



**Medical  
Radiation  
Practitioners  
Board  
of Victoria**

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7 October 2011

Executive Officer  
Medical Radiation Practice Board of Australia  
AHPRA  
GPO Box 9958  
MELBOURNE VIC 3001

Dear Mr Reinhard

Please find attached the Medical Radiation Practitioners Board of Victoria's comments and suggestions on the National Board's proposed registration standards including grandfathering provisions.

Should you require any clarification of our comments please contact our President Associate Professor Marilyn Board on (03) 9905 1270 or myself on (03) 9286 1839.

Regards

Stan Naylor  
Registrar





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The Medical Radiation Practitioners Board of Victoria appreciates the opportunity to comment on the proposed mandatory registration standards.

The form of our submission will be to insert our comments into the published document in **red**.

We note, and agree, to our submission being published along with others that are received.

Please note that your published document has been translated from a PDF document into a Word document to facilitate our response and some formatting changes have resulted. As far as possible we have preserved the integrity of the original document but bring these changes to your attention to avoid any confusion.

STAN NAYLOR  
Registrar



## **Consultation document August 2011**

### **Proposed mandatory registration standards:**

- . continuing professional development
- . criminal history
- . English language skills
- . professional indemnity insurance, and
- . recency of practice.

### **Proposed registration standard:**

- . grandparenting and general registration eligibility.

## **Summary**

Registration requirements of the medical radiation profession are currently set by Western Australia, the Northern Territory, Victoria, Tasmania, the ACT and Queensland governments. However, from 1 July 2012, national registration for the profession will commence and approved national mandatory registration standards will apply for practitioners in all states and territories.

### **Proposed mandatory registration standards**

Section 38 of the Health Practitioner Regulation National Law Act (the National Law), as in force in each state and territory, requires the National Boards to develop and recommend to the Australian Health Workforce Ministerial Council (Ministerial Council) five mandatory registration standards.

The National Law also requires the Medical Radiation Practice Board of Australia (the Board) to undertake wide-ranging consultation on proposed registration standards.

This consultation paper seeks feedback on proposed registration standards for:

1. Continuing professional development (CPD)
2. Criminal history
3. English language skills
4. Professional indemnity insurance (PII)

## 5. Recency of practice

The five proposed mandatory registration standards that the Board must develop in accordance with the National Law are attached to this consultation paper (**Attachments 1 to 5**).

### **Other proposed registration standard**

Section 38 of the National Law also enables the National Boards to develop and recommend to the Ministerial Council other registration standards, including about the scope of practice of health practitioners registered in the profession and any other issue relevant to the eligibility of individuals for registration in the profession or the suitability of individuals to competently and safely practise the profession.

The Board is therefore also seeking feedback on a draft grandparenting and general registration eligibility registration standard (**Attachment 6**).

The Board's Statement of Assessment against AHPRA's Procedures for Development of Registration Standards is at **Attachment 7**.

### **Background**

In July 2011, the Ministerial Council appointed the:

- . Aboriginal and Torres Strait Islander Health Practice Board of Australia
- . Chinese Medicine Board of Australia
- . Medical Radiation Practice Board of Australia, and
- . Occupational Therapy Board of Australia

to begin work 12 months prior to them implementing the National Registration and Accreditation Scheme in 2012 when the four professions will move from state and territory-based registration to national registration.

From 1 July 2012, each of the National Boards will have responsibility for the registration and regulation of their profession under the National Law.

However, before this can happen, a priority task for the four National Boards is to develop and consult on proposed mandatory registration standards. In addition, the Medical Radiation Practice Board of Australia would also like to consult on the proposed grandparenting and eligibility for registration standard.

The National Boards aim to have the final proposed mandatory registration standards submitted for approval by the Ministerial Council by December 2011, so that practitioners have time to familiarise themselves with the new national requirements for each of the four professions before they are regulated under the National Scheme from 1 July 2012.

The National Law also empowers the National Boards to develop and recommend to the Ministerial Council, other registration standards. Over the coming months, each of the four National Boards will release separate consultation paper/s for other registration standards that are relevant to the registration of the professions from 1 July 2012.

## **Submissions**

The Medical Radiation Practice Board of Australia is seeking feedback on the draft mandatory registration standards and other board proposals - see Attachments.

Please provide written submissions by email, marked 'Mandatory registration standards' to [medicalradiationconsultation@ahpra.gov.au](mailto:medicalradiationconsultation@ahpra.gov.au) by close of business on 7 October 2011.

Submissions by post should be addressed to the Executive Officer, Medical Radiation Practice Board of Australia, AHPRA, GPO Box 9958, Melbourne, 3001.

The Board will publish all submission on its interim website <http://www.ahpra.gov.au/NRAS.aspx> to encourage discussion and inform the community and stakeholders, unless requested otherwise.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the reference. Before publication, we may remove personally identifying information from submissions.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential. A link to the National Law is available at <http://www.ahpra.gov.au/Legislation-and-Publications.aspx>

## **Attachments: Proposed registration standards and other**

August 2011

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## Attachment 1. Draft registration standard: Continuing professional development (CPD)

### Introduction

#### What the National Law requires

The National Law requires a registered health practitioner to undertake the continuing professional development (CPD) required by the Board as set out in an approved registration standard for the profession (section 128).

When a practitioner renews their registration, he/she must make a declaration about whether the CPD requirements have been met for the preceding period of registration (section 109). The Board may decide not to renew the practitioner's registration if the CPD requirements are not met (section 112).

The CPD requirements do not apply to a person granted non-practising registration.

The Board is required to develop and recommend to the Ministerial Council a registration standard about the requirements for CPD for registered diagnostic radiographers, radiation therapists and nuclear technologists (section 38 of the National Law).

#### **COMMENT 1**

*We recommend that the term “nuclear technologists” be replaced by “nuclear medicine technologists” and that this term is used consistently throughout all the documentation.*

A number of references were used to develop this draft standard and the Board would particularly like to acknowledge the work of the Medical Radiation Practitioners National Steering Committee for Registration and Accreditation.

#### *What the Board is consulting on*

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Medical Radiation Practice Board of Australia with respect to CPD.

Specifically, **the Board seeks advice on:**

1.1 The advantages and disadvantages to the proposed requirements for a practitioner to undertake a specified amount of CPD hours versus a requirement for CPD points.

#### **COMMENT 2**

*Consistent with the submission from the MRP National Steering Committee we recommend that a specified number of hours be required rather than adopting a points system. Using hours as the measure avoids the dilemmas created by devising any mechanism to allocate points and having practitioners need to interpret that mechanism and apply to their activities. The steering committee recommended hours as the measure so as to avoid any ambiguity and to promote certainty.*

1.2 The advantages and disadvantages to the proposed CPD hours

1.3 Whether or not a specified proportion of an individual's CPD should be dedicated to their current scope of practice.

**COMMENT 3**

*The nomination of a specified proportion of CPD being required to address a particular scope of practice may be too prescriptive and impede personal development. We prefer to promote the understanding that the onus is on the individual practitioner to demonstrate that they have maintained current knowledge and fitness to practise.*

1.4 Situations where the Board should consider exempting a practitioner from the requirements of the registration standard.

