

Via email
22/7/13

Dear Members of the Medical Radiation Board of Australia,

I am writing to you about the Supervised Practice Guidelines that was released on 11 June 2013.

This is a comprehensive guideline on the requirements of supervision in medical radiations. My comments below are directed towards developing a guideline that is suitable for radiation therapists.

Levels of supervision

The levels of supervision do change overtime as the supervised practitioner gains experience in a unit. This level of supervision will immediately go back to the bottom level as they move from one unit to another. The levels of supervision therefore recognised this fact. However, the specifications about the level of responsibility and the level of supervision do not truly reflect the day to day working practices in a radiation therapy department. A patient's radiation therapy is a joint responsibility of the 2 radiation therapists that performs the procedure. Similarly, in planning all of the treatment plans are checked hence the responsibility lies on more than 1 staff member. Therefore the following statement would not apply in radiation therapy

“The supervised practitioner is permitted to work independently, provided a supervisor is contactable by telephone or other means of telecommunication such as videoconference.”

The level of responsibility as described as “primary” and “full” responsibility implies the level of independence and the quality assurance responsibility given to the supervised practitioner. A supervised practitioner should be given increasing role in performing quality assurance duties. However, these quality assurance tasks should be minor QA related tasks while the qualified radiation therapist supervises and/or performs QA tasks that ensure the overall quality of the service provided is maintained. Therefore the following statement would not apply in radiation therapy

“The supervised practitioner takes primary responsibility for their practice....”

“The supervised practitioner takes full responsibility for their practice....”

In radiation therapy there is a high expectation that the on-call staff is able to perform, problem solve and perform quality assurance checks in all sections, in simulation, planning and treatment. In the first 12 months supervised practitioners are at the stage that they are developing their skills in all areas of radiation therapy. They may reach the stage that they are able to perform the task but it is questionable whether they can perform a rigorous quality assurance check which is expected with qualified radiation therapists. Giving the supervised practitioners the responsibility to provide on-call service is therefore not recommended. Therefore the following statement would not apply in radiation therapy

“The supervised practitioner may provide on-call and after hours services”.

Thank you for the opportunity to comment on this document.

Regards
C. Agustin