INSTRUMENTS.

S.I. No. 256 of 2018

EUROPEAN UNION (BASIC SAFETY STANDARDS FOR PROTECTION AGAINST DANGERS ARISING FROM MEDICAL EXPOSURE TO IONISING RADIATION) REGULATIONS 2018

REQUIREMENTS IN RELATION TO MEDICAL EXPOSURES

Referrers

4. (1) A person shall not refer an individual for medical radiological procedures to a practitioner unless the person referring ("the referrer") is—

- (a) a registered nurse or registered midwife within the meaning of the Nurses and Midwives Act 2011 (No. 41 of 2011) who meets the standards and requirements set down from time to time by the Nursing and Midwifery Board of Ireland in relation to the prescribing of medical ionising radiation by nurses or midwives,
- (b) a registered dentist within the meaning of the Dentists Act 1985 (No. 9 of 1985),
- (c) a registered medical practitioner within the meaning of the Medical Practitioners Act 2007 (No. 25 of 2007),
- (d) a person whose name is entered in the register established and maintained by the Radiographers Registration Board pursuant to section 36 of the Health and Social Care Professionals Act 2005 (No. 27 of 2005), or
- (e) a health care professional registered with the General Medical Council of the United Kingdom, and practising medicine in Northern Ireland,

[256] 7

who is entitled in accordance with his or her employer's procedures to refer individuals for exposure to a practitioner.

(2) A person shall not carry out a medical radiological procedure on the basis of a referral from a person other than a referrer.

Legislation for the nursing and midwifery profession



Number 41 of 2011

NURSES AND MIDWIVES ACT 2011

ARRANGEMENT OF SECTIONS

PART 1

PRELIMINARY AND GENERAL

Section

1. Short title and commencement.
2. Interpretation.
3. Regulations.
4. Repeal, revocation, etc.
5. Expenses.

PART 2

BORD ALTRANAIS AGUS CNÁMHEACHAIS NA HÉIREANN

6. Continuance in being of Board.
7. Seal of Board.
8. Object of Board.
9. Functions of Board.
10. Conferral of additional functions on Board.
11. Ministerial directions to Board.
12. Immunity.
13. Board's power to make rules.
14. Board's power to issue guidelines.
15. Co-operation with certain bodies.
16. Disclosure of information relating to offences.
17. Prohibition on unauthorised disclosure of information.



STATUTORY INSTRUMENTS.

S.I. No. 218 of 2018

NURSES AND MIDWIVES (EDUCATION AND TRAINING) RULES 2018

Part 3

Provision of education and training programmes

Scope of Part 3

7. This Part applies to the following programmes of education and training in nursing and midwifery (in this Part referred to as “education and training programmes”):

- (a) pre first time registration;
- (b) post-registration leading to registration or annotation; and
- (c) specialist nursing and midwifery.

