Queensland Government
Queensland Health

GOLD COAST HEALTH SERVICE DISTRICT

November 2011 Registration Standards

Gold Coast Health Service District response to the Medical Radiation Practice Board of Australia's consultation paper on the proposed registration standard on Supervised Practice.

Authority Position **Director of Medical Imaging Technology**

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The Gold Coast Health Service District (GCHSD) offers the following feedback on the Medical Radiation Practice Board of Australia's consultation paper on the proposed registration standard on Supervised Practice.

This feedback is for the Medical Radiation Technology discipline within GCHSD only and does not attempt to predict impact on other Medical Radiation Professional disciplines.

Specific feedback questions have been addressed as follows:

a. The number of clinical practice hours required to be completed by a recent graduate for the purposes of general registration from

i. A three year course of study, and

ii. A four year course of study

GCHSD supports a period of mandatory Supervised Practice before any recent graduates are eligible for registration as a Medical Radiation Practice Professional. The support for Supervised Practice Program is based on the premise that the general public expects that the Practitioner is fully conversant with the use of equipment and the positioning or otherwise required to produce a diagnostic result in a safe and competent manner.

GSHSD believe the ideal length of a Supervised Practice Program should be flexible to accommodate a candidate's individual learning needs and their depth of undergraduate clinical practice.

Interns must enter a Supervised Practice Program within 3 years of completing their Radiation Practice Undergraduate studies.

GCHSD proposes a Supervised Practice Program with of a minimum of 608* hours (16 weeks) to a maximum 1824* hours (48 Weeks) excluding leave but inclusive of public holidays (* based on 38 hours per week). The entire SPP requirements must be completed with 2 years of commencement.

GCHSD supports the introduction of a competency based assessment of Supervised Practice Interns. Supervised Practice Interns will be eligible for general registration once all required competencies have been achieved.

Such assessment is to have two components:

1. **Attainment of the following minimal levels of clinical experience**

   and

2. **Satisfactory competency based assessment.**

1. Minimum Clinical Experience Requirements

Modality	Region	Exam Type	Clinical Experience	
			# of Exams*	Intern's Role
General				
	Chest			
		Ambulant	200	Performer
		Non Ambulant / Trauma	30	Performer
		Mobile	30	Performer
		Paediatric / Neonatal	15	Performer
	Axial Skeleton			
		Ambulant	30	Performer
		Non Ambulant / Trauma	20	Performer
	Abdomen			
		Ambulant	20	Performer
		Non Ambulant / Trauma	20	Performer
		Paediatric	10	Performer
	Appendicular Skeleton			
		Ambulant	150	Performer
		Non Ambulant / Trauma	50	Performer
		Mobile	20	Performer
		Paediatric	20	Performer
	Face Mandible and OPG			
		Ambulant	20	Performer
		Non Ambulant / Trauma	5	Performer
Fluoro / Angio				
		All cases	30	Performed under supervision
Mobile II including OT				
		All cases	30	Performer
CT				
	Brain			
		Pre Contrast	50	Performed under supervision
		Post Contrast	50	Performed under supervision
	Thorax			
		Pre Contrast	40	Performed under supervision
		Post Contrast	40	Performed under supervision
	Abdomen			
		Pre Contrast	20	Performed under supervision
		Post Contrast	20	Performed under supervision
	Thorax & Abdomen			
		Post Contrast	20	Performed under supervision

2. Competency Based Assessments (CBA)

CBAs can only be undertaken after Supervised Practice Interns have completed the clinical practice numbers prescribed above.

CBAs will be undertaken to validate that interns have acquired satisfactory skills to enable safe unsupervised practice in each of the areas of practice listed in the clinical experience table above.

*Completion of the competency in CT implies the Supervised Practice Intern is ready to work in a supervised multidisciplinary environment in the limited CT exam sets above.

CBAs should be validated by a registered practitioner who has been recognised by the Medical Radiation Practice Board of Australia as a clinical practice supervisor. The clinical practice supervisor may delegate assessment tasks to registered practitioners with 5 or more years of experience where this assists with evidence gathering.

National competency based assessment tools should be developed in each of the above areas by the Medical Radiation Practice Board of Australia in association with industry and professional bodies. Competencies based assessment tools have not been developed within this submission.

b. How "fitness to practice" (clinical competence, professional conduct and compliance with regulatory standards) should be assessed during supervised practice.

GCHSD believes the following elements of professional practice should be assessed as part of the Supervised Practice Intern's competency assessment process.

