Certification Procedure

1. Purpose

This Procedure implements the Australasian College of Physical Scientists & Engineers in Medicine (ACPSEM)'s Certification Policy

and outlines the roles, responsibilities, and processes for developing, maintaining, and implementing ACPSEM's certification programs.

2. Application

This Procedure applies to ACPSEM registrars, experienced professionals, staff, and volunteers (including Board, Committee, and Panel members).

3. Context

This Procedure applies to the ACPSEM's Training, Education, and Assessment Program (TEAP) in:

- Radiation Oncology Medical Physics (ROMP);
- Diagnostic Imaging Medical Physics (DIMP), specialising in Nuclear Medicine Physics or Radiology Medical Physics or both; and
- Radiopharmaceutical Science (RPS).

4. Definitions

Certification: recognition that a registrar has satisfactorily completed a Training, Education, and Assessment Program in one of the three disciplines offered by ACPSEM.

Clinical Training Guide (CTG): curriculum documents which outline the competencies deemed essential for the purpose of professional Certification or Registration (one for each discipline, i.e. ROMP, DIMP, and RPS).

COMET: ACPSEM's e-learning system.

Registrar: trainee or person registered in the Training, Education and Assessment Program administered by ACPSEM.

Registration: entry to the Register of Qualified Medical Physics Specialists and Radiopharmaceutical Scientists, the official record kept by ACPSEM to identify specialists in Medical Physics and Radiopharmaceutical Science who have demonstrated, and are demonstrating, current competency to practise.

5. Key Roles and Responsibilities

5.1. Key Roles

The Professional Standards Board (PSB) is accountable for providing that certification programs have a common framework, including:

- that professional standards are set and maintained;
- that certification programs are of a satisfactory standard;
- approving certification and training programs (including their documentation);

- ensuring the certification of individuals as Medical Physics or Radiopharmaceutical Science Specialists, upon the recommendation of staff, in accordance with the rules of the relevant Certification Panel and the requirements set by the PSB (subject to cyclical review);
- appointing members of the certification panels.

The Certification Panels are responsible for:

- establishing the competency based standards required for demonstrating competence;
- assessing and examining TEAP registrars seeking certification in accordance with the *ACPSEM Assessment and Examination Policy [Reserved for Assessment and Examination Policy]*
- providing advice to the PSB.

The Specialty Groups are responsible for:

- making recommendations to the Certification Panels on entry standards, training programs, accreditation and certification processes and professional competence; and
- providing leadership in the organisation of learning, promotion and implementation of the specialty.

The CEO is responsible for the management of the certification process (delegated to TEAP Coordinators) and administrative support for the maintenance and implementation of the certification programs, including coordinating assessments and communicating requirements to registrars.

6. Certification

Upon completion of the TEAP by a registrar by the relevant Certification Panel, the CEO will notify the PSB of the eligibility of the registrar to be granted certification in the relevant discipline.

This notification will not take place until training records have been reviewed by the TEAP coordinator and education services staff confirm that there are no outstanding fees, ongoing investigation or disciplinary action related to the registrar preventing the authorisation of the certification.

Appendix A outlines the steps (by discipline) for the review of training records prior to recommending certification.

The confirmation of the PSB will be followed by the issue of certification and registration certificates in accordance with (the CEO's) administrative procedures. The certification date will be that on which all certification requirements were met (not the date of confirmation by the PSB).

Should there be outstanding fees, ongoing investigation or disciplinary action related to the registrar which prevents authorisation of the certification the CEO will advise the PSB Chair and continue to update as required.

Upon award of the certification, the CEO will ensure that the registrar is entered onto the Register of QMPS. For more information on ACPSEM registration, refer to the *Registration Requirements Policy*

7. References

7.1. Related Documentation

- Certification Policy
- Program Admission Policy
- Program Admission Procedure

- TEAP Program Enrolment Policy
- TEAP Program Enrolment Procedure
- TEAP Progression and Completion Policy
- Program Progression and Completion Policy
- TEAP Progression and Completion Policy
- Grievance Handling and Appeal Policy
- Registration Requirements Policy

Authorised by	Professional Standards Board
Authorised on	14th October 2019
Effective date	14th October 2019
Review date	[3 years from authorisation date]
Responsible officer	PSB Chair and CEO
Enquiries	[contact details of responsible officer]
Version	1.3
Policy code	[code to be determined]

Document History

Version	Date	Author	Reason
1.0	22/03/2019	Alan Bowen-James	First draft
1.1	10/05/2019	CEO	Review of Consultant
1.2	23/05/2019	Alan Bowen-James	Addition of App A
1.3	14/10/2019	PSB	Approved

