



Medical Radiation Technologists Board of Queensland

& Australian Institute of Radiography Queensland Professional Development Year

FINAL REPORT (FORM MRT 701B) SECTION 61, MEDICAL RADIATION TECHNOLOGISTS REGISTRATION ACT 2001

SUPERVISED PRACTICE PROGRAM

NUCLEAR MEDICINE TECHNOLOGY

Registrant's name.....

Registration number

Practice name.....

Practice mailing address

.....

.....

Suburb / City.....

Post code.....

Practice telephone.....

Primary supervisor name.....

Registration number

FOR OFFICE USE ONLY

This probationary registrant is / is not recommended for general registration (please circle)

Signed Date



CLINICAL SKILLS ASSESSMENT

RATINGS SHOULD BE PROVIDED IN AT LEAST SIX (6) OF THE NINE (9) CATEGORIES

1 = SATISFACTORY 2 = PROGRESSING, NEEDS SKILL REINFORCEMENT 3 = UNSATISFACTORY

- Ability to prepare, dispense and administer diagnostic radiopharmaceuticals _____
- Ability to dispense therapeutic and palliative radiopharmaceutical doses _____
- Ability to use aseptic laboratory skills for reconstituting radiopharmaceuticals and labelling
blood products _____
- Ability to perform radionuclide planar imaging, SPECT imaging and ECG – gated imaging
(including studies of the heart, kidneys, lungs, skeleton, thyroid and tumours) _____
- Ability to undertake digital data analysis, processing and storage _____
- Ability in using dose calibrators, probes and radiation survey meters _____
- Ability in performing quality assurance and quality control of gamma cameras,
dose calibrators and other such equipment _____
- Ability in performing quality assurance and quality control of radiopharmaceuticals _____
- Ability in managing patient case loads and associated administrative procedures _____

PROBATIONARY REGISTRANT PARTICIPATION

RATINGS SHOULD BE PROVIDED IN AT LEAST ONE (1) OF THESE CATEGORIES

A = ASSIST WITH O = OBSERVATION ONLY

- Gamma Probe _____
- Positron emission tomography _____
- Clean room procedures in a radiopharmacy _____
- Medical imaging procedures including general radiography, magnetic
resonance imaging and ultrasound _____

PROFESSIONAL ATTRIBUTES ASSESSMENT

1 = SATISFACTORY 2 = PROGRESSING NEEDS IMPROVEMENT 3 = UNSATISFACTORY

- Demonstrates a professional approach to patient care _____
- Communication and interaction with patients and staff _____
- Conforms to professional code of practice _____
- Ability to work independently during a normal working day _____



Participation in Professional Development Activities _____
(eg Professional meetings, in service, CPD activities)

Participation in Research (eg Case Study presentation) _____

PRIMARY SUPERVISOR'S COMMENTS

Signature _____ Date _____

PROBATIONARY REGISTRANT'S COMMENTS

Signature _____ Date _____

Please note that the information supplied on this form is confidential



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SECTION 93, MEDICAL RADIATION TECHNOLOGISTS REGISTRATION ACT 2001

NOTICE OF COMPLETION OF SUPERVISED PRACTICE PROGRAM

Name of probationary registrant:

Registration number:

Profession (eg nuclear medicine technologist):

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Name of practice where the supervised practice program was completed:

.....

I have completed my supervised practice program and request that the probationary conditions be removed from my general registration.

Signed

Date