

Consultation paper

14 February 2013

Draft *Provisional registration guideline*

About this consultation

The Medical Radiation Board of Australia (National Board) is releasing the draft of the *Provisional registration guideline* for consultation and invites comments and feedback from interested parties. The draft guideline is found in **Attachment A**.

The National Board has powers under the National Law¹ to develop and approve guidelines that provide guidance to medical radiation practitioners.

The National Law requires the National Board to undertake wide-ranging consultation on the content of proposed guidelines.

At the completion of consultation on the content of this draft guideline, the National Board will consider the feedback received in the context of its legal obligations of the National Law and publish the guideline on its website or, if resolved to be more appropriate, either recommend a registration standard to Australian Health Workforce Ministerial Council (the Ministerial Council) or undertake further public consultation.

¹ Section 38 of the *Health Practitioner Regulation National Law, as in force in each state and territory*

Background

The National Board may grant provisional registration to suitably qualified medical radiation practitioners under section 62 of the National Law. 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.

The draft *Provisional registration guideline* 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.

Between November 2011 and February 2012 the National Board undertook wide-ranging consultation with stakeholders on proposals for supervised practice. The submissions, which can be found on the National Board's website under [News > Past consultations](#), have informed the development of this draft *Provisional registration guideline* and the draft registration standard for supervised practice that is also out for consultation.

The National Board recommends the draft *Supervised practice registration standard* consultation paper be read in conjunction with this consultation paper.

The National Board is interested in comments from a wide range of stakeholders and invites written submissions.

Summary of issue

Purpose of the proposal

The National Law provides for a provisional category of registration. The purpose of this category is to allow a qualified practitioner to be eligible for general registration following the completion of a period of supervised practice.

With the development of this draft guideline, the Medical Radiation Practice Board of Australia (National Board) is seeking to clarify the requirements for provisional registration for the purpose of enabling a medical radiation practitioner to undertake a program of supervised practice.

Entry level medical radiation science courses include varying amounts of embedded clinical training. In creating this guideline, the National Board is setting the professional requirements for a minimum level of clinical capability to ensure safe independent practice by newly graduated practitioners.

While we acknowledge the National Board's setting of the professional requirements for a minimum level of clinical capability, we note the lack of definitive criteria laid down for supervised clinical practice (SCP).

We ask just exactly what is the minimum level of clinical capability to ensure safe independent practice by newly graduated practitioners, and which body will empowered to formulate these criteria?

There are currently two identified pathways for gaining a qualification that leads to general registration for the medical radiation practice profession. The two pathways are:

1. completing a three year Bachelor qualification plus 48 weeks of supervised practice. Typically these qualifications contain between 20 and 30 weeks of clinical training within the program of study, or

We believe that the minimum clinical training should be a minimum of 20 weeks of clinical training within the program of study, and upon qualification, 48 weeks of supervised clinical practice (SCP). This is a total of a minimum period of 68 weeks.

2. completing a four year Bachelor qualification with embedded clinical training. Typically these qualifications contain at least 48 weeks of clinical training within the program of study, with one program containing 70 weeks of clinical training.

It is clear that the current four year Bachelor qualification with embedded clinical training do not come up to the levels of clinical practice in a three year under-graduate MRS courses with a 48 week period of SCP.

We are not aware of a four year under-graduate MRS program within Australia containing 70 weeks of clinical training.

Prior to commencement of the National Registration and Accreditation Scheme (National Scheme), programs of study with less than 1,824 hours of clinical training were considered courses suitable for provisional registration. Conversely, those courses with greater than 1,824 hours of clinical training were considered to meet the clinical training requirements for general registration.

As there are two distinct pathways for gaining a qualification that leads to general registration and because the clinical competence of practitioners is of paramount importance to their capacity to undertake safe independent practice, the National Board is seeking to clarify the circumstances when a practitioner is required to undertake a program of supervised practice prior to being granted general registration by the Board.

We believe that there are four distinct pathways for gaining a qualification that leads to general registration.

They are the three year MRS under-graduate courses with the current 48 week SCP.

The two year MRS Masters courses with the current 48 week SCP.

The four year MRS under-graduate courses with no additional program of supervised practice.

The four year MRS under-graduate courses where the National Board can consider and provide clarification on supervised practice arrangements for the graduates of those specific four year courses,

This draft guideline specifies that the requirement for provisional registration is the completion of qualifications that are approved for provisional registration. It is anticipated that the National Board's Accreditation Committee may develop an accreditation standard that will define the requirements for Board-approved courses for provisional registration.

