
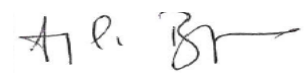

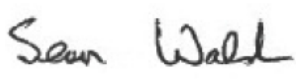




TERMS OF REFERENCE FOR THE OLC HC LOCAL IMPLEMENTATION GROUP FOR NURSE PRESCRIBING IONISING RADIATION <sup>1</sup>	
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<sup>1</sup> <https://www.hse.ie/eng/about/Who/ONMSD/Practicedevelopment/xrayprescribing/guidingframeworkx-rayprescribing.pdf>

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## 1.0 Introduction

The policy for nurse prescribing ionising radiation must be developed within the legislative and regulatory framework and any conditions determined by the health service provider. It should be stated that this policy must be read in conjunction with the legislation, regulation, rules and the NMBI guidance documents detailed below.

### 1.1 Legislation and professional regulation

Irish law was amended in 2007 to allow the opportunity for nurses to expand their scope of practice to include authority to prescribe medical ionising radiation. The statutory instrument (SI) No. 303 of 2007 amended SI no. 478 of 2002 European communities' regulations 2002. The S.I. incorporated an amendment to the previous definition of prescriber to include nurses as prescribers of ionising radiation. This regulation states that a *'a person whose name is entered on the register of nurses as maintained by NMBI established by the Nurses Act 1985, 2011, and who meet the standards and requirements set down by NMBI from time to time to allow them to refer individuals for medical exposure to a practitioner'*.

### 1.2 Professional regulation (Nursing)

An Bord Altranais was the statutory regulatory body for Nurses and Midwives in Ireland. Following consultation with the Faculty of Radiologists, ABA published the Requirements and Standards for Nurse Education Programmes for Authority to prescribe Ionising Radiation (ABA, 2008)<sup>2</sup>. The requirements and standards document outlines


## 1.0 Purpose / Remit

To discuss the Nurse prescribing Ionising Radiation in OLCHC with senior management, nursing and medical colleagues

## 2.0 Objectives

- 2.1 Identify clinical areas where the introduction of nursing prescribing Ionising Radiation will suit service need.
- 2.2 Create and implement policies, guidelines, and algorithms to support the practice in clinical areas.
- 2.3 Develop clinical competency assessment documents to support the practitioner through the process
- 2.4 Participate in the establishment of a national databases for nurse prescribing Ionising radiation.
- 2.5 Evaluate the impact of the change in practice on the service side, the radiology side
- 2.6 Evaluate the impact of the change in practice on the patient journey.
- 2.7 Ensure risk management processes are in place and robust
- 2.8 Review and unexpected incidents or events

<sup>2</sup> [https://www.ucd.ie/t4cms/requirements\\_and\\_standards\\_-\\_authority\\_to\\_prescribe\\_ionising\\_radiation\\_\(xray\).pdf](https://www.ucd.ie/t4cms/requirements_and_standards_-_authority_to_prescribe_ionising_radiation_(xray).pdf)

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2.9 Ensure audit processes are in place and feedback to individuals to facilitate learning

### 3.0 Report to the hospital radiation safety committee

### 4.0 Accountability / Reporting

- The Committee is accountable to Hospital Clinical Governance Committee
- The Committee reports as required by the Hospital Clinical Governance Committee
- The Committee will report quarterly to the Chief Executive or as required.
- Risks will be managed through the organisation risk management framework and serious risks escalated


### 5.0 Committee Membership

Title	Name
<b>Standing Committee Members</b>	
<b>Chair</b>	Dr. Angela Murphy, Consultant Radiologist
<b>Members</b>	<ul style="list-style-type: none"> <li>• Dr. Sean Walsh, Medical Director</li> <li>• Helen Shortt, Chief Executive Officer</li> <li>• Rachel Kenna, Director of Nursing</li> <li>• Dr Roisin Hayes, Consultant Radiologist</li> <li>• Dara Murphy, Principal Physicist Radiology</li> <li>• Clare Brenner, Consultant Radiologist</li> <li>• Liz Masterson, Radiographic Services Manager</li> <li>• Fionnuala O' Neill, Assistant Director of Nursing, Prescribing Site co-ordinator</li> </ul>
<b>Co-opted members</b>	Other individuals will be invited to sit on the committee as co-opted members for specific projects to which they can make a particular contribution.

- Number: details above

### 6.0 Committee Membership Terms

- The Co-Chairs are appointed through nomination by the Director of Nursing.
- Members are expected to attend all meetings or if not available to send representation.
- If a committee member is unable to attend meetings they will be requested to source alternate representation to sit on the committee
- A quorum for this meeting is 50% of the group plus one

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## **7.0 Committee Membership Training**

- Members will be advised of their roles and responsibilities during their first attendance at the committee.

