

MRPBA Draft *Supervised practice registration standard*
Submission re Consultation Paper

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Thank you for the opportunity to comment on this draft registration standard.

Background

In Victoria, there is currently one tertiary nuclear medicine program- the B App Sc (Medical Radiations) Nuclear Medicine at RMIT. This is a 3-yr program whose graduates, since its inception in the 1990's, have been required to undergo a 12-month program of supervised practice to satisfy the requirements for registration and professional accreditation.

Our experience relates to this program and our comments will be limited to this experience.

Graduate NM positions in Victoria, called internships, are part-funded by the Victorian Department of Health (the department) and interns-equivalent to PDYs- complete the PDY program run by the ANZSNM. Until 2013, interns were matched to a single workplace via a computer-matching system. From 2013, a new model was introduced, sponsored by the department, where interns are matched to a cluster of three accredited workplaces, including a regional site, and are supported by two state-wide NM clinical educators.

The role of the NM clinical educators includes- administrative support for the cluster model; workplace visits to interns and supervisors; advice on supervision and assessment; and the development and coordination of a monthly education program.

This model has been developed and supported by the Victorian Society of Nuclear Medicine Technologists (VSNMT), the nuclear medicine community and the department.

The new model will be evaluated in 2013-14 to assess its impact on the preparedness of interns for independent practice.

Victorian Nuclear Medicine Intern Program from 2013

The new NM intern program is now more closely aligned with radiography in Victoria (workplace rotations and on-site tutoring), nursing (graduate nurse programs), pharmacy (intern training programs) and medicine (clinical rotations and education programs).

It has been designed to provide the following benefits:

- Ensuring the availability of an adequate number of training sites by including smaller and specialised sites within a cluster
- Ensuring a continuing supply of a well-credentialed workforce
- Providing a broader experience of clinical practice, workplace types (large/small, metropolitan/regional, public/private) and workplace cultures
- Improved consistency of supervision and assessment, by collaboration between workplaces, between clusters and with the clinical educators

- Monthly education program encompassing clinical skills, communication skills, professional skills, and specialised and advanced procedures, utilising workshops, tutorials, seminars, etc
- Emphasis on reflective learning by (i) the introduction of an intern portfolio for the supervised practice component and (ii) reflective evaluation of learning as part of the education program
- Preparing practitioners for the complexities of modern healthcare and the constantly-evolving field of medical radiations

We believe that this program fits well with the objective of the national registration and accreditation scheme to “...facilitate the provision of high quality education and training of health practitioners”. (Health Practitioner Regulation National Law (Victoria) Act 2009 Part 1 3 (2) (c))

Questions for consideration: **Comments** **Recommendations**

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

See 2.

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

Currently there are no accreditation guidelines for medical radiations and there is no guarantee that all four year courses will have enough embedded clinical training to enable graduates to be eligible for general registration without conditions.

Recommendation:

At this stage, graduates of four year courses of study should be included in this scope of application.

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

“Summary”-

“The level of supervised practice may vary over time, but will be determined by the Principal supervising practitioner and approved by the National Board”-

(i) need not be in summary as it is discussed under **Definitions**; (ii) under **Definitions**, the supervising practitioner determines the level of supervision, there is no mention of needing approval; (iii) if approval is needed, what is the process? Would that be covered in separate guideline? As level of supervision will vary for each individual and with time, it seems unworkable to require approval each time.

“Requirements”-

“A practitioner to whom this standard applies will:”-

b. “undertake a program of supervised practice as determined by the National Board”-

-should be “determined by or approved by” as there should be the opportunity for external providers to offer a program to graduates

f. “receive training and ...”- this should be implicit in b.

g. “regular and consistent”- needs to be defined

g. The timeframe should be stated for graduates eg. 2 or 3 years, but can be determined by the Board for other categories.

