Victorian Society of Nuclear Medicine Technologists Inc

Submission to

The Medical Radiation Practice Board of Australia

on the

Proposed Supervised Practice Registration Standard

January 2012

This submission has been prepared by the Victorian Society of Nuclear Medicine Technologists (VSNMT). The VSNMT is a professional organisation representing the interests of nuclear medicine technologists engaged in the public and corporate sectors and academia. The VSNMT was founded in 1969 and has played an active role in the development of nuclear medicine science profession. The VSNMT is an autonomous organisation governed by a general committee with a number of expert sub-committees.The Society is an advocate for nuclear medicine technologists in healthcare and the broader community. It participates in partnerships with government and healthcare providers to deliver quality care to the community. It maintains strong relationships with universities providing education to student practitioners and is actively involved in partnerships that deliver continuing education to its membership.

The VSNMT, through the Nuclear Medicine Intern Committee (NMIC), administers the NMT intern program in Victoria on behalf of the Australian and New Zealand Society of Nuclear Medicine (ANZSNM).

General Comments

The VSNMT supports the registration of Medical Radiation Practitioners. We have experienced professional registration and believe it protects the public and assists in maintaining the standards within the profession.

The VSNMT considers several of the terms used in this standard require a more precise definition. In particular, the term "supervising practitioner "requires further clarification. In some workplaces this term will be assumed to be the person taking overall responsibility for the graduate and performing assessments. In other workplaces it may be assumed to include any person supervising the graduate on any given day.

The VSNMT believes the following terms need to be defined:

Direct Supervision	Supervising Practitioner	Indirect Supervision
On Call Duties	3 year course of study	4 year course of study

Specific Comments

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

i. A three year course of study

Comment: In Australia, there is general agreement that a substantial period of clinical practice is essential in preparing medical radiation practitioners for their profession. As a general principle, the number of clinical practice hours required after a 3 year course of study would depend on the content of the university program. There should be a standard minimum content as university programs are currently accredited by professional bodies; however it is expected that there will be some variation in content and emphasis.

In Victoria, RMIT University does not set out to produce graduates who are 'fit to practice'. The RMIT undergraduate courses in Medical Radiation Science have been designed on the assumption that graduates will go on to complete an intern year before registration.

Submission: It is our view that the MRPBA retain the current period of supervised practice unless compelling evidence is available to show that change is required.

ii A four year course of study

Submission: Again, the period of supervised practice required would depend on the course content. The VSNMT has no experience with 4 year programs and therefore cannot comment with authority.

iii A graduate entry Masters program

Comment: RMIT University runs a graduate entry Masters program in Nuclear Medicine. This is a two year program which produces graduates who require a substantial period of clinical practice before being deemed "fit to practice".

iv A graduate of an overseas program

Comment: The MRPBA standard requires the period of supervised practice to be determined by the Board.

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

Comment: There is general agreement, confirmed by a recent national survey of nuclear medicine practitioners, that a well developed supervised practice program is essential to prepare graduates for professional registration.
"Fitness to practice" is achieved when a graduate is assessed as competent. In this context competent means the graduate has "the ability to do something successfully" (Oxford Dictionary definition). A competent graduate possesses the ability to think, feel and act like a nuclear medicine technologist. They will display a variety of attributes which are all dimensions of professional competence. It is therefore important that all these dimensions are assessed.
Historically, the principal assessment method has been based on direct observation of performance in the workplace. This method typically entails assessment of a real-life clinical procedure where the graduate is assessed on a variety of skills. This method is valuable but has a number of intrinsic flaws (sex and race biases have been reported, plus issues around subjectivity)
Continuous practical assessment has also been used to assess graduates. This process is based on the professional judgement of clinical staff working with the graduate.
Some programs use a summary evaluation at the end of the period of practice. This method also has deficiencies (subjectivity, selective rather than habitual behaviour may be observed by some assessors).

Formative assessment has been used in medical training programs and combines a grading system on trainee performance at designated points with feedback to support and enhance learning. The literature suggests that formative assessment and feedback have a powerful influence of performance. Portfolios have been reported as being useful in demonstrating a graduates development and technical capacity. They are often used as part of formative assessment and are considered especially valuable for demonstrating development and technical capacity.

