

Comparison of registration of Nurses (who also have vast array of recognised speciality areas of training/scope of work)

With regard to nursing registration:

Registration Types

The new nursing and midwifery registration types are:

- ⤴ general registration
- ⤴ limited registration
- ⤴ non-practising registration
- ⤴ student registration

Endorsements

Endorsement of registration identifies practitioners with additional qualifications and specific expertise. The endorsements for nursing and midwifery are:

- ⤴ scheduled medicines:
 - ⤴ supply scheduled medicines (rural and isolated practice)
 - ⤴ scheduled medicines for eligible midwives
- ⤴ nurse practitioner
- ⤴ eligible midwife

The Nursing and Midwifery Board of Australia Registration Plan – Nurses and Midwives 30 June 2010:

- ⤴ Enrolled Nurse transitioned : general registration as enrolled nurse
- ⤴ Registered Nurse transitioned : general registration as registered nurse
- ⤴ Registered Nurse Practitioner transitioned : General registration as registered nurse
with endorsement as qualified to practice as a nurse practitioner.

Comparatively, in Diagnostic Radiography , with the consideration that general radiography is the fundamental basis and principles from which all other specialities are derived , adapted and extended from, the knowledge and skills of general radiography are used and adapted daily whether a radiographer is undertaking general radiography or a speciality modality, for example CT. General radiography is the foundation of the fundamentals that constitute the qualification of diagnostic radiography.

With this understanding, a diagnostic radiographer should be registered under the general registered as a diagnostic radiographer category.

If a diagnostic radiographer has additional and appropriate qualifications/skills/experience in a speciality modality,(for example , CT, Angiography, Mammography), and spends most of their working time rostered in these areas, then instead of them having “conditions” placed on their registration, they should have general registration as a diagnostic radiographer with an endorsement as qualified to practice as a (eg) CT Radiographer.

Similarly, a nuclear medicine technologist has a general registration as a nuclear medicine technologist. If they then have the appropriate qualifications to undertake PET/CT or SPECT/CT, they should be registered as having general registration as a nuclear medicine technologist with an endorsement as qualified to practice CT with conditions that restrict the CT capability of the equipment they are able to operate. Similarly for radiotherapists using limited CT for planning.

If too many “conditions” are placed on radiographers and their flexibility and adaptability then I feel there are going to be many work place difficulties both in rostering within a department and employment opportunities in the future. The motility within the workplace and indeed within the workforce could become very restrictive, and even undesirable to those who may wish to consider radiography as a career.

In nursing, a nurse can train to become a radiology nurse and then as a change of duties , and after an on the job orientation may work as a nurse on the wards. This is an adaptation that is necessary to remain possible within the career pathway for radiographers. A radiographer may wish to move from mammography to general radiography and this career pathway needs to remain open. A move such as this only requires an on the job orientation period to adapt to equipment as the techniques used remain largely unchanged at this fundamental level.

Nursing seem to have highly organised processes and procedures for motility of their workforce, while maintaining skills and standards and seems a very good model to follow.