

19 March 2013

Executive Officer  
Mr Adam Reinhard  
The Medical Radiation Practice Board of Australia  
AHPRA  
GPO Box 9958  
Melbourne 3001

Dear Adam

**Re: Feedback on MRPBA Supervised Practice**

RMIT would like to table the following responses in relation to the latest release of *Draft Supervised practice registration standard* and *Draft Provisional registration guideline*.

**Draft Supervised practice registration standard**

One of the major aims of this draft document was to provide an opportunity for the National Board to articulate “the professional requirements for a minimum level of clinical competence to ensure safe independent practice by newly graduated practitioners” (Section: Issues for Discussion, p. 5). However, at no juncture was this “minimum level of clinical competence” clearly explained.

The current draft indicates that supervised practice will only be applicable to graduates of three-year and post graduate programs, granting blanket exemption to all four year programs. While RMIT is not of the view that graduates of four year programs should undertake a period of supervised period, what we would like to see is the basis and rationale for exemption. Being explicit on the reasons for such universal exemption will give stakeholders confidence during this critical phase of transition.

1. *Are the criteria identified in the scope of application of the supervised practice standard suitable?*

Graduates of three year programs and post graduate programs should undertake a period of supervised practice. In the absence of reason(s) for granting exemption to 4 year programs of study, RMIT would like to see a clear articulation of a process in place for four year programs to ensure that all registrants for general practice meet the same national standard established by the Board.

Given that we are at national registration, we should not miss the opportunity to implement a national standard applicable to all but yet at the same time provide universities with the flexibility to run programs according to their vision and philosophy, This way, we do not stifle creativity but in encouraging diversity, we do not compromise our national standards.

2. *Are there other practitioner types that should be included for the purpose of undertaking supervised practice?*

Yes, practitioners returning to practice after a prolonged period of absence or overseas graduates not trained in Australia and do not have an equivalent Australian qualification.

3. *Are the requirements of the supervised practice registration standard suitable?*

There is too much ambiguity in the registration standard outlined in this document. For instance:

- Under Summary: it states “The level of supervised practice may vary over time, but will be determined by the Principal supervising practitioner and approved by the National Board.” (p. 9).

What are the criteria guiding the Principal supervising practitioner in determining the appropriate time line?

- Under Requirements, Section d: “undertake an examination or assessment approved by the National Board, when required by the Board or its delegate”

Immediate questions: who are the examiners, who set the assessment tasks, frequency, depth and what are they exactly assessing? In the absence of clear specific standards, these statements create uncertainty and anxiety amongst potential registrants, confusion amongst universities, as well as cost and logistics from the employers’ perspectives.

- Under Requirements, Section g: “undertake supervised practice regularly and consistently and complete the program of supervised practice within the timeframe set by the National Board”.

Again, what is this timeframe set by the National Board?

In the absence of clear specifics, it is extremely difficult to provide feedback to the Board as to the standards established in this documentation.

4. *Should there be a specified minimum amount of supervised practice, in addition to clinical training undertaken within a program of study, for practitioners to be eligible for general registration?*

Clinical competence does require a minimum period of time. While we loath to equate time to clinical competence, a well structured and supported supervised practice with clear learning outcomes coupled with clinical assessments at specific junctures of supervised practice will assure assessors that the provisional registrants meet the required standards.

The above principle applies equally to a 4 year program. i.e. a well structured and supported clinical program with clear learning outcomes and appropriate assessment methods. In short, regardless of the duration of the program, the Board needs to ensure that provisional registrants and graduates of four year programs all exit with the same minimum standard specified by the Board.

5. *Are there other requirements that should be included in the supervised practice registration standard?*

Yes, missing in this document are the contentious issues debated in the 2012 September Forum which relates to the type of modalities, duration of rotation etc that are to be included in the supervised practice.

6. *What mechanisms should the National Board use to determine if practitioners have satisfactorily completed a program of supervised practice? For example, demonstration of competence or amount of clinical experience?*

Both: As indicated in Question 4, introducing clinical assessments at appropriate juncture of the supervised period e. g. 6 months and 9 or 12 months. The latter may be jointly discussed by the Principal Supervising Practitioner and the graduate.

7. *Should the standard specify elements of a program of supervised practice, such as content, time or any other requisite considered necessary?*

Yes, for the standard to be meaningful there should be detailed specifications of the minimum standards expected at the conclusion of the supervised practice. This should not be restricted to clinical competence alone but include all elements of Fitness to practise.

8. *Are the definitions contained in the standard appropriate?*

We are wary of remote supervision. There is plenty of room for short-cuts in this space.

12. *Is 1 November 2013 a suitable date for implementation, should the registration standard be approved by Ministerial Council?*

Yes. It will provide certainty to current three-year program graduates.

13. *Are there implementation issues the National Board should be aware of?*

There has to be certainty for 2013 graduates as we move into 2014 internship. Clear guidelines and standards need to be articulated prior to the end of the year so that all stakeholders are prepared as we move into the final phase of 2013.

### **Draft Provisional registration guideline**

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

Both are equally important.

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?*

Both: as per Question 1.

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.)*

RMIT is not of the view that clinical hours alone should be the sole criterion of clinical competency. It is a combination of appropriate meaningful and appropriate learning and assessment activities, with adequate level of support from clinical centres.

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

No, but all four year programs must have a process in place to ensure/demonstrate that all graduates meet the same minimum standard for general registration, as specified by the Board.

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

Yes, practitioners returning to practice after a prolonged period of absence or overseas graduates not trained in Australia and do not have an equivalent Australian qualification.

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

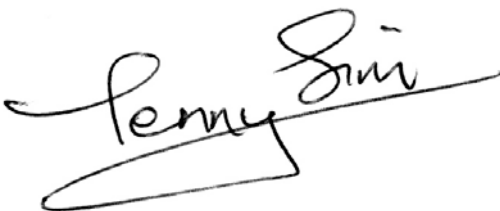
As per earlier feedback detailed in response to Question 3: the current guideline lacks clarity as in Requirement b: "undertake an examination or assessment approved by the National Board, when required by the Board or its delegate".

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

Yes

I am available to continue the discussion with the MRPBA on these issues.

Kind regards

A handwritten signature in black ink that reads "Jenny Sim". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

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