Submission: "Fitness to practice "should be assessed using multiple assessment tools to capture different aspects of performance. The assessments should balance the use of complex real life situations requiring reasoning and judgement with structured, simplified and focused assessments of knowledge skills and behaviour.
Regulatory compliance and governance issues can be assessed by the supervising practitioner. This assessment may include a consensus opinion of staff within the workplace.
Ultimately we believe the responsible supervisor must play a central role in assessing the graduate. Assessment criteria will be based on competency-based standards as approved by the MRPBA.

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

Comment: Any supervised practice program offered within Australia must be designed to meet the standards and guidelines set by the MRPBA and then approved by the Board.
Graduates entering into supervised practice are drawn from a variety of university programs. Given the variation in prior learning, the program should be outcome based requiring all graduates to achieve competence in a number of core elements of practice. It is important that the competencies and the scope and purpose of the evaluation have been standardised and regulated.
Some graduates may achieve competency easily as a result of prior learning and experience, while others may require more time and support. Each competence should be assessed against a pre-determined threshold to ensure standardisation of the assessment.
The VSNMT believes assessment should be undertaken by multiple assessors. Any assessment, which relies on the evaluation of one individual by another, risks observer bias.
Over the 25 years of the degree program in Victoria, very few graduates have failed their clinical evaluation and there has been anecdotal evidence that some have been "pushed through". There is also concern expressed that some assessors have assessed graduates on "potential" rather than their demonstrated ability. This observation has also been reported in other professions especially nursing. Clinical evaluation ideally would be made by multiple assessors who have been trained to a minimum standard. Supervising practitioners should oversee the assessment process.

Submission: The core elements of practice must be clearly designed and assessment should be performed against standardised criteria. Formulating a long list of specific activities is not necessary. While these activities may constitute part of professional work, assessment should be limited to core elements.
The use of portfolio assessment should be incorporated into the evaluation process.

d) The level or extend of supervision for provisional registrants - i.e. direct and indirect supervision.

Comment: The extent of supervision required will alter as the graduate progresses through the program. Initially, most will require direction from other clinical staff and the supervising practitioner. As each individual becomes more competent and confident, the requirement for direct supervision should decrease. It is very important for the graduate to experience a training program that is authentic i.e. they need to learn to practice as would a fully credentialed practitioner. Supervision should quickly move from direct contact to a level of supervision reflecting the competence of the graduate.

Submission: The level of supervision should be at the discretion of the graduate and clinical supervisor. The training must prepare graduates for the authentic workplace experience.

e) What ratio, if any, should exist between supervising practitioners and graduates being supervised?

Comment: The ratio between practitioners and graduates varies depending in Australia between professions. Nursing has higher ratios than allied health professionals. In our view there is no strong evidence to validate any specific ratio. The current ANZSNM PDY program requires a ratio of 1.25 NMT's to each graduate. In our view there is no evidence that validates a specific ratio. From a practical viewpoint any supervised practice needs to have provision for adequate supervision.

Submission: The current ANZSNM PDY ratio has survived in practice for many years and has been shown to be acceptable. We do not have any evidence to support a change in the ratio.

f) At what point, and under what conditions, is it appropriate for a practitioner being supervised to undertake on-call duties.

Comment: In our view even indirect supervision should mean the supervisor is on site.

Submission: On call should be part of the training program. On call should only be entertained when the clinical supervisor considers the graduate has the requisite competencies. The graduate should not perform on-call duties without on site supervision.

g) **The level of training or experience required of a supervising practitioner.**

Comment: The supervising practitioners undertaking the role of supervisors must have adequate preparation and training. This training should include the principles of teaching in a clinical environment, evaluation of performance, providing feedback, and the ability to steer learning toward the desired outcomes.
Supervising practitioners should be skilled clinicians who are enthusiastic about the role. They must also have sufficient standing within the organisation to properly administer the program.

Clinicians ideally would also have some training in the principals of supervision.

Submission: We would recommend that supervising practitioners are clinicians with sufficient experience to carry out the role. We also recommend that supervising practitioners receive a minimum level of training in the educational aspects of clinical supervision.
We believe that it is more appropriate to require a minimum level of training and skills rather than years of experience.