Review of standards and requirements

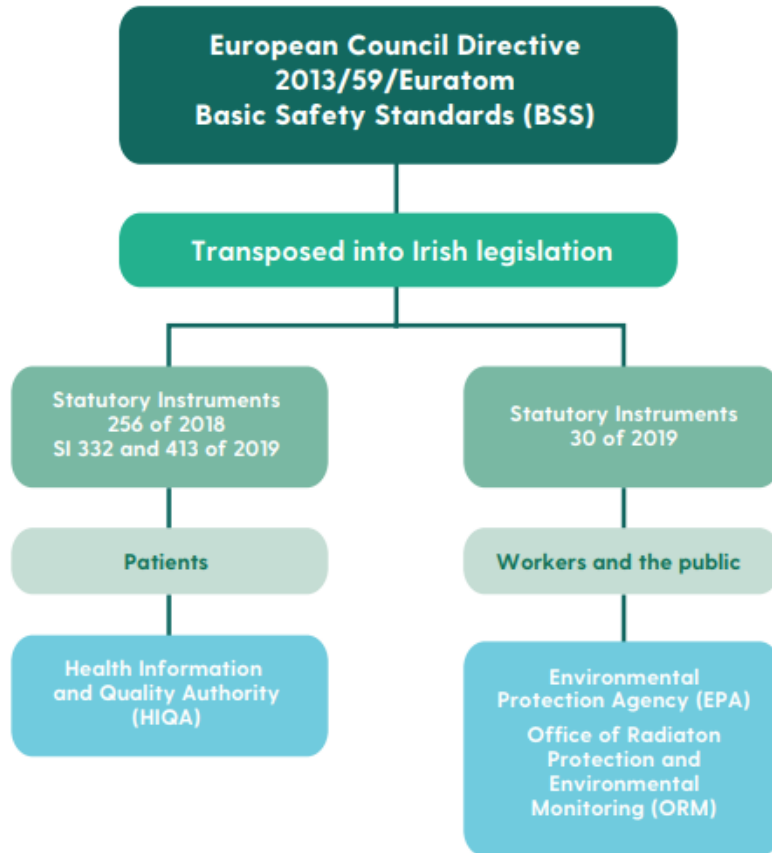
8. (1) The Board shall review the standards and requirements at reasonable and appropriate intervals, having regard to national and international advancements in the theory and practice of nursing and midwifery and national healthcare policies and practices.

(2) Where the Board proposes to amend or replace the standards and requirements it shall publish its proposals for public consultation on its website, allowing a reasonable period of time for comment before publication of the amended or new standards and requirements.

(3) Where the Board publishes amended or new standards and requirements, a body to which approval has been granted under Rule 9 to deliver an education and training programme shall make arrangements for compliance with the amended or new standards and requirements by a date not later than the commencement of the subsequent academic year or by a date as may otherwise be specified by the Board.

Step 1: European and National Legislation

Figure 1: Legislative framework for radiation protection



European Council Directive 2013/59/EURATOM lays down basic safety standards for protection against the dangers arising from exposure to medical ionising radiation.

It was introduced in Europe and subsequently transposed into Irish law by separate Statutory Instruments (S.I.);

- S.I. 256 of 2018 and its amendments (S.I. 332 and 413 of 2019)
- S.I. 30 of 2019

