



# RADIATION PROTECTION COMMISSION

Sorbonne Building, Unit F22, Mosta Technopark, Mosta

## Medical Physics Expert Approval Application

(in compliance with Basic Safety Standards for Ionising Radiation Regulations, SL 585.01)

Name \_\_\_\_\_

New applicant

Re/approval

Cert. No.: \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ e-mail \_\_\_\_\_

Work Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ e-mail \_\_\_\_\_

Application for which applicant seeks approval as Medical Physics Expert

	Medical Physics Expert Area	
1	Diagnostic Radiology	
2	Radiotherapy	
3	Nuclear Medicine	

# Requirement 1 : Continued Active Employment

A new Medical Physics Expert applicant needs a minimum of 24 months experience in the preceeding 28 months and post the award of the MSC certificate, in the practice area that the individual is applying for. For reapproval, an applicant needs a minimum of 48 months experience in the preceeding 5 years

List the total number of months of active employment in a radiation related area by adding all the months in active employemnt claimed in the positions below.

Months

## Summary of work engagements

Use this page and the following page as necessary to document your continuing active employment. This can also include any part time work. For each engagement, you are required to name an individual who can supply verification of occupational activities and has knowledge of your job functions.

Note: For part time work: 1 Month is equivalent to 170hrs

### Position No. 1

Dates of employment:

Start date

End Date

Total time (Months)

Facility Name

Employer Contact Name:

Facility Address

Employer Contact Telephone No:

In the space below, provide a summary of the work performed during this engagement.

### Position No. 2

Dates of employment:

Start date

End Date

Total time (Months)

Facility Name

Employer Contact Name:

Facility Address

Employer Contact Telephone No:

In the space below, provide a summary of the work performed during this engagement.

I hereby attest the foregoing occupational summary record to be a true account of my work experience. The RPC has my consent to make inquiries as necessary to verify my claimed occupational activities.

Signature

Date

## Summary of work engagements (continued)

Photocopy this page as necessary to document your continuing active employment.

### Position No.

Dates of employment:

Start date

End Date

Total time (Months)

Facility Name

Employer Contact Name:

Facility Address

Employer Contact Telephone No:

In the space below, provide a summary of the work performed during this engagement.

### Position No.

Dates of employment:

Start date

End Date

Total time (Months)

Facility Name

Employer Contact Name:

Facility Address

Employer Contact Telephone No:

In the space below, provide a summary of the work performed during this engagement.

### Position No.

Dates of employment:

Start date

End Date

Total time (Months)

Facility Name

Employer Contact Name:

Facility Address

Employer Contact Telephone No:

In the space below, provide a summary of the work performed during this engagement.

## Requirement 2 : Points

The demonstration of an effort to keep up to date, contribute to knowledge, or maintain continued growth in the areas the individual is approved in, by obtaining the minimum points required in document DOC 54, by engaging in one or more of the seven categories below.

If needed, each page can be photocopied in order to add additional activities within each category.

**Supporting documentation is required for all points claimed.** All supporting documentation shall be keyed by section number to the proper section of the application and attached to the back of this application.

### A. Regulatory Learning Activities

- 1.1 Attending a national meeting on radiation protection legislation in Malta that has been notified to the Commission

**Appropriate documentation:** attendance certificates.

#### Notes on filling in the table below:

**Document Number:** The number written down should be marked on the verification document/s supplied.

**Training Course:** The name of the training course or workshop.

**Document Description:** State what kind of document is being attached, eg. Certificate of attendance, examination result, letter of verification etc.,.

