

## **RESPONSE TO THE MRPBA RE SUPERVISED PRACTICE CONSULTATION PAPER**

The Health Services Union recognises that the governance of the issues relevant to the eligibility of individuals for registration in the medical radiation practice professions now falls under the MRPBA (Section 62 of the Health Practitioner Regulation National Law).

### **Background**

In Victoria, Bachelor level courses (UG1) for the medical radiation practice professions were introduced in 1986. The Union, working with the AIR, the ANZSNM, the universities and the employers, included classifications for intern practitioners in the Award (subsequently Enterprise Agreements).

A year of supervised practice was regarded as necessary with the move from Diploma level courses to achieve UG1 status in the universities at that time. UG1 Academic courses required a specific amount of time (in hours) to meet academic requirements. This time requirement resulted in a significant reduction in clinical placement time contained within the three year course. The aforementioned bodies recognised the importance of supervised practice and concluded that it would be necessary to make up this shortfall in clinical placement supervised practice within the academic course with a one-year internship. This arrangement has been working satisfactorily in Victoria for nearly 30 years with full support from employers, the professional bodies and the Union. No evidence has been submitted to indicate that these arrangements have not been satisfactory. The Union notes that the professional bodies regularly review these arrangements and make changes and modifications to reflect best-practice regarding professional practice learning. The Union is consulted to ensure that Award (EA) requirements are met.

### **Classification under the Award**

Under the Health Professionals Enterprise Agreement in Victoria Interns in Medical Imaging Technology, Nuclear Medicine Technology and Radiation Therapy technology are included under the Award classifications with a rate of pay set at 80% of that of Grade 1 Year 1 registered practitioner in the relevant discipline.

The term “intern” can refer to a PDY or NPDP, that is, an employee employed in a centre accredited by the AIR or ANZSNM as appropriate and who is in the process of attaining a Statement of Accreditation from the AIR or ANZSNM according to that professional body.

Interns in Victoria are required to undertake 48 weeks of supervised practice subsequent to attaining a Bachelor in Applied Science: Medical Imaging, Nuclear Medicine or Radiation Therapy.

Any change to the previously existing requirements for this period of supervised practice may result in the removal of EA classification for these interns.

In Victoria, the Department of Health has supported intern placements since the inception of the program in the 1980s. Removal of this classification will jeopardise funding of positions and undermine potential pathways for these new graduates into the clinical workforce and undermine the career structure for all medical radiation professionals. This could have dramatic effects.

The current National Professional Development Program (NPDP) has proven to be satisfactory and is producing beginning practitioners, eligible for registration, of a standard acceptable to the professional bodies, employers and the Union. The Union questions the need for change and the rationale behind this review. Although the MRPBA preferred the third of the three options, the Union can only support Option One.

### **Supervising medical radiation practitioners**

The Union has argued for and achieved classifications for Tutors in the medical radiations professions to support practical supervision in the clinical workplaces with an emphasis on supporting both students and interns. By changing the current requirements, it could be argued that these positions may also be placed in jeopardy.

### **Consideration of total amounts of supervised practice**

The Union considers that it is important to include clinical placement time contained within a medical radiation practice course as well as additional time post course for supervised practice to ensure that applicants are well and truly 'practice-ready'. As stated, the historical basis for the intern year was based on the reduction of supervised practice in the course content when moving to UG1 courses.

### **Post-registration supervision**

The Union, in consultation with employers and members, is aware that practitioners, once eligible for registration, are at a stage of 'beginning practitioner' and will still require the expert guidance of more experienced practitioners in the day-to-day work. The Union supports the ethos of ensuring new practitioners still require guidance for the first few years post registration, or when they move to a new modality or new technology. The Union has been called in to support members where they feel they are out of their depth as far as operating safely and fearful of the threat of litigation. To reduce the amount of supervised practice pre-registration, without supporting evidence to the contrary, would be unsafe for both the public and the practitioners. Public health and safety is a major concern and would be significantly compromised by any reduction in the amount of supervised practice.

### **Proposed Option three**

It is difficult to gain a clear understanding of what the MRPBA is proposing with this option. No literature or evidence or case studies are submitted to support this or the other proposals. It seems as if the Board is suggesting that competency based standards and examinations be used to establish readiness for eligibility for registration.

The Union cannot support this approach as it is unsubstantiated by any evidence of similar professions using this method of assessment for registration. Competency Based Standards (CBS) have been used in trades and vocational training, for example Certificates 2, 3 and 4. However, CBS approaches are criticised for their lack of depth, lack of context and lack of time to prepare practitioners for independent practice. In fact, CBS is no longer used in most Western nations as the arbiter of readiness or suitability to join a community of practice. Bachelor level, or Graduate Entry Masters courses require a mandated period of supervised practice to develop and to consolidate professional practice skills.

To reduce the required supervised practice period will only serve to 'dumb-down' the medical radiation science professions to a level below that which they currently hold.

### 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?

While these are both important points, it is also important to ensure that the full spectrum of professional experiences are prepared for by including mandatory practical supervision in all major areas of qualified practice. The increasing range and number of modalities that have been added to the medical radiation sciences means greater requirements in the supervised training to adequately prepare new graduates.

Given the generally accepted international benchmark for clinical training is 1823 hours this should be considered the minimum.

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?

The Union believes that all practitioners should undertake supervised practice as part of their training. The undergraduate course should ensure adequate competency before entering the supervised practice period.

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.)

A minimum period of clinical training is necessary. Building on the 1800+ hours this minimum period of clinical training should be in excess of 2400 hours to cover clinical training and supervised practice.

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

There should be supervised practice for all graduates unless the 2400 hours clinical practice with supervision is included within that structure.

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

English language should be included.

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

To avoid any possible ambiguity all definitions must be clearly defined.

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

If the net gain was a reduction in supervision hours then the health professionals will undoubtedly suffer an erosion of professional standings.

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 current glut of new graduates is a major concern for the Union. The Union does not want to see this as an excuse for the reduction in supervised clinical practice to fast-track new graduates into the workplace. There is also significant variations in pay scales between states with some states falling well behind counterparts interstate.

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

This is dependent on the outcome of the review.

10. Are there other implementation issues the National Board should be aware of?

The concerns raised in the preamble.