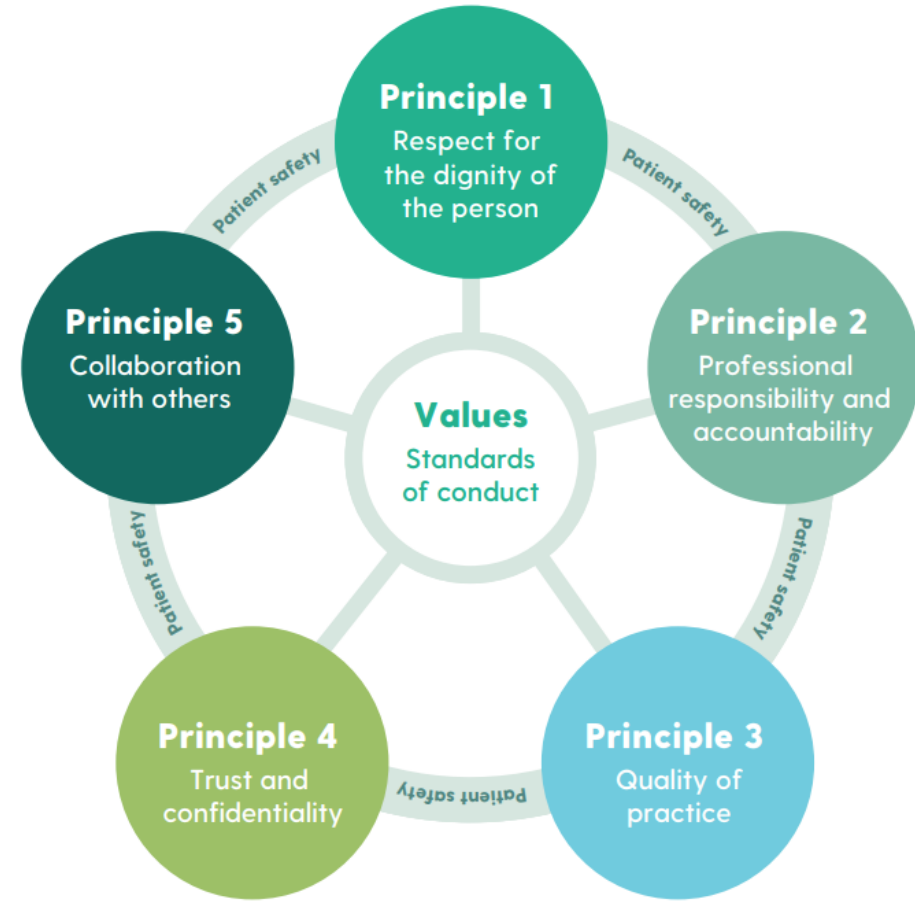
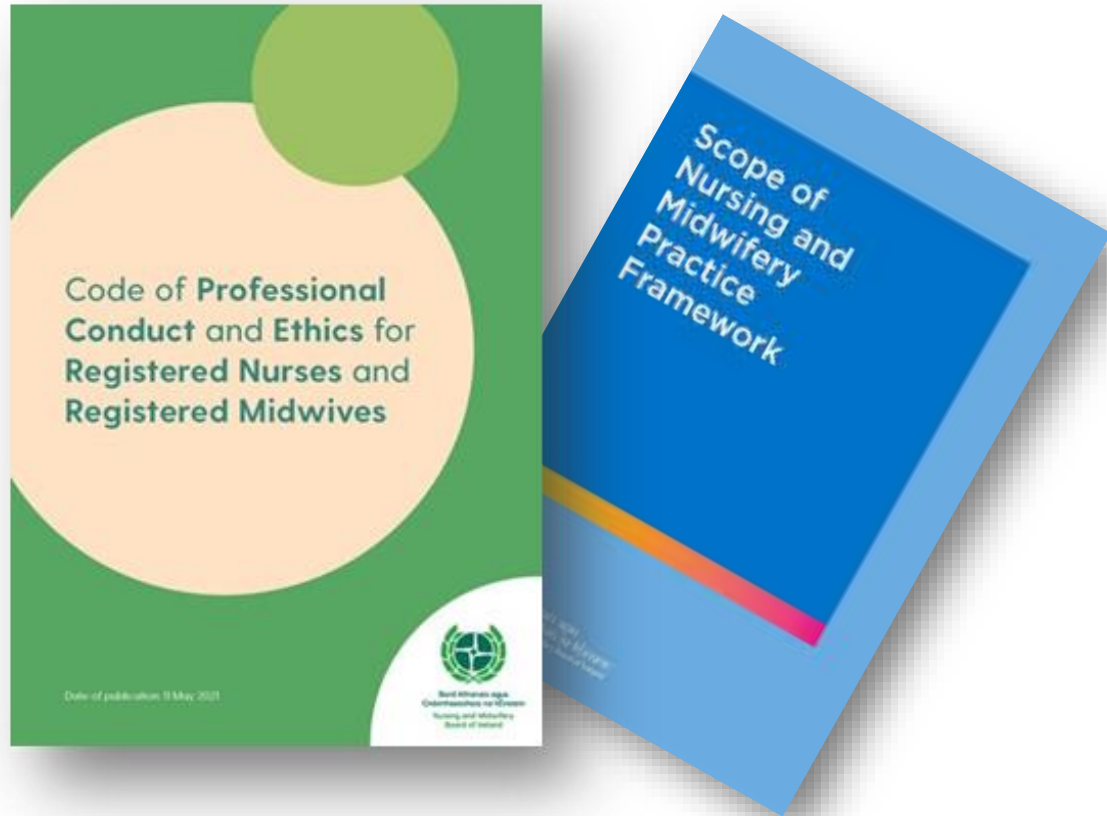
Under SI 256 of 2018, the Health Information and Quality Authority (HIQA) is the competent and regulatory authority for medical ionising radiation procedures. The Office of Radiation Protection and Environmental Monitoring (ORM), an office of the Environmental Protection Agency (EPA), is responsible for workers and the general public. The Health Information and Quality Authority as the regulator is responsible for inspection and enforcement of the medical ionising radiation regulations.