We ask just exactly what this criteria will be, and whether it will be specific to each two and three year MRS under-graduate course, or be common criteria applied to all of the MRS under-graduate courses.

Interaction of this draft *Provisional registration guideline* with the draft *Supervised practice registration standard*

In addition to this draft *Provisional registration guideline*, the National Board has developed a draft *Supervised practice registration standard*.

Feedback received during the public consultation on proposals for supervised practice (from 22 November 2011 to 19 January 2012) supported the development of a supervised practice registration standard. The consultation also highlighted the direct link between provisional registration and supervised practice for graduates of certain programs of study.

Provisional registration under the National Law is specifically for the purpose of enabling a practitioner holding an approved qualification to be eligible for general registration following the completion of a period of supervised practice.

The draft *Provisional registration guideline* articulates the scope and requirements of provisional registration and establishes the link between provisional registration and the complementary supervised practice registration standard.

There are also other circumstances when the National Board may impose a requirement for a practitioner who holds general registration to undertake a program of supervised practice. These are specified in the draft *Supervised practice registration standard*, which, following public consultation, will be presented to the Ministerial Council for their consideration.

We did not see any specifications in the supervised practice guide that listed any requirements., There were however a list of categories of registrants, which primarily consisted of practitioners returning to practice, and overseas graduates without automatic reciprocity until such time as an assessment has been successfully completed.

The National Board recommends the draft *Supervised practice registration standard* consultation paper which is currently open for public consultation be read in conjunction with this consultation paper. That paper is published on the Board's website under [News > Consultations](#).

Options statement

The National Board has considered a number of options in developing this proposal, which are outlined below.

Option one – Maintain 'as is'

Option one would continue with the existing requirement, without a National Board guideline, for graduates of three year undergraduate programs to undertake 48 weeks of supervised practice prior to being eligible to hold general registration.

Currently, a practitioner may seek provisional registration if he/she has qualified in an approved three year program of study. This is in keeping with the historic requirements of the profession.

This category of registration is also available to those practitioners seeking registration who have trained overseas but do not have sufficient exposure to clinical practice or clinical practice within the context of the Australian healthcare environment.

As provisional registration under the National Law specifically relates to a required period of supervised practice, the National Board considers that not having a guideline for this registration category may create confusion about what level of clinical training it requires for meeting the eligibility requirements for general registration. For this reason, the National Board considers that by maintaining the arrangements 'as is' it could not ensure competence of all Medical Radiation Practitioners as required under section 35 of the National Law.

Option two – No minimum clinical training requirement for supervised practice

Option two proposes to remove the requirement for supervised practice following graduation from any accredited medical radiation practice program of study and for overseas qualified practitioners.

Since the introduction of three year Bachelor-level courses for medical radiation practice students in the early 1990s, graduate practitioners have been required to undertake a period of professional development or 'internship' to meet the membership requirements of the professional associations. Historically, this requirement for supervised practice has been used to ensure a minimum level of clinical competence considered essential for safe independent practice.

Supervised practice has also been used by the profession to ensure clinical competence of overseas trained practitioners where the standard of equipment, accepted professional practices, examination and treatment conditions and community expectations may differ from those in the Australian healthcare environment.

The removal of formal requirements is likely to result in a decline in the levels of accepted clinical competence that were in place prior to medical radiation practitioners joining the National Scheme.

This option may result in lowering consumer confidence in entry-level graduates, which may have significant implications for the profession and for the safety of the public. It may also result in a two-tier qualification system, where graduates of the four year program are considered superior to those of the three year program as they would have significantly more clinical experience and may therefore be preferred candidates for employment. Another implication may be a reluctance of employers to employ overseas trained practitioners where clinical competence cannot be verified.

The functions of the National Board, as set out in section 35 of the National Law, include 'to register suitably qualified and competent persons in the health profession', and 'to decide the requirements for registration, including the arrangements for supervised practice'.

This option would result in entry level practitioners who may not have sufficient clinical experience to undertake safe, independent practice. This option does not reflect current practices, industry or consumer expectations and does not reflect the objectives of the National Law. For this reason, the National Board considers that it could not ensure competence of all Medical Radiation Practitioners as required under section 35 of the National Law with the implementation of this option.

Option three – Develop a Provisional registration guideline to set out the requirements of the National Board

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.