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

Comment: Currently in Victoria, graduates of the RMIT nuclear medicine program receive specific funding for their year of supervised practice. That funding is a significant factor in obtaining clinical placements. As part of the funding arrangement the graduate completes the requirements for supervised practice within that year. The VSNMT would encourage the national board to consider this arrangement when considering questions about the time taken to complete the period of supervised practice.

Submission: The VSNMT sees no adverse impact relating to the supervised practice requirements.

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

Comment: There is widespread agreement within the profession that supervised practice is essential in preparing graduates of a 3 year course of study for their professional roles and is required prior to general registration.
A supervised practice program should allow graduates to build on an existing foundation of basic clinical skills and scientific knowledge. The goal of fitness to practice is more than the demonstration of isolated competencies. Within a supervised practice program the graduate can develop the many dimensions of professional competence. They will be required to apply knowledge to real world situations, communicate with real patients and staff, develop the ability to work as part of a team, develop respect for patients, handle conflict and develop critical curiosity. They will confront the gaps in their knowledge and be asked to acknowledge and correct errors. Within a well constructed program graduates can be introduced to special topics such as the legal and ethical basis of medical care.
A well structured supervised practice program has the advantage of producing a NMT who is competent and possesses the general qualities every NMT should acquire. Employers can be assured that graduates have real world experience.
Implementing a quality supervised practice program will not be a straightforward task. There will be a variety of opinion around how to define a competent practitioner. Many of the desirable qualities listed above are difficult to assess and there will be a general temptation to reduce the competencies to a set of exhaustive skills or activities.
As stated earlier, the program should make some attempt to ensure a minimum standard of competence for supervising practitioners. This is best achieved, as is currently done in medicine, by

bringing the supervisors together for regular instruction on the theory and practice of assessment. This would be a costly but necessary exercise.

A supervised practice program requires sufficient clinical training sites. The number of sites available for clinical placements is an ongoing issue for most allied health professions. Many sites have difficulty accepting interns in an environment where staffing levels have been reduced and the clinical load is increasing.

Maintaining an effective supervised practice program requires ongoing resourcing to ensure the program is delivering the desired outcomes. Continuous quality improvement is an essential element of an effective program.

j) Alternative structures of supervised practice that address:

i Reducing costs on healthcare and the workforce

Comment: The VSNMT has not had the time to research the cost benefits of alternate structures for supervised practice

ii Increase workforce access and flexibility

Comment: The VSNMT is currently in the process of finalising a cluster model for supervised practice. This model is being developed with the support of the *Victorian Department of Health; Workforce Innovation*, and will be introduced in 2013.

This model has 5 clusters, each with a large teaching hospital as a hub coupled with smaller and rural practices. Graduates are rotated through each of the sites where they will be exposed to a variety of patients and experiences. Formative assessment will be performed by multiple supervising practitioners involved in each cluster. Specialised clinical educators will provide support for both the graduates and clinical supervisors in the program.

We believe the changes will increase the number of sites capable of offering clinical placements and provide an improved experience for graduates.

The VSNMT is also exploring the possibility of using simulation within the supervised practice program. Many large teaching hospitals in Victoria have simulation centres and these could be used to provide trainees with experiences they may not encounter in routine practice. Possibilities range from teaching everyday skills like cannulation to simulating behavioural scenarios around cultural awareness and radiation safety. We believe structured group sessions with clinical educators could add to the training experience. Using simulation will allow graduates to reflect on each session and should build confidence which transfers to the clinical environment.

We believe simulation has the potential to increase capacity of workplaces to offer supervised practice places. This proposition, however, has not been formally evaluated in an Australian medical radiations environment.

iii Provide consistent, measurable clinical outcomes

Comment: The introduction of the cluster model coupled with clinical educators into the Victorian program is expected to improve the consistency of the training experience. By exposing graduates to

multiple sites, specialised skills and procedures will be available to all graduates. Such a model will allow sites within each cluster to access physics, radiopharmacy and IT expertise that is normally only available in the teaching hospitals. This will ensure all graduates achieve competency in the core elements of the program.

Final Comment

The VSNMT believes the Medical Radiation Practitioners Board of Victoria has performed admirably on behalf of both the Victorian public and the Medical Radiations professions. With the move to a national jurisdiction we would encourage the MRPBA to maintain the standard of practice set by the Victorian Board.

The VSNMT thanks the MRPBA for the opportunity to comment on this standard.