STEP 2 >

Professional regulations

Step 2: NMBI is the regulator for the nursing and midwifery professions



Nursing and Midwifery regulation and practice is based on the Code of Professional Conduct and Ethics

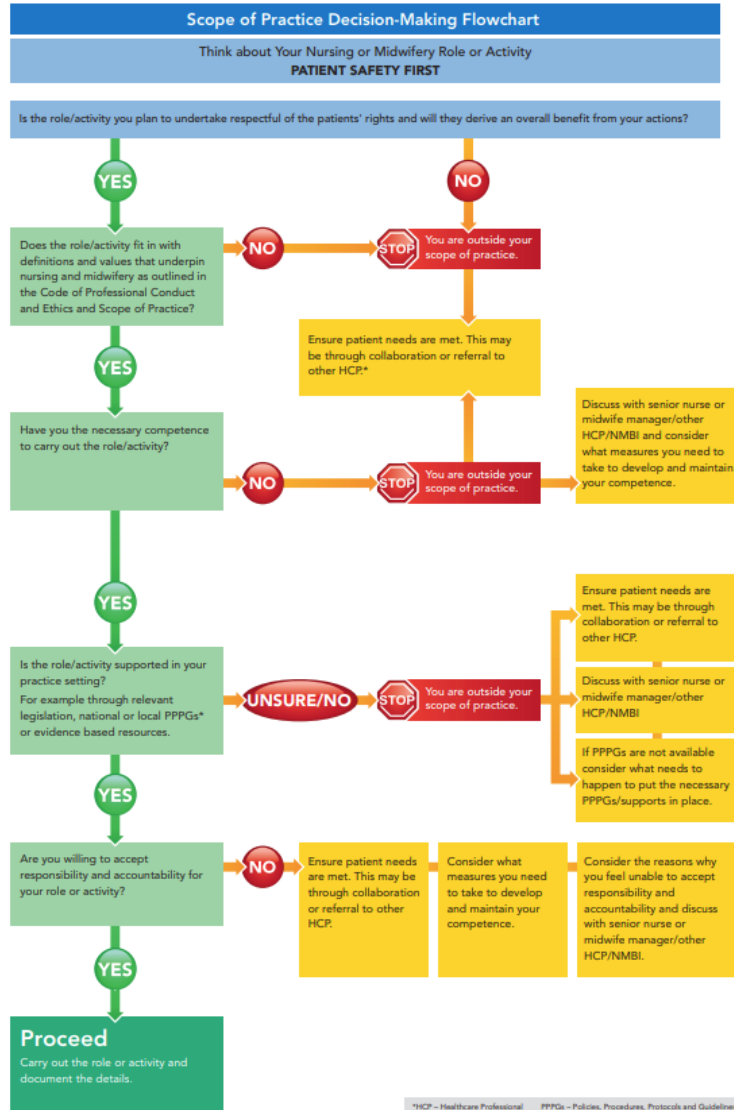
Scope of Practice

Defined as the range of roles, functions, responsibilities and activities which a registered nurse is educated, trained and competent in and has authority to perform. The individual practitioner's scope of practice is determined by a range of factors that gives them the authority to perform a particular role or task (NMBI 2015)



- The referring scope of practice can be expanded to include all medical radiological and other imaging procedures. The clinical governance arrangements, to which local health care teams are accountable for the quality, safety and satisfaction of a person in the care they deliver, must have supporting structures in place

