Audit for Radiological Examinations requested by named Nurses, Paramedics, Pharmacists, Physiotherapists and Podiatrists employed by General Practice or PCNs within the BNSSG area.

**Please refer to the Protocol for requesting Radiological Examinations by named Nurse, Paramedics, Pharmacists, Physiotherapists and Podiatrists employed by General Practice (GP) or PCNs within the Bristol North Somerset and South Gloucestershire (BNSSG) area.**

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 on an annual basis with your clinical supervisor.

Once completed, please inform the Avon LMC so they can update their records. 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.

|  |  |
| --- | --- |
| **Date:** |  |
| **Practitioner name:** |  |
| **Job role:** |  |
| **IR(ME)R number:** |  |
| **Educational Supervisor name:** |  |
| **Educational Supervisor role:** |  |
| **Practice name:** |  |
| **IR(ME)R update completed:** |  |
| **Number of X-Ray requests for this audit year:** |  |

***To ensure the protocol is fit for purpose please answer the following question:***

**What changes would you make to the protocol that would improve the service to patients and be within your scope of practice?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient number** | **Complete patient details?****(yes/no)** | **Complete referrer details?****(yes/no)** | **Examination requested** | **Was this an appropriate image?****(yes/no)** | **Did it have appropriate clinical details i.e did it meet the protocol requirements****(yes/no)** | **Has there been any duplication of imaging requests?****(yes/no)** | **How has this request impacted on patient management?** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |