

Feedback on Supervised Practice Draft Registration Standard issued by Medical Radiation Board of Australia.

Introduction

The requirement for 48 weeks of clinical experience with the Professional Development Year (PDY) after graduation was instituted for radiographers when training within Australia became a 3 year full time undergraduate degree course. By their very nature these courses contained an increase in theoretical content and a decrease of non-laboratory, non-reflective clinical hours thereby limiting actual hospital (or private practice) based clinical content. There is no argument that these courses produce graduates who are very confident with greatly improved theoretical knowledge but their practical skills are definitely not at the level where they should be placed independently without supervision. Clinical blocks focus on the technical skills required for that particular block and whilst the student is acquiring knowledge at this time there is little time for other skills to be nurtured and developed.

Specific response to the request for feedback:

The number of clinical 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**

Royal North Shore Hospital has been training and supervising students for as long as courses have been offered in Sydney. Experience as Chief Radiographer of that establishment for the past 30 years has allowed observation of many new graduates during that time with the 5 – 8 first year graduates employed each year. Since the establishment of the 3 year degree course and the Professional Development Year (PDY) requirement this same ratio has continued. At the end of each year interviews take place and the opinion of the graduate sought as to the value of their 48 week program. Anecdotally and without fail the main comment has been that they felt that they came into the workforce thinking they knew everything and realised very quickly that this was not the case, that they valued the fact that they were not alone in situations they were not experienced enough to manage and had the support of a second opinion which gave them opportunity to learn, gain competency and grow in the clinical setting. Placement in clinical blocks during the undergraduate period may offer exposure to the work environment but they are not the time or place to develop professional, ethical or management skills which evolve during the lifetime of ones profession. Acquisition of these skills does commence during training but are consolidated within the 48 weeks of the PDY when undertaken within a supervised program.

Given that different people acquire knowledge at different time frames the setting of 48 weeks was established to cover all variables and this should continue to be the minimum. These 48 weeks are the building blocks of the profession and are vital in producing a capable and competent radiographer.

- ii: To date NSW has not produced four year degree graduates and therefore no experience is available with these graduates

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

1. Regular monitoring and evaluation of competencies expected
2. Production and maintenance of records of progress during the period
3. Verbal feedback from supervisors

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

1. Creation of a national data set of criteria which must be agreed to by all states
2. These criteria must be created with the skills of the beginning practitioner in focus.
3. These criteria must be achievable
4. Registration Board or nominated body to monitor compliance in each state with cause requested for non-compliance

The level or extent of supervision for provisional registrants – ie direct or indirect supervision

1. The level of supervision will depend largely on the initial skills of the graduate. Some require direct supervision longer than others. My experience has been that the average provisional registrant requires at least 24 weeks before direct supervision is withdrawn. After this time indirect supervision depending on the level of competency may be decided upon.
(There is often discussion as to the definition of direct and indirect supervision. It way be of value that this is defined in the final registration document)

What ratio, if any, should exist between supervising practitioners and those being supervised ?

1. There should be a minimum of 1:1 in general plain film radiography and at least 2:1 in specialised areas

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

1. Depending on skill development a practitioner should be capable of taking part in an On Call roster after 4 – 6 months provided that there is a supervisor or more experienced radiographer available either on site or reachable by phone should the

need arise for assistance. It is assumed that at this stage of the PDY the On Call is only for general radiographic examinations or operating theatre work.

The level of training or experience required of a supervising practitioner

1. The practitioner required to supervise a graduate should be required to undergo an AIR/NPDP recognised supervisor training program.
2. Such supervisors to have had a minimum of 3 years post graduate experience and be recognised as having a high standard of imaging.
3. Supervisors should have an understanding of clinical competencies and requirements of the 48 week program

The impact of supervised practice requirements on the transition of the graduate into the workforce

1. Supervised practice ensures that the graduate acquires the practical skills and experience to be able to practice in a solo position. At university an undergraduate is steeped in the theoretical aspects of their profession as well as a limited number of hours in the clinical setting. But those clinical hours as a student are very different to being placed in the work environment where core competencies are honed and the graduate begins to be able to cope with emergency situations that may arise. Not all patients are textbook cases that walk into a department. Using the knowledge learned during their studies the graduate learns to adapt that knowledge to complete the tests required.
2. Anecdotally there have been new graduates (after 3–4months of practice) placed in solo positions where they were faced with problems they were ill equipped to experience

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

Advantages:

1. Enables the maintenance of professional standards and creates 'real life' awareness of radiation and its effects. Particularly in the area of radiation dose and radiation of the general public
2. Provides assurance to the public that the person carrying out their examination is professionally competent
3. Ensures that public expectations of high quality health care are met.
4. Reduces the potential for mistakes thereby reducing the opportunity for excessive radiation exposure and subsequent litigation
5. Provides an arena to consolidate professional skills within a controlled environment
6. Gradually exposes the graduate to the wide range of situations which are inherent within the radiographic profession
7. Provides the graduate with an opportunity to consolidate the building blocks of their profession.
8. Introduces graduates to the concept of Continuing Professional Development
9. Allows employers a format to assess and manage new graduates

Disadvantages:

1. In some sites staff resources may be limited

Alternative structures of supervised practice that address:

Reducing costs on healthcare and workforce

Increased collaboration with the professional bodies to monitor staffing needs and ensure that intake into the universities is appropriate for a 'real life' estimate of workforce..

A successful supervised practice program ensures faster more accurate examinations leading to greater turnover of patients and less bed days.

Increase workforce access and flexibility

The current program format of supervised practice allows for both ease of access and flexibility within the professional boundaries and expectations. Access may be limited by vacancies and sites available. To increase this access a funding model would need to be created where positions could be on a fixed contract basis or a defined scholarship.

Provide consistent ,measurable clinical outcome.

The current program provides written assessment at regular intervals to monitor progress of clinical skills . Outcomes are discussed and remedies put in place should this be needed.

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