



Australian Institute of Radiography

**Comments on the content of the
draft document
on**

**Supervised practice guidelines for
medical radiation practice**

20 July 2013

Consultation Response from the Australian Institute of Radiography

Introduction

The Australian Institute of Radiography (AIR) welcomes the opportunity to respond to the draft supervised practice guidelines for medical radiation practice profession as proposed by the Medical Radiation Practice Board of Australia (MRPBA) and provide input from the peak professional body for radiography and radiation therapy.

These guidelines set out the principles the National Board considers necessary for safe and effective supervision of practitioners:

- who hold provisional registration, or
- who have conditions on their registration, who may be directed by the National Board to undertake a program of supervised practice to:
- further develop their capabilities following an absence from practice, or
- to address a health, conduct or performance issue that has been assessed as impacting on safe and/or appropriate practice.

The AIR notes that the proposed supervised practice guidelines are expected to take effect on the same day as the proposed supervised practice registration standard and provisional registration guideline on 1 November 2013.

Background

The AIR has many years of experience in supporting and managing a supervised practice programme central to safe and effective supervision. Supervision of new entrants, irrespective of their academic pathway, has been part of the Guidelines for Professional Conduct for Radiographers, Radiation Therapists and Sonographers since such Guidelines were first published shortly after the formation of the AIR in February 1950. In 1992 the Australian Institute of Radiography introduced the Professional Development Year (PDY). This was a necessary requirement for all graduate practitioners at that time to be eligible for a Statement of Accreditation which is the requirement for Ordinary Membership of the AIR. The PDY was a mediated entry to the profession, allowing the development of clinical proficiency based on skills and knowledge acquired during the undergraduate program.

The rationale for implementing the PDY was:

- That a graduate practitioner in the first post graduate year would require the guidance of more experienced practitioners in their field of Medical Radiation Science, and
- That a graduate practitioner was not to be placed in a sole practitioner situation as this was not considered an appropriate environment in which to develop skills and competencies.

The PDY was to ensure that the graduate practitioner developed the necessary confidence, skills and understanding of the Accredited Practitioner's role which were described at that stage in the AIR Competency Based Standards 1998. It was expected that the PDY would incorporate a controlled introduction to those elements which lead to independent practice.

Following successful completion of an Interim 24 week PDY assessment, and with employer approval those elements may have included:

Medical Imaging:

- responsibility for a specific area, room or case load,
- shifts (where multiple qualified staff are rostered), and,
- supervised on call.

Radiation Therapy:

- responsibility for a case load,
- shifts (where multiple qualified staff are rostered)

These elements could be undertaken without immediate supervision, but with access to supervision at all times. It was expected that the supervision would be available on-site, where support, inquiry and review are available as required. It was expected that ongoing mentoring would occur during these periods.

The purpose of the PDY was to allow the graduate practitioner mediated entry into the profession. The PDY was to be structured so that this development could occur. The PDY must have been undertaken during employment or attachment to an accredited clinical centre, on a full time, part time or locum basis and would commence on the first day of employment or attachment. The PDY was 48 weeks full time equivalent, and must have been completed within 3 years of graduation. The length of time, 48 weeks although primarily set as a realistic period for the majority of graduate practitioner's to develop the skills and judgement necessary for safe and effective practice, also reflected the Human Resource requirements in most work places where employment contracts are arranged in 12 month blocks.

This supervision of new entrants was significantly revised in 2009 and new guidelines issued in 2010. These maintained the general expectations as described above and the National Professional Development Programme (NPDP)¹ promulgated in 2011 continued with a similar intent but with more specific expectations and clarity. There is also definition about the supervisors' roles and those of the clinical centres. The NPDP provided, and continues to provide a mechanism for Australian medical imaging and radiation therapy graduates to attain recognition as an Accredited Practitioner by the AIR. The NPDP facilitated the consolidation of the skills, knowledge and professional attributes described in the Competency Based Standards for the Accredited Practitioner by providing a national structured framework for graduates to undergo professional peer assessment of their ability in a supervised clinical environment.

The NPDP provides graduate practitioners with a pathway to achieve accreditation with the AIR, acknowledgement from the peak professional body that they possess the knowledge, skills and professional attributes demanded by your profession. It also provides support to centres and supervisors (such as the NPDP Liaison Education Programme) and assists to develop the fundamental knowledge and skills in clinical education and supervision considered necessary to facilitate an appropriate clinical learning environment for NPDP graduates. These are critical in the successful operation of any supervised practice programme.

