

DRAFT GUIDELINES FOR MEDICAL RADIATION PRACTITIONERS

Consultation Response from the Australian Institute of Radiography

The Australian Institute of Radiography (AIR) welcomes the opportunity to respond to the draft guidelines paper on Recency of Practice for Medical Radiation Practitioners on Recency of Practice

Introduction

The Health Practitioner Regulation National Law Act 2009 will apply to Medical Radiation Practitioners from 1 July 2012. The AIR finds it helpful to refer back to this Act in making any submission on matters under the Act as that provides the basis for the existence of the MRPBA.

The objectives and guiding principles of the Law are to establish a national registration and accreditation scheme for—

- (a) the regulation of health practitioners; and
- (b) the registration of students undertaking—
 - (i) programs of study that provide a qualification for registration in a health profession; or
 - (ii) clinical training in a health profession.

(2) The objectives of the national registration and accreditation scheme are—

- (a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
- (b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and
- (c) to facilitate the provision of high quality education and training of health practitioners; and
- (d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and
- (e) to facilitate access to services provided by health practitioners in accordance with the public interest; and
- (f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

(3) The guiding principles of the national registration and accreditation scheme are as follows—

- (a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way;

(b) fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme;

(c) restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

These then are the objectives and guiding principles against which this guideline should be measured.

Background to Submission

This submission is responding to a guideline developed by the Medical Radiation Practice Board of Australia (MRPBA) under section 39 of the Health Practitioner Regulation National Law Act (the National Law) as it applies in each state and territory. Section 39 deals with Codes and guidelines and states that a National Board may develop and approve codes and guidelines—

(a) to provide guidance to the health practitioners it registers; and

(b) about other matters relevant to the exercise of its functions.

This guideline then is to;

- supplement the requirements set out in the Board's registration standard for Recency of Practice
- supplements the requirements set out in the National Law at section 52 (1(a)), 65, 68 and 303
- provides guidance to practitioners in relation to a matter of professional practice, not set down in the legislation or a registration standard, which can be used in proceedings under the National Law Act as evidence of what constitutes professional conduct or practice for practitioners under section 38(1)(e) of the National Law as explained below;

The Recency of Practice Standard requires practitioners to ensure that they are competent and fit to practise in the profession through; a) the making of an annual declaration that their practice is current and in keeping with contemporary practice; and b) identifying the amount of time the practitioner may spend away from clinical practice before the fitness and competence to practice needs to be considered by the Board.

The Recency of Practice Standard requires that if you are a registered medical radiation technologist but have not worked in the profession for at least three years, you will be required to demonstrate to the Board that you are competent to practise, or that you are updating your skills to ensure that you are competent, before being issued with a certificate of registration. The Recency of Practice Standard does not apply to:

- Students
- Non-practicing registration holders
- Provisional registration holders
- Applicants who have engaged in practice within three years of the date of an application for registration or an application for renewal of registration.

Requirements of the guideline

Individuals applying for registration after a period of absence from the profession are required to provide a plan for Return to Practice. The plan submitted by applicants will be assessed by the Board. While the Board may accept the submitted plan, it may also request amendments and ask for the plan to be resubmitted.

The AIR requests that this general requirement should acknowledge the present workplace obligations with respect maternity leave. This is a profession with a high percentage of female members (70%) and consequently the impact of maternity leave on their practice and the return to practice should be specifically identified and acknowledged. The requirement as identified here seems to the AIR to be universal and excessively onerous in the case of a maternity leave applicant who would presumably have kept up their CPD activities and therefore may within the two year absence be expected to have equally maintained their fitness to practice.

Absence from Clinical Practice of between 3 and 5 years

Applicants who have not undertaken clinical practice for a period of 3 years or more, but less than 5 years will be required to submit to the Board a plan for Return to Practice. When producing a plan for Return to Practice, applicants must:

- *Verify the period for which they have been absent from clinical practice. Applicants may wish to provide documentation from the last clinical post that they have held. Supporting documentation may include:*

- o Position descriptions*
- o Supporting letter from your employer*
- o Certificates of Service*
- o Pay advice slips*

The AIR suggests clarification of the dot points above so as to read that: “supporting documentation may include any, or all, of...”

