

Length of PDY

The PDY period of 48 weeks works well. The highly skilled PDY Practitioners have scope for performing at a high level, while the lower skilled PDY Practitioners can continue to grow to further develop the skills they require. Under the tutelage of a quality Supervising practitioner most PDY Practitioners will be capable of performing their work safely and effectively prior to gaining full registration. In the situation where a PDY Practitioner is well below standard (perhaps signified by failing a quarterly assessment) a 48 week period provides opportunity for assessment and remediation work to enhance their skills.

The worst case I ever encountered was a mature age PDY Practitioner in the final 3 months of a 48 week PDY. The PDY Practitioner had somehow received a "pass" for each of the first three quarterly assessments. I was alarmed when I witnessed (and intervened) the PDY Practitioner trying to perform a Ba Enema and purposely placed the stationary grid behind the cassette for a decubitus lateral rectum (when queried he insisted the placement was correct). The same PDY Practitioner when performing an IVP, placed the compression bladder on top of the compression plate and was oblivious to the resultant lack of compression demonstrated on the films.

If as a supervisor you feel comfortable with the prospect of a PDY Practitioner being able to perform a safe, effective and efficient examination on yourself, the PDY Practitioner should be safe to work on members of the public. The 48 week PDY allows sufficient time to evaluate the skills of practically any PDY Practitioner.

Direct Supervision

I have observed over many years of practice, that Practitioners have a propensity for providing "remote" supervision to students. The primary motive for such "remote" supervision is to allow the student the opportunity to learn by themselves. The same attitude has a carryover effect with regard to PDY Practitioners. I advocate a significant period of direct supervision, where the student / PDY Practitioner develops the ability for teamwork and derives a synergistic outcome. More importantly than that however, is the ability for those people working together to share their knowledge and skills. I favour, perhaps written in the guidelines, that supervisors are encouraged (required?) to work with PDY Practitioners to develop team work and share skills and knowledge.

On Call

Too often I have been aware of instances where public or private Medical Imaging facilities permitted PDY Practitioners to work without the required level of supervision, including performing On Call, contrary to the rules of the day. Personally I support the idea of a PDY Practitioner being able to perform On Call work without supervision, as a means of furthering their development. Of course the PDY Practitioner must be willing to undertake the role and they need to be suitably skilled. My suggestion is that after 36 weeks of successful PDY work a PDY Practitioner working in a facility with a CT Scanner must be supervised (can be remotely, but must be onsite) by at least one Practitioner of at least 5 years post graduate experience. Whereas in a facility without a CT Scanner

the PDY Practitioner can perform ON Call unsupervised. Obviously I am using the presence of a CT Scanner as a means of trying to regulate/ define the type of work the PDY Practitioner can perform. In simple terms if the PDY Practitioner was only going to perform General radiography perhaps in a rural environment, it would probably be a good thing for all concerned. If however, a facility had a CT Scanner they are perhaps more likely to have other types of modalities. I would not want a PDY Practitioner trying to x-ray a mutli-trauma patient, followed by a CT scan +/- some other interventional procedure without supervision. I am also concerned by the prospect of using a PDY Practitioner as a cheap source of out of hours work, hence I suggest On Call only after 9 months.

Via email from G. Gillett

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