¹ Appendix One: AIR National Professional Development Programme

Submission

First, some general comments. The AIR notes that the document talks about reporting to the MRPBA, about a plan provided by the MRPBA, and about supervisors nominated by MRPBA. As a consequence of managing supervised practice for a number of years the AIR is under no illusions about what is required for such a comprehensive process to operate successfully and is left with a simple question in relation to these guidelines; how will the MRPBA manage all of these functions?

Not only is there the management issue to consider but there is also the separation of powers essential to the functioning of the National Law. The intent of the National Law was not to create a statutory entity functioning as a pseudo professional association, but to ensure that practitioners were not clinically trained, assessed and declared fit to practice by the one body. The National Law was designed to remove even the appearance of a conflict of interest in the light of public concerns, particularly about medical practitioners. These draft guidelines should reassure the public and the profession that there will be robust structures and arrangements, independent from the MRPBA, to administer these guidelines, leaving the MRPBA to function appropriately and in accordance with the National Law.

The AIR notes that there will be different requirements expected between provisional registrants and those who are re-entering under conditions. These guidelines will require careful clarification of the distinctions between these if the two groups are going to be managed under the same program.

The submission will now address the key questions in this call for comments.

1. *Are the principles of supervision suitable?*

The MRPBA has identified the expectation that the following principles will be adhered to when developing supervision arrangements.

1. *It is the professional responsibility of each practitioner to work within the limits of their competence and to reflect on and determine their own learning needs, including:*
 - *the requirements of the specific position in which the practitioner is proposing to work, and*
 - *the purpose of the supervision requirements.*

The AIR would support this Principle.

2. *For all supervised practitioners, the type and level of supervision must consider:*
 - *individual needs*
 - *the level of risk associated with the position*
 - *the purpose of the supervision, and*
 - *the practitioner's capabilities.*

Supervisory arrangements need to be modified over time, in keeping with progress made, and need to be able to accommodate changes in supervisors.

The AIR would support this Principle.

3. *Prior to the commencement of a program of supervised practice:*
 - *a provisional registrant (or a practitioner holding limited registration) and their principal supervisor must understand and agree to the requirements of the supervised practice plan provided by the Board. The plan will identify learning outcomes, supervision levels, expected progression points and reporting requirements throughout the duration of the program.*
 - *a practitioner with conditions, returning to practice or holding an overseas qualification and the principal supervisor need to develop and agree on the content of the supervised practice plan, including supervision levels, the frequency and duration of the reporting requirements and the period for review of the supervision arrangements. This plan must also be approved by the Board.*

The AIR has a question about the Supervised Practice Plan provided by the MRPBA. It would be very helpful for the MRPBA to make available several sample plans so that practitioners can have a reasonable idea of the MRPBA expectations.

4. *The onus rests with the supervised practitioner to ensure that reporting requirements are met as agreed in the supervised practice plan; however, the principal supervisor also has a responsibility to adhere to the agreement he or she enters into with the Board and to appropriately supervise the supervised practitioner.*

This is a point requiring clarification. The AIR understands that the supervised practitioner would enter into an agreement with the MRPBA to ensure reporting requirements of the plan are adhered to; however it is less clear why the principal supervisor should be required to be similarly bound. The outcome of this requirement is very likely to be that suitable practitioners will be reluctant to assume supervisory roles. If the MRPBA were planning to enter into a financial contract with supervisors to provide supervision then this would make some sense, otherwise point 5 below more than adequately covers what a supervisor should be doing.

5. *The principal supervisor accepts a professional responsibility to the Board to properly supervise the supervised practitioner. The supervisor remains responsible for the clinical care, or oversight of the clinical care, provided by the supervised practitioner.*

The AIR would expect that this should also include 'on call' responsibility.

2. *Do the principles provide sufficient capacity to supervise and assess practitioners in a range of clinical settings?*

The AIR does not believe that the principles as currently presented provide sufficient capacity to supervise and assess practitioners in a range of clinical settings as it is well recognised in such situations, one size does not fit all.

3. Are the levels of supervision appropriate?

The levels of supervision are an appropriate mechanism to use in outlining the expectations of the Guidelines. The AIR has concern that the differentiation between Level 1 and Level 2 appears to be a big step which would be more appropriate between Level 2 and Level 3. The AIR has questions around Level 3 where the supervised practitioner is permitted to work independently, provided a supervisor is contactable by telephone or other means of telecommunication such as videoconference. This opens up the real possibility of the supervisor being so far away as not being able to escalate their support to the practitioner in an emergency. This Level should make it clear that the supervisor must be within a comfortable physical distance, for example within 10 to 20 minutes of the practitioner. The AIR acknowledges that such a requirement may prove restrictive in the rural setting but there are sound arguments as to why the supervised practitioners should not be working in such an environment at this stage.