**COMMENT 4**

*We recommend adoption of the recommendation from the MRP Steering Committee as below and note it provides for a case by case consideration of applications for exemption*

***13. Deferment and Exemptions***

*The Board may grant an exemption from the CPD requirements in exceptional circumstances such as extended illness or bereavement. Medical radiation practitioners seeking exemption must apply in writing and provide valid supporting documentation to their application. All applications for exemptions will be determined on a case-by-case basis.*

1.5 The type of CPD activities practitioners should be undertaking

**COMMENT 5**

*The MRP Steering Committee submission includes a table of suggested activities to be used as a guide (page 46). This table or similar is recommended to be made available to practitioners.*

The proposed registration standard for continuing professional development (CPD) is on the following page.

**COMMENT 6**

*The CPD Registration Standard below states the minimum requirements but is not helpful to practitioners as a guide as to how to achieve this. The MRP Steering Committee recommended the policy be augmented by a "Guidelines for CPD" document and an example is included in its submission. We note that Codes and Guidelines are provided for in Section 39 of the Act and recommend development and publishing of a Guidelines document.*

## **Medical Radiation Practice Board of Australia**

### **Continuing Professional Development (CPD) Registration Standard**

#### **Authority**

This standard has been approved by the Australian Health Workforce Ministerial Council on <<date>> pursuant to the Health Practitioner Regulation National Law Act (the National Law), as in force in each state and territory, with approval taking effect from <<date>>.

#### **Summary**

Practitioners must undertake continuing professional development (CPD) activities as a condition of registration. The minimum requirements are set out in this standard.

#### **Scope of application**

This standard applies to all medical radiation practitioners, except those who have one of the following types of registration:

- (a) Non-practising registration.
- (b) Limited registration to undertake supervised training.
- (c) Limited registration for postgraduate training or supervised practice.

This standard does not apply to students.

#### **Requirements**

Practitioners must:

- (a) complete a minimum of 60 hours of CPD activities over a three year cycle, with a minimum of 10 hours in any year or comply with the requirements of a CPD program approved by the Medical Radiation Practice Board.
- (b) for each additional discipline for which registration is required, an additional 10 hours of CPD will be required per year or compliance with a CPD program approved by the Medical Radiation Practice Board.
- (c) make a declaration of their compliance with CPD requirements at the time of annual renewal.
- (d) maintain their own records detailing their CPD activities for audit purposes.
- (e) produce evidence of their CPD activities when requested to do so by the Board.
- (f) when a person registers for the first time, or has his or her registration restored after it has lapsed, the number of CPD hours to be completed will be calculated on a pro rata basis, according to a formula published by the Board.

## Definitions

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. It is important to recognise that people learn in different ways and CPD may include a range of learning activities.

**Practice** means any role in which the medical radiation practitioner uses their skills and knowledge in their profession in any way that impacts on safe, effective delivery of health services.

### **COMMENT 7**

*We note this definition is different from the one used by the majority of the Boards and further note the recent discussion paper regarding the definition of practice. Without pre-empting any submission we may make in response to that recent discussion paper we recommend a wide definition of Practice and therefore maintaining the definition currently used by the other boards.*

## Demonstration of Compliance (Monitoring of CPD activities)

Upon renewal of registration, medical radiation practitioners will be required to declare that they are complying with the registration standard.

## Review

This standard applies from <<date>>. The Board will review this standard at least every three years.

## **Attachment 2. Draft registration standard: Criminal history**

### **Introduction**

#### **What the National Law requires**

In accordance with the National Law, the Board is required to check an applicant's criminal history before deciding an application for registration (section 79). All applicants for registration are required to declare if they have a criminal history as part of the application process. The Board may also, at any time, obtain a written report about a registered practitioner's criminal history - for example, as part of an audit, or to check a statement made by a registrant renewing his/her registration (section 135).

The Board may decide that an individual is not a suitable person to hold general registration, if in the Board's opinion, the individual is not an appropriate person to practise the profession, or it is not in the public interest for the individual to practise the profession, after the Board has had regard to the individual's criminal history to the extent that is relevant to his/her practice of the profession (section 55).

The Board is required to develop and recommend to the Ministerial Council a registration standard about the criminal history of applicants for registration, including the matters to be considered in deciding whether an individual's criminal history is relevant to the practice of the profession (section 38).

#### **What the Board is consulting on**

The Board is consulting on the Ministerial Council approved criminal history registration standard that was implemented at the start of the National Registration and Accreditation Scheme on 1 July 2010 for the original 10 professions. (The other three National Boards for the 2012 professions are also consulting on the same document).

This is the only mandatory registration standard that is the same for all ten National Boards. It was subject to wide-ranging consultation with stakeholders prior to approval by the Ministerial Council.

The Board considers it is important to have a consistent, fair, and transparent standard that enables all National Boards to make equitable decisions about whether a health practitioner's criminal history is relevant to the practice of their profession.

Specifically, the Board seeks advice on:

2.1 The Board proposes to seek Ministerial Council approval for this registration standard to apply to the medical radiation practice profession.

#### **COMMENT 8**

*We note the intent to adopt this policy as approved by the existing boards but we are concerned that some inclusions may not comply with the concept of natural justice. Specifically, the inclusion of consideration of pending charges (Section 3 (c)), non-conviction charges (Section 3(d)) and alleged offences (Section 6).*

The proposed registration standard for criminal history is on the following page.

## **Medical Radiation Practice Board of Australia**

### **Criminal History Registration Standard**

#### **Authority**

This standard has been approved by the Australian Health Workforce Ministerial Council on <<date>> pursuant to the Health Practitioner Regulation National Law Act (the National Law) as in force in each state and territory, with the approval taking effect from <<date>> .

#### **Summary**

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

#### **Scope of application**

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

#### **Requirements**

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors.

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

2. The period of time since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place greater weight on more recent offences.

3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- a) convictions
- b) findings of guilt
- c) pending charges

#### **COMMENT 9**

*What range of offences are to be included here, how is a notification to be made and who will determine if the offence is relevant.*

d) non-conviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information which may explain why a non-conviction charge did not result in a conviction or finding of guilt.

**COMMENT 10**

*This does not indicate who is to provide the advice or source the “contextual information” and is open to personal bias.*

4. The sentence imposed for the offence.

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.

7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence. Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

8. The likelihood of future threat to a patient of the health practitioner.

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

**COMMENT 11**

*This seems to be opinion based and again open to personal bias.*

9. Any information given by the health practitioner.

Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.

10. Any other matter that the Board considers relevant.

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

**Note:** The above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

## Definitions

Criminal history is defined in the National Law as:

- Every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of the National Law,
- Every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of the National Law and whether or not a conviction is recorded for the offence
- Every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of the National Law.

### **COMMENT 12**

*The use of “charge” rather than “conviction” indicates that even if found not guilty the charge will be considered. This seems to raise issues of double jeopardy.*

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

## Review

This standard will commence on &lt;&lt;date>>.

The Board will review this standard at least every three years.