NMBI Scope of Practice decision-making framework



Scope is determined by:

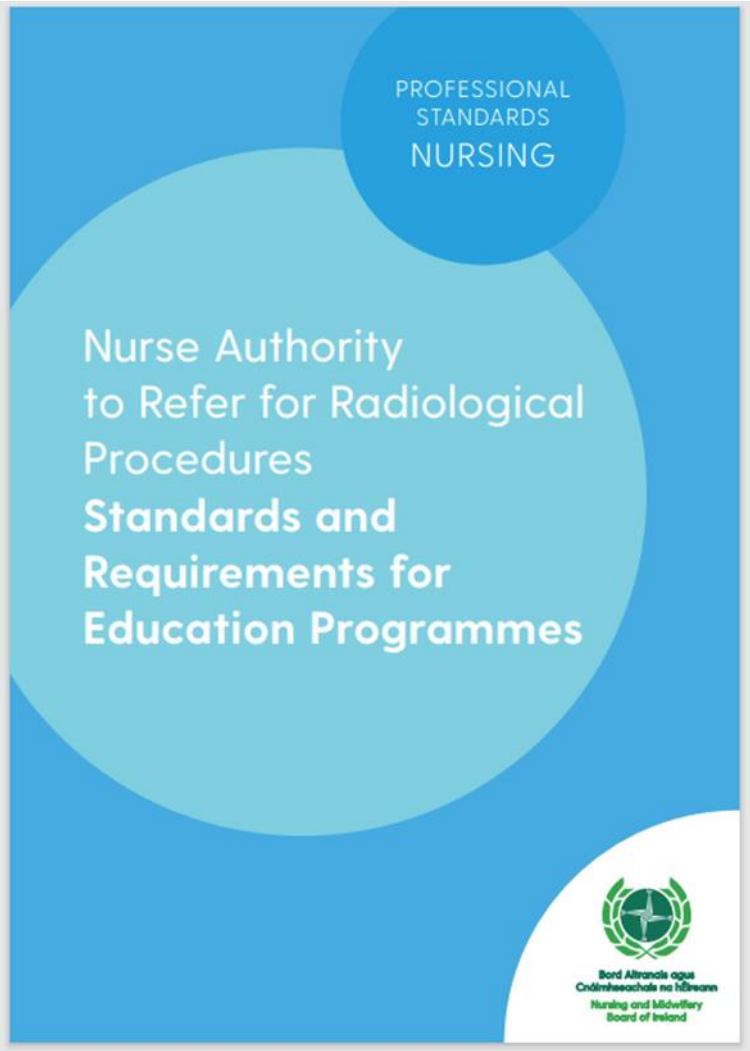
- Legislation - **Nurses and Midwives Act**
- European Union Directives
- International Developments
- Social Policy
- National/Local Policies and Guidelines - To support role expansion, managers, employers and organisations have a responsibility to put appropriate policies, procedures, protocols and guidelines in place (PPPGs)
- Education
- Individual practitioner's Levels of Competence (self-assessment)