In Level 4 the AIR notes that the principal supervisor must oversee the supervised practitioner's practice and would ask that such oversight be detailed in the document, including the on-call responsibility. Similarly the supervised practice guidelines should explicitly establish the timing for reviews on a systematic and regular basis.

4. Do the guidelines adequately describe the responsibilities of supervised practitioners?

The MRPBA proposes to require that all supervised practitioners must:

- 1. identify a suitable position and principal supervisor to enable them to undertake and complete a supervised practice program*

This is going to be difficult to achieve. Currently there are more applicants than there are places although in Victoria, where the system is centrally managed, the process works very well for that State with one full time employee managing the processes. How does the MRPBA propose to help the supervised practitioner to identify a potential MRPBA approved supervisor? There are several levels of approval contained within this requirement, the supervisor, the department and the health service which must all be managed through the process. At this point to the document must differentiate between the routine supervised practitioner and the exception, that is practitioners with conditions. Will they require specialist supervisors and how will these be identified. The AIR knows that finding specialist supervisors can be a lengthy process requiring considerable negotiation and revisiting of the proposal.

- 2. obtain relevant registration from the National Board*

Given the complexity described above and the timelines involved the AIR would be keen to have more information as to how this will proceed.

- 3. establish at the outset, in conjunction with the principal supervisor:*
 - their learning needs*
 - the context relevant to the need for supervision, and*
 - any other issues that may affect an effective supervisory arrangement*

The AIR would support this.

4. *if trained overseas, participate in an orientation or introduction to the Australian healthcare system and be informed on culturally appropriate care*

The AIR would support this.

5. *take joint responsibility for establishing a schedule of regular meetings with the principal supervisor and make all reasonable efforts within their control to ensure that these meetings take place*

The AIR would support this.

6. *be adequately prepared for meetings with their principal supervisor*

The AIR would support this.

7. *participate in assessments conducted by the principal supervisor and other supervisors to assist in determining progress and future supervision needs*

The AIR would support this.

8. *recognise the limits of their professional capability and seek guidance and assistance from their supervisor/s as required*

The AIR would support this.

9. *familiarise themselves and comply with regulatory, professional and other legal responsibilities applicable to their practice*

The AIR would support this.

10. *advise the principal supervisor immediately of issues or clinical incidents applicable to their practice*

The AIR would support this.

11. *reflect on and respond to feedback*

The AIR would support this.

12. *inform the National Board and their principal supervisor if the conditions or requirements of their supervision are not being met or if the relationship with a supervisor breaks down, and*

The AIR would support this.

13. *notify the National Board within seven days if a principal supervisor is no longer able to fulfil their obligations and report on whether an approved alternative supervisor can take on the principal supervisor role. Supervised practitioners are required to immediately cease practice if a supervisor cannot fulfil his or her responsibilities and alternative arrangements are not available.*

The AIR would support this.

5. Do the guidelines adequately describe the requirements and responsibilities of supervisors and principal supervisors?

The MRPBA proposes to require that all supervisors must:

1. *ensure supervision arrangements are appropriate and take into account the principles of supervision*

The AIR would support this.

2. *establish and maintain a professional relationship with the supervised practitioner*

The AIR would support this.

3. *avoid any potential for conflict of interest in the supervisory relationship that could impede objectivity and/or interfere with the supervised practitioner's achievements of learning outcomes or relevant experience (this includes avoiding supervising someone who is a close relative or friend or where there is another potential conflict of interest)*

The AIR would support this.

4. *take adequate steps to ensure that the supervised practitioner is practising safely*

The AIR would support this.

5. *observe supervised practitioner's work, conduct case reviews and provide constructive feedback and address any identified problems*

The AIR would support this.

6. *understand their legal responsibilities and act accordingly, following the ethical principles that apply to the profession*

The AIR would support this.

7. *understand that the provision of supervision and sharing their experience is a professional responsibility and commit to this role including providing regular feedback to the supervised practitioner and the principal supervisor*

The AIR would support this.

8. *maintain supervision and assessment integrity for supervision of a supervised practitioner by not accepting payment or reward, either directly or indirectly (other than workplace agreement or award entitlements)*

The AIR would support this.

9. *take responsibility for the practice carried out by the supervised practitioner as well as for their own practice*

The AIR would support this.