### **Attachment 3. Draft registration standard: English language skills**

#### **Introduction**

#### **What the National Law requires**

In accordance with the National Law, the Board may decide that an individual is not a suitable person to hold general registration in the medical radiation profession if in the Board's opinion, the individual's competency in speaking or otherwise communicating in English is not sufficient for the individual to practise the profession (section 55).

The Board is required to develop and recommend to the Ministerial Council, a registration standard setting out requirements for the English language skills that are necessary for an applicant to be suitable for registration in the medical radiation profession (section 38).

#### **What the Board is consulting on**

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Medical Radiation Practice Board of Australia with respect to English language skills.

#### **Specifically, the Board seeks advice on:**

3.1 The proposal to accept English language test results obtained in multiple sittings providing they are obtained within the 12 months preceding the application.

#### **COMMENT 13**

*We support this provision. However we note the need for consistency. The last sentence of the Summary section includes "test results will generally need to be obtained within two years of applying ..." whereas elsewhere it is within 12 months of application.*

3.2 The proposed requirement for practitioners to achieve scores of 7 or above in all four bands of their English language test.

#### **COMMENT 14**

*We support this provision.*

3.3 Whether or not there is a need to accept English language tests other than the proposed IELTS or OET tests.

3.4 Any additional situations where the Board should consider exempting a practitioner from the requirements of the registration standard.

The proposed registration standard for criminal history is on the following page.

#### **COMMENT 15**

*"Criminal history" in the line above should read "English Language Skills"*

## Medical Radiation Practice Board of Australia

### English Language Skills Registration Standard

#### Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <<date>> pursuant to the Health Practitioner Regulation National Law Act (the National Law), as in force in each state and territory, with approval taking effect from <<date>>.

#### Summary

All applicants for initial registration must be able to demonstrate English language skills at IELTS academic level minimum score of 7 or equivalent in all four components, and the Board may require this in a number of ways. This standard does not apply to students.

#### **COMMENT 16**

*In the Summary statement, rather than “all applicants” we recommend “Applicants who have not completed secondary and tertiary education in Australia”.*

An internationally qualified applicant or an applicant who did not complete their secondary education in English must demonstrate that they have the necessary English language skills for registration purposes by achieving the required minimum score in each component of the IELTS academic module, OET or specified alternatives (see Definitions below).

#### **COMMENT 17**

*This is a difficult area. We recommend further definition to give more certainty assuring the required English language skills.*

*The term “complete their secondary education in English” does not define what portion of secondary education is required to be undertaken in English or what year levels, simply to complete it. We recommend a specific portion be required as a minimum and recommend at least years 11 and 12 be required to be undertaken in English.*

*The same term does not specify a level to be achieved in English as a part of completing secondary education in English and we recommend a minimum study score be specified for English and suggest a minimum study score of 35 be required. This could be introduced by requiring universities to include the same minimum requirement for entry to medical radiation courses.*

Test results will generally need to be obtained within two years prior to applying for registration. The Board may grant an exemption in specified circumstances.

#### Scope of application

This standard applies to all applicants for initial registration. It does not apply to students.

#### Requirements

1. An applicant who is:

(a) an internationally qualified applicant;  
or



(b) an applicant who did not undertake and complete their secondary education in English and in one of the countries specified in Exemption 1 below must submit evidence of secondary education in English, or arrange for evidence to be provided (in the case of tests results), to the Board of competency in English language skills as demonstrated by having completed the following tests of English language proficiency:

#### **COMMENT 18**

*(b) above is confusing and we recommend rewording to “an applicant who did not undertake and complete their secondary education in English in Australia or one of the countries specified in exemption 1 below ....”*

*The same paragraph uses both “competency” and “proficiency” and we recommend a consistent approach by using “proficiency” throughout the document.*

(i) the IELTS examination (academic module) with a minimum score of 7 in each of the four components (listening, reading, writing and speaking); or (ii) completion and an overall pass in the OET with grades A or B only in each of the four components.

2. Results must have been obtained within two years prior to applying for registration.

3. An IELTS or OET Test Report Form of more than two years will be accepted as current if accompanied by proof that a candidate has actively maintained employment as a registered health practitioner using English as the primary language of practice in a country where English is the native or first language. Test results must comply with the current requirements of this policy.

4. Results from any of the above-mentioned English language examinations can be obtained in multiple sittings providing these are obtained in the 12 months preceding the application and the scores are 7 or above in all four bands.

#### **COMMENT 19**

*Again a need for consistency. “Examination” is used in this section but “test” elsewhere and “components” and “bands” are used in this section to refer to the same thing.*

5. The applicant is responsible for the cost of English tests.

6. The applicant must make arrangements for test results to be provided directly to the Board by the testing authority; for example, by secure internet login.

### **Exemptions**

The Board may grant an exemption from the requirements where the applicant provides that:

(a) they undertook and completed secondary education that was taught and assessed in English in one of the countries listed below where English is the native or first language; and

(b) the applicant's tertiary qualifications in the relevant professional discipline were taught and assessed in English in one of the countries listed below, where English is the native or first language:

- (i) Australia
- (ii) Canada
- (iii) New Zealand
- (iv) Republic of Ireland
- (v) South Africa
- (vi) United Kingdom

(vii) United States of America.

#### **COMMENT 20**

*The expression above does not provide for countries which have more than one “native or first language” e.g. Canada. This could be improved by substituting “a” for “the” as “where English is a first or native language”.*

The Board may also grant an exemption from the requirements where an applicant applies for limited registration in special circumstances, such as:

- (a) to perform a demonstration in clinical techniques
- (b) to undertake research that involves limited or no patient contact.

These special circumstances exemptions will generally be subject to conditions requiring supervision by a registered health practitioner and may also require the use of an interpreter.

#### **Definitions**

**IELTS** means the International English Language Testing System developed by the University of Cambridge Local Examinations Syndicate, the British Council and IDP Education Australia (see <http://ielts.org>)

**OET** means Occupation English Test administered by the Centre for Adult Learning Education (see <http://www.occupationalenglishtest.org>)

#### **COMMENT 21**

*Occupational English Tests are occupation specific and it should be noted applicants are required to sit the test specific to their occupation. For example a nuclear medicine technologist cannot sit the radiography test.*

An internationally qualified applicant means a person who qualified as a health practitioner outside Australia

#### **COMMENT 22**

*The term “health practitioner” should be replaced by the more specific “medical radiation practitioner”.*

**Multiple sitting** means that several tests can be completed on different days.

#### **Review**

This standard will commence on &lt;&lt;date>> . The Board will review this standard at least every three years.

## Attachment 4. Draft registration standard: Professional indemnity insurance (PII)

### Introduction

#### What the National Law requires

The National Law requires that a registered health practitioner must not practise their profession unless they have appropriate professional indemnity insurance (PII) arrangements in force. The Board may, at any time in writing, require a registrant to give the Board evidence that he/she has appropriate PII arrangements (section 129).

