***RPA2000* MPE3**

**THE Competence Certification Schemes**

**MEDICAL PHYSICS EXPERT CERTIFICATION SCHEME**

**MPE3: Audit Under Ongoing Recognition Scheme – By Invitation Only**

**Notes:**

* Before completing this form, please read document MPE4: “Instruction and Guidance for Audit under ongoing recognition scheme”.
* **Use BLACK INK** or **TYPE to complete the form.**

**Instructions:**

1. Complete Part 1 of this form ,“Auditee”, ensuring all your details are correct.
2. Complete Tables 4.1, 4.2, 4.3\_and 4.4 of Part 4 of this form with details of the evidence you are providing for Learning Based Activities.
3. Complete Table 5 of Part 5 of this form with details of the evidence you are providing relating to Operational Activities requiring Detailed Understanding.
4. Ensure that you have provided sufficient evidence to support your application to maintain your MPE Certificate of Competence, subject to the following criteria:

* You must demonstrate that you have kept up to date over the past 5 years or since your certification as an MPE, whichever is the shorter,
* At least 25 CPD points must be gained from Learning Based Activities (Category 1), and
* For evidence relating to Operational Activities requiring Detailed Understanding (Category 2) a minimum of one and a maximum of three items of evidence from your CPD record must be submitted for at least two of the four DU areas. Not more than four items of evidence should be submitted in total. If assessors subsequently require further evidence, you will be asked to provide it.

1. We advise that you provide evidence for more than 25 points in Category 1.
2. Contextual / Reflective notes must accompany each item of evidence for both Category 1 and Category 2. These notes should explain to the assessor how the evidence provided contributed to your role and development as an MPE.
3. Read Part 2 of this form “Declaration by Auditee’, complete section c) , and sign and date the declaration.
4. Ask a suitable person to complete and sign Part 3. “Authentication by Referee”. This person would normally be expected to be the person who agrees your scope of practice as an MPE.
5. Send this form and the associated evidence to:

|  |  |
| --- | --- |
| **RPA 2000 Administrative Office**  **DS009, Dartington Hall**  **DARTINGTON**  **Devon, TQ9 6EN** | **Tel: 01803 847993**  **Email: [assessment@rpa2000.org.uk](mailto:assessment@rpa2000.org.uk)** |

**\*\*Your evidence should be submitted within three months of being invited to audit \*\***

**PART 1. AUDITEE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last name: | Title: | | First names: | |
| Business address: | | | | Tel. No: |
| Email: |
| Correspondence Address (if different): | | | | Tel. No: |
| Email: |
| The number of your MPE certificate: | | The Registration Authority or Professional Body with which your CPD record is associated (eg HCPC, IPEM, SRP): | | |
| My evidence concerns my work from dd/mm/yyyy to dd/mm/yyyy | | | | |
| Points Claimed for  Category 1.1  Category 1.2  Category 1.3 | | Number of pieces of evidence provided for Category 2 in Table 5.  Medical Exposure Regulations  Medical Radiological Equipment Management  Dosimetry  Medical Exposure Optimisation | | |
| Any other information you wish to provide: | | | | |
| To aid with selection of Assessors, please tick the main subject area for the contents:  Radiotherapy  Nuclear Medicine  Diagnostic Radiology | | | | |

**PART 2. DECLARATION BY AUDITEE**

1. I certify that the information and evidence supporting this application are complete and correct.
2. I certify that the evidence is an extract from my CPD record.
3. I certify that I have submitted appropriate evidence for this audit, ***that is*** a total of       points for Category 1 activities and       pieces of evidence for Category 2 activities.
4. I acknowledge that further evidence could be requested by RPA 2000 and undertake to supply such evidence within the specified timeframe (normally within 60 days from the date of the request).
5. If I do not supply any requested further evidence within the specified timeframe, I accept that my MPE certificate may be rescinded.
6. I acknowledge and accept all the conditions and implications contained in the “RPA 2000 Code of Technical Conduct”.
7. I acknowledge that RPA 2000 may be required to provide a small number of completed audits to another organisation strictly only for audit purposes and consent to my documentation being provided for such purposes, if so requested.
8. I understand that the DHSC expects RPA 2000 to provide a public list of all individuals holding a valid MPE Certificate. As a condition having my certificate renewed, I consent to my name being included on that list of certificated MPEs and to it being disclosed. (The list is available on the RPA 2000 website).
9. I understand that my application will not normally be returned to me. (Auditees are strongly advised to keep their own copy of this form and all the material that accompanies it).

