

Submission to:

The Medical Radiation Practice Board of Australia

On the proposed

Supervised Practice Registration Standard

March 2013

The Victorian Society of Nuclear Medicine Technologists (VSNMT) welcomes the opportunity to provide the Board with a submission in respect to the proposed Supervised Practice Registration Standard.

Preamble: The VSNMT is a professional organisation representing nuclear medicine technologists engaged in the public and corporate sectors and academia.

The VSNMT has an active involvement in the education and training of nuclear medicine technologists. For many years it has administered the nuclear medicine technologists' intern program in Victoria on behalf of the Australian and New Zealand Society of Nuclear Medicine (ANZSNM).

In 2013, in partnership with the Victorian Department of Health, the VSNMT introduced a new model for supervised practice. This model was developed based on a review of programs in other health professions and the current literature.

General Comments:

One of the principle objectives of the National Law is 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

to facilitate the provision of high quality education and training of health practitioners.

It is the responsibility of all stakeholders to ensure these objectives are met in the interests of public safety. In a previous consultation most respondents argued for some form of supervised practice. The VSNMT supports the value of a period of supervised practice. Currently a practitioner is required to undertake supervised practice if he/she is a graduate of an approved three year program of study where clinical training within that course is not considered sufficient to meet the requirements of general registration.

The VSNMT is concerned that any submission on this matter is compromised by the absence of an accreditation standard with detailed guidelines. This applies equally to three and four year programs. We are concerned that for three year programs, the amount of clinical training will be enough to interface with existing supervised practice programs. Equally, four year programs would require sufficient embedded clinical training to ensure graduates attained the required professional competencies. This comment does not imply any lack of confidence in the accreditation committee but rather recognition of the importance and complexity of their task.

The VSNMT believes that 'fitness to practice' requires core knowledge, clinical competence and attributes consistent with professional conduct. Whether this is attained within a four year program or a three year program plus a period of supervised practice is immaterial provided the final outcome is achieved. It is the outcomes that should be clearly defined.

The term capable is used extensively in both consultation papers. We believe in this context capability is not the appropriate term.

Specific Questions for Comment

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

Comment: We believe provisional registrants should be a distinct group.

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

Comment: Without accreditation standards and guidelines we are unable to be sure graduates of four year programs would be 'fit to practice'.

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

Comment:

b change to - approved by the National Board

f assessed and evaluated in accordance with guidelines approved by the National Board

g unnecessary

Principle supervising practitioner

A critical component of any supervised practice is the ability of the supervisor to provide training and assessment. We would recommend some training be required of supervisors.

Remote supervision is not appropriate

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?

Comment: Given supervised practice is required to compliment programs of study; a minimum period would be required for provisional registrants. Any requirement for supervised practice within a four year program would depend on the accreditation guidelines. The profession and employers would need to be assured that four year programs produced graduates with the attributes required.

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

Comment: The principle supervising practitioner should have some requirement to benchmark their assessment processes. The professional would expect consistency in any assessment process.

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

Comment: Exposure to a wide variety of clinical studies is the basis of any supervised practice program. Assessment should be performed using multiple assessment tools to capture differing aspects of performance. The assessment should balance the use of complex real life situations requiring reasoning and judgement with structured, simplified and focused assessments of knowledge, skills and behaviour.

Attributes should be assessed by the supervising practitioner as a formative assessment. The literature suggests formative assessment and feedback has a powerful influence on performance.

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

Comment: the content of the program should be specified in the accreditation standards developed by the accreditation committee. The supervised practice registration standard should specify the number of hours required to complete the program.

8. Are the definitions contained in the standard appropriate?

Approved practice – this term does not appear in the draft standard

CPD Activity – this term does not appear in the draft standard

Provisional registration – this term should only apply to graduates of programs requiring a period of supervised practice. Both practitioners returning to practice and practitioners holding overseas qualifications who require a period of supervised practice should be given a different category in the standard.

Levels of supervised practice – we do not regard remote/off-site supervision as appropriate for supervised practice in nuclear medicine technology.

9. Is the exemption clause necessary and appropriate?

Comment: No, any exemption is not in the interest of the public.

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

Comment: Any impact is difficult to predict without knowing the detail of the accreditation standard which is yet to be published.

11. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if this registration standard is approved?

Comment: In Victoria, the Department of Health supports the intern program by partially funding positions for both students of the Monash program and graduates of the RMIT programs to undertake supervised practice. The Victorian medical radiations community regards this arrangement as critical to ensure a quality practitioner. The Department of Health should be viewed by the Board as a critical stakeholder during the consultation process.

It would also be important for ARPANSA to be consulted as part of this process.

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

Comment: 1 November is unrealistic as the accreditation standards are yet to be published.

13. Are there any implementation issues the Board needs to be aware of?

No comment.