## **8.0 Committee Meetings**

- Frequency: Monthly (or as required)
- Day / Time:
- Duration: One hour
- Notification: Members will be notified one week in advance of the meeting and any relevant documentation for review will be submitted to the member at this time.
- Timeframe: Set out at the beginning of the year and next meeting confirmed at the end of each meeting
- Apologies in advance to the chair / secretary

## **9.0 Responsibilities of the Co-Chairperson(s)**


- Accountable for all aspects of the committee's work and its success
- Provides leadership and direction in meeting objectives
- Ensures any follow-up from meetings is acted upon
- Ensures a formal, periodic review of the committee functions and a process for improvement / renewal
- Risks will be managed through the organisational risk management framework and serious risks escalated
- Reports into the Hospital Governance Committee structure

## **10.0 Responsibilities of the Secretary / Admin**

- Sends out the agenda the week prior to the next meeting
- Records and disseminates the minutes and any associated papers to the committee members prior to the next meeting
- Plans meeting dates and books venues
- Ensures attendance list completion

## **11.0 Responsibilities of Committee Members**

- Actively participate in the work of the committee, including decision making
- Provide feedback and /or review of documentation within the requested timeframes
- Respect the confidentiality of committee business where this requirement is conferred by the Chairperson
- Consider any conflict of interest regarding committee business

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- Co-opt /seek expert advice on an as needs basis at the direction of the Chairperson
- Demonstrate a good attendance and submit an apology for non-attendance in advance of any meeting, or, if appropriate, send a suitable individual to deputise for the member

## 12.0 Linkage with other Committees

As required

## 13.0 Review of Terms & Membership

- An annual self-audit that contributes to the review of the ToR
- Self-audit results provided to the Hospital Clinical Governance
- A formal, periodic review of the committee functions and a process for improvement / renewal
- Review of membership – relevant to the purpose, attendance

## 15.0 References

An Bord Altranais (2008) Requirement and Standards for Nurse Education Programmes for Authority to Prescribe Ionising Radiation (X-Ray). An Bord Altranais, Dublin.

Nursing and midwifery Board of Ireland (2015) Scope of Practice accessed July 2016  
<http://www.nmbi.ie/nmbi/media/NMBI/Publications/Scope-of-Nursing-Midwifery-Practice-Framework.pdf?ext=.pdf>

Nursing and Midwifery Code of Professional Conduct and Ethics (2014)

Health Protection Agency (2009) retrieved from  
<http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1153846673585?p=1153846673585> on April 8, 2009

An Bord Altranais (2007), Requirements and Standards for Post-Registration Nursing and Midwifery Education Programmes – incorporating the National Framework of Qualifications 1st Edn., Dublin

European Commission (2000), Radiation Protection 116. Guidelines in Education and Training in Radiation


Protection for Medical Exposures. Directorate-General Environment, European Commission, Luxembourg.

European Commission (2000), Radiation Protection 118. Referral Guidelines for Imaging. Directorate-General for the Environment, European Commission, Luxembourg.

European Commission (2007), Radiation Protection 118 Update Mars 2008. Referral Guidelines for Imaging. Guidelines for Healthcare Professionals who prescribe Imaging Investigations involving Ionising Radiation. Directorate-General for Energy and Transport, European Commission, Luxembourg.

Government of Ireland (2002), Statutory Instrument No. 478 of 2002. European Communities (Medical Ionising Radiation Protection) Regulations 2002. The Stationery Office, Dublin.

Government of Ireland (2007), Statutory Instrument No. 303 of 2007 European Communities (Medical Ionising Radiation Protection) (Amendment) Regulations 2007. The Stationery Office, Dublin.

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## Appendix 1

### LIG RNP Ionising Radiation Self-Audit Tool

**Date of Audit:** \_\_\_\_\_ **Audit Completed by:** \_\_\_\_\_

A selected member of the committee to complete the self audit for a period of 12 months. Tick the relevant Yes, No, NA box – I answer for each question. **NA = Not Applicable** - Do not record an answer in any NA boxes that are shaded. To score the self audit, the answer **YES = 1**, the answer **No = 0**, the answer **NA = 0** and the total number of criteria then equals 12. The score equals the number of yes answers divided by the number of criteria (9 or 10) x 100%

Audit #	Criteria	Yes	No	NA	Comment
1	Has a review of the committee membership and Terms of reference been carried out in the previous 12 month period?				
2	Is the purpose / remit clearly articulated?				
3	Are the objectives specific?				
4	Have the number of meetings been held as described?				
5	Do the meeting minutes confirm the defined quorum for each meeting?				
6	Do the meeting minutes confirm the required attendance of committee members over a twelve month period?				
7	Do the meeting minutes confirm that all follow – up actions are acted on?				
8	Do the meeting minutes reflect the purpose and goals of the committee?				
9	Have any items of risk that have not been able to be managed through the organisation risk management processes been escalated to the Hospital Clinical Governance Committee? (If the meeting minutes do not identify matters of risk record a tick in the NA box)				
10	Does accountability / reporting match the Terms of Reference?				
Individual Score					Total Score %

**Quality Improvement** \_\_\_\_\_

**Sign off by Chairperson** \_\_\_\_\_ **Date** \_\_\_\_\_



## **LIG Agenda**

**Date & Time:**

**Venue:**

### **AGENDA**

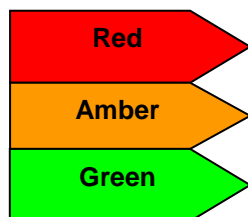
1. Apologies
2. Minutes of previous meeting
3. Matters arising
  - a)
  - b)
  - c)
- 4.
- 5.
- 6.
- 7.
- 8.
9. Any Other Business



## Priorities and Objectives for 2015

Objective	Actions	Timeframe	Responsibility	RAG
Create TOR and form committee				
Identify tasks for transfer		Q1 2015		
1. Develop a plan for OLCCH to pursue education and training				
Consider how the application				

### RAG Status



To succeed action must be taken immediately.

The project is on line to proceed following recommended actions.

The project has succeeded.

## Minutes of Research Committee Meeting

**Date & Time:**

**Attendees:**

**Apologies:**

No	Item	Action	Responsibility	Status