STEP 3 >

Education, information and training

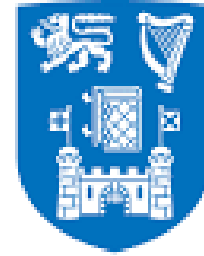
Regulatory Standards and Requirements



Contents		
Preface		05
Figure 1: Legislative framework for radiation protection		06
Introduction		07
Practical aspects of a medical radiological procedure		07
01		
Extracts from the Nurses and Midwives (Education and Training) Rules 2018		09
1.1 Definition (Rule 3)		10
1.2 Applications for approval of programmes (Rule 9)		10
1.3 Annual reports (Rule 10)		11
1.4 Review and monitoring of programmes (Rule 11)		11
1.5 Entry requirements		12
02		
Standards and Requirements for Nurse Education Programmes for Nurse Authority to Refer Persons for Medical Radiological Procedures		13
2.1 Learning outcomes		14
2.2 Competences, performance criteria and indicators (Domains of Competence)		15
Domain 1: Professional values and conduct of the nurse competences		15
Domain 2: Nursing practice and clinical decision-making competences		16
Domain 3: Knowledge and cognitive competences		18
Domain 4: Communication and interpersonal competences		18
Domain 5: Management and team competences		19
Domain 6: Leadership potential and professional scholarship competences		20
2.3 Syllabus/indicative content		21
Required knowledge, skills and competences		22
