

Via Email 3/10/2011

Dear Board Members,

I have over 35 years experience as a radiographer. My first 15 years were fulltime, then after becoming a mother, the next 12 yrs I worked weekend shifts only until my youngest child started school, then I gradually increased my shifts and I now work 3 days a week. I have always worked in private practice and have found it quite difficult to earn enough CPD points as private employers do not provide much emphasis on training and CPD.

At this stage I feel it is better to make CPD 20hrs=20points. Over a year this is a reasonable goal for people to achieve. People working in different areas have different levels of access to CPD learning. Not everyone can attend lectures or presentations, in particular mothers of young children, single parents, shift workers, and country radiographers. Making CPD too difficult to achieve discriminates against these groups of radiographers. Not all radiographers have the finances to attend conferences and seminars. If CPD becomes too difficult to achieve these are the groups who are most at risk of being forced into undue hardship, and it could restrict their ability to work. The type of activities need to be varied to give everyone the chance to achieve their goal. We should not be restricted to only achieving CPD in our current scope of practice, this makes it boring. We should be stimulated and encouraged to broaden our knowledge, as many patients have multiple examinations in more than one modality, and it's useful to understand the connection between different modalities and to be able to answer patient's questions. People could use their CPD activities to find out if they would like to move into a new modality, and it would demonstrate to senior staff that this person is interested when they are looking to offer training in that modality. While at work we are constantly upgrading our skills to keep up with new technology which is constantly coming into our workplaces.

Scope of practice is an area the board needs to be very careful about bringing in any restrictions. Generally we make sure that our seniors roster us so that we maintain our own skill levels so that we feel comfortable at work. We tend to request more time in a modality if we feel we are losing touch. Every department I have worked in has manuals, text books, and protocols to follow if you are unsure about an examination that you haven't performed for some time. If some level of "restriction" was placed on our scope of practice it could discourage people from covering "on call" and out of hours weekend and night shifts. This has the potential to disadvantage patients who will have difficulty accessing out of hours treatment. It could also discourage people from moving into new or old modalities, especially if a cost was involved, or more paperwork, or going to some course (too expensive for most people). Introducing Scope of Practice will restrict the flexibility and mobility of radiographers in the workplace.

Recency of practice needs to be looked at very carefully. I feel I managed very well to maintain my skills over the 12 years I worked week ends and the fulltime staff were very happy to have someone working so they could enjoy a break. I feel that if you have to set a minimum number of hours then 8-10 is reasonable. Over the years I have seen many colleagues take leave, have children and then return part-time to work. They have always successfully maintained their skills because they could choose the amount of hours to suit their lifestyle. The minimum needs to be reasonable to cater for mothers with young children so they are not excluded from the workforce and can gradually increase their hours as the children get older. This ensures they can return to the workplace, and helps them maintain their skills and their

valuable experience is not lost.

At some point in the guidelines I read that if someone has not worked for 3 years they must complete 1 year CPD in the 12 months prior to returning to practice. HOW? This is not possible. Most CPD is done at work or through being at work and finding out about events to attend. What if someone needs to come back to work earlier than they intended, how can they get CPD in this case? I feel this discriminates against mothers of young kids and will restrict their return to the work force, it would be preferable to let them work a few hours and maintain recency of practice.

Finally I do believe that CPD has benefits, but it must be something that people can achieve without too much impact on family life and recreation time. A good work and social balance is important to keep people happy in their profession. I believe that Scope and Recency of practice need to be handled with great caution and any changes should be sent out for consultation and feedback before implementation as they could seriously restrict our flexibility and mobility in our work practices.

Regards,
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