We ask for clarification, in regards to exactly what does the National Board consider to be a substantially equivalent qualification, and what process is undertaken to ensure equivalency?

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 a feasible option.

Preferred option

The preferred option of the Medical Radiation Practice Board of Australia is option three.

Issues for discussion

Before 1 July 2012, medical radiation practitioners were required to have completed sufficient clinical training in a program of study, or been assessed as meeting specific competency requirements, to be granted general registration (or in the case of states or territories without a registration scheme, general membership with a professional association).

A practitioner who had not completed the practical training requirements for general registration or general membership, was classed as a 'provisional practitioner'. A provisional practitioner was ordinarily required to complete a period of supervised practice or complete a competency assessment.

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.

We ask exactly when it would be in the interest of the public to apply an exemption to an individual, as under the National Law, it states that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered.

Potential benefits and costs of the proposal

The clinical competence of practitioners is of paramount importance for their capacity to undertake safe and independent practice. It is widely accepted that supervised practice and/or clinical training is necessary to translate theoretical learning into 'hands on' clinical practice. This guideline reflects current practice and recognises that the demonstration of competence combined with a period of consolidation is required for a practitioner to practice in a safe, competent and ethical manner.

As the draft *Provisional registration guideline* clarifies requirements of the National Board (rather than significantly changing the actual requirements for provisional registration), it is envisaged there will be minor impact on eligible registrants. The introduction of this proposed guideline is intended to support the current processes and clarify when and under what circumstances provisional registration will be applicable.

The National Board has included an exemption clause that allows it to exempt a practitioner from the requirements of the guideline, where it is in the public interest to do so. The National Board recognises that a registration guideline may impose a regulatory burden on practitioners. In specific circumstances the regulatory burden of the guideline may be disproportionate with objectives intended to be achieved by that guideline. There may be circumstances where an exemption from the requirements of the guideline will permit the practitioner to meet the intended purpose of the registration guideline, albeit through a less onerous regulatory mechanism. In those cases, where the purposes of the guideline can be met through an exemption, it is the National Board's view that it is preferable to do so. The purpose of this generalised exemption is to allow the National Board to maintain the intent of the registration guideline and make decisions that contribute towards the objectives and guiding principles of the National Law when it is in the public interest to do so.

We believe it would be extremely helpful if the National Board would be able to articulate in just what sort of circumstances this exemption clause would apply.

The Board will need to be more transparent with the public, the profession and the industry over this issue, to ensure confidence in this area. If this cannot be achieved, it has the potential to undermine the National Board's standing and the application of the National Law, as it stands at present.

The National Board notes that as a provisional registrant, a practitioner is required to satisfy the registration standards requirements for the following: criminal history, English language skills, and professional indemnity insurance (PII) arrangements. This will further contribute to patient safety.

Summary of implementation and/or operational considerations

Subject to approval, the *Provisional registration guideline* would take effect simultaneously with the proposed *Supervised practice registration standard* on 1 November 2013.

The guideline will be reviewed within three years of taking effect.

Commencing the guideline and standard on 1 November 2013 would allow graduates to commence supervised practice immediately following the conclusion of the 2013 academic year.

The guideline and any supporting information would be published on the National Board's website. It is also envisaged that education providers would provide specific information about provisional registration to students, particularly as they are nearing graduation. As this guideline reflects current practice, it is envisaged eligible registrants will be made aware of the requirements through their course of study.

In addition, a board-authorized supervised practice program would be operational for 2014 provisional registrants.

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

Provisional registration should be available to those practitioners that have completed an approved course of study.

We believe all graduates should undertake a period of SCP. This has always been based on clinical training undertaken in the registrant's course of study and followed on with specific clinical practice criteria in the Victorian Intern Model / PCP program. It has always been of paramount importance to be aware of the needs of the public to ensure well-rounded, confident graduate practitioners. Any entry level professional capabilities required by the National Board would need a full and independent assessment of the appropriateness of the clinical practice provided within the SCP, with a focus on patient safety and work readiness leading to general registration.

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?

It is clear that there should be a determination of the amount of under-graduate clinical training which leads to the demonstration of clinical practice.

It should apply to all graduates of any MRS under-course of study. It should include any practitioner absent from clinical / profession practice for a period greater than 3 consecutive years. It should include any internationally trained applicants without automatic reciprocity until such time as an assessment has been successfully completed.