**Number of Points:** Write the number of points from the list provided in Annex 1 for each activity.

Doc. No.	Event	Cat. No.	Document Description	Number of Points
1a				
1b				
1c				
1d				
1e				
<b>Total Number of points for this category.</b>				

## B. General Learning Activities

- 2.1 Attendance at international, radiological meeting
- 2.2 Attendance at, national radiological meetings of professional societies
- 2.3 Attending a radiation related course/workshop organised within an undertaking
- 2.4 Online virtual real-time radiation related meeting or presentation
- 2.5 Planned self-directed radiation related learning, e.g computer-based e-learning.
- 2.6 Visits to overseas departments for special training
- 2.7 Membership of medical physics related body, committee, working group or official sub-committees
- 2.8 Formal non-radiation safety related on the job training activities and experiences, e.g. development of interpersonal skills, time management etc.

**Appropriate documentation:** attendance certificates, pass certificates of examination taken during courses, letters of enrollment etc.

### Notes on filling in the table below:

**Document Number:** The number written down should be marked on the verification document/s supplied.

**Training Course:** The name of the training course or workshop.

**Document Description:** State what kind of document is being attached, eg. Certificate of attendance, examination result, letter of verification etc.,.

**Number of Points:** Write the number of points from the list provided in Annex 1 for each activity.

Doc. No.	Event Training Course, Meeting, etc.	Cat. No.	Document Description	Number of Points
2a				
2b				
2c				
2d				
2e				
2f				
2g				
2h				
2i				
2j				
2k				
2l				
2m				
2n				
2o				
<b>Total Number of points for this category.</b>				

## C. Practice Activities

- 3.1 Documented advice to undertaking on regulatory obligations related to medical exposures
- 3.2 Documented contribution to the development of the radiation protection programme within an
- 3.3 Documented example of the development of safety culture within an organisation
- 3.4 Documented example of optimisation of the radiation protection of patients and other individuals subject to medical exposure, including the application and use of diagnostic reference levels
- 3.5 Development of quality assurance programmes of the medical radiological equipment
- 3.6 Development of testing protocols for medical radiological equipment
- 3.7 The preparation of technical specifications for medical radiological equipment and installation design
- 3.8 Development of new technique in medical exposure
- 3.9 Incident report of events involving, or potentially involving, accidental or unintended medical exposures
- 3.10 Training of practitioners and other staff in relevant aspects of radiological aspects of medical exposures
- 3.11 Preparation and delivery of formal lectures or seminars, first presentation
- 3.12 Repeat delivery of formal lectures or seminars.
- 3.13 Supervision and mentoring of physics staff
- 3.14 Publication of a paper in a recognised scientific journal
- 3.15 Oral or poster presentation at a congress

**Appropriate documentation:** The first page of the article or paper is adequate, provided that the title, the author(s), name(s) and the name and date of the publication appear. Official membership certificate, letters of appointment etc.

Doc. No.	Title	Cat. No.	Document Description	Number of Points
3a				
3b				
3c				
3d				
3e				
3f				
3g				
3h				
3i				
3j				
3k				
3l				
3m				
3n				
3o				
3p				
3q				
3r				
3s				
3t				
3u				
3v				
3w				
3x				
3y				
3z				
<b>Total Number of points for this category.</b>				

**Documented Evidence attached to this application**

<b>Requirement 1</b>		
	Copy of MSC Certificate	
<b>Requirement 2</b>		
<b>Section</b>	<b>Total No. of documents</b>	<b>Total No. of sheets</b>
<b>A</b>		
<b>B</b>		
<b>C</b>		

Please tick box if consenting or leave blank if you do not approve.

If successful I consent to have my contact details (phone & email address) included on a list of Approved Medical Physics Expert which will be made available on the RPC's website

Note: In accordance with the published Criteria for MPE Approval your name and area of expertise will be listed in the publicly available register on the RPC website.

**DECLARATION OF THE AUTHORISED OR RESPONSIBLE PERSON**

I, (name and surname) \_\_\_\_\_ certify that the information provided in this form is correct.

