ACPSEM
Australasian College of Physical Scientists & Engineers in Medicine

# DIMP ACCREDITATION APPLICATION CHECKLIST

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|---|---|---|
| DEPARTMENT / NETWORK NAME | | |
| CHIEF MEDICAL PHYSICIST | | |
| TYPE OF APPLICATION | INITIAL: ☐ | RENEWAL: ☐ |

*Please complete this checklist to confirm you are providing the necessary information for assessment of your department/network for ongoing ACPSEM TEAP accreditation.*

| | EVIDENCE | DETAILS | COMPLETE |
|---|---|---|---|
| 1 | Department Accreditation Spreadsheet | This spreadsheet provides details of physics staffing and equipment used in the department. It must also contain the equivalent information for each network partner. | YES ☐<br>N/A ☐ |
| 2 | Letters of support from Chief Medical Physicist / Department Head / Director of Radiology (or Nuclear Medicine) | These letters should demonstrate the support of the Department Head and other senior staff for registrar training, including adhering to the required ratio (by speciality) of ACPSEM approved clinical supervisors: registrars. | YES ☐<br>N/A ☐ |
| 3 | Letter of support from Research Project Supervisor (where appropriate) | This letter should demonstrate the support of either a hospital thesis supervisor or a research project supervisor with the ability to undertake a research project leading to submission of a report, abstract or publication. | YES ☐<br>N/A ☐ |
| 4 | Letter confirming appropriate facilities | This letter should demonstrate that appropriate physical facilities for registrars, including access to libraries, computing facilities, meeting rooms and audio-visual equipment will be provided. | YES ☐<br>N/A ☐ |
| 5 | Letter confirming clincical experience | This letter should demonstrate that registrars are able to gain appropriate clinical experience in all competencies and requirements as listed in the DIMP curriculum. | YES ☐<br>N/A ☐ |
| 6 | Letter / MoU confirming collaborative arrangements for clinical experience (where appropriate) | This letter should document any collaboration (e.g., MoU) with other departments (and potentially other facilities) to arrange clinical experience for the registrar with techniques that are not available in the home department. | YES ☐<br>N/A ☐ |
| 7 | Letter confirming Departmental support for conference attendance | This letter should confirm Departmental support of registrar attendance at workshops, conferences, courses, training days and other TEAP-related learning opportunities. | YES ☐<br>N/A ☐ |
| 8 | Current Training Plan | The training plan must demonstrate the ability to deliver training in support of the relevant curriculum. For new sites this includes evidence that department has in place a competency validation framework for all staff, including registrars. | YES ☐<br>N/A ☐ |
| 9 | Evidence of QA processes | Evidence must be provided of clinical quality assurance processes being used in the department, via discipline-specific best practice guidelines or other means. | YES ☐<br>N/A ☐ |
| 10 | Clinical staffing plan | The clinical staffing plan must demonstrate the capacity to support registrar training workload. New sites must demonstrate that the increased workload of training registrars, in addition to clinical duties, has been considered. | YES ☐<br>N/A ☐ |
| 11 | Arrangements for protected TEAP time for registrars and supervisors | This should be a statement on how you will achieve protected training time for both registrars and supervisors. | YES ☐<br>N/A ☐ |