

Bega Medical Imaging Dept.
Bega District hospital
McKee Drive Bega
NSW 2550 18-2-2013
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Dear Board,

Thank you for the opportunity for feedback, below in blue are the answer to questions asked.

Questions for consideration

1. Should eligibility for provisional registration be directly related to:

a) The amount of clinical training undertaken in the registrant's course of study, and/or

The amount of clinical training should be considered. A graduate who has undertaken 70 weeks of clinical training would far greater experiences than one who has done only 20 weeks. It also depends on the type of clinical training, if a graduate who has undertaken a broad spectrum of clinical centres would have a better exposure to clinical education than one who had limited exposure. For example recently I encountered a student who was signed off competent for elbow radiography but her previous experience was only private practice and she was unable to perform examinations of elbow competently on children or anyone presenting with a trauma history. May I suggest minim of 36 weeks in 3 years and 1 year supervised and a minimum of 60 weeks in 4 years and 6 months supervision?

b) attainment of entry level professional capabilities by the registrant?

A national wide standard of competency based training where undergraduates are found competent in radiographic examinations by registered practitioners

2. What mechanisms should the National Board use to determine if practitioners are required to undertake supervised practice? For example: demonstration of competence and/or amount of clinical training undertaken in a program of study?

If the graduate completes the following maybe no supervised practice should be considered

- A. Minimum of 60 weeks clinical
- B. Exposure to a range of clinical centres including private practice, large public metro hospital, small rural hospital, mid-size (150 to 300 bed) hospitals etc.

- C. A list of completed radiographic competency based assessment that covers nearly all plain radiography and screening radiography examinations at different levels of patient presenting difficulty.
- D. To be signed off competent by two or more practitioners at the end of their training. This would have some graduates who are lacking clinical skills need to complete extra clinical practice before entering the workforce.

3. Should a minimum period of clinical training within a program of study be specified within this guideline, and if so, what would be an appropriate minimum period? (Please specify in total hours of clinical practice.)

On average 12 weeks a year of clinical training in a broad spectrum of clinical centres providing a varied range of clinical experiences.

4. Should the National Board require all graduates to undertake a program of supervised practice prior to general registration?

Those who have completed what was suggested in my answer to question 2 could avoid supervised practice otherwise I believe all graduates should have some supervision.

5. Are there other areas where provisional registration should apply?

sonography

6. Does the issuance of a guideline articulate the National Board's requirements with sufficient clarity?

Yes

7. What is the likely impact of this proposal on individual registrants?

Unsure

8. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if this guideline were approved?

Industrial relations, are: 4 years grads paid at level 2 or level 1?

9. Is 1 November 2013 a suitable date for implementation (subject to approval)?

No, need a couple of years to be fair to current undergraduates in their decision making about choosing educational pathways

10. Are there other implementation issues the National Board should be aware of?

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