



Health Services Union Submission: Accreditation standards and accreditation process for medical radiation practice.

The Health Services Union (HSU) represents Medical Radiation Practitioners through various State Branches across Australia. The HSU recognises that since 1 July 2012, the accreditation functions for medical radiation practice have been exercised under the National Law (Part 6, Sections 42-51 of the Health Practitioner Regulation National Law). The HSU acknowledges that the Medical Radiation Practice Accreditation Committee (Accreditation Committee) is the independent accreditation entity established by the National Medical Radiation Practitioners Board (MRPBA) to exercise accreditation functions for the medical radiation practice profession.

The HSU notes that the current standard of Australian Medical Practitioner is highly regarded internationally. This is a product of the Australian courses and the clinical supervision provided in workplaces across the country. This high standard can only be maintained if the courses and clinical supervision that produces these practitioners are subjected to similar scrutiny to that which has been applied in the past. The substance and process of the accreditation process is of paramount importance to the integrity of these professions.

While not specifically the purview of this consultation, the role of the clinical work place in the training of medical radiation practitioners is fundamental. The HSU would like to see the accreditation process extend to include clinical placements. With growing pressures on the labour market the danger of students becoming a replacement workforce as opposed to being supernumerary is very real. This should include requiring ratios such as that recommended by the Australian Institute of Radiography:

Staffing: *For Medical Imaging have a minimum staffing ratio of 1 full-time AIR accredited Radiographer per graduate practitioner, and for radiation therapy have a minimum staffing ratio of 2 full-time AIR accredited Radiation Therapists per graduate practitioner. Sole practice locations are not eligible for accreditation.*

Standard 1.8 deals with clinical education but the HSU would prefer to see the independent process expanded and applied to this very important role. Given the growing training/supervision burden on the clinical institutions with ever increasing financial pressures this a particularly vulnerable link in the chain.

The Accreditation Standards apply to all the medical radiation practitioner disciplines. While a fairly generic accreditation model should cover all three disciplines it is important to respect that these are specialised fields and there will be differences in course and training requirements.

The HSU has concerns regarding the time-frame for the implementation of the new accreditation regulations. There has been a significant gap created in the transition. We hope that the required catch-up doesn't compromise the process. Further we hope that any added expense of the transition and the resultant process is not passed on either directly or indirectly to the practitioners.

Questions for consideration– accreditation standards

The Committee invites your feedback on the draft accreditation standards and, in particular, on the following questions.

1. These standards are intended to be outcomes focussed do you think that they achieve this?

The HSU acknowledges that the standards are desired to be outcome focused and accept that to a large extent they achieve this. But we have some specific concerns and recommendations that are outlined below.

While the accreditation standards are fairly comprehensive we have concerns regarding the lack of quantification for meeting some requirements.

For example in Standard 1.2 what constitutes a financial status sufficient “to sustain quality in its current and planned higher education operations”?

There needs to be more quantifiable measures so that expectations can be met.

In Standard 1.5 what constitutes “sufficient appropriately qualified personnel”?

Standard 1.7 covers the physical infrastructure and Standard 5 covers radiation safety, quality and risk management but there is no consideration to Occupational Health and Safety requirements. While these may be accepted as being covered by the appropriate state regulatory body, the education provider needs to demonstrate compliance and understanding.

2. Are the criteria in the draft standards clear?

The HSU confirms that the criteria in the draft standard are essentially clear. We feel that there are some clarifications and additions still required as per ours and other submissions.

3. The set of standards will be used to assess whether a program of study and the education provider provides students who complete that program with the knowledge, skills and professional attributes to practice the profession.

3.1 Is the set of standards adequate for this purpose?

3.2 Are the relevant issues covered by the draft standards?

3.3 Does any content need to be changed, deleted or added?

3.4 Are any additional standards required?

The HSU has some concerns and recommendations.