When a practitioner renews their registration, he/she must make a declaration that he/she has not practised the profession during the preceding period without having appropriate PII arrangements in place, and that he/she will not practise the profession unless appropriate PII arrangements are in place (section 109). The Board may decide not to renew the practitioner's registration if he/she failed to have appropriate PII arrangements in place for the preceding period of registration (section 112).

The PII requirements do not apply to a person granted non-practising registration.

The Board is required to develop and recommend to the Ministerial Council, a registration standard about the requirements for PII arrangements for registered diagnostic radiographers, radiation therapists and nuclear technologists (section 38).

#### **COMMENT 23**

*“nuclear technologist” should be replaced by “nuclear medicine technologist”.*

What the Board is consulting on

The Board is therefore consulting on the following draft registration standard which sets out the proposed requirements of the Medical Radiation Practice Board of Australia with respect to PII.

Specifically, the Board seeks advice on:

4.1 Whether or not to specify a minimum level of PII cover and if so, why this would be important.

#### **COMMENT 24**

*We recommend a minimum level of cover be specified. This is important to give practitioners guidance and for the protection of claimants. As a suitable example we suggest inclusion of “no less than \$5 million cover for any single claim (i.e. for each claim) that may be made against the Medical Radiation Practitioner” as is the current requirement in the Victorian MRTB policy.*

4.2 Whether or not to specify a specific number of years that the PII run-off cover should apply and why.

#### **COMMENT 25**

*Specification of a “run off” period may be more difficult with different limitations in different jurisdictions. However, some statement should be included to the effect that run off cover is required to cover the period within those limitations.*

The proposed registration standard for professional indemnity insurance (PII) is on the following page.

## **Professional Indemnity Insurance Registration Standard**

### **Authority**

This standard has been approved by the Australian Health Workforce Ministerial Council on &lt;&lt;date>> pursuant to the Health Practitioner Regulation National Law Act (the National Law), as in force in each state and territory with approval taking effect from &lt;&lt;date>> .

### **Summary**

All registered medical radiation practitioners practising in Australia are required to have in place professional indemnity insurance (PII) arrangements that are continuous throughout the period of registration. The registrant must ensure that the cover is appropriate to the level of risk and is inclusive of run-off cover.

A registered medical radiation practitioner must be covered by either an individual insurance arrangement or an employer's, union or education provider's insurance arrangement, or both. However, if covered by another party, the cover must meet this standard. If an employer's or education provider's insurance arrangement does not meet this standard, the individual must take out additional cover to ensure he or she meets the standard.

Individual PII can be that provided by a professional body as part of membership of that body.

### **Scope of application**

This standard applies to all registered medical radiation practitioners. It does not apply to students and practitioners who have non-practising registration.

### **Requirements**

1. All registered medical radiation practitioners practising in Australia must have in place PII arrangements, commensurate with their scope of practice.
2. The requirement for all practising medical radiation practitioners to hold appropriate PII applies both to medical radiation practitioners in private practice and to employed medical radiation practitioners, whether in the private, non-governmental or public sector.
3. For privately held PII, the medical radiation practitioner must retain documentary evidence and, if required by the Board, provide written advice from an approved insurer or insurance broker that PII has been issued or that a premium has been paid and accepted for the issue of PII. Generally, this will be in the form of a certificate of currency.
4. Medical radiation practitioners whose PII cover is provided by their employer, professional body, an education provider, or by their union are required to retain documentary evidence of their insurance where such documentation is provided to them and must obtain written confirmation of PII cover where it is not automatically provided to them. Group policies must meet all requirements of this standard.
5. Provision of medical radiation practitioner services is not limited to fulltime paid employment. Therefore, any person practising as a registered medical radiation practitioner, including those working as an independent practitioner, in part-time practice, or undertaking voluntary work, must be covered by PII arrangements in accordance with this standard.

6. Practitioners may be required by the Board to provide evidence of appropriate PII cover (National law s129 (2)).
7. At annual renewal, medical radiation practitioners must complete a declaration that appropriate indemnity arrangements are, or will be, in place for the period of the proposed registration or renewal.
8. Registered medical radiation practitioners must, in consultation with their insurer or insurance broker, identify the risk exposure associated with their practice and ensure that the type and level of cover provided by the PII arrangements are sufficient in the circumstances
9. Registered medical radiation practitioners whose PII arrangements are provided by their employer must have individual PII arrangements in place if they intend to practise their profession outside their stated employment, including when undertaking practical components of professional development activities.
10. Registered medical radiation practitioners must ensure their PII arrangements provide appropriate run-off cover.

**COMMENT 26**

*“Appropriate run-off cover” should be defined as “cover to include the period of possible claim lodgement”*

**Definitions**

**Practice** means any role in which the medical radiation practitioner uses their skills and knowledge in their profession in any way that impacts on safe, effective delivery of health services.

**COMMENT 27**

*As above we recommend adoption of a broad definition of practice such as the one currently used by the existing boards.*

Professional indemnity insurance arrangements means arrangements that secure for the practitioner insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the costs and expenses of defending a legal claim, as well as any damages payable. Some government organisations, under policies of the owning government, are self-insured for the same range of matters

**Run-off cover** means insurance that protects a practitioner who has ceased a particular practice or business against claims that arise out of activities which occurred when he or she was conducting that practice or business. This type of cover may be included in a PII policy or may need to be purchased separately.

**Notification** means a notification to the Australian Health Practitioner Regulation Agency under the National Law, for example, complaining about the conduct of a health practitioner.

**Review**

This standard will commence on &lt;&lt;date>>.

The Board will review this standard at least every three years.

## **Attachment 5. Draft registration standard: Recency of practice**

### **Introduction**

#### **What the National Law requires**

In accordance with the National Law, the Board may decide that an individual is not a suitable person to hold general registration in the medical radiation profession if the nature, extent, period and recency of any previous practice of the profession is not sufficient to meet the requirements specified in an approved registration standard relevant to the profession (section 55).

Also, when a practitioner renews their registration, he/she must make a declaration that he/she has met any recency of practice requirements set by the Board in an approved registration standard for the profession (section 109).

The Board is required to develop and recommend to the Ministerial Council, a registration standard about requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applications for registration in the diagnostic radiographers, radiation therapists and nuclear technologists profession (section 38).

A number of references were used to develop this draft standard and the Board would particularly like to acknowledge the work of the Medical Radiation Practitioners National Steering Committee for Registration and Accreditation for their assistance.

#### **What the Board is consulting on**

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Medical Radiation Practice Board of Australia with respect to recency of practice.

#### **Specifically, the Board seeks advice on:**

5.1 Whether or not an absence from practice for three years (but where the practitioner has three or more years experience prior to the period of absence) should require the practitioner to undertake a mandatory amount of CPD within a specified time frame or whether the mandatory CPD requirements only be applied after a five year period of absence.

#### **COMMENT 28**

*Rather than specify compliance with the CPD requirement or a part thereof we recommend the onus be on the applicant to demonstrate their competence by providing detail of relevant training. An example is in the Victorian MRTB policy as below:*

*“An applicant for registration or renewal of registration who has not provided regulated medical radiation practitioner services for a period of between two and five years before the application must provide details of training or proposed training to ensure they are competent to provide those regulated services during the period of registration.”*

5.2 Possible pathways for re-entry into the profession for practitioners who have had a period of absence from practising the profession greater than three years.

