

Via Email 5/10/2011

Hi.

Thankyou for the opportunity to comment. Please be aware that the comments below are my own personal view. They do not represent the views of the position I hold in any organisation, or with any employer.

1.3, 1.4 and 1.5

Medical Radiation Practice represents a broad scope of activity in each discipline. The CPD activities should be suitably broad to encompass practical roles. For example, the following 3 situations should be catered for:

- a. The beginning practitioner - their CPD activities over 3 years may be 90% based on general radiography and 10% aspirational modalities.
- b. The experienced practitioner - their CPD activities may be 80% based on a specialist modality, 5% on QA, 5% aspirational management, and 10% other.
- c. A manager Radiographer with a very small clinical component - Their CPD activities may be 80% based on management, with 20% aimed at keeping a broad overview of current practice.
- d. A manager Radiographer with a significant clinical component - Their CPD activities may be 50% management and 50% generalist or modality based.

The acceptable activities should cover all aspects of MRP. It should be incumbent upon the individual to be able to justify the balance in the context of their current practice. Given this, I see the only exemptions should be for non-practising MRPs. They would then be required to demonstrate a pro-rata CPD activity report reflecting the period immediately before returning to practice.

3.4

Whilst I imagine that the circumstance would be rare, the utilisation of this English Language Standard, may also have an application where a complaint about a practitioner is made to the Registration Board, where verbal communication skills is the primary concern of the complainant. Whilst each case would need to be judged on its merits, it may be useful for the Board to have at it's discretion a quantitative measure against which to test whilst investigating the complaint.

4.1

The Board should specify a minimum level of PII cover. One such model (rather than a flat rate), is using a pro-rata or risk managed basis. eg a practitioner who sees 0-2000 patients per year = \$1M, a practitioner who sees 2001-5000 patients per year = \$2M etc. This may also have suggested coverage loadings for specific modalities such as ultrasound, where perceived greater operator control of diagnostic outcome is involved. This will assist in ensuring that insurance provided to members provides cover reflective of their relative exposure to risk. I suspect in the absence of this standard low premiums (which are attractive) may reflect poor relative risk management.

4.2

The Board should specify the number of years that PII run off cover should apply. This should be related either to any statutory period for which legal action could be taken following an event, or to a standard that is generally accepted, eg 20 years following the cessation of registered practice. This will assist in ensuring that insurance provided to members provides reasonable future cover. I suspect in the absence of this standard low premiums (which are attractive) may reflect poor run-off coverage.

### 5.1

The mandatory CPD requirements should only apply following an absence of 5 years. Whilst Medical Radiation Practice is quite technology centred, there are also many principles that do not change. The technology changes are usually learnt on the job, and less so during CPD activities.

### 5.2

Re-entry to practice following a period of absence of (3 years - I prefer 5) should require the demonstration of accumulation of between 10 and 20 CPD points within the previous 12 months. That is, they must have an education plan that delivers CPD points prior to their re-entry. They should be required to also demonstrate their education plan for the following 12 months. In addition, they should be in a position of collegiate "general supervision". That is, whilst they do not need to be directly supervised, there should be an agreed degree of scrutiny of their practice until the supervisor is satisfied to sign off their competence to practice. This period would be expected to be less than 30 working days.

D. Gray