It is our belief that time does not equal competence. However time does equal exposure to a range of examinations and patients, which contributes to practitioner confidence, competence, and public safety.

That demonstration of competence is paramount for the protection of the public and that only a certified agent or agency, external to the university process would ensure that there is no conflict of interest.

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.)

Minimum time is important as stated above to ensure all graduates are of the same calibre, the same minimum amount of experience needs to be set.

It is our belief that the minimum period of clinical training within a program of study should be specified.

The absolute minimum of clinical training within a program of study should be 760 hours comprising of 20 weeks at 38 hours per week for both three year MRS under-graduate courses and two year MRS Masters courses.

We believe that the absolute minimum requirement of 2584 hours of clinical training for 4 year MRS under-graduate courses, comprising of 68 weeks at 38 hours per week. If this requirement is not achieved then graduates should undertake a specific period of SPP, not less than 760 hours comprising of 20 weeks at 38 hours per week.

This minimum period of clinical training within a program of study should be an accredited didactic program of clinical experience rather than simulated laboratory experience.

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

This should apply to both 3 year Bachelor level MRS under-graduate courses and to 4 year Bachelor level under-graduate MRS courses, whose clinical practice falls short of the minimum requirement of 2584 hours of clinical training.

This will allow completion of all clinical modality training to ensure that the health consumer has full confidence in the level of service delivery of diagnostic and interventional imaging they both expect and deserve.

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

We believe that provisional registration should apply to graduates of MRS Masters two year programs.

It should also include any practitioner absent from the profession for a period greater than 3 consecutive years as well as provisional registration of overseas graduates without automatic reciprocity until such time as an assessment has been successfully completed.

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

We note that the timeframe for provisional registration, what type of clinical supervision is required, and what form of examination or assessment approved by the National Board, when required by the Board or its delegate will be undertaken, are all still unclear.

We also believe a more transparent explanation of the proposed exemption clause is required.

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

The present status quo should be applicable to vast majority of individual registrants and should provide a safer, more rounded and competent MRS practitioner. It should provide a more structured program and ensure a suitable and more consistent minimum standard of practitioner.

If the supervised clinical practice program is left unstructured and unregulated then there is the potential for some practices to offer unpaid supervised clinical practice, paid but unsupervised in sole practice.

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?

We recognise that outside the State of Victoria, there may be an impact for state health departments, whose jurisdiction extends into rural and remote areas of Australia, as there is a perceived difficulty of attracting these graduates to these areas of Australia.

Provisional registration may be perceived as a deterrent to the maintenance of the MRS workforce. This statement then begs the question, can the National Board be dictated to by government to reduce the timeframe to get new graduands into the workforce sooner by using the exemption clause.

If provisional registration is perceived as a deterrent to the maintenance of the MRS workforce, there is the potential for a secondary class of MRS professionals that will not be automatically employable in all imaging sites nationally.

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

We believe that subject to open, accountable, transparent, reliable material and information being distributed in a timely and effective manner on behalf of the National Board, this date for implementation may be feasible.

However if all details of the MRPBA's provisional registration guideline and approved supervised practice program are not forthcoming, then this date will need to be extended.

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Attachments

The draft *Provisional registration guideline* is at Attachment 1

The Board's *Statement of assessment against AHPRA's procedures for development of registration standards and COAG principles for best practice regulation* is at Attachment 2.

1. Draft *Provisional Registration Guideline*

Developed by the Medical Radiation Practice Board of Australia for consultation purposes, in accordance with s.39 of the Health Practitioner Regulation National Law, as in force in each state and territory.

14 February 2013

Authority

This guideline has been developed by the Medical Radiation Practice Board of Australia (the National Board) pursuant to the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

This guideline will commence on 1 November 2013.

Summary

Section 62 of the National Law provides for provisional registration of medical radiation practitioners. The purpose of provisional registration is to enable a medical radiation practitioner holding a qualification under section 53 of the National Law, to meet the eligibility requirements of general registration by completing a program of supervised practice.

Medical radiation practitioners holding provisional registration must complete the requirements specified in the National Board's *Supervised practice registration standard* to be eligible to apply for general registration.

Scope of application

This guideline applies to all applicants for provisional registration and to those medical radiation practitioners who hold provisional registration.

A person is eligible to apply for provisional registration when:

- a. the person holds a qualification approved by the National Board for provisional registration, or
- b. the person holds a qualification that the National Board considers substantially equivalent to an approved qualification for general registration under section 53 of the National Law and is required by the Board to undertake a program of supervised practice.