10. *ensure they are not subject to supervisory arrangements nor have conditions or undertakings on their registration that would impact on their ability to supervise*

The AIR would support this.

11. only delegate tasks that are appropriate to the role of those being supervised and that are within the scope of training and capability of the individual

The AIR would support this.

12. provide clear direction, and

The AIR would support this.

13. be clear about how they can be contacted by the supervised practitioner if indirect or remote supervision is occurring.

The AIR would support this but refer the MRPBA to the points made earlier on the topic of indirect and remote supervision. The AIR believes that the requirement for one year of general registration is insufficient and there should be a minimum of two years for a practitioner to be a supervisor. In the section on requirements and responsibilities of principal supervisors the AIR would like to know more detail about how the formal agreement to act as a supervisor and approval by the MRPBA would be put in place.

In section 11 the document calls for a practice induction/orientation program which, when necessary (such as overseas qualified practitioners or practitioners returning to practice), includes an overview of the health system in Australia. This requires explanation, what is the definition of an overview of the health system? It is a very sweeping statement for what is a complex issue.

For item 14, which asks that the principal supervisor obtain approval of the National Board for any proposed changes to the supervised practice plan before they are implemented the AIR believes the document should explain just how this process would happen and why it is necessary. For Item 15, which requires the Principal Supervisor to be accountable to the National Board and provide reports to the Board which are:

- honest
- accurate, and
- responsibly prepared (keeping in mind the importance of the supervisory arrangements in training the supervised practitioner as well as in keeping the public safe)

the AIR would be keen to see how these will be managed.

6. Are the requirements of a supervised practice plan appropriate?

The AIR was unable to find examples of the standard plan template, orientation report template or Forms A, B and C so is not in a position to comment.

7. Should supervised practitioners be able to provide on-call and after hours services?

The AIR does not support this.

8. Do the guidelines adequately describe the assessment reporting requirements?

The AIR felt that this section required greater definition and detail, making quite explicit the frequency with which the reports would be provided. As it is currently explained there is a lack of information about reporting and we were unable to locate the supervision reporting template.

9. *Are the definitions appropriate?*

The AIR was comfortable with these.

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

The AIR is unsure about the impact of these supervised practice guidelines on the individual registrants who are supervised. We are however very concerned about the huge impost on individuals who would be supervisors changing to a new system. Without a formalised program (of which there are no details) this would be difficult for individual registrants and clinical departments. The MRPBA must give serious consideration to a transition arrangement which recognises the breadth and variety of practice and just how these guidelines will impact when presented to such a diversity of practice environments.

11. *Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if these guidelines are adopted?*

Yes there are and the best example is the supervised practice arrangements in place in Victoria. Here there is a close and effective working relationship between the state government and the various clinical sites. This set of guidelines will have a significant impact on the current practice. The AIR believes that the MRPBA needs to fully explore the impact this will have on the various stakeholders be they governments or otherwise and revisit these guidelines in the light of the response they receive. This would have to be a more targeted consultation than this current call for submissions.

12. *Is 1 November 2013 a suitable date for implementation?*

The AIR believes that this date is not achievable

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

The single most challenging issue is the short timeframe proposed without providing details as to how this is going to be implemented. The AIR suggests that a clear implementation plan would go a long way to address the professions current serious concerns. The AIR is particularly concerned as to how the students graduating this year are going to be prepared for this change?

National Professional Development Programme



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Graduate Practitioner

A Graduate Practitioner is a graduate from an AIR accredited Medical Radiation Science programme whom, upon completion of such a programme, would receive the Provisional Statement of Accreditation of the AIR. The graduate practitioner is required to successfully complete the National Professional Development Programme of the AIR to gain recognition as an accredited practitioner.

Accredited Practitioner

An Accredited Practitioner is a practitioner who has achieved a level of competence commensurate with the Competency Based Standards for the Accredited Practitioner to enable them to accept the responsibilities of practicing independently and be capable of performing the expected role of a practitioner in a sole practitioner situation. An accredited practitioner has either successfully completed the National Professional Development Programme and received the Validated Statement of Accreditation, graduated from an AIR accredited programme which satisfies the requirement for the issuing of a Validated Statement of Accreditation, or in the case of an overseas qualified practitioner, has been assessed by the AIR as being equivalent to an AIR accredited practitioner.

Radiation Therapist (Radiation therapy professional)

Radiation Therapists are health care professionals primarily concerned with the design and implementation of radiation treatment and issues of care and wellbeing of people diagnosed with cancer and other conditions. The name Radiation Therapist used within this document refers to those professionals that may have been referred to in the past both within Australia and internationally