

**Submission from the:**  
**Australian Medical Radiation Sciences Accreditation Council (AMRSAC)**  
**to the**  
**Medical Radiation Practice Board of Australia**  
**on the**  
**Supervised Practice Registration Standard**

Summary

The purpose of supervised practice, as noted in the discussion document, is:

to ensure that a Provisional practitioner has completed a period of supervised practice that contributes to the development of their clinical skills and knowledge to a level that meets the Board's competency standards.

The document then follows up with the statement that:

The *period* (italics added) of supervised practice must be satisfactorily completed prior to eligibility for General Registration.

Firstly, a recurrent theme in the introduction is that the aim of supervised practice is to ensure standards but places emphasis on hours of practice rather than noting a range of ways by which attainment of competencies can be determined to ensure fitness to practice. Evidence does exist in different areas that support a specified period of work practice experience. One such example is in driver training which clearly shows that increased times of driving experience resulted in a lower crash risk<sup>1</sup>. However, the caution with this comparison is that driving time would be a direct period of experience while time in a clinical workplace is more complex requiring consideration of a range of workplace issues. While a time period should be included, it should be in association with other means for determining fitness for practice has been achieved. A statement of hours could be tempered by allowing a candidate to complete in a shorter time period, or even having an extension, depending on the ability to meet competency standards indicating fitness to practice.

Secondly, a clearer distinction should be made between graduates of recognised programs to the profession, and those who are either returning to practice after a break or those with external qualifications who are looking to practice in Australia. It would also seem that whether a graduate of an approved program is eligible for direct entry to the registry, or must complete a supervised practice component, should be determined as an outcome of the accreditation process. In this case the standard and range of competencies required for both proceeding to a period of supervised practice, or to allow direct entry to the registry, should be clearly stated in terms of standards and required competencies. For those returning to practice or applying to practice with overseas qualifications, individual assessments would need to be made based on qualifications, depth of experience and time away from the workplace, for example.

Specific Points for Feedback

- a. The number of clinical practice hours required to be completed by a recent graduate for the purposes of general registration from
  - a. A three year course of study, and
  - b. A four year course of study

In determining whether a period of supervised practice is or is not required post graduation should be assessed against 'fitness to practice' standards and underlines the need to establish standards of practice and required professional competencies. The term 'fitness to practice' usually encompasses a range of abilities, most commonly grouped into three categories: clinical competence, professional conduct and regulatory standards, which provide a broad overview of the competencies required of an accredited professional. This would indicate that while an indication of hours may be appropriate, the assessment of outcomes of programs would be, at least, equally important. Also refer to comments made in the opening paragraph.

It is necessary, therefore, that standards of practice are clearly articulated, providing expected outcomes as a result of completing a program. These outcomes should be two tiered reflecting the required level of competencies needed to proceed onto a period of supervised practice, or, to enter the profession without further supervision. The two tier structure would also be useful in determining the supervised practice required of someone returning to work, or applying with an overseas qualification.

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

The establishment of clear standards of practice, incorporating the necessary competencies expected of a person deemed fit for practice, need to be established initially. The means of assessing outcomes will be determined by what is included, and no one measure can appropriately assess all competencies. To provide educational rigour it would be appropriate to consider means of assessment according to something like Biggs'<sup>2</sup> Constructive Alignment model which simply articulates the need to design assessments that will realistically assess the type of behaviour or skill. The literature generally discusses the need for a range of assessment techniques as no one measure will effectively assess all required attributes<sup>3,4,5</sup>. In setting these, what can be reasonably managed in the workplace would need to be considered. Where supervised practice is imbedded into an undergraduate program, tracking of students' progress and how outcomes are assessed should be demonstrably rigorous.

To ensure proper supervision there should be staff identified who are able to undertake this role, and that they should be provided with appropriate training. This may take the form of those eligible to supervise and those who will assess outcomes. There are different views of whether a supervisor should assess, or whether assessing should be conducted independently and this is an issue that should be further explored. An overall manager in a workplace where there are several supervised practitioners may be a useful means of managing progression. Departments should also be able to demonstrate their capacity to maintain the role of managing supervised practitioners over time.

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

Consistency of implementation needs to be acknowledged as being a subjective concept but that there needs to be in place the standards and requirements that will ensure outcomes properly address the required standard of practice.

Initially there needs to be an approval process put in place that acknowledges a workplace has the capability in terms of range of practice, patient throughput numbers, case-mix, technology and having appropriately trained staff to manage supervised practice. Secondly, the required standards to be met and what would constitute appropriate assessment methodologies need to be clearly stated and would be addressed in setting up standards of practice and required competencies.

There would need to be put in place proper dissemination to all professionals and consideration given to how continual access to relevant and current resources is provided to support supervisors in their role.

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

This will vary according to the status of the provisional registrant, and with appropriate definitions of what direct and indirect supervision mean so they are implemented equitably nationally. Graduates requiring supervised practice may need quite specific one-to-one supervision initially and this can be assessed upon entry to the workforce, or managed over the breadth of an undergraduate program. If the accreditation process identifies required levels and range of experience /practice for a graduate entering a supervised practice program, the need for direct supervision could be more accurately identified.