**COMMENT 29**

*Again we recommend that the onus be on the applicant to provide a plan of proposed training to ensure competence and the Board should decide on the appropriateness of the plan in consultation with the applicant. As a guide to applicants it should be stated the Board may require one or more of:*

- *Academic study approved by the Board*
- *Completion of a portfolio provided by the Board*
- *A period of supervised practice approved by the Board*

5.3 Whether or not a practitioner should be required to undertake a minimum number of practice hours to maintain their recency of practice.

The proposed registration standard for recency of practice is on the following page.

# Medical Radiation Practice Board of Australia

## Recency of Practice Registration Standard

### Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <<date>> pursuant to the Health Practitioner Regulation National Law Act (the National Law), as in force in each state and territory, with approval taking effect from <<date>> .

### Summary

All registered medical radiation practitioners practicing in Australia are required to maintain their currency of practice and are required to demonstrate to the Board their competence to practice in support of their application for registration or renewal of registration.

### Scope of application

This standard applies to all new applicants for registration and applicants for renewal of registration as a medical radiation practitioner in Australia.

This standard does not apply to students or those undergoing a Board Supervised Practice Program.

### Requirements

All registered medical radiation practitioners are required to declare their status on initial application and on renewal.

#### **COMMENT 30**

*The meaning of the word “status” in the above requirement is not clear and requires expansion.*

1. Applicants not previously registered. If the applicant's qualifications were obtained more than three years before the date of application, the applicant is required to provide documented evidence of their practice within the three years before the day the application is made.
2. Applicants previously registered and returning to practice after an absence of two to three years and who had less than three years experience prior to the absence are required to provide a plan for professional development and for re-entry to practice to the Board for consideration.

#### **COMMENT 31**

*To be explicit the statement above should be “.....after an absence of greater than two years and less than three years and .....”*

3. Applicants previously registered but having not practiced for three years are required to complete a minimum of one year's amount of continuing professional development (CPD), consistent with the Board's Continuing Professional Development standard, in the 12 month period prior to returning to practice. This CPD is to be relevant to the intended scope of practice and designed to maintain and update knowledge, clinical judgment, technical skills and other relevant professional attributes.

### **COMMENT 32**

*As in the response to 5.1 above we favour a plan from the applicant rather than a CPD requirement. The personal plan development will lead to the requirements of relevance to the required skills.*

*The CPD requirement is not included in the requirements for those out of practice for greater than three years as in (4) below.*

4. Applicants previously registered and returning to practice after an absence of greater than three years are required to provide a plan for professional development and for re-entry to practice to the Board for consideration.
5. Medical radiation practitioners who have declared a change of their scope of practice are required to satisfy the Board of their current competence to practice. This may be in the form of evidence of supervised practice, completion of education courses, or continuing professional development activities.
6. Practitioners who are registered in more than one of radiography, radiation therapy and nuclear medicine science/technology are required to comply with recency of practice requirements separately for each profession as per this policy.

### **COMMENT 33**

*Recommend rewording to “ in more than one discipline of radiography, radiation therapy and nuclear medicine technology ....”*

### **Definitions**

**Practice** means any role in which the medical radiation practitioner uses their skills and knowledge in their profession in any way that impacts on safe, effective delivery of health services.

**Recency of practice** means that a practitioner has maintained contemporary practice in the profession since qualifying or obtaining registration.

**Scope of Practice** refer to the Medical Radiation Practitioners Board of Australia Scope of Practice Registration Standard

### **COMMENT 34**

*Is this document available. If yes where can it be accessed? If no, then it should not be referenced.*

### **Review**

This standard applies from <date>> . The Board will review this standard at least every three years.

## **Bibliography**

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## **Attachment 6. Draft registration standard: Grandparenting and general registration eligibility registration standard**

### **Introduction**

#### **What the National Law enables**

Special grandparenting provisions for registration are set out under Section 303 of the National Law. An individual may be eligible to apply for registration until 1 July 2015 even if the person does not hold an approved qualification for registration, but does have other relevant qualifications, training, or experience practising the profession.

The grandparenting provisions are broad. The intent is to ensure that practitioners who are legitimately practising the profession (particularly in those jurisdictions that did not require registration) are not unjustly disadvantaged because they are not automatically transitioned to the National Registration and Accreditation Scheme (the National Scheme) as a state or territory registrant or because they do not hold an approved qualification.

It is important to note that all of the other eligibility for registration requirements set out in section 52 of the National Law apply to people seeking registration using the grandparenting provisions.

#### **What the Board is consulting on**

The Board is consulting on the following draft Grandparenting and General Registration Eligibility Registration Standard which sets out the proposed requirements of the Medical Radiation Practice Board of Australia with respect to applying the grandparenting provisions of the National Law.

#### **Specifically, the Board seeks advice on:**

7.1 Methods to assess a practitioner's experience to determine their eligibility for general registration.

#### **COMMENT 35**

*Due to the unknown background of applicants under Grandparenting provisions it is difficult to be specific. However, we emphasise that experience is not necessarily related to competency and it is competency which is required for fitness to practise. Therefore we recommend some form of formal assessment. This may include assessment of a portfolio of work or other competency assessment.*

*The scope of practice of the applicant should also be a consideration and if this has been limited then limited registration should be considered.*

7.2 The amount of emphasis that should be placed on a practitioner's CPD to determine their eligibility for general registration.

#### **COMMENT 36**

*Establishment of fundamental fitness to practise should be the priority. An applicant may include evidence of CPD to advance their case but this should be a secondary consideration.*

The proposed registration standard for grandparenting and general registration eligibility is on the following page.

## Medical Radiation Practice Board of Australia

### Grandparenting and General Registration Eligibility Registration Standard

#### Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <<date>> pursuant to the Health Practitioner Regulation National Law Act (the National Law), as in force in each state and territory, with approval taking effect from <<date>>.

#### Summary

Practitioners who were registered with any one of the Medical Radiation Practitioner Registration Boards (ACT, Tas, WA, Vic, NT, Qld) on 30 June 2012, will automatically transition to the new national registration and accreditation scheme from 1 July 2012 by operation of section 269 or other relevant section of the National Law. Registration under the national scheme required in all states and territories of Australia.

Medical radiation practitioners who have not previously been registered or who do not automatically transition into the National Scheme on 1 July 2012 must apply to be registered.

Under section 52 of the National Law, an individual is eligible to apply for general registration if they have successfully completed a qualification recognised under the National Law as an approved program of study, or if they hold an overseas qualification which is considered by the Board as comparable to an approved program of study.

Section 303 of the National Law, sets out the grandparenting provisions for individuals to be qualified to apply for registration to the profession but who do not hold an approved qualification. These individuals may apply for registration until 1 July 2015, if they meet the requirements of section 303 of the National Law and the criteria outlined in this standard.

