



# Medical Radiation Technologists Board of Queensland

& Australian Institute of Radiography Queensland Professional Development Year

## PROGRESS REPORT (FORM MRT 601B) SECTION 61, MEDICAL RADIATION TECHNOLOGISTS REGISTRATION ACT 2001

### SUPERVISED PRACTICE PROGRAM

### NUCLEAR MEDICINE TECHNOLOGY

Name of probationary registrant/PDY graduate: .....

Registration number: .....

Name of supervisor or SPP/PDY coordinator:.....

Registration Number:.....

Professional setting or whole of practice: .....

Address: .....

.....

Commencement date of SPP/PDY:.....

Is probationary registrant working at practice part time  yes  no

If yes please attach details of hours worked per week





CLINICAL SKILLS ASSESSMENT

RATINGS SHOULD BE PROVIDED IN AT LEAST 6 OF THE 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 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 \_\_\_\_\_

IF COMPETENCIES/PROCEDURES ARE GAINED THROUGH OFF SITE VISITS NOMINATED IN THE INDIVIDUAL SITE PROGRAM, PLEASE ATTACH A LETTER FROM THE DESIGNATED SUPERVISOR AT THE OFF SITE PRACTICE DETAILING TIME SPENT AND COMPETENCIES ACHIEVED



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 \_\_\_\_\_

Participation in Research \_\_\_\_\_

**PROFESSIONAL DEVELOPMENT**

ANY ONE OF THE ACTIVITIES INVOLVING IN-SERVICE, SEMINARS AND SKILLS DEVELOPMENT ATTENDED

When .....

Where .....

Topic .....

IF INSUFFICIENT SPACE PLEASE ATTACH AS A DOCUMENT

CASE STUDY/ PRESENTATION BY PROBATIONARY REGISTRANT

When .....

Where .....

Topic presented .....

To whom .....

A MINIMUM OF ONE CASE STUDY/ PRESENTATION IS REQUIRED PER YEAR

IF COMPETENCY IS TO BE GAINED IN SECOND HALF OF SUPERVISED PRACTICE PROGRAM PLEASE INDICATE BELOW

.....

.....

THE BOARD MAY AUDIT THE PROFESSIONAL DEVELOPMENT PROGRAM FOR PROBATIONARY REGISTRANT.  
DOCUMENTS VALIDATING PARTICIPATION WILL BE REQUIRED ON REQUEST

PRIMARY SUPERVISOR'S COMMENTS

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Signature \_\_\_\_\_ Date \_\_\_\_\_

PROBATIONARY REGISTRANT'S COMMENTS



.....  
.....  
.....

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that the information supplied on this form is confidential

### SHIFT WORK DECLARATION

- Participation in shift work is at the discretion of the supervisor who signs to indicate that the Probationary Registrant has demonstrated those skills that will be required for shift work
- A shift for the purpose of this declaration is designated as work carried out by the Probationary Registrant between the hours of 6pm and 6am Monday to Friday or at any time on Saturday or Sunday with a reduced ratio as indicated in the Guidelines to Supervised Practice Program [www.mrtboard.qld.gov.au](http://www.mrtboard.qld.gov.au).
- 1 General Registrant eligible to be a supervisor must be available to the Probationary Registrant AT ALL TIMES during these shifts.
- During the 'normal working day' i.e. Monday to Friday 6 am to 6 p.m. the ratio of 2 eligible General Registrants to each Probationary Registrant must be maintained.

I hereby declare that the Probationary Registrant has / has not\* demonstrated adequate ability to begin participating in shift work. (\* delete as applicable)

Signed (Primary Supervisor as indicated on Form 501A) .....

Date .....

- Declaration MUST be signed regardless of practice policy regarding Probationary Registrants' participation in shift work.
- Failure to sign will indicate that the Probationary Registrant has not demonstrated adequate ability.
- If Probationary Registrant has not demonstrated adequate ability at this time, this form can be signed at any time during the remainder of the SPP/PDY with prior notification to the MRTBQ of intent. Apply to Board for additional form.
- Either way, the form must still be returned to the MRTBQ at this time.

PROVIDE ATTACHMENTS OF THE FOLLOWING IF APPLICABLE AT THIS TIME:

1. OFF SITE VISIT VERIFICATION
2. IN-SERVICE ATTENDANCE
3. PART-TIME HOURS WORKED

Probationary Registrant .....

Registration Number .....