Appendix A - Review of training records for the purpose of certification

	Radiation Oncology Medical Physics	Diagnostic Imaging Medical Physics	Radiopharmaceutical Science
Overall requirement	Registrars are required to keep records of their training activities to provide evidence of attainment of competency levels.		
Format for maintaining evidence	(Old System) A training portfolio is developed by the registrar during the TEAP training period to assess progress and the quality of work achieved during the training. (New System – from March 2019) Registrars must submit three progressive reports to the ACPSEM e-learning system during the course of their training. The reports must be completed during the period of TEAP enrolment and must be completed sequentially.	A portfolio must be maintained which documents the progressive work done by the registrar in obtaining each of the competencies specified in the DIMP Clinical Training Guide.	An evidence portfolio must be maintained by the registrar in accordance with the RPS CTG.
Acceptable evidence for the assessment of competencies	(Old System) The 'Submission of Best Work' is a selection taken from the training portfolio which the registrar has chosen as their best evidence of high quality work. The reports submitted should not cover similar areas across the modules but rather should be	The primary evidence of training is a copy of the supervisor's progress/assessment sheet for each module undertaken. Additional evidence for competency specific modules can be requested by the supervisor or simply included by the registrar. Examples of such evidence might include; department reports, QA assessment	The RPS Curriculum details the type of evidence that is considered appropriate for the assessment of each competency. The types of evidence are recommendations, and scope exists for negotiating alternatives with your Supervisor and the Clinical Training Co-coordinator if you are a Registrar in the Training, Education and Assessment

	chosen to represent separate aspects of ROMP expertise achieved by the registrar. (New System – from March 2019) There are many types of evidence that are acceptable. There are some suggested types of evidence listed for each learning outcome in the CTG. These are intended to provide guidance to registrars and supervisors, not as mandatory requirements. The supervisor may suggest that the registrar presents their training evidence in a format not listed in the CTG. For example, an oral presentation to the department, a graph, a table, a flowchart or an annotated diagram summarising results might be appropriate for some learning activities. Using a variety of forms of training evidence is encouraged. Supervisors and registrars should agree on what evidence is required for each learning outcome as part of developing the training plan for each competency.	documents, procedures, etc., and may be stored in the registrar's portfolio using the DIMP TEAP Tool. As a general rule, higher-quality evidence is required at the higher levels of competency.	Program (TEAP). By developing a portfolio of evidence that demonstrates achievement of the required competencies, the candidate can apply to ACPSEM for certification.
Recording training activities	The training portfolio or three progressive reports must be uploaded to COMET.	The portfolio must be uploaded to COMET.	Recording progress will be done electronically using the ACPSEM's e-learning software (preferred).

Making evidence available for review and inspection	Registrars are required to produce records of training activities on request at their Annual Progress Review. Records will be used for assessing competency by the supervisor and by the assessor for audit purposes.	Registrars are required to make records available for their Annual Progress Review. Prior to each review, registrars should ensure that their portfolio is up to date.	It is recommended registrars maintain records of training evidence and be able to provide them on request at their Annual Performance Review.
Review and assessment of evidence of training by supervisor or assessor	Each report will be assessed according to an assessment rubric. The first two reports will be marked online by a progressive review assessor and structured feedback provided to registrars and supervisors. The third report will be assessed via an oral interview conducted by video conference. The purpose of the interview is primarily to ensure that the work is the registrar's own and that he/she understands its significance. Registrars are expected to be very familiar with the content of their work, able to explain data in detail and discuss limitations. Verbal scientific communication skills will also be assessed.	An appointed external assessor will assess the registrar's portfolio development during an arranged interview / discussion process in conjunction with the clinical supervisor(s) and the registrar.	Assessment tasks are described by the types of evidence considered reflective of the competency level. When an item of evidence is complete, it can be submitted for assessment and feedback. The evidence will be evaluated by the appointed assessor, and if it fulfils the requirements, which are described in the CTG and further detailed in the assessment rubric, located in the resources associated with the Competency, the Competency will be identified as 'complete'.

	The first report should be submitted 9 months after the registrar commences clinical training. The second report should be submitted midway through the clinical training program. The third report should be submitted four months prior to final assessment.		
Final review of training records by TEAP Coordinator	The submission must be uploaded to Comet and then approved by ROCP Examiners before the candidate can apply for final examinations. The TEAP Coordinator will coordinate the approval process with designated examiners. Candidates should upload their work at least six weeks before they expect to submit their final exam application and are encouraged to submit well before that to avoid any delays should the works require revision.	A registrar can apply for the oral examination for his/her chosen specialty upon upload of a completed portfolio to COMET for review by the TEAP Coordinator.	-
Notification of eligibility for certification	Upon confirmation that training records meet the requirements of the TEAP by the relevant Coordinator (and that all other conditions are fulfilled), the CEO will notify the PSB that the registrar is eligible for certification.		
Administrative records	The ACPSEM will keep a record of any evidence of training and attainment of competency relied upon in awarding certification to a registrar.		