#### **COMMENT 37**

*This seems to imply such persons can practice unregistered until 1 July 2015. Is this the intent? It seems unreasonable of so. If it is not the intent these people can practise unregistered some mention of the penalties for practising unregistered should be included.*

The intent of the grandparenting provisions is to recognise qualifications, training, further study and clinical experience that are not approved qualifications. but are considered by the Board to be adequate for the purposes of practising the profession.

#### **COMMENT 38**

*Schedule 1 below lists qualifications considered adequate for registration. A number of these are historic and continuity of practise and / or recency of practice with evidence of continuous development would be required to ensure fitness to practise.*

#### Scope of application

This standard applies to all applicants for general registration.

This standard applies to any practitioner who holds a position classified as a medical radiation practitioner or any of the other protected titles under the Act.

## Requirements

Practitioners may be qualified for registration within one or more of the following divisions:

1. Diagnostic imaging/radiography;
2. Radiation therapy; and
3. Nuclear medicine

### **COMMENT 39**

*Replace “nuclear medicine” with nuclear medicine technology”*

An applicant for general registration must meet the eligibility requirements set out in section 52 of the National Law, including meeting the requirements of the mandatory registration standards and any requirements of the Board for supervised practice or any examination or assessment.

A person is eligible for general registration under section 52(1)(a) if the individual is qualified for general registration in the profession. That is if an individual:

- a) has completed a qualification recognised by the Board as an approved program of study or
- b) holds an overseas qualification in medical radiation practice recognised by the Board as comparable to an approved program of study and has obtained approval from the relevant accreditation authority.

Section 303(1) of the National Law states that for the purposes of section 52(1)(a), an individual who applies for registration as a medical radiation practitioner before 1 July 2015 may be qualified for general registration in the profession if the individual:

- a) holds a qualification or has completed training in the profession, that the National Board considers is adequate for the purposes of practising the profession (Refer to Schedule 1); or
- b) holds a qualification or has completed training in the profession, and has completed any further study, training or supervised practice in the profession required by the Board for the purposes of this section; or
- c) has practised the profession at any time between 1 July 2002 and 30 June 2012 for a consecutive period of five years or any periods together which amount to five years.

### **COMMENT 40**

*“practised the profession” requires definition. There is the possibility that an applicant may have practised a limited range of the profession in less than optimal circumstances and this should be excluded from the definition. An example may be an assistant to a practitioner in another discipline operating irradiating apparatus in an unregulated jurisdiction.*

Section 303(1) of the National Law is referred to as the grandparenting provisions.

## **Assessment of applications for general registration under grandparenting provisions**

The Board will assess applicants for general registration made in accordance with section 303(1)(a) to (c) of the grandparenting provisions on their individual merit.

Applicants for registration relying on Section 303 (1)(c) must provide to the satisfaction of the Board or its delegate the following evidence in support of their application:

- a) A statutory declaration from the applicant to declare that they have practised the profession for five years fulltime or a part-time equivalent
- b) A statement/s of service or other documentation from an employer/s that demonstrates five years of full time practice or part time equivalent between 1 July 2002 and 30 June 2012
- c) Copies of position descriptions, certified by their employer and describing the nature of qualifications or knowledge required, skills required and duties performed and duration of employment
- d) A minimum of 4 references attesting to their practice as a medical radiation practitioner, at least 2 from medical radiation practitioner peers or supervisors and at least 1 character reference.

For applicants for registration in accordance with 303(1)(a) or (b) the Board may also consider a statement of accreditation from the Australia Institute of Radiography or the Australia and New Zealand Society of Nuclear Medicine as supporting evidence of qualifications.

#### **COMENT 41**

*This provision should be limited to persons currently practising. To apply this provision to applicants in the future pre-empts the Board and /or the Accreditation Council's approach to assessment of overseas qualified applicants.*

All documents must be certified copies. Refer to the Certified Documents (02/2011) guidelines accessible on the AHPRA website ([www.ahpra.gov.au](http://www.ahpra.gov.au)).

#### **Conditions of registration**

1. Section 83 of the National Law, enables the Board to impose conditions on the registration of a practitioner when deciding to grant registration.
2. The Board may refuse to grant registration on any of the grounds set out in s.82 (1)(c) of the National Law.
3. The Board may require the applicant to undergo an examination or assessment to assess the applicant's ability to practice the health professions in which registration is sought. Section (80)(6).

#### **Definitions**

**Practice** means any role, whether remunerated or not, in which the registrant uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the direct provision of clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession.

#### **COMMENT 42**

*Replace "remunerated" with "remunerated".*

*We note this is the definition currently used by existing boards and we support this being the definition to be used throughout the documentation.*

For the purpose of this registration standard, **practice for five years** refers to five years of fulltime or equivalent part-time practice during the specified period.

**Approved program of study** means an accredited program of study approved under section 49(1) by the National Board and included in the list published by the National Agency (AHPRA) under section 49(5).

As a transitional arrangement, the National Law also enables a program of study that provided a qualification for registration in a registering jurisdiction (ACT, Tas, WA, Vic, NT, Qld) to be taken to be an approved program of study as if it had been approved by the Board under the National Law.

A list of approved programs of study will be published on the AHPRA website.

**Approved qualification** means a qualification obtained by completing an approved program of study for the profession

**Grandparenting provisions** are defined as the transitional provisions outlined in section 303 of the National Law.

### **Review**

This standard will commence on &lt;&lt;date>>.

The Board will review this standard at least every three years.

**Schedule 1: Qualifications considered adequate by the Medical Radiation Practice Board  
of Australia for the purpose of practising the profession**

<b>Qualification</b>	<b>Institution</b>
Bachelor of Medical Imaging	Central Queensland University
Bachelor of Applied Science (Medical Imaging)	Charles Sturt University
Bachelor of Applied Science (Nuclear Medicine Technology)	Charles Sturt University
Bachelor of Radiation Science (Medical Imaging)	Charles Sturt University
Bachelor of Medical Radiation Science (Medical Imaging)	Charles Sturt University
Bachelor of Medical Radiation Science (Nuclear Medicine)	Charles Sturt University
Bachelor of Medical Imaging	Christchurch Polytechnic Institute of Technology, NZ
Diploma of Qualification	Conjoint Board of the Royal Australian College of Radiologists and the Australasian Institute of Radiography
Certificate of Qualification	Conjoint Board of the Royal Australian College of Radiologists and the Australasian Institute of Radiography
Bachelor of Science (Medical Imaging)	Curtin University of Technology
Bachelor of Science (Medical Imaging Technology)	Curtin University of Technology
Postgraduate Diploma in Medical Imaging Science	Curtin University of Technology
Master of Medical Imaging Science	Curtin University of Technology