- *Provide evidence that demonstrates the extent of your experience in clinical practice. Evidence could include an up-to-date Curriculum Vita.*

The AIR submits that a CV should be obligatory, not an option as indicated by the wording ‘could’.

- *Provide evidence demonstrating any CPD undertaken during your absence from practice*

The AIR strongly supports this requirement.

- *Provide documentation of any research, study or teaching undertaken during the period of absence. Also included here is any proposed course of study just prior to or during the time of a return to practice.*

The AIR supports this requirement.

When developing a Return to Practice plan, applicants must make an appropriate and realistic assessment of their own skills and knowledge. Further, applicants must ensure that the Return to Practice plan properly addresses that assessment. Additionally a Return to Practice plan must address the fundamentals of medical radiation practice, such as radiation safety.

The AIR Supports this requirement but would recommend to the MRPBA that such an assessment can be a challenge to those less familiar with the expectations of review and assessment. The AIR would strongly recommend that this part of the process be supported with a series of templates giving clear indication as to the expectations of the MRPBA as to what information is required. It would be our experience that without such templates there will be a significant burden of time placed upon AHPRA in clarifying and explain the requirements.

Absence from Clinical Practice Greater than 5 Years

Applicants for registration who have been absent from practice in the preceding 5 years for a period of 5 years will need to complete the Return to Practice Plan and submit this to the Board for consideration. The Return to Practice Plan clearly addresses the criteria in the Matters for Consideration section below.

The AIR would support the requirement for a Return to Practice plan

Return to Practice Plan

a) Require you to undergo an assessment conducted by the Board's accreditation entity. All costs of the assessment will be borne by the applicant; and may also:

b) Require you to undertake a Board approved course or program designed to support a return to practice

c) Require you to undertake a period of supervised practice

d) Have conditions imposed upon your registration

The AIR supports these requirements.

Matters for Consideration

The Board will assess any application for renewal against any of the following criteria, where relevant:

1. your qualification(s)

2. the totality of clinical experience

3. the proposed working environment (sole practitioner, group practice etc)

4. your identified learning goals

5. mode or method to address learning goals

6. the ability of the proposed mode or method to address the learning goals

7. the process for assessment against learning goals

8. The Board will further consider whether the mode or method of learning:

a) meets current professional and educational standards

b) is participative i.e. you are materially involved in the learning

c) builds on existing knowledge, skills and experience

d) is designed to support a return to practice

9. The Board will also consider with regard to any proposed training:

a) the demonstrated ability and experience of the facilitators of learning

b) the adequacy of the facilities to support the learning goals

c) the learning methods to be used

d) the manner of assessment against proposed learning goals.

The AIR has a number of concerns in this area of the guidelines. What the MRPBA proposes seems to move into areas in which the MRPBA has quite properly and in terms of the expectations of the Law, passed to the MRPBA's accreditation agency to manage and resolve. Items 8 and 9 are clearly within the province and competency of the accreditation agency. Should the Board assume these functions as this draft guide would seem to us to suggest then it seems that the MRPBA will be infringing on the very separation of functions (between the Regulator and the accreditor) which the Law is trying to avoid. The MRPBA's functions are to 'approve' the standard, not to 'do the assessment of the standard'.

The AIR would ask the question that as the MRPBA has largely accepted the professions' CPD program as a structure, why are they not recognising that the profession has had a long standing Return to Professional Practice programme in place for many years along with a very rigorous Competency Based Assessment process. These programmes significantly predate any such processes of any of the Medical Radiations Boards currently in existence.

The AIR would take this opportunity to remind the MRPBA that their role is that of protecting the public through the protection of title, that is a medical radiation practitioner is either a diagnostic radiographer, a medical imaging technologist, a radiographer, a nuclear medicine scientist, a nuclear medicine technologist, or a radiation therapist. In protecting those titles the MRPBA does so through the approval of standards which the MRPBA has published. The standards themselves are developed by those in the best place to identify the issues and requirements, the profession in all its component parts, practitioners, teachers and academics. It is for this group that the AIR speaks as the peak professional body representing more than 70% of practitioners.