Those who are re-entering practice, or who are coming from overseas and are assessed as requiring a period of supervised practice, should be supervised for a period to ensure they meet the standard required to allow for indirect supervision. The time taken to reach the stage to allow indirect supervision would be individually assessed against standards of practice. This again indicates the need to have standards that address different levels of ability when entering the profession, and not having a simple 'one size fits all'.

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

Direct supervision suggests a one-to-one relationship and the question may arise as to whether this is at any point in time, or whether the relationship should be more consistent over a period. This raises the issue of a mentoring relationship within the workplace which would be useful for direct or indirect supervision. With appropriate training for supervisors a mentoring relationship could well support a progression from direct to indirect supervision and provide consistency of oversight for the supervised practitioner. Questions associated with having a supervising practitioner in place consistently would need to be addressed, and a reporting function between supervisors could help to address this issue. Also, the number of provisionally accredited practitioners that one accredited person can manage at one time needs to be considered. This may depend on the role of the accredited practitioner in the workplace, and the number of supporting staff who could provide assistance. This discussion suggests the need

to have a 'critical mass' of staffing within the work site. Where supervised practice is embedded in a program it would be up to the University to ensure appropriate supervision is available for students.

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

After hours experience may be specific to one professional group more than the others. Where it is a feature of professional practice it should be part of the experience gained during a period of supervised practice, either embedded in the undergraduate program or in the workplace experience, and should be managed in the same way as any aspect of the program. If the candidate requires direct supervision they would work alongside their supervisor, if they require indirect supervision, they should work with a qualified supervisor also in the department. On Call is a different issue as it suggests a person being 'called in' for a specific situation, usually an emergency, and working without support. However, if it can be managed such that the supervised practitioner is an adjunct to an appropriately qualified person there is no reason why it should not be incorporated as part of the supervised practice experience.

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

There are arbitrary figures noted on the extent of practice experience a person should have prior to assuming a supervisor's role but it is not always clear how the time period is determined. It would seem reasonable that the person has experience beyond their own admittance to the registry in that if training is required to take on the role, it will happen once a person joins the workforce. It would also be reasonable to expect that the person would have completed their period of probation before assuming such responsibility. Something other than a time period to indicate a person's suitability would be appropriate and a Position Description, for example, would indicate the attributes considered important for taking on the role. It is important to note that supervisors should have completed a period of training to support their role. As mentioned earlier in this document there is probably a need for a two-step stage to the training process. The initial stage would be as a clinical supervisor and the second as a supervisor/assessor.

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

Supervised practice as a blanket requirement for all graduates along with a 'one size fits all' time period would provide an unrealistic pressure on clinical departments. Also, to put in place an appropriate scheme for supervised practice there should be a range of assessment methods in place to ensure fitness to practice is the outcome.

To ensure that graduates to the profession can realistically meet the requirements of supervised practice it would seem appropriate that during the accreditation process of programs leading to a period of supervised practice, it is noted that graduates can realistically meet an appropriate and clearly articulated level of competence upon graduation. This would put an increased onus on universities to ensure that appropriate supervised practice is embedded in the curriculum, though not to the level required for direct admission of graduates

to the registry. For those programs where graduates do not require any further supervised practice experience, the onus would be on the university to ensure, in collaboration with the workplace, that graduates reach the required standard.

Those returning to practice or seeking registration in Australia from overseas should not provide undue pressure on the workforce as they will tend to be more individual situations.

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

The main advantage of implementing and maintaining a supervised practice program would be the need to ensure standards of practice are realistic and lead to fitness to practice. As an increasing number of universities move towards four year programs the number of graduates requiring further supervised practice could diminish. However, it is understood that 4 year degree programs would not automatically lead to direct admission to the profession. It would be contingent upon the University to demonstrate through the accreditation process that appropriate supervised practice, leading to graduates meeting the required standards of practice, is appropriately embedded in the degree program.

Currently accredited university programs that lead to a period of supervised practice have no requirement to ensure a standard of practice is attained that is suitable for someone entering the profession as a graduate practitioner. If standards are also placed on these programs, by clearly articulating what these standards are, the requirements of a supervised practice program may be scaled back.

One disadvantage of a supervised practice program occurring after graduation, and this is subject to market forces or demand issues, some might say is an ethical one. Fluctuations in numbers of students graduating can lead to too many graduates seeking a finite number of supervised practice posts. The other disadvantage is the impost upon the workforce to manage the supervised practice program, and the associated assessments, which may reflect on the number of units and positions offered to graduates requiring a period of supervised practice.

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

The use of portfolios and learning contracts are tools that can be used where the onus for progression is placed on the individual rather than the workplace. However, for something like this to work effectively there would still be a need to have properly identified people within the workplace who can monitor and advise on progress. This sort of arrangement would suit a mentoring relationship between the individual and the supervisor.

An increased emphasis on required standards for graduation would place a greater responsibility on universities and should be subject to review during accreditation.

#### References

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