Certificate of Nuclear Medicine Technicians	Department of Technical & Further Education, Sydney
Associate Diploma in Diagnostic Medical Radiography	Department of Technical & Further Education, Sydney
Associate Diploma (Therapeutic Medical Radiography)	Department of Technical & Further Education, Sydney
Certificate Medical Radiotherapy	Education Department of Tasmania
Certificate in Diagnostic Radiography	Education Department of Tasmania
Certificate in Applied Science (Radiation Therapy)	Hobart Technical College
Bachelor of Applied Science (Medical Imaging Technology)	Manawatu Polytechnic (trading as Universal College of Learning), NZ
Bachelor of Radiography and Medical Imaging	Monash University
Master of Medical Radiations (Nuclear Medicine)	Monash University
Master of Medical Radiations (Radiation Therapy)	Monash University
Master of Radiation Therapy	Monash University
Diploma of Radiography	Mount Lawley Technical College
Bachelor of Applied Science Medical Radiation Technology (Medical Imaging Technology)	Queensland University of Technology
Bachelor of Medical Imaging Science	Queensland University of Technology
Bachelor of Applied Science (Medical Radiation Technology)	Queensland University of Technology
Bachelor of Applied Science (MRT)	Queensland University of Technology
Bachelor of Applied Science (Medical Radiation Technology)	Queensland University of Technology
Bachelor of Applied Science Medical Radiation Technology (Radiotherapy Technology)	Queensland University of Technology

Bachelor of Radiation Therapy	Queensland Technology University of
Certificate of Applied Science (Radiation Therapy)	Queensland Technology University of
Diploma of Applied Science (Therapeutic Radiography)	Queensland Technology University of
Diploma of Applied Science (DR)	Queensland Technology University of
Bachelor of Applied Science in Medical Radiations	Royal Melbourne Institute of Technology
Bachelor of Applied Science (Medical Radiations) □ Medical Imaging	Royal Melbourne Institute of Technology
Bachelor of Applied Science (Medical Radiations) - Nuclear Medicine	Royal Melbourne Institute of Technology
Bachelor of Applied Science (Medical Radiations) □ Radiation Therapy	Royal Melbourne Institute of Technology
Diagnostic Radiography	Royal Melbourne Institute of Technology
Diploma of Applied Science (Nuclear Medicine Technology)	Royal Melbourne Institute of Technology
Diploma of Applied Science (Radiation Therapy)	Royal Melbourne Institute of Technology
Associate Diploma of Medical Radiography	Royal Melbourne Institute of Technology
Diploma of Applied Science (Nuclear Medicine Technology)	South Australian Institute of Technology
Diploma of Applied Science (Radiotherapy)	South Australian Institute of Technology
Associate Diploma in Radiological Technology	South Australian Institute of Technology
Advanced Diagnostic Radiography Certificate	South Australian Institute of Technology
Associate Diploma of Nuclear Medicine Technology	Sydney Technical College
Bachelor of Health Science (Medical Imaging)	Unitec Institute of Technology, NZ
Bachelor of Medical Radiation Science in Diagnostic Radiography	University of Newcastle
Bachelor of Medical Radiation Science in Radiation Therapy	University of Newcastle

Bachelor of Medical Radiation Science in Nuclear Medicine	University of Newcastle
Bachelor of Applied Science (Medical Radiation Sciences) Radiation Therapy	University of Newcastle
Bachelor of Applied Science (Medical Radiation Technology)	University of Newcastle
Bachelor of Medical Radiation Science (Radiation Therapy)	University of Newcastle
Graduate Diploma in Medical Radiation Science (Nuclear Medicine)	University of Newcastle
Postgraduate Diploma in Medical Imaging Science	University of Newcastle
Diploma of Applied Science (Medical Radiation Technology)	University of Newcastle
Bachelor of Health Science (Medical Radiation Therapy)	University of Otago, NZ
Bachelor of Medical Radiation	University of South Australia
Bachelor of Medical Radiation (Diagnostic Radiography)	University of South Australia
Bachelor of Medical Radiation (Medical Imaging)	University of South Australia
Bachelor of Medical Radiation (Radiation Therapy)	University of South Australia
Bachelor of Medical Radiation (Nuclear Medicine)	University of South Australia
Bachelor of Applied Science (Medical Radiations)	University of South Australia
Diploma of Applied Science (DR)	University of South Australia
Diploma of Medical Radiation (Radiation Therapy)	University of South Australia
Diploma of Applied Science (Radiotherapy)	University of South Australia
Bachelor of Applied Science (Medical Radiation Sciences) Diagnostic Radiography	University of Sydney

Bachelor of Applied Science (Medical Radiation Technology) Diagnostic Radiography	University of Sydney
Bachelor of Applied Science (Medical Radiation Sciences) Nuclear Medicine	University of Sydney
Bachelor of Applied Science (Medical Radiation Technology) Nuclear Medicine	University of Sydney
Bachelor of Applied Science (Medical Radiation Sciences) Radiation Therapy	University of Sydney
Bachelor of Applied Science (Medical Radiation Technology) Radiation Therapy	University of Sydney
Bachelor of Applied Science (Medical Radiation Therapy) Radiation Therapy	University of Sydney
Bachelor of Medical Radiation Sciences	University of Sydney
Bachelor of Radiation Science (Medical Imaging)	University of Sydney
Bachelor of Applied Science (MRT) (DT)	University of Sydney
Bachelor of Applied Science (MRS)	University of Sydney
Master of Diagnostic Radiography	University of Sydney
Master of Nuclear Medicine	University of Sydney
Master of Radiation Therapy	University of Sydney
Diploma of Nuclear Medicine Technology	University of Sydney
Diploma of Diagnostic Radiography	University of Tasmania
Diploma of Applied Science □ Therapy Radiography	WAIT
Diploma of Applied Science □ Diagnostic Radiography	WAIT
Diploma of Applied Science □ Therapeutic Radiography	WAIT
Diploma of Applied Science (Radiography)	WAIT
Diploma of Diagnostic Radiography	WAIT
Diploma of Therapeutic Radiography	WAIT
Associate Diploma of Applied Science (Radiation Therapy)	WAIT

Bachelor of Health Science (Conversion Program) (conferred or awarded pre 2004)	Wellington Institute of Technology, NZ
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### **COMMENT 43**

*Several of the “historic” qualifications listed had an additional requirement of clinical practice overseen by the Conjoint Board of the Australian Institute of Radiography and the Royal Australian College of Radiologists to qualify the person to practise. The qualification by itself should not be accepted as evidence of fitness to practise. A Conjoint Board Certificate / Diploma should be required.*

Attachment 7. Board’s statement of assessment against AHPRA's procedures for development of registration standards

The Australian Health Practitioner Regulation Agency (AHPRA) has Procedures for the Development of Registration Standards (the AHPRA Procedures) which are available at [www.ahpra.gov.au](http://www.ahpra.gov.au).

Below is the Medical Radiation Practice Board of Australia’s assessment of its proposed mandatory registration standards against the three elements outlined in the AHPRA procedures.

In addition, below is the Medical Radiation Practice Board of Australia’s assessment of its proposed grandparenting and eligibility for registration standard against the three elements outlined in the AHPRA procedures.

The proposed registration standards take into account the objectives and guiding principles of the National Law (section 3)

### **Board assessment**

The Board considers that its proposed mandatory registration standards meet the objectives and guiding principles of the National Law. In particular, the Board notes that the development of the registration standards on these five matters is required under the National Law and is not at the Board’s discretion.