As mentioned previously, the lack of quantification is problematic. In 1.5 what constitutes “sufficient” personnel? What is an appropriate staff to student ratio and what happens if this is not maintained? (To be addressed in the Accreditation Process is the issue of policing and the question of how changes to standards are identified between accreditation assessments).

In Standard 1.8.5 there needs to be clarification and quantification of how much clinical education will be needed. The term “volume of clinical education is adequate” needs to be clearly defined.

In Standard 1.8.6 the requirements of the clinical educator are similarly undefined: “have had a period of relevant clinical and supervision experience”.

In 1.8.8 the ratio must be “adequate” but there is no definition for what is deemed adequate.

Standard 3.3 deals with appropriate admission criteria. While possibly outside the scope of this Standard there is a growing problem with student numbers exceeding the available clinical placement capacities. This is of grave concern for those completing their studies and needing to undertake a year of supervised practice but being unable to find a placement. The education providers are currently not taking any responsibility for this negative outcome. This failure to take into consideration the clinical placement is irresponsible and should be incorporated into the Standard to force accountability.

4. What specific guidance relevant to the standards and criteria in Field 5 should be included in the guidance document to accompany the standards, particularly in relation to any content and/or skills you expect an education provider should include in their curriculum. ?

The HSU feels that field 5 is generally adequate. As pointed out previously standard 5.4 should include reference to OH&S laws and requirements. Similarly, reference to, and compliance with, the ARPANSA Codes and Standards should be included.

5. Do you have any other comments on the draft standards?

No further comments.

Questions for consideration – accreditation process

Please explain your response to each question, and/or your specific suggestions for how the document should be amended, as appropriate.

1. Is the content of the accreditation process document clear?

The draft accreditation process document is satisfactorily clear. However, the HSU does have several concerns around the content, which will be addressed in the following points.

2. Should any sections of the accreditation process document be amended or re-ordered?

The HSU does not have concerns with the order.

3. Is any additional content required?

4. Are the indicative timeframes for assessment and accreditation feasible?

5. Do you have any other comments on the draft accreditation process?

6. Do you have any other comments on the draft accreditation process?

We will deal with these questions as a group as there is significant crossover in content for the responses.

The HSU has significant concerns about time frames outlined in this draft. The 18-month lead-in leaves some educational providers not covered by transitional arrangements and consequently exposes the students to the possibility of completing courses that are not accredited. Beyond those providers out of accreditation, how will the resources be found to cover all nine universities as more courses fall out of accreditation?

There is also no cycle of accreditation, which is a major concern. What event or process will stimulate an assessment or accreditation process? What change to a course or provider or the number available staff, would warrant a reassessment? This apparent reliance on self-monitoring is unacceptable. There needs to be firm guidelines and specific timelines for the accreditation process.

The monitoring process requires tightening up. The necessary length of cycle for reporting requirements to meet compliance needs to be established. While monitoring through indirect means may be useful it should not be relied upon. The direct monitoring needs to be rigorous.

Having a team of only two assessors is likely to be inadequate and problematic. How will any difference in opinion between a team of two be resolved? With only two on the team the pressure on reporting will be considerable raising more concerns around timelines.

The HSU is concerned about the external reporting processes and the complaints process. Realistic timelines need to be established. Will these complaints be made public? Besides the Accreditation Committee notifying

the complainant and the National Board there needs to be a written response to the educational provider under scrutiny.

There is no process outlined for any students enrolled with providers who fail an accreditation assessment. This creates pressure on the assessors to accredit the provider to avoid the implications of dealing with the subsequent issues created. There needs to be a process in place to deal with this so that the assessors can function without undue pressure.

There is no specific detail for a process where there is a perception of conflict of interest for an assessor. Education providers should be able to request a change of assessor if a perceived conflict of interest can be argued.

Conclusion

The HSU acknowledges the appropriateness of an independent regulatory body to oversee the accreditation of medical radiation practice. We appreciate the opportunity to provide constructive input into the establishment of this process.