Professional Practice	**Assessment Methodology**
Ability to interpret request form	Practical Assessment
Demonstrates ability and flexibility in Imaging Techniques	Observation
Demonstrates competence in use of equipment and ability to adapt	Observation
Demonstrates competence in use of ancillary medical imaging equipment and information systems	Observation & Practical Assessment
Demonstrates awareness of radiation safety and protection.	Observation & Oral Assessment
Demonstrates awareness of appropriate medical imaging techniques and protocols	Observation & Oral Assessment
Demonstrates appropriate selection of exposure techniques	Observation and Practical Assessment
Demonstrates ability to communicate and work effectively in a multidisciplinary environment.	Observation & 360 Feedback survey

Demonstrates ability to communicate and with patients and carers.	Observation & 360 degree feedback survey
Demonstrates an understanding of patient acuity.	Observation & Oral Assessment
Ability to assess images and perform additional imaging when required	Observation & Oral assessment
Understanding legislative frameworks and contemporary practice issues	Observation & Oral assessment
Commitment to continuous professional development	Evidence of CPD activities which would satisfy the minimum AIR CPD requirements for a full 12 months period.
Maintain a safe work environment	Observation, Oral assessment & Mandatory safety training.
Willingness to access professional resources eg UpToDate	Observation and Practical Assessment

c. How to achieve consistency in implementation of supervised practice and consistency in clinical evaluation.

GCHSD believe the development of National Competency Based Standards and assessment tools will support the goals of consistent implementation.

GCHSD recommends sites have access to Medical Imaging Clinical Educators / Assessors. Clinical Educators are to be competent in assessment - formal qualifications in assessment or education are highly recommended (eg Cert IV in Training & Assessment or Post Graduate Qualifications in Clinical Education). GCHSD proposes that Medical Imaging Educators / Assessors be endorsed by the Medical Radiation Practice Board as part of the registration process.

GCHSD proposes that all assessment be validated by endorsed Medical Imaging Educators / Assessors. Medical Imaging Educators / Assessors may conduct assessments for both the public and private Supervised Practice Interns. Travel and expenses are to be subsidised by the Supervised Practice Intern's employer.

d. The level or extent of supervision for provisional registrants – i.e. direct supervision and indirect supervision.

Appropriate supervision is required in the individual areas above until Supervised Practiced Interns have achieved the prescribed competency or where legislative requirements prevail eg CT.

GCHSD believes Supervised Practice Interns will progress from needing direct supervision and progress to indirect supervision as they approach the competency assessment point.

Direct supervision is required until interns have achieved at least fifty percent of the clinical experience required for the competency assessment.

e. What ratio, if any, should exist between Supervising practitioners and those practitioners being supervised?

< 50 % of minimum clinical requirements achieved	1:1
> 50 % of minimum clinical requirements achieved	Sufficient and proximate supervision to be able to influence the course of the examination where required.
100% of minimum clinical requirements achieved	Sufficient and proximate supervision to be able to influence the course of the examination where required.
100% of minimum clinical requirements achieved and competency based assessment achieved	Indirect supervision as required

f. *At what point, and under what conditions, is it appropriate for a practitioner being supervised to undertake On Call duties.*

Interns should not undertake on call until they have achieved competency in that area*.

*Supervised Practice Intern competency in CT does not equate to readiness for CT on call. GCHSD believes Radiographers should complete the full in house CT training program before being paced on call. (Some states have specific licensing requirement that require evidence of CT competency before endorsement for autonomous practice in CT).

g. The level of training or experience required of a Supervising Practitioner.

GCHSD recommends sites have access to Medical Imaging Clinical Educators / Assessors. Educators are to be competent in training assessment - formal qualifications in training and assessment or education is highly recommended (eg Cert IV in Training & Assessment or Post Graduate in Clinical Education).

The clinical practice supervisor may utilise registered practitioners with 5 or more years of experience to undertake clinical assessments.

The clinical practice supervisor may delegate day to day supervision to any registered practitioners in areas of their competence.

GCHSD suggests all clinical practice and day to day supervisors under go mentoring / preceptorship training and Supervised Practice Program familiarisation.

h. The impact of supervised practice requirements on the transition of graduates into the workforce.

GCHSD believes the major impacts from this proposal will stem from the strengthened supervision and assessment requirements. GCHSD recommends a phased implementation of these arrangements in 2013 & 2014.

GCHSD does not foresee significant impact from the modification to SPP program lengths in this proposal beyond 2013.

i. The advantages and disadvantages of implementing and maintaining a supervised practice program

Comments relate to proposed GCHSD model

Advantages	**Disadvantages**
Able to conduct 2 Supervised Practice Programs per year making it possible for more university graduates to complete a Supervised Practice Program.	Coordinating recruitment may be more difficult.
Sites with Medical Imaging Educators may be able to derive income by supporting other sites.	Potential increased supervision and assessment overheads for small sites.
Flexible model that supports both 3 and 4 year undergraduate course candidates.	Potential for employers to exploit candidate workforce through shorter SPP.
Competency standards are nationally set and endorsed.	
This consistent approach will allow state radiation regulators to streamline the licensing processes for Medical Radiation Practitioners	

j. Alternative structures of supervised practice that address
i. Reducing costs on healthcare and workforce
ii. Increase workforce access and flexibility
iii. Provide consistent, measurable clinical outcomes

GCHSD believes this is an alternative model to those currently being discussed and that this model maximises workforce flexibility whilst supporting a standards based approach to professional development.

This model has the ability to reduce undergraduate to registration transition times while maintaining safe and sustainable workforce.