

Medical Radiations Australia

Council of Medical Radiations Discipline Heads

Head of Medical Radiation Science of:

Central Queensland University

Charles Sturt University

Curtin University of Technology

Monash University

Queensland University of Technology

RMIT University

The University of Newcastle

The University of South Australia

The University of Sydney

18 January 2012

The Medical Radiation Practice Board of Australia

Dear MRPBA members

Re: Response to the Proposed Registration Standard – Supervised Practice

Medical Radiations Australia - Council of Medical Radiations Discipline Heads (MRA) would like to provided feedback on the Proposed Registration Standard – Supervised Practice Standards

The MRA has specific comments in the following areas:

- a. The number of clinical practice hours required to be completed by a recent graduate for the purposes of general registration from***
- i. A three year course of study, and***
 - ii. A four year course of study***

Diversity of offering of Medical Radiation Science (MRS) programs / courses by the universities must be recognised by the MRPBA. Australian universities offer a range of programs / courses that are currently accredited by the professional bodies for entry to the 3 MRS professions that will fall within the scope of the MRPBA. The programs / courses are:

- 3 year courses of study that require an additional period of supervised practice;
- 4 year courses of study that meet entry requirements for the profession and do not require an additional period of supervised practice;
- graduate-entry 2 year courses of study that require an additional period of supervised practice *and*
- graduate-entry 2 year courses of study that meet entry requirements for the profession and do not require an additional period of supervised practice.

Programs / courses that currently meet entry requirements for full registration have been assessed against professional competency based standards (CBS) for the beginning or entry level practitioner by the respective professional accrediting agencies. There is no evidence to suggest that any additional period of supervised practice is necessary. The MRA believes that provided entry level competency can continue to be demonstrably developed within the program / course, the existing principle should be retained by the new national accrediting agency without any additional supervised practice. Monash University has conducted surveys of employers of graduates of the

Bachelor of Radiography and Medical Imaging, Australia's oldest 4 year program, which has an imbedded period of supervised practice. Both the 2006 and the 2011 surveys demonstrate that graduates from this course have the skills, knowledge and capabilities to undertake independent practice^{1,2}.

Where programs / courses, for example a 3 year undergraduate program, are developed and assessed as not fully meeting professional and / or regulatory CBS, a period of supervised practice should be required. This period should be dependent on the outcomes of the program / course as assessed at the time of accreditation. Current 3 year programs / courses require a 48 week period of supervised practice. These programs / courses were developed with the intent for such a period of supervised practice. However, it is acknowledged that graduates of these programs should also meet a defined standard of practice, including more than weeks of clinical experience and related to CBS standards, to progress to a period of supervised practice.

The MRA recommends flexibility in offering programs / courses. Such programs / courses should be assessed against a CBS. Following this assessment the requirement, or not, of a period of post-graduate supervised practice and the length of the period should then be determined. For example, if a university can develop and offer a program / course that leads to outcomes assessed against the CBS that only require a 24 week (6 month) period of supervised practice, that should be the determined time.

The MRA also recommend that the approach to determining outcomes of a period of supervised practice should be based on more than a statement of hours/weeks of practice. It should be that the period stated is noted as a reasonable time frame for demonstrating required competencies rather than as an absolute in itself.. Probationary practitioners undertaking a period of supervised practice should be assessed against defined competencies that are within the CBS.

There has been recent debate within sections of the professions that supervised practice should be undertaken as an employee and that the relationship of the supervised practitioner, an employee or a student, is an important issue in their clinical development. There is no evidence in the literature for any health professions that supports this contention. A requirement that the supervised practitioner is an employee should not be a consideration in defining supervised practice but rather the quality of the program developed for meeting required outcomes should be.

b. How “fitness to practice” (clinical competence, professional conduct and compliance with regulatory standards) should be assessed during supervised practice.

“Fitness to practice” must be defined by competency based standards (CBS). Once the CBS are defined and set, then assessments against each CBS becomes measurable.

The supervised practice assessments should be standardised. Where the supervised practice is undertaken as a graduate / provisional registrant, the workplace that takes on a supervised

practitioner will need to demonstrate the ability to provide the employee with the required breadth and depth of experience to be able to meet the outcome requirements. Where the supervised practice is undertaken within a program / course, the assessment approach may vary as universities may wish to add assessments outside and/or over and above what is required as a graduate / provisional registrant. They should also demonstrate that the graduate has received an appropriate breadth and depth of workplace experience. All assessments should be judged against the CBS and MRPBA requirements.

c. How to achieve consistency in implementation of supervised practice and consistency in clinical evaluation.