In relation to the grandparenting and eligibility for registration standard, the Board considers that its proposed standard meets the objectives and guiding principles of the National Law. In particular, to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered; to enable the continuous development of a flexible, responsive, and sustainable Australian health workforce; and that the National Scheme is to operate in a transparent, accountable, efficient, effective and fair way.

The proposed registration standards meet the consultation requirements of the National Law

## **Board assessment**

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board is ensuring that there is public exposure of its proposals and the opportunity for public comment by undertaking a six week public consultation process. This process includes the publication of the consultation paper and draft registration standards on the website. The Board has also drawn this paper to the attention of the 13 other National Boards, existing State and Territory Medical Radiation Practice Boards, professional associations and governments.

The Board will take into account the comments it receives when finalising its draft standards for submission to the Ministerial Council for approval.

The proposed registration standards take into account the COAG principles for best practice regulation

## **Board assessment**

In developing the draft mandatory registration standards for consultation, the Board has taken into account the Council of Australian Governments (COAG) Principles for Best Practice Regulation.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community. The Board makes the following assessment specific to each of the five draft mandatory registration standards and the grandparenting and eligibility for registration standard.

The proposed **Continuing Professional Development (CPD) Registration Standard** imposes a reasonable requirement on registrants to undertake professional development activities to ensure that their skills and knowledge remain current, thus supporting the safety and quality of services provided to the patients. The number of hours proposed by the Board is consistent with the approach that a number of state and territory boards have already taken and can be achieved through a wide variety of activities making it flexible and achievable for all practitioners. Pro rata transitional requirements have been taken into consideration to ensure those practitioners registering for the first time are not disadvantaged.

The proposed **Criminal History Registration Standard** is the same as the Ministerial Council approved registration standard that was implemented by the first 10 National Boards on 1 July 2010 and explains the factors that the Board will take into account in reviewing criminal history. The approved registration standard was subject to wide-ranging public consultation in 2009 prior to the start of the scheme, and was largely consistent with the way state and territory registration boards assessed the criminal history of health practitioners in relation to registration matters across the 10 professions.

The intent of having the same registration standard as the other 10 National Boards is to ensure that a consistent, transparent and equitable framework is applied to Board decisions on the sensitive matter of a person's criminal history is relevant to the practice of their profession. The Board considers that differing criminal history registration standards will risk imposing unjustified additional costs due to national processes needing to be changed to accommodate a different standard of criminal history for the profession and there may be an increased risk of inconsistent decisions being made due to the different requirements, which in turn may have a negative impact on a person seeking registration or may pose a risk to public safety.

The proposed **English Language Skills Registration Standard** refers to standards that are used by the Department of Immigration and Citizenship for applicants for skilled migration. The proposed standard provides for some exemptions from the standard to ensure that the cost of assessment only applies where necessary to ensure that applicants have adequate English language skills to protect the public. In proposing a minimum attainment of IELTS academic level 7 the Board is ensuring consistency with the majority of the other National Boards for internationally qualified applicants, or those who have not completed their secondary education in English.

The proposed **PII Registration Standard** is designed to ensure compensation is available to cover the actions of a practitioner should this be necessary. A minimum quantitative requirement for the level of cover for private practitioners has not been defined to avoid raising costs in the market and potentially driving up the overall costs of private practice. The Board will issue guidelines to assist practitioners identify what type of PII is considered appropriate. The proposed standard recognises that practitioners are employed in both the public and/or government sectors, and the private sector. It also recognises that a number of professional bodies offer indemnity arrangements and are compliant with the Board's proposed registration standard. The Board has avoided imposing onerous documentation requirements on practitioners which has the potential to add to employer and/or practitioner costs and costs to consumers

#### **COMMENT 44**

*This paragraph implies there is a different level of cover appropriate for practitioners in private practice compared with those in public employment. There does not seem to be a logical basis for this as the same harm may be caused to a person in either environment and therefore the complainant should be entitled to the same compensation. Thus the requirement for both sectors should be the same.*

The proposed **Recency of Practice Registration Standard** does not impose unnecessary costs on registrants or the public, but may involve some costs for the Board in monitoring compliance with the standard, in line with its role in protection of the public. It ensures that practitioners have sufficient recent practice experience to maintain their competence, to protect the public. The standard also provides for ways that practitioners who have not met the recency requirements to re-enter practice, to promote workforce participation. The proposal is consistent with the direction that state and territory registration boards have taken.

The proposed **Grandparenting and Eligibility For Registration Standard** sets out, for

transparency, how eligibility for registration of section 52 of the National Law and the broad grandparenting provisions of section 303 of the National Law are to be applied to the medical radiation profession. The Board's decision to develop a registration standard means that the standard must be submitted for approval by the Ministerial Council; an approach that supports best practice regulation.

Further, the Board specifically addresses the four **COAG principles** as follows:

(a) The Board considered whether the draft mandatory registration standards may result in an **unnecessary restriction of competition** among health practitioners. The draft registration standards do not restrict competition among health practitioners. Rather, the draft standards promote the public interest in ensuring that the public receive safe, high-quality health care and that practitioners are suitable to practise, maintain their skills and competence, are appropriately insured and have adequate English language skills.

In addition, the *Grandparenting and Eligibility For Registration Standard* does not restrict

competition among health practitioners. Rather, the standard provides clarity and certainty to practitioners who may not otherwise be eligible to apply for general registration because they do not hold an approved qualification. The intent is to ensure that practitioners who are legitimately practising the profession (particularly in those jurisdictions that do not currently require registration) are not unjustly disadvantaged because they are not registrants or do not hold a current qualification.

(b) The Board considered whether the draft mandatory registration standards result in an

**unnecessary restriction of consumer choice.** Rather than restricting consumer choice, the draft standards support consumer choice by ensuring that practitioners are eligible to apply for national registration if they are suitably trained and qualified, and have the necessary skills and qualities to practice in a competent and ethical way. A nationally registered practitioner will be able to practise the profession in any Australian state or territory.

(c) The Board considered that the **overall costs** of the draft standards to members of the public and/or registrants and/or governments **are reasonable in relation to the benefits to be achieved.** While there are a number of requirements that a practitioner must satisfy to qualify for registration, this is consistent with the objectives and guiding principles for the National Registration and Accreditation Scheme and is appropriate to ensure that practitioners have the necessary qualities, knowledge and skill to practice the profession, for the protection of the public. The draft registration standards do not impose an additional cost burden □ the National Law sets out the grandparenting provisions and this draft registration standard provides clarity and certainty in how the provision are to be applied for the benefit of the profession, the public and employers, including governments.

(d) The Board has **procedures in place to ensure that the standards remain relevant and in the public interest over time.** The standards will be reviewed within three years of their commencement, including assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation. However, the Board may choose to review an approved registration standard at an earlier point in time, if it is necessary to ensure the standard's continued relevance and workability. In addition, the grandparenting provisions of section 303 of the National Law apply until 1 July 2015, and therefore the proposed registration standard will expire on 1 July 2015. Therefore, this standard is time limited with an expiry date of 1 July 2015. The Board may choose to review an approved grandparenting registration standard at any time, for example if it is necessary to ensure the standard's continued relevance and workability.

