

Applicant Guidelines for ACPSEM Registration

Bespoke Registration Pathway

Background

The information in this document provides some additional detail on the processes followed in the assessment of applications for experienced candidates via the Bespoke Registration Pathway. Applications for entry to the ACPSEM Register of Qualified Medical Physics Specialists and Radiopharmaceutical Scientists are governed by the ACPSEM Registration Policy and Registration Procedure. Please note that the Policy takes precedence over any other information.

Submitting an application for registration

Applicants will need to complete and submit the Application Form for Admission to the Register which can be found on the <u>ACPSEM website</u>. The form contains detailed instructions and a comprehensive application checklist outlining all supporting documentation required for each applicant category. There is an additional form (Appendix 1) to complete for outlining experience and evidence to align to the 7 intrinsic roles of the CanMEDs framework, described in detail below.

English Proficiency

A minimum standard of command of the English language is required in order to practice physical or engineering science in medicine in Australia and New Zealand. For those candidates whose degrees/qualifications were not in English, evidence of English language proficiency will be required. Details of the expected standard are set out in the ACPSEM *Application for Admission to the Register of Qualified Medical Physics Specialists and Radiopharmaceutical Science Specialists* application form.

Assessment of applications for registration

As described in the Policy, applications are assessed against demonstration of competence in all seven CanMEDS intrinsic roles (adapted from the <u>CanMEDS framework</u>)

I. The Medical-Scientific Expert in the nominated field of Medical Physics expertise

Medical Physicists integrate application of a scientific approach, clinical knowledge and skills, and professional values in our provision of high-quality and safe patient-centred care. The Medical-Scientific Expert is the central role in the expert domains framework.

II. The Communicator

As Communicators, Medical Physicists form relationships with other health care professionals, patients, their families and that facilitate the gathering and sharing of essential information for effective health care.

III. The Collaborator

As Collaborators, Medical Physicists work effectively with other health care professionals to provide safe, evidence based, high-quality, patient-centred care.

IV. The Leader

Medical Physicists engage with others to contribute to a vision of a high-quality, evidence based, health care system and take responsibility for the delivery of excellent patient care through their activities as scientists, administrators, scholars, or teachers.



V. The Health Advocate

As Health Advocates, Medical Physicists contribute their expertise and influence as they work with communities or patient populations to improve health. Medical Physicists work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilisation of resources to effect change.

VI. The Scholar

As Scholars, Medical Physicists demonstrate a lifelong commitment to excellence in practice through continuous learning, by teaching and supporting others, evaluating evidence, and contributing to scholarship.

VII. The Professional

Medical Physicists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, profession-led regulation, and maintenance of personal health.

The assessment process is completed in 2 stages by an Expert Assessment Panel (EAP) that is appointed based on an applicant's specific nominated field of expertise or specialty area of practice.

Stage 1: Review of a Written Submission.

For the bespoke registration pathway this review considers the evidence supplied for all 7 intrinsic roles of the CanMEDs framework but looks in detail at the Medical-Scientific Expert role and its 5 domains. This ensures weighting to a nominated field of expertise or speciality are of practice. The 5 domains are

i. Scientific knowledge in a medical context
ii. Practical skills in a medical context
iii. Application of relevant theory to novel situations
iv. Scientific judgment and responsibility
v. Provision of high-quality and safe care

The summary of evidence for the application is to be documented in the Bespoke Registration Assessment-Competency for Medical Scientific Expert Domain Form as well as the Registration Application Form.

If the applicant "meets expectations" in at least 4 of the 5 Medical-Scientific Expert domains, and at least 5 of the other 6 intrinsic roles, they are invited to present for Stage 2.



Possible outcomes of the Stage 1 include:

Outcomes	Action
Meets expectations as assessed for Stage 1	Applicant invited to Stage 2.
Applicant invited to re-apply to Stage 1	This outcome indicates that a decision cannot be determined by the EAP as an application is lacking sufficient information/evidence to be suitable to progress to Stage 2. A detailed summary of areas for which evidence is lacking and what is required will be given to the applicant. The timeframe within which this information is required to be received will be specified (normally 2 months) If the applicant is unable to provide suitable and sufficient evidence the application may immediately proceed to refusal, rejection or dismissal.

Stage 2: "Safe to practice" Interview.

This stage further evaluates the submitted evidence regarding an applicant's nominated field of expertise or speciality area of practice but focuses more on the remaining 6 intrinsic roles of the CanMEDs framework. During the interview there is scope for the EAP to ask questions based on the written submission, plus hypothetical questions. This structure and guidance enhances the fairness and defensibility of the process.

• Two weeks prior to the interview the ACPSEM advises the candidate as to which of the three recent items of work from their portfolio they will be asked to present on.

The interview is in 2 parts, part I and part II.

Part I: Presentation and discussion of best works; general portfolio review

Targeted to assesses technical knowledge associated with the work of the applicant as detailed in their submitted portfolio material and includes the requirement for a presentation.

Portfolio piece of work Presentation	The applicant presents portfolio item of work to the assessors	30 minutes: 15 minutes presentation (max); 15 minutes questions)
Portfolio Works Discussion	Assessors will focus on the other two nominated best pieces of work and explore in more detail	30 minutes
General Submitted Evidence Review	Questions on any aspects of the applicant's portfolio; questions may be asked that are relevant to any aspect of the main competency areas required for Registration	30 minutes

Part II: Scenario questions related to clinical work

Two scenario questions relevant to clinical work in the speciality are posed by the EAP and the applicant details how they would approach the situation and what actions they would take to resolve the issue. Applicants will not be provided with the questions in advance. Each question is allocated 30 minutes of discussion time.

The applicant must demonstrate that they meet the expectations of all the intrinsic roles and can practice as a safe and competent professional as assessed by the CanMEDs framework.



Outcomes	Action
Approval	Registration awarded
Refusal (prescribed work)	Applicant invited to re-apply to Stage 2. A detailed summary of areas for which knowledge and skills have been assessed as lacking will be provided. Requirements of work to be performed will be specified. The time frame within which the prescribed work must be completed (maximum period 12 months).
Rejection	Registration not awarded and the applicant will be required to undertake additional guided training under supervision Reason(s) for this the outcome will be provided. Minimum stand down of 12months applies before the applicant can apply again.
Dismissal	The applicant does not meet the requirements for registration

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