Consistency in implementing supervised practice needs to be both across departments / institutions accredited to offer supervised practice, and across methods of delivering supervised practice, ie within or following completion of an accredited program / course.

Departments / institutions undertaking supervised practice for graduates / provisional registrants should be approved and meet an accreditation standard. Part of that accreditation should be in the form of determining whether appropriately qualified people are available to support supervised practice. Training should be provided to those supervising and to those assessing outcomes. This can readily be identified as a two-step process.

Programs / courses that have supervised practice within their program / course must be able to demonstrate that they also assess and monitor the consistency in implementing supervised practice and that the clinical supervisors / institutions also meet the accreditation standard.

Both groups should be subject to an auditing process to ensure consistency and adherence to requirements.

d. The level or extent of supervision for provisional registrants – i.e. direct supervision and indirect supervision.

Supervised practitioners, whether as students on a program / course or as graduates following the completion of a program / course, will develop their skills and attributes incrementally during the period of supervised practice. The MRA recommends that the level of supervision should change during the period of supervised practice so that the supervised practitioner is allowed to work and develop their skills under reducing levels of supervision. This will allow the development of independence which will be needed on becoming eligible for full registration as a practitioner.

e. What ratio, if any, should exist between Supervising practitioners and those practitioners being supervised?

The MRA's recommendation is not to specify a ratio. As part of an accreditation process designed to determine if clinical departments / institutions can offer supervised practice, details regarding

staff levels and the requirements for supervision should be provided so a determination can be made.

Where the supervised practice is undertaken within a program / course, the universities must be able to demonstrate that the departments / institutions have the capacity and capability to undertake the required supervision.

f. At what point, and under what conditions, is it appropriate for a practitioner being supervised to undertake On Call duties.

Supervised out-of-hours duties (whether direct or indirect) should be a formal part of any program leading to accreditation to become a practitioner. On-call duties are more problematic and should only be considered where the supervised practitioner is an adjunct to the on-call staff, in which case they can have both direct and in-direct supervision. The level of supervision, as per Point d., is the important issue.

g. The level of training or experience required of a Supervising Practitioner.

All practitioners who are eligible for full registration should be suitable; however, if training is required this would indicate that a new entrant to the profession would not be eligible. There should also be a distinction made between those who are qualified to supervise day-to-day practice, and those who can assess outcomes. As mentioned in Point C, ideally both groups would have prior training with the assessors training a step beyond that required for supervision. It is the MRA's understanding that registration will need to define scopes of practice within each of the three professions.

h. The impact of supervised practice requirements on the transition of graduates into the workforce.

Supervised practice should not be seen as "transition of graduates into a workforce". A "transition of graduates into a workforce" implies that the period of supervised practice can only be undertaken after graduation. Where supervised practice is included as part of the program / course, the accreditation process would be required to assess the ability of the program / course to provide applied development such that there is not a gap between the theoretical component and workplace experience. This is the mandate of most university programs / courses that lead to a professional qualification and is a well researched area.

The MRA supports alternative approaches to periods of supervised practice whether as an integral part of a program / course or upon graduation.

i. The advantages and disadvantages of implementing and maintaining a supervised practice program

The MRA supports a period of supervised practice whether this is within a program / course or following the completions of a program / course. The benefits are recognised in developing skills and attributes of a registrable practitioner.

j. Alternative structures of supervised practice that address

i. Reducing costs on healthcare and workforce

ii. Increase workforce access and flexibility

iii. Provide consistent, measurable clinical outcomes

See comments in Point a.

Supervised practice can be imbedded into some programs / courses where the outcomes of the program / course fully meet CBS for entry into the profession. Such an approach will reduce the costs associated with employment of the practitioners.

Additional Comments:

The MRA recognises and supports the notion that supervised practice needs to be consistent across Australia, that the outcomes need to be measured against a standard and that supervised practice is an integral part of education and training programmes that leads to entry into the profession. The MRA also strongly urges a greater understanding and recognition that development of professional skills and attributes does not end on the completion of a period of supervised practice.

Importantly, the MRA supports the diversity of offerings of programs / courses that leads to entry into the medical radiations professions.

Thank you for the opportunity to comment on the proposed registration standard in supervised practice.

Regards

A handwritten signature in blue ink, appearing to read 'Rob Davidson', with a long horizontal flourish extending to the right.

Professor Rob Davidson, PhD
Chair, MRA

1. Monash University, 2006, *Quality Audit of BRadMedImag*, from the Department of Medical Imaging and Radiation Sciences Re-accreditation Documents to the AIR
2. Monash University, 2011, *Quality Audit of BRadMedImag*, from the Department of Medical Imaging and Radiation Sciences Re-accreditation Documents to the AIR