## Example Competencies for Entitlement as a Duty Holder under IR(ME)R at *name of dental practice*

|  |  |
| --- | --- |
| Name of Duty Holder | Job Title |
| Qualification(s) and date obtained |  |
|  |  |
| Registration Number | Date last checked |

|  |  |
| --- | --- |
| Referrer tasks at *name of dental practice* | **Assigned as competent**  Date & signature/initials of duty holder and assessor |
| Refer for all dental exposures (excluding CBCT) |  |
| Refer for intra-oral exposures |  |
| Refer for Pan/Lat Ceph exposures |  |
| Refer for Cone Beam CT dental exposures |  |

|  |  |
| --- | --- |
| Practitioner tasks at *name of dental practice* | **Assigned as competent**  Date & signature/initials of duty holder and assessor |
| Competent to justify requests for all dental exposures |  |
| Competent to justify requests for intra-oral exposures |  |
| Competent to justify requests for Pan/Lat Ceph exposures |  |
| Competent to justify requests for Cone Beam CT dental exposures |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Operator tasks at *name of dental practice* | | **In training** | **Assigned as competent** | |
| Date & signature/initials of duty holder and assessor | Date & signature/initials of duty holder and assessor | |
| Competent to carry out patient identification | |  |  | |
| Competent to authorise all dental exposures for which guidelines have been provided by a practitioner | |  |  | |
| Competent to undertake all dental exposures | |  |  | |
| Competent to undertake intra-oral exposures | |  |  | |
| Competent to undertake Pan/Lat Ceph exposures | |  |  | |
| Competent to undertake Cone Beam CT exposures | |  |  | |
| Competent to process digital images | |  |  | |
| Competent to process dental films | |  |  | |
| Competent to change chemicals in a dental processor | |  |  | |
| Competent to clinically evaluate all dental exposures undertaken at practice | |  |  | |
| Competent to clinically evaluate all dental exposures undertaken outwith the practice | |  |  | |
| Competent to clinically evaluate Cone Beam CT dental exposures | |  |  | |
| Competent to carry out quality assurance on equipment | |  |  | |
|  | |  |  | |
| Entitled by | | | Date |
| Name of Entitler | | |  |
| Signature of Duty Holder (DH) | | | Date |
| IR(ME)R Procedures read by DH | | | Date |