**Signature of Auditee……………………………………………Date…………………………..**

\*\*We regret that if any items are either missing, incomplete or incorrect, it is likely that everything will be returned to you for re-audit\*\*

# **PART 3. AUTHENTICATION BY REFEREE**

I certify that I have examined the evidence being submitted by the auditee and I am satisfied that it accurately reflects their work as an MPE over the timescale of this audit. In my opinion, the auditee continues to be capable of providing appropriate advice to an employer (within their appointed scope of practice) with respect to compliance with IR(ME)R 2017/IR(ME)R (NI) 2018.

|  |  |
| --- | --- |
| Your name: | |
| Your job title: | |
| Your address: | |
| Your Tel. No: | Your email: |
| Your professional relationship to auditee: | |
| Any additional comments: | |
| Signed: | Date: |

# **PART 4. Learning Based Activities**

## **Points Record for Learning Based Activities (Category 1)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 4.1**  **Sub-Category 1.1** | | **Attendance at MPE Training or Update Sessions and attendance at conferences, courses and workshops related specifically to IRMER or MPE work.** | | | |
| Basis and maximum allowable points | | 1 point per hour of ***relevant*** content: maximum points may only be claimed for an update course that includes significant content relating to IRMER and / or MPE work | | | |
| Example of suitable evidence | | Similar in principle to examples shown below. Course programme, certificate of attendance required. Contextual / reflective notes justifying points in terms of relevance to MPE work are **mandatory**. | | | |
| **Points record for Learning Based Activities: Sub-Category 1.1** | | | | | |
| ***Date*** | ***Event*** | | ***Ref. No. of Evidence*** | ***Points claimed*** | ***Points agreed by assessor*** |
|  | e.g. MPE Update | | 1.1\_A |  |  |
|  | e.g. Update on Revisions to IRMER | | 1.1\_B |  |  |
|  | e.g. in-house MPE update meetings | | 1.1\_C |  |  |
|  |  | | 1.1\_D |  |  |
|  |  | | 1.1\_E |  |  |
|  |  | | 1.1\_F |  |  |
|  |  | | 1.1\_G |  |  |
|  |  | | 1.1\_H |  |  |
| **Total points for sub-category 1.1** | | | |  |  |
| **Total points agreed by assessor for sub-category 1.1** | | | | |  |

You must follow the reference number system incorporated in the table, since this provides a consistent format for Assessors. Please label each piece of evidence with the correct reference number.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 4.2**  **Sub-Category 1.2** | | **Learning based activities related to operational MPE work.** | | | |
| Basis and maximum allowable points | | 1 point per hour of ***relevant*** content: maximum points may only be claimed for an update course that includes significant content relating to operational MPE related issues | | | |
| Example of suitable evidence | | Similar in principle to examples shown below. Course programme, certificate of attendance required. Contextual / reflective notes justifying points in terms of relevance to MPE work are **mandatory**. | | | |
| **Points record for Learning Based Activities: Sub-Category 1.2** | | | | | |
| ***Date*** | ***Event*** | | ***Ref. No. of Evidence*** | ***Points claimed*** | ***Points agreed by assessor*** |
|  | e.g. Workshop on specification and installation | | 1.2\_A |  |  |
|  | e.g. EFOMP webinars / training courses related to operational activities | | 1.2\_B |  |  |
|  | e.g. Dose management system update | | 1.2\_C |  |  |
|  | e.g. Optimisation workshop | | 1.2\_D |  |  |
|  | e.g. Meeting on advanced technologies in your specialist area | | 1.2\_E |  |  |
|  |  | | 1.2\_F |  |  |
|  |  | | 1.2\_G |  |  |
|  |  | | 1.2\_H |  |  |
| **Total points for sub-category 1.2** | | | |  |  |
| **Total points agreed by assessor for sub-category 1.2** | | | | |  |