Professional accountability and responsibility		23
Legal and ethical aspects		23
Radiation protection topics		24
Principles of the referral process for medical radiological procedures		24
Collaboration referral with other healthcare professionals		25
2.4 Theoretical and clinical instruction		26
Essential requirements		26
2.5 The scope of referral practice		28

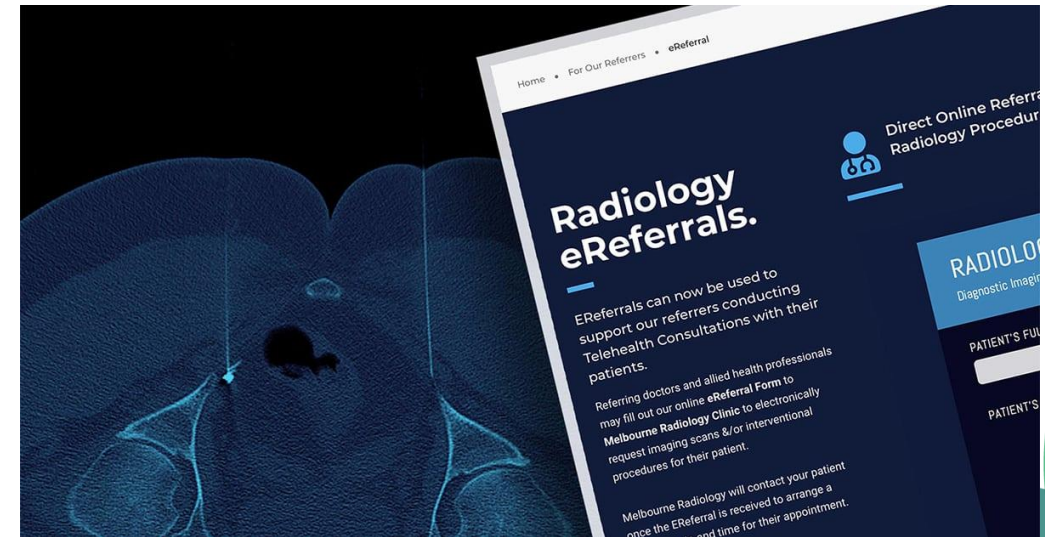
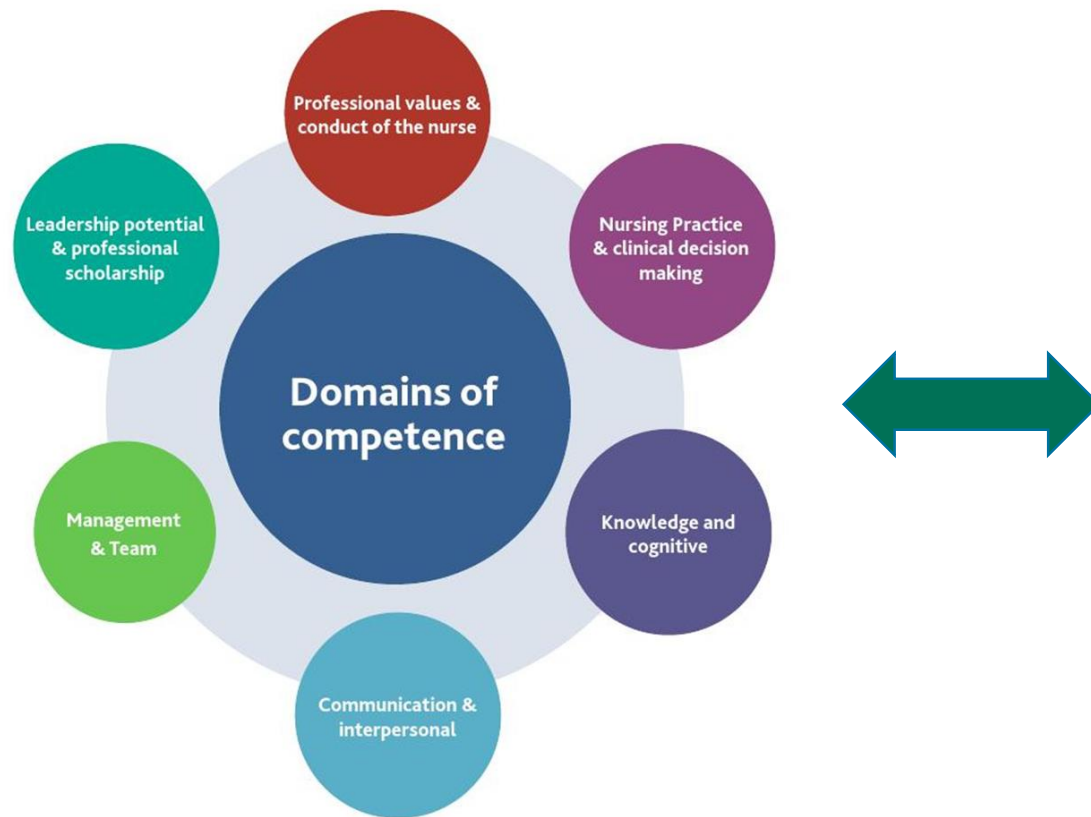
03		
The Approval Process		30
3.1 The approval process		31
3.2 Approval of programmes		31
3.3 General provisions regarding the process of approval		32
04		
The NMBI Guide Template for Submission of Nurse Education Programmes for Nurse Authority to Refer Persons for Medical Radiological Procedures		33
4.1 Programme summary template		34
4.2 Curriculum design, development, content and organisation template		35
4.3 Appendices template		36
05		
National Framework of Qualification Learning Outcomes for Nurse Education Programmes for Nurse Authority to Refer Persons for Medical Radiological Procedures		37
5.1 National Framework of Qualifications Level 8 learning outcomes for Nurse Authority to Refer for Radiological Procedures		38
Bibliography		43
Appendix 1: Referral process flow chart		46

