

MRTB AUDIT 20..... Competence and fitness to practise	Scope 1 Scope 2	PASS	FAIL
Practitioner's Name:		Registration No:	
Scope of practice 1:			
Scope of practice 2:			

AUDIT SUMMARY

This practitioner meets the criteria for the following (please tick):

	<i>Scope 1</i>		<i>Scope 2</i>	
	YES	NO	YES	NO
Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code of Ethics declaration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical/mental fitness declaration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATIONS:

PASS	
FAIL	
REASON FOR FAIL (please tick & specify)	
REASON FOR FAIL (please tick & specify)	
Light CPD (please specify)	
Irrelevant CPD (please specify)	
Further CPD information required (please specify)	
Other (please specify)	

CPD

This practitioner is enrolled in an MRTB approved CPD programme?
 Please circle enrolled programme:

ANZSNMT **ASRT** **ASUM - MOSIPP**
NZIMRT **CRG** **AIR** **ASAR**

Comment:

Yes No

Was information pertaining to the practitioner's CPD activities enclosed?

Comment:

Yes No

If so, does the enclosed information demonstrate and reflect activities in the SOP for which this audit is being carried out?

Comment:

AUDIT QUESTIONNAIRE DECLARATION

HOURS (Note: special rules for multiple scopes)

Practitioner claims to have completed required hours for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line manager or equivalent verifies practitioner has	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE REVIEW	<i>Scope 1</i>		<i>Scope 2</i>	
	YES	NO	YES	NO
Practitioner claims to have received satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line manager, or equivalent, verifies that practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CODE OF ETHICS	<i>Scope 1</i>		<i>Scope 2</i>	
	YES	NO	YES	NO
This practitioner declares that they comply with the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line manager, or equivalent, is satisfied the practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL/MENTAL FITNESS	<i>Scope 1</i>		<i>Scope 2</i>	
	YES	NO	YES	NO
This practitioner believes they have no mental or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line manager, or equivalent, is satisfied this practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENT

DOCUMENT CHECKLIST (AS PER CPD REQUIREMENTS)		
	YES	NO
Scope 1:		
Scope 2:		
Audit Questionnaire Declaration (1 for each scope)		
Completion certificate or statement of completion (if relevant) for activity record card or sheet - applies to all CPD portfolio (if applicable)		
certificate of enrolment (including dates and duration of enrolment)		
evidence of CPD activities (2007,2008,2009) applies to all CPD		
evidence of attendance at CPD events, such as certificates and course evaluations/reflections on CPD events/activities must be included.		
Any Relevant Conditions?		
Please ensure that if practitioners is holding an APC in more than 1 scope of practice, the checklist above covers all scopes of practice		