You must to follow the reference number system incorporated in the table, since this provides a consistent format for assessors. Please label each piece of evidence with the correct reference number.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 4.3**  **Sub-Category 1.3** | | **Other learning based activities such as private study and active participation in distance learning packages or internet discussion groups.** | | | |
| Basis and maximum allowable points | | 1 point per hour of ***relevant*** content. | | | |
| Example of suitable evidence | | Identify publications that were studied, with a brief synopsis of information gained. Simple form of proof of participation in discussion groups. Course programme, certificate of attendance required. Contextual / reflective notes justifying points in terms of relevance to MPE work are **mandatory**. | | | |
| **Points record for Learning Based Activities: Sub-Category 1.3** | | | | | |
| ***Date*** | ***Event*** | | ***Ref. No. of Evidence*** | ***Points claimed*** | ***Points agreed by assessor*** |
|  | e.g. Webinars related to recent publications and documents | | 1.3\_A |  |  |
|  | e.g. ICRP symposia | | 1.3\_B |  |  |
|  | e.g. Journal article | | 1.3\_C |  |  |
|  |  | | 1.3\_D |  |  |
|  |  | | 1.3\_E |  |  |
|  |  | | 1.3\_F |  |  |
|  |  | | 1.3\_G |  |  |
|  |  | | 1.3\_H |  |  |
| **Total points for sub-category 1.3** | | | |  |  |
| **Total points agreed by assessor for sub-category 1.3** | | | | |  |

## You must follow the reference number system incorporated in the table, since this provides a consistent format for assessors. Please label each piece of evidence with the correct reference number.

## **Table 4.4 Summary of points claimed for Learning Based Activities (Category 1)**

|  |  |  |
| --- | --- | --- |
| **Period over which points are being claimed.** | **From:** | **To:** |

***Summary table***

|  |  |  |  |
| --- | --- | --- | --- |
| **Sub-category** | **Activity** | **Total points claimed** | **Total Points agreed by assessor** |
| 1.1 | Attendance at MPE Training or Update Sessions and attendance at conferences, courses and workshops related specifically to IRMER or MPE work |  |  |
| 1.2 | Learning based activities related to operational MPE work. |  |  |
| 1.3 | Other learning based activities such as private study and active participation in distance learning packages or internet discussion groups. |  |  |
| **Total points claimed for CPD relating to Learning Based Activities** | |  |  |

**Note that at least 25 points must be gained from Learning Based Activities**

**(You are advised to provide evidence in support of at least 25% more)**

# **PART 5. Operational Activities Requiring Detailed Understanding (Category 2)**

|  |  |  |
| --- | --- | --- |
| **Table 5 Evidence of operational MPE work requiring Detailed Understanding:** | | |
| ***DU area*** | ***Evidence*** | ***Ref. No. of Evidence*** |
| Medical Exposure Regulations | Title of Evidence , or state “Not Provided”. | 2\_A |
| Medical Exposure Regulations | Title of Evidence , or state “Not Provided”. | 2\_B |
| Medical Exposure Regulations | Title of Evidence , or state “Not Provided”. | 2\_C |
|  |  |  |
| Medical Radiological Equipment Management | Title of Evidence , or state “Not Provided”. | 2\_D |
| Medical Radiological Equipment Management | Title of Evidence , or state “Not Provided”. | 2\_E |
| Medical Radiological Equipment Management | Title of Evidence , or state “Not Provided”. | 2\_F |
|  |  |  |
| Dosimetry | Title of Evidence , or state “Not Provided”. | 2\_G |
| Dosimetry | Title of Evidence , or state “Not Provided”. | 2\_H |
| Dosimetry | Title of Evidence , or state “Not Provided”. | 2\_I |
|  |  |  |
| Medical Exposure Optimisation | Title of Evidence , or state “Not Provided”. | 2\_J |
| Medical Exposure Optimisation | Title of Evidence , or state “Not Provided”. | 2\_K |
| Medical Exposure Optimisation | Title of Evidence , or state “Not Provided”. | 2\_L |
|  | | |

You must follow the reference number system incorporated in the Table, since this provides a consistent format for Assessors. Please label each piece of evidence with the correct reference number.

**PART 6 Assessor Pro Forma (Not for auditee).**

## 

|  |  |  |
| --- | --- | --- |
| **Consideration** | **Decision** | **Comments, if any.** |
| Is the Auditee registered for CPD with an appropriate body? | Y/N |  |
| Is the referee in an appropriate professional relationship with the auditee? | Y/N |  |
| Has the auditee provided evidence covering the past 5 years or since their certification as an MPE, whichever is the shorter? | Y/N |  |
| Have you agreed a minimum of 25 points for learning related activities | Y/N |  |
| Does the evidence for competence related activities satisfy you that the auditee has kept up to date according to the terms of the RPA 2000 recognition scheme? | Y/N |  |