

Appendix 9: Assessment criteria/record

Evidence of competency Plain Film Reporting: Adult Chest and Abdomen/ Musculoskeletal (delete as appropriate)

Name of Radiographer: _____

Date of PgC Image Reporting (Musculoskeletal or Adult Chest & Abdomen):

Consultant Assessor: _____

Date: _____

Evidence for extension of practice in Plain Film Reporting – (Paediatrics/ Spine/Rheumatology please state below)

This confirms that _____ has completed their additional training/ Preceptorship and is now authorised to undertake Plain Film Reporting of _____

Consultant Radiologist _____ Date _____

Consultant Radiographer _____ Date _____

I declare that I have studied the protocol for the performance of Plain Film reporting and understand the system of work I will practice in my extended role.

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