

Checklist for submission and assessment of Portfolio of Evidence: Medical Physicists

This guideline is a summary of The National Curriculum for Medical Physicists

ALL requirements have to be met before assessment of Portfolio of Evidence will be considered.

- a) **Submission of documents for the assessment of the Portfolio of Evidence by the intern candidate**
- *A structured Portfolio of Evidence as prescribed in The Policy Regarding the Training of Intern Medical Scientists (Form CMS A)*
 - *A completed checklist shall accompany the request for submission of assessment (applicable to the intern candidate).*
 - *A completed Duty Certificate with official stamp.*
 - *Please indicate proof of evidence by “Y” for yes (available) and “N” for no (not available).*
 - *Indicate the specific page(s) of evidence in the Portfolio of Evidence on the Checklist.*
- b) **Assessment of Portfolio of Evidence by assessors and moderator**
- *Please use the checklist (completed by the intern candidate) in the assessment process to ensure a standardized national quality of performance.*
 - *Please indicate proof of evidence by “Y” for yes (available) and “N” for no (not available).*

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1. DETAILS OF INTERN MEDICAL SCIENTIST

Name and surname of intern:

HPCSA Intern Registration No:

Professional category:

Name of HPCSA accredited training facility:

Supervisor:

HPCSA Registration No:

Professional category:

Registration date:

2. FORM MSC C – INTERN DUTY CERTIFICATE: MEDICAL PHYSICS

COMPLETION OF 2-YEAR INTERNSHIP TRAINING AT AN HPCSA ACCREDITED TRAINING FACILITY

1. OVERALL OUTCOMES <i>At the end of the training program the candidate should have gained knowledge, expertise, skill and a certain degree of experience in the following core competencies:</i>	PERIOD		Signature of <u>Head of Department</u> or official deputy confirming that the internship period had been completed satisfactorily and in an approved diagnostic/clinical setting		
	FROM	TO	PRINTED NAME	SIGNATURE	DATE
1.1 Scientific (including discipline-specific academic knowledge)					
1.2 Clinical (including discipline-specific academic knowledge)					
1.3 Administration, management, accreditation and general Medical Physics services					
1.4 Communication Skills					
1.5 Quality and Safety					
1.6 Information and Communications Technology					
1.7 Applicable knowledge and understanding of medico-legal and ethics					
1.8 Research methodology (principles and application)					
2. LEAVE TAKEN:			Total number of weeks		
2.1 Vacation leave			Total number of weeks		
2.2 Maternity leave			Total number of weeks		
2.3 Sick leave			Total number of weeks		
signature is compulsory and validates internship training					
_____ Name and signature of Head of Training Facility			_____ Official stamp		
Date _____					
No alterations to this document will be accepted					

3. ADMINISTRATIVE REQUIREMENTS (FOR OFFICIAL USE)

Application received by		
Application received on		
MSIN date of registration		
Non-compliant	Return	
COMPLIANT:		
Identity document		
Qualifications		
HPCSA intern certificate		
Fees for assessment		
Form 36 PH		
Form 24 PH		

4. MINIMUM REQUIREMENTS: PORTFOLIO OF EVIDENCE

The Portfolio of Evidence is an evidence-based program and shall contain original evidence properly signed off by trainer and intern candidate. The Portfolio of Evidence shall be structured in a formal, manner as described in this document:

- All pages shall be numbered and reflected in the Contents page
- The portfolio shall contain all the components (as heading) and sub-components (as sub-headings)
- Assessment method shall be indicated and provided for each component.
- Each component shall be indicated by:
 - (i) a front page with the specific heading,
 - (ii) each sub-component shall be indicated by a page with the specific sub-heading, (iii) completed relevant table (as summary) and properly signed off by both candidate and trainer, (iv) evidence of assessment, (v) original signed off evidence.