I.D. Number: \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

The Radiation Protection Commission will process your data in accordance with the principles of the Data Protection Act. We will not release any Information held about you to third parties except where necessary for the fulfillment of this application. We may process your address, telephone, fax or e-mail details to contact you in connection with this application. Completion and submission of this application form signifies your consent to the processing of this data. Please contact us if you would like us to inform you about the personal data we hold about you or if you require such data to be corrected.

**Return of Forms**

Completed forms to be sent to

Radiation Protection Commission  
Sorbonne Building  
Unit F22  
Mosta Technopark  
Mosta MST 3000

# APPENDIX 1

The list below outlines seven (7) different activities that, if carried out, will award points towards the Continuing Professional Development of an individual aspiring to become approved as a Medical Physics Expert or for subsequent re-approval. An individual will have to meet the number of points required for each practice as listed in document DOC 54

An individual approved as a Medical Physics Expert in one area of practice and who wishes to become approved in another area can use the number of points acquired in the approved practice area towards his application in another practice area. Similarly, an individual applying for multi practice area, will only need the number of points of that practice area that carries the maximum number of CPD points.

	Max per year	Max per 5 years	Minimum Points in 5 years
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<b>A</b>	<b>Regulatory Learning</b>	1	Attending a national meeting on radiation protection legislation in Malta, Such meetings be notified to the Commission 2 points per hour	8	20	15
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<b>B</b>	<b>Learning</b>	1	Attendance at international, radiological meeting 2 points per hour	15	25	30
		2	Attendance at, national radiological meetings of professional societies 1 point per hour	4	10	
		3	Attending a radiation related course/workshop organised within an undertaking. 0.5 point per hour	4	10	
		4	Online virtual real-time radiation related meeting or presentation 0.5 point per hour	4	10	
		5	Planned self-directed radiation related learning, e.g computer-based e-learning. 2 point per topic	2	10	
		6	Visits to overseas departments for special training 4 point per day	12	20	
		7	Membership of medical physics related body, committee, working group or official sub-committees 2 points per year	2	10	
		8	Formal non-radiation safety related on the job training activities and experiences, e.g. development of interpersonal skills, time management etc. 1 point per topic	2	10	

<b>C</b>	<b>Practice</b>	1	Documented advice to undertaking on regulatory obligations related to medical exposures 2 points per documented activity	4	20	
		2	Documented contribution to the development of the radiation protection programme within an undertaking 2 points per documented activity	4	12	
		3	Documented example of the development of safety culture within an organisation 2 points per documented activity	4	12	
		4	Documented example of optimisation of the radiation protection of patients and other individuals subject to medical exposure, including the application and use of diagnostic reference levels; 2 points per documented activity	8	24	



<b>5</b>	Development of quality assurance programmes of medical radiological equipment 4 points per documented activity	4	12
<b>6</b>	Development of testing protocols for medical radiological equipment 2 points per protocol;	4	12
<b>7</b>	The preparation of technical specifications for medical radiological equipment and installation design 2 points per specification	4	12
<b>8</b>	Development of new technique in medical exposure 8 point per technique	16	24
<b>9</b>	Incident report of events involving, or potentially involving, accidental or unintended medical exposures 2 points per investigation	4	12
<b>10</b>	Training of practitioners and other staff in relevant aspects of radiological aspects of medical exposures 1point per contact hour	4	20
<b>11</b>	Preparation and delivery of formal lectures or seminars, first presentation 4 points per development and delivery of 1 hour lecture	8	16
<b>12</b>	Repeat delivery of formal lectures or seminars. 0.5 points per hour of repeat delivery	2	10
<b>13</b>	Supervision and mentoring of physics staff 2 points per 8 contact hours with 1 or more staff member(s)	6	18
<b>14</b>	Publication of a paper in a recognised scientific journal Points dependent on the contribution of the author (Lead author=50 Co-author= 50/number of authors)	50	50
<b>15</b>	Oral or poster presentation at a congress, 10 points for oral presentation at international event 5 points for poster presentation at international event 5 points for oral presentation at national event 2 points for poster presentation at national event	10	30

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