Application form for Accreditation of A Clinical Department for the Diagnostic imaging Medical Physics Training Education and Assessment Program

# Contact details

Name of department/network: Click here to enter text.

Contact details of chief physicist:

 Click here to enter text.

Contact details of liaison person for this application, if different from the chief:

 Click here to enter text.

# ACCREDITATION SPECIALTIES

Select DIMP Specialty or specialties for which you are seeking accreditation: Selection required

# Evidence of Commitment to TEAP

☐ Attach a letter of support for TEAP from the department director

Summary of role of clinical supervisors in registrar training:

Click here to enter text.

Summary of role of other DIMPs in registrar training:

Click here to enter text.

Summary of role of clinical coordinator / clinical preceptor in department:

Click here to enter text.

☐ If applicable, attach a statement from the coordinator/preceptor with his/her recommendations for the ongoing implementation of TEAP in the department.

**Describe the nature and frequency of meetings between registrars, clinical supervisors, trainers, coordinators and preceptors**:

Click here to enter text.

Summary of role of non-DIMP staff (eg. Radiologists and Radiographers) in registrar training:

Click here to enter text.

[ ]  Attach copies of letters of support from managers of non-DIMP staff for their role in registrar training (eg. Director of Radiology and Chief Radiographer)

**Details of arrangements with other departments to provide training (if applicable):**

*Note: departments seeking accreditation to train DIMPs in a single specialty are still likely to require a formal arrangement with another department to assist in providing the training to meet some of the core competencies, which cover DR and NM. Refer to the DIMP Clinical Training Guide.*

Click here to enter text.

☐ Attach a copy of **Memorandum of Understanding** between the chiefs of departments to provide the training outlined above

Click here to enter text.

**Details of arrangements to ensure adequate research support to enable registrars to meet the publication requirement**

Click here to enter text.

☐ Attach a copy of the registrars’ job description

**Summary of registrars’ role in contributing to the clinical work of the department, including whether they are in supernumerary or permanent positions:**

Click here to enter text.

Arrangements for protected TEAP time for registrars:

Click here to enter text.

☐ Attach a copy of the departmental training plan

*Note: reference to the DIMP Clinical Training Guide (CTG) is required to prepare this.* *The plan should outline how the competencies in the CTG modules and the other assessment elements will be met, i.e. which modules can be handled in-house and which require assistance from another department, how will the training be delivered, what is the plan to meet the research publication and presentation requirements.*

# DIAGNOSTIC IMAGING Services

## DIAGNOSTIC IMAGING equipment

**List the major systems available in the department, with brief details of capabilities.**

**PET/CT:** Click here to enter text.

**SPECT/CT:** Click here to enter text.

**Radiographic:** Click here to enter text.

**Fluoroscopic:** Click here to enter text.

**Interventional:** Click here to enter text.

**CT:** Click here to enter text.

**MRI:** Click here to enter text.

**Mammographic:** Click here to enter text.

**Other imaging equipment:** Click here to enter text.

## DIAGNOSTIC IMAGING SERVICES

**List the diagnostic imaging services and radionuclide therapies offered by the department.**

 Click here to enter text.

## physics equipmenT

**List the major physics equipment available in the department, with brief details of its capabilities where appropriate.**

Click here to enter text.

##  Physics work practices

**Summary of physics work practices in department, with particular reference to the role of physicists in the listed areas. Where physicists do not usually play a major role in these areas in the department’s normal work practices, please explain how registrars will achieve the related competencies.**

**Radiology radiation shielding design and assessment:** Click here to enter text.

**Nuclear Medicine radiation shielding design and assessment:** Click here to enter text.

**Radiology dosimetry:** Click here to enter text.

**Nuclear Medicine dosimetry:** Click here to enter text.

**Radiology equipment acceptance/compliance testing:** Click here to enter text.

**Nuclear medicine equipment acceptance/QA:** Click here to enter text.

**Radiation protection in radiology:** Click here to enter text.

**Radiation protection in nuclear medicine:** Click here to enter text.

# Human resources

**Complete the following table for all DIMPs in the department/network, including current registrars and qualified staff from any assisting departments. Copy the table if needed for additional staff.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  |  |  |  |  |  |  |
| **‘Home’ hospital** |  |  |  |  |  |  |  |
| **Job title**  |  |  |  |  |  |  |  |
| **EFT** |  |  |  |  |  |  |  |
| **Educational qualifications** |  |  |  |  |  |  |  |
| **ACPSEM Certification**  |  |  |  |  |  |  |  |
| **Other certifications** |  |  |  |  |  |  |  |
| **ACPSEM Registration (indicate category)** |  |  |  |  |  |  |  |
| **Professional affiliations** |  |  |  |  |  |  |  |
| **Years’ experience as a DIMP (including training period)** |  |  |  |  |  |  |  |
| **Role in TEAP (eg registrar, supervisor, chief, nil)** |  |  |  |  |  |  |  |
| **Phone number** |  |  |  |  |  |  |  |
| **Email address** |  |  |  |  |  |  |  |

# Physical resources

**Provisions for registrars to access text books and journals:** Click here to enter text.

**Provisions for registrar office space:** Click here to enter text.

**Provisions for registrars to access audio-visual facilities, teleconferencing, web-conferencing and video conferencing:** Click here to enter text.