Requirements

A provisional registrant must:

- a. participate in a prescribed program of supervised practice as set out in the *Supervised practice registration standard* or as determined by the National Board or its delegate
- b. undertake an examination or assessment approved by the National Board, when required by the Board or its delegate, and
- c. complete requirements within three years of the date on which this guideline first applies to the practitioner.

Exemptions

The National Board may grant an exemption from this guideline in the public interest, in individual circumstances.

Definitions

All words, terms and phrases are to be given the meaning used in the National Law, or as otherwise defined below.

Clinical training means that component of the approved program of study that involves supervised clinical training undertaken in a setting with direct patient contact.

Program of supervised practice means the formal program of supervision and evaluation to be undertaken by the supervised practitioner and may include requirements relating to content or any other requisites considered necessary by the National Board.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this guideline, practice is not restricted to the provision of direct clinical care. It also includes working in a direct non clinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Review

The National Board will review this guideline at least every three years from the date of commencement.

2. Board's Statement of assessment against the AHPRA procedures for development of registration standards and COAG principles for best practice regulation

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards* which are available at: www.ahpra.gov.au.

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme operates in accordance with good regulatory practice.

Below is the Medical Radiation Practice Board of Australia's assessment of its *proposed Provisional registration guideline* against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The National Board considers this draft provisional registration guideline meets the objectives and guiding principles of the National Law.

In recognising that the clinical competence of practitioners is of paramount importance to their capacity to undertake safe independent practice, the draft *Provisional registration guideline* will provide for the protection of the public by ensuring that only medical radiation practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered.

The guideline will also facilitate the provision of high quality education and training of health professionals and provide the clarity for the profession to undertake further training by articulating the training requirements for practitioners who have qualified in courses identified as requiring a program of supervised practice, hence supporting practitioners to provide services that are safe and of an appropriate quality.

The guideline also supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed guidelines. The National Law also requires the National Board to consult other boards on matters of shared interest.

The National Board is ensuring that there is public exposure of its proposal and there is the opportunity for public comment by undertaking a six week public consultation process. This process includes the publication of the consultation impact paper (and attachments) on its website.

The National Board has drawn this paper to the attention of the 13 other National Boards, and key stakeholders.

The National Board will take into account the feedback it receives when finalising its proposal for submission to the Ministerial Council for approval.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the draft *Provisional Registration guideline* for consultation, the National Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the National Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The National Board makes the following assessment specific to each of the COAG Principles expressed in the AHPRA procedures.

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The National Board considers the draft guideline is necessary to define the requirements of provisional registration in terms of the clinical training that is undertaken in a program of study. This will ensure only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

Under section 62 of the National Law, the category of provisional registration is created. The purpose of this category of registration 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 National Board has identified that the requirement is consistent with practices prior to commencement of the national scheme and is consistent with the expectations of education providers and the profession. It is the National Board's view that the draft guideline clarifies the requirements for eligibility for general registration.

The National Board considers the draft guideline, if approved, would have a minor impact on the profession, which is commensurate with the risks associated with medical radiation practice and that its approach is in the public interest.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The National Board considered whether the draft *Provisional registration guideline* could result in an unnecessary restriction of competition among medical radiation practitioners. The National Board believes the draft guideline will not result in the restriction of suitable qualified practitioners, rather it will ensure public safety by enabling practitioners who meet the registration requirements to practise in Australia with appropriate supervision.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The National Board considers consumer choice will not be impacted by the draft *Provisional registration guideline*. It will support the dual pathways for qualification as a medical radiation practitioner of either a 3 year course of study plus 1 year of supervised practice or a 4 year course of study.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The National Board considered that the overall costs of the draft *Provisional registration guideline* to members of the public, registrants and governments and concluded that the likely minimal costs are appropriate when offset against the benefits that this guideline contributes to delivering medical radiation services in a safe, competent and ethical manner.

E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The National Board considers the draft guideline has been written in plain English that will enable eligible practitioners to understand the requirements of the guideline with regard to provisional registration for the purpose of undertaking supervised practice.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the National Board will review the *Provisional registration guideline* within three years of its commencement, including an assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

However, the National Board may choose to review an approved *Provisional registration guideline* at an earlier point in time, if it is necessary to ensure the guideline's continued relevance and workability.