

**Australian Institute of Radiography  
Professional Accreditation and Education Board**

**Interim and Final Professional Development Year Report Radiation Therapy**

Graduate Radiation Therapist's Name	Clinical Centre	
Supervising Senior Radiation Therapist	Report Period	Weeks
<b>Clinical Skills Assessment</b>	<b>INTERIM RATING 24 weeks</b>	<b>FINAL RATING 48 weeks</b>
Ability to interpret treatment prescriptions		
Ability in simulation		
Ability in planning procedures		
Ability in computer planning		
Ability in treatment delivery		
Ability in manufacture of treatment accessories		
Ability in quality assurance and quality control		
Ratings should be provided in all categories		
<b>Ratings scale:</b>		
1. Unsatisfactory.    2. Progressing but needs skills reinforcement.    3. Competent.    4. N/A - modality not available		

<b>Professional Attributes Assessment</b>	<b>INTERIM RATING 24 weeks</b>	<b>FINAL RATING 48 weeks</b>
Demonstrates a professional approach to patient care		
Communication and interaction with patients and staff		
Conforms to professional code of practice		
Ability to work independently		
These items are to be assessed as either:		
1. Unsatisfactory.    2. Progressing but needs improvement.    3. Satisfactory		

<b>COMMENTS – INTERIM REPORT:</b>

**COMMENTS – FINAL REPORT:**

A photocopy of interim report should be forwarded to Secretary PAEC after 24 weeks. Original of final report to be forwarded after 48 weeks. Both require the signatures of the graduate and supervisor.

I verify that the above is a true and accurate reflection of the graduate's clinical skills during this period. I verify that the requirements for the Professional Development Year have been followed. I understand that this report will be used as part of the requirements of the Australian Institute of Radiography's Professional Development Year.

**24 Week Report:**

Signature of Supervising Radiation Therapist

Date:

I agree/disagree (delete the inappropriate statement) with the assessment given.

Signature of Graduate Radiation Therapist

Date:

Date received by PAEC:	Signature of PAEC Secretary:	State of PAEC:
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**48 Week Report:**

Signature of Supervising Radiation Therapist

Date:

I agree/disagree (delete the inappropriate statement) with the assessment given.

Signature of Graduate Radiation Therapist

Date:

Date received by PAEC:	Signature of PAEC Secretary:	State of PAEC:
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**Recommended for a Statement of Accreditation**

**Yes / No**

Signature of member of State PAEC