**Provisions for registrars to access laboratories and workshops:** Click here to enter text.

**Number of campuses:** Click here to enter text.

**If more than one campus, describe their locations and arrangements for registrar rotation between campuses:** Click here to enter text.

#  Educational Activities

**Summary of links between the clinical department and universities:** Click here to enter text.

**Is the department situated in a teaching hospital, or in a unit with formal links to a teaching hospital?** Click here to enter text.

**Is the associated Diagnostic Imaging Department accredited by the RANCZR for the purposes of training radiologists/nuclear medicine physicians ? (non mandatory)** Please select

☐ **If yes, please attach a copy of the RANZCR Accreditation Certificate.**

**Summary of departmental educational activities such as journal clubs, tutorials, seminars, multi-disciplinary meetings, grand rounds etc:** Click here to enter text.

**Provisions for attendance by registrars and qualified DIMPs at professional development opportunities such as workshops, seminars, conferences, summer schools and TEAP training days:** Click here to enter text.

Details of departmental contribution to ACPSEM TEAP program (eg as Examiners, Assessors or members of working groups): Click here to enter text.

# Other

**Summary of any other information which will assist the Panel in making a decision:**

Click here to enter text.

# SUbmission Checklist

**The following checklist will be used to assess all accreditation applications. Please ensure you have provided enough information for the accreditation committee to properly assess your application.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **CLINICAL DEPARTMENT CRITERIA CHECKLIST APPLICABLE TO ALL TEAP DISCIPLINES** | **Met**  | **Partially****Met** | **Not****Met** | **Not** **Applicable**  |
| 1 | Departmental Application form is complete |  |  |  |  |
| 2 | Demonstrated 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 in the Department. e.g:For ROMPs and RPS: Radiation Oncologists, radiation therapistsFor DIMPs: Radiologists, radiographers, nuclear medicine physicians and technologists. |  |  |  |  |
| 3 | Where appropriate 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. Demonstrated by way of documentation submitted to ACPSEM |  |  |  |  |
| 4 | Providing appropriate physical facilities for registrars, including access to libraries, computing facilities, meeting rooms and audio-visual equipment. Demonstrated by way of documentation submitted to ACPSEM |  |  |  |  |
| 5 | Managing rosters and staff support to ensure that registrars gain appropriate clinical experience in all competencies and requirements listed in the Clinical Training Guide.Demonstrated by way of documentation submitted to ACPSEM. In some instances, this may require negotiations with several departments. |  |  |  |  |
| 6 | Liaising with other departments (and potentially other facilities) to arrange clinical experience for the registrar with techniques that are not available in the home department.Demonstrated by way of letters of support submitted to ACPSEM |  |  |  |  |
| 7 | Supporting registrar attendance at workshops, conferences, courses, training days and other TEAP-related learning opportunities. Demonstrated by way of documentation submitted to ACPSEM |  |  |  |  |
| 8 | Track record – past registrars and performance to be discussed with the Department and conclusions noted.Partially Met or Not Met should be used for this criterion where track record discussion indicates that improvement goals need to be set, and/or an interim accreditation outcome has been driven by this criterion. |  |  |  |  |
| 9 | Record of current registrars – satisfactory progress (e.g. APRs & points tracking) and performance to be discussed with the Department and conclusions noted. Partially Met orNot Met should be used for this criterion where track record discussion indicates that improvement goals need to be set, and/or an interim accreditation outcome has been driven by this criterion. |  |  |  |  |
| 10 | Current Training Plan (document) demonstrating the ability to deliver training in support of the relevant CTG. For new siteshas in place a competency validation framework for all staff and has devised an adequate competency validation process for a registrar.A TEAP Training Plan document is available to assist with this processthis requirement includes evidence that department already |  |  |  |  |
| 11 | Evidence of clinical quality assurance processes being used in the Department via discipline-specific best practice guidelines or other means (IAEA recommended criterion) |  |  |  |  |
| 12 | Clinical staffing plan that demonstrates capacity to support registrar training workload. For new sites assessment will focus on ensuring that the increased workload of training registrars, in addition to clinical duties, has been considered. |  |  |  |  |

**Note:** Receiving a “partially met” or “not met” assessment will not necessarily preclude a successful accreditation outcome. The accreditation decision will be based on the consideration of all assessments overall. However, the “not met” and “partially met” assessments will be considered in determining quality improvement goals to be reviewed in the next accreditation cycle and in determining the level of accreditation determined (full or otherwise).