Education and Training – NMBI approved modules at level 8 or 9 NFQ



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Competence is understood as the attainment of knowledge, intellectual capacities, practical skills, integrity and professional and ethical values required for safe, accountable and effective practice as a registered nurse (NMBI 2015)

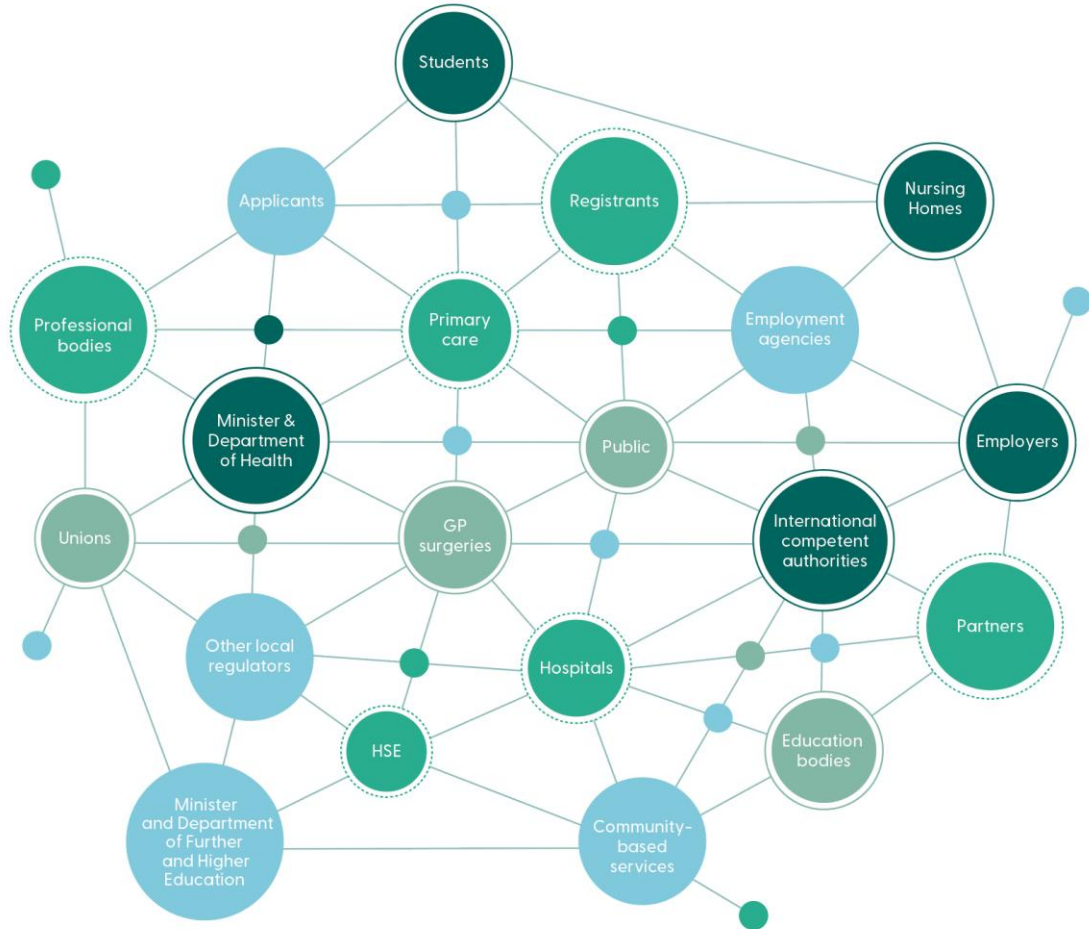




STEP 4 >

Individual referrers' levels of competence

Part of a system-wide approach to public safety



- We work collaboratively with partners including - Department of Health, employers, managers, unions, educators, other regulatory bodies, representatives of patients and service users, and of course our registrants.
- We are one part of a wider environment that is focused on ensuring the safety of patients.

Scope criteria

Prior to making a decision to refer a person for a medical radiological or other imaging procedures, the registered nurse with authority to refer must be satisfied that they are working within their scope of practice. They must:

- ✓Ensure you have successfully completed an NMBI approved education programme,
- ✓Ensure you are entered on the HSE National Database for Nurse and Midwife Referrers,
- ✓Comply with national legislation, professional regulation for medical radiological and other imaging procedures,
- ✓Refer to the Scope of Practice and remain within the parameters of the local health service providers policies, procedures, protocols and/or guidelines for referral of persons for medical radiological and other imaging procedures,
- ✓Engage in clinical audit of your referral practice,
- ✓Participate in the evaluation of nurse referral practice,
- ✓Undertake continuing professional development including radiation protection

CPD

- Nurse referrers must undertake continuing education and training after qualification including the relevant radiation protection requirements.
- Documented evidence of this continuing professional development must be maintained for a period of five years by the nurse referrer and the health service provider and be available for inspection by the regulator
- The current legislation (SI 256) requires appropriate continuing education and training after qualification including relevant radiation protection requirements.



The scope of referral for medical radiological procedures is determined by:

**Step 1:
European
and National
legislation**

**Step 2:
Professional
regulations**

**Step 3:
Education,
information
and training**

**Step 4:
Individual
levels of
competence**

Thank
You!

www.nmbi.ie

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