To be approved as a principal...

c. “sufficient”- needs to be defined

-A principal supervising practitioner should be required to have some formal instruction in supervision, training and assessment.

d. ?? replace “practice “ with “workplace” to avoid confusion. Will the process for practice approval be stated in accompanying Guidelines for Supervised Practice?

“Important Notice:”

-level of supervision is discussed in Important Notice, Summary and Definitions. This should be streamlined

-“measured against the capacity and...”-

What does capacity mean?

-“remote supervision”-

-it is not appropriate for interns/PDys to be practicing under remote supervision. Supervision is a process of professional support and learning; remote supervision does not provide this at an appropriate level.

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?*

The aim of all programs in health disciplines is to produce practitioners who can practice in a safe, competent and ethical manner. It is recognised that this requires the demonstration of capability combined with a period of consolidation. This period of consolidation (clinical training within a program of study +/- supervised practice as a graduate) should be equivalent across all programs ie. 3+1 year programs and 4 year programs.

Recommendation:

Yes, for provisional registrants. For other categories, the Board may determine the period of supervised practice.

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

No comment.

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?*

Amount of clinical experience

This in itself is not enough to ensure competence. Exposure and repetition are important aspects of practice but must be linked with supervision and instruction so that performance can be developed. It is possible for a practitioner to complete a specified period of training/supervised practice and not achieve competence in all areas. As a matter of public safety these practitioners should not be eligible for general registration without conditions.

Demonstration of competence

Competency based assessment- This is an impractical mechanism for large numbers of practitioners as it requires a large and expensive structural support- the revision and maintenance of standards and assessor training programs, the training of assessors, and the performance and management of assessments. This tool may be suited to individual cases but as it provides only a snapshot of performance in a particular time and place, its use should be combined with other forms of assessment

Recommendation:

Formative and summative assessment- The assessment of clinical competence, communication skills and professionalism by the principal supervising practitioner with input from other relevant

supervisors in the workplace as part of a structured supervised practice program is a process that has been used successfully in Australia to produce a workforce of capable practitioners who are well-respected in Australia and internationally.

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

Recommendation:

The standard should specify the number of hours required by provisional registrants, the timeframe in which it can be completed (eg. three years), the type of workplace, the requirements for the principal supervising practitioner, that a program of supervised practice must be undertaken, and that the program of supervised practice undertaken must be approved by the Board (provisional registrants) or determined by the Board. The guidelines for the content of the programs should be set by the accrediting authority.

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

“Approved practice”

-this does not appear in the draft standard. Does it refer to the workplace or the supervised practice?

“CPD activity”-

- this does not appear in the draft standard.

“Program of supervised practice”-

There should be a clear differentiation between (i) provisional registrants (ie. graduates) who should undergo an accredited program such as that required for clinical training in undergraduate programs, and (ii) other categories of practitioner who can undergo a program determined by the Board.

- **add** “...or in the case of graduates means an accredited program conducted by an accredited training provider and approved by the Board”.

“Supervision”-

-The definition states that supervision is a “process of professional support and learning”. Remote supervision does not provide this at an appropriate level

- It is not appropriate for interns/PDYs to be practicing under remote supervision.

9. *Is the exemption clause necessary and appropriate?*

No. It is in the public interest to have safe, competent and ethical practitioners. Therefore it is not in the public interest to grant an exemption from this standard.

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

No comment.

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?*

In Victoria, the Department of Health supports the training and development of medical radiation practitioners with part-funding of intern/PDY positions as they undergo an approved program of supervised practice run by the AIR or ANZSNM. They have also supported the development and implementation of the cluster model from 2013 for nuclear medicine graduates and the provision of state-wide clinical educators to enhance the existing training. In Victoria, interns/PDYS are exempt from holding a use licence as they are practicing under the supervision of a licenced practitioner. The Department of Health may therefore have an interest in the draft standard relating to levels of supervision.

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

Recommendation:

Earlier if possible, as potential supervised practice program providers need time to submit their programs to the Board for approval before graduates commence their PDY/internship in January 2014.

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

See 12.