

Hospital Name and Logo
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### Local Governance Checklist for Referrers

#### Operational Check to be made to a Nominated Practitioner<sup>i</sup>

A local list of Referrers<sup>ii</sup> which are checked as entitled to Refer for Medical Radiological Procedures must be established, maintained and made available to staff. This list will be accessible to practitioners to enable them to cross reference names of referrers on the modality worklist before accepting a referral for a medical radiological procedure.

**Name:**

**Grade:**

**Specialty:**

**Department:**

**NMBI/MCRN/CORU:**

**Work Email Address:**

Please complete for each Referrer of Medical Radiological Procedures		
Has the Referrer completed an approved educational programme?	Yes or No (mark Yes 'v' or No 'X')	Comment
Which Higher Education Institute/College/or university?		
Date of Completion:		
Registration with/on:	HSE National Database of Nurse/Midwife Referrers of Radiological Procedures <input type="checkbox"/>  Medical Practitioner Registration <input type="checkbox"/>	
Has the Referrer an agreed scope of practice?	Yes or No (mark Yes 'v' or No 'X')  <b>Tick</b> I. X-ray <input type="checkbox"/> II. Ultrasound <input type="checkbox"/> III. CT Scans <input type="checkbox"/> IV. MRI <input type="checkbox"/>	

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	V. DXA <input type="checkbox"/> VI. Mammogram <input type="checkbox"/> VII. Others(List) _____ _____	
<b>Are there local PPPGs to support the Referrers Practice?</b>	<b>Yes or No (mark Yes 'v' or No 'X')</b>	
<b>Consultant/GP Lead for the Referrers Specialty</b>		
<b>Has the Referrer applicant evidence of participating in Continual Professional Development?</b>	<b>Yes or No (mark Yes 'v' or No 'X')</b>  <u>Certificate of Attendance</u> <u>i.e.</u> <ul style="list-style-type: none"> <li><input type="radio"/> HSELand for N/M_Referrers of Radiological Procedures</li> <li><input type="radio"/> Seminars</li> <li><input type="radio"/> Study Days</li> <li><input type="radio"/> Local Training</li> </ul>	
<b>The Referrer has Access to:</b>	<b>Yes or No (mark Yes 'v' or No 'X')</b> <ul style="list-style-type: none"> <li><input type="radio"/> Access to iRefer Guidelines or equivalent clinical decision support tools</li> <li><input type="radio"/> A copy of the local reporting procedure for the reporting of radiation incidents and near misses,</li> <li><input type="radio"/> A copy of the local pregnancy policy for the protection of the unborn child arising from ionising radiation received during medical diagnostic or therapeutic procedures.</li> </ul>	
<b>The Referrer has received appropriate training on the Electronic Requesting System:</b>	<b>Yes or No (mark Yes 'v' or No 'X')</b>  Note this may facilitate iRefer access, clinical audit assistance and help ensure correct information is provided to the Practitioner.	

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<b>The Referrer is documented herein as entitled to refer locally for medical radiological procedures under S.I. 256:</b>	<b>Yes or No (mark Yes 'v' or No 'X')</b>  The Referrers name and registration number/NMBI pin (as appropriate) has been added to the ' <i>Local Entitled Referrer List</i> '	
<b>Regular clinical audits of previous examinations are undertaken by the Referrer and the results have been received:</b>	<b>Yes or No (mark Yes 'v' or No 'X')</b>  Date: Date: Date: Date: Date: Date:	
<b>The '<i>Local Entitled Referrer List</i>' is available at the modality workstation and includes this Referrers name and details:</b>	<b>Yes or No (mark Yes 'v' or No 'X')</b>	

**Signed:** \_\_\_\_\_  
**Nominated Practitioner**

**Date:** \_\_\_\_\_

<sup>i</sup> **Nominated Practitioner** *Lead Radiologist, Radiation Safety Officer or Radiology Services Manager*

<sup>ii</sup> *Referrer includes or can be applied to all referrers in the organisation or region*