Australian Institute of Radiography

Submission on Provisional Registration Guideline

Background

The National Law (Section 62 of the Health Practitioner Regulation National Law), empowers the Medical Radiation Practice Board of Australia (MRPBA) to grant provisional registration to suitably qualified medical radiation practitioners. Provisional registration enables a practitioner who holds an approved qualification, or a qualification the National Board considers substantially equivalent, to be eligible for general registration following the completion of a period of supervised practice. Following consultation on a proposed provisional registration standard conducted between November 2012 and January 2013, the Board is seeking consultation on the draft Provisional registration guideline which clarifies the requirements for provisional registration for the purpose of enabling a practitioner to undertake a program of supervised practice that will ensure practitioners are able to independently practise in a safe, competent and ethical manner.

Summary of issue

The MRPBA outlined three options for consideration and considered that the third option, develop a Provisional registration guideline to set out the requirements of the National Board was their preferred option. Therefore this submission will comment on this option only.

Section 62 of the National Law states the provisions for provisional registration. The purpose of this category is to enable a practitioner who holds an approved qualification, or a qualification the National Board considers substantially equivalent, to be eligible for general registration following the completion of a period of supervised practice.

The draft *Provisional registration guideline* articulates the requirements for practitioners to undertake a program of supervised practice to be eligible for general registration. It reflects the practices in operation prior to the National Board assuming responsibility for the national registration and regulation of medical radiation practitioners under the National Law on 1 July 2012. The proposed guideline also reflects processes adopted at transition in to the National Scheme on that date, and which continue today, albeit without the support of a registration guideline.

It is envisaged there will be little impact to eligible registrants, as the guideline will articulate the requirements of the National Board, rather than significantly change the requirements for supervised practice. The development of the draft guideline is intended to support the current processes while providing clarity to eligible practitioners.

In developing the draft *Provisional registration guideline* the National Board has considered options relating to the number of hours/weeks of clinical training undertaken in the course

of study to be eligible for provisional registration. The National Board is of the view that specifying clinical training requirements within a program of study is more appropriately articulated in the relevant accreditation standard.

The National Board considers the draft *Provisional registration guideline* to be consistent with current practice, which recognises that the demonstration of capability combined with a period of consolidation is required for a practitioner to practice in a safe, competent and ethical manner. For this reason, the National Board considers this the preferred feasible option.

In submissions made during the public consultation on proposals for a supervised practice registration standard (undertaken from 22 November 2011 to 19 January 2012), there were differing views on the scope of application of a standard, with a number of respondents proposing all graduates should be required to undertake a period of supervised practice, regardless of the extent of clinical training undertaken within their course. Other stakeholders considered the current arrangements suitable, where the supervised practice standard should be applicable only to graduates of three year degree programs and some two year graduate entry masters programs. The National Board has considered these submissions in developing the draft guideline and seeks further feedback.

A number of respondents also recommended the use of competency based assessment to demonstrate an individual's ability to meet the fitness to practice requirements and therefore the National Board's registration standards. While the current programs of supervised practice have embedded varying degrees of demonstration of competence, the National Board has considered the issues identified by respondents and seeks feedback on the need to demonstrate capability and a fitness to practice as the measure for registration.

The National Board has determined it may grant exemptions to this guideline that are in the public interest. The Board is seeking feedback on this area of the guideline.

Issues under discussion

1. *Should eligibility for provisional registration be directly related to;*
   a) the depth of clinical training undertaken in the registrant's course of study, and/or
   b) attainment of entry level professional capabilities by the registrant?

Both of these are important in determining the threshold level of entry to professional practice. The AIR argues generally that the period of time involved in clinical training should be measured against an international benchmark and the figure is customarily averaged at 1823 hours. The important issue is the recency of clinical training practice and there is some evidence that those who complete clinical training in the first part of a year have lost some of their skill when employed six months later. However this submission would recommend that the MRPBA require 1820 hours of clinical training and practice irrespective of the

pathway into the profession. Associated with the entry experience is the necessary professional capabilities and these should cover a range of mandatory experiences – also outlined in the submission on Supervised Practice. The feedback from the membership through our expert panels is unequivocal, the four experiences; Theatre, Mobile Radiography, Fluoroscopy, and CT, must remain a measurable part of the journey before a practitioner enters unrestricted practice. We would argue strongly for the inclusion of these elements in any determination of the National Board.

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?*

As in the submission on Supervised Practice, the AIR notes that the meanings of competence or capability are ones reliant on interpretation of the meaning of the words. The necessary clinical training should provide a sufficient independent measure of the professional status of the practitioner applying for provisional registration. For those undertaking clinical training as a consequence of the undergraduate course they have completed the expectations and pathway would be largely driven by the employers contractual arrangements. For those requiring a period of provisional registration so as to enable them to meet the Australian standards the AIR would favour a written assessment prior to commencing their clinical placement. This would take some small measure of their suitability to be provisionally registered. This could be along the lines of a CBA (Competency Based assessment).

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.)*

The AIR would hold the view that a provisional registrant entering professional practice and therefore fully registrable would have experienced a minimum of 2400 hours of clinical practice. This should be a universal criteria covering clinical training and supervised practice where necessary.

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

The AIR would believe that so long as the undergraduate course had been properly and effectively credentialed and accredited and that the minimum of 2400 hours of clinical practice is achieved then a period of supervised practice may not be necessary for all

graduates. It does however provide the opportunity for further assessment prior to full registration.

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

The AIR would identify English language requirements as an area where provisional registration should apply.

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

The guidelines must offer clear expectations and definitions – particularly with respect the proposal for exemptions. It would be the view of the AIR that exemptions should be used only occasionally.

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

Individuals may well have personal concerns about this guideline but in the broader context of the threshold entry into the profession there should be minimal impact.

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?*

The AIR has noted that currently there are few issues around the provisional practitioner – that is the three year undergraduate with a fourth year of clinical placement other than the challenge in some states of finding a placement.

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

Running a provisional registration programme is time consuming and dependent on the good will of supervisors and placement centres. The AIR believes that publishing a provisional registration guideline would be achievable by 1 November 2013, however implementing the guideline may be more challenging.