	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No <i>(if no please provide reasons)</i>
Cover page:		
Full names		
Affiliation		
Period of internship		
Contact details		
Date of submission		
Contents page (numbered)		
Letter from head of training program (including the following):		
Period of internship (dates)		
List of responsibilities of intern		
Rotation roster <i>(including dates, duties, location and supervisor for entire internship period)</i> – Table 1		
Copy of HPCSA-approved training program		
CV of candidate		

5. DISCIPLINE-SPECIFIC COMPETENCIES

5.1 RADIATION THERAPY

	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No <i>(if no please provide reasons)</i>
(i) Dosimetry and Quality Control		
(ii) Treatment Planning		
(iii) Brachytherapy		
(iv) Quality Assurance and Safety		
<i>Proof of assessment (including signature and date from training supervisor)</i>		
<i>Comments by assessor/moderator with reasons for non-compliance</i>		

5.2 DIAGNOSTIC RADIOLOGY

	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No <i>(if no please provide reasons)</i>
(i) Equipment Performance Assessment		
(ii) Patient Dosimetry		
<i>Proof of assessment (including signature and date from training supervisor)</i>		

<i>Comments by assessor/moderator with reasons for non-compliance</i>		
5.3 NUCLEAR MEDICINE		
	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No (if no please provide reasons)
(i) Use of Equipment and Clinical Applications		
(ii) Quality Assurance and Safety		
<i>Proof of assessment (including signature and date from training supervisor)</i>		
<i>Comments by assessor/moderator with reasons for non-compliance</i>		
5.4 RADIATION PROTECTION		
	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No (if no please provide reasons)
(i) Use of Equipment		
(ii) Radiation Control and Legislation		
(iii) Quality Assurance and Safety		
<i>Proof of assessment (including signature and date from training supervisor)</i>		
<i>Comments by assessor/moderator with reasons for non-compliance</i>		

5.5 MAGNETIC RESONANCE IMAGING		
	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No (if no please provide reasons)
(i) Use of Equipment		
(ii) Clinical Applications		
(iii) Quality Assurance and Safety		
<i>Proof of assessment (including signature and date from training supervisor)</i>		
<i>Comments by assessor/moderator with reasons for non-compliance</i>		
5.6 ULTRASOUND		
	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No (if no please provide reasons)
(i) Use of Equipment and Clinical Applications		
(ii) Quality Control and Safety		
<i>Proof of assessment (including signature and date from training supervisor)</i>		
<i>Comments by assessor/moderator with reasons for non-compliance</i>		

5.7 MEDICAL IMAGING		
	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No (if no please provide reasons)
(i) Use of Equipment and Clinical Applications		
(ii) Quality Control and Safety		
<i>Proof of assessment (including signature and date from training supervisor)</i>		
<i>Comments by assessor/moderator with reasons for non-compliance</i>		
5.8 RESEARCH		
	To be completed by intern Yes (include page no.) or No (provide reasons)	Compliance (assessor/moderator) Yes or No (if no please provide reasons)
(i) Approved protocol		
(ii) Ethics application <i>(if applicable)</i>		
(iii) Funding and budgeting <i>(if applicable)</i>		
(iv) Research report		
(v) Presentation		
(vi) Peer-reviewed assessment		
<i>Proof of assessment (including signature and date from training supervisor)</i>		
<i>Comments by assessor/moderator with reasons for non-compliance</i>		

6. Final approval by the supervisor of the Portfolio of Evidence and permission to take the facility-based exit-assessment		
7. Final exit exam by training facility (Head of Training Program)		
8. Final outcome by HPCSA	Approved / Failed / Revised	
9. Registration		

Documentation for all forms of assessment done during the training period needs to be included. It is important to note that proof of skills or competency should be in the form of tests/assignments/case reports or similar. Proof of on-the-bench training only i.e. technical competency is not sufficient. List all components of the training program in tables. These have to be signed and dated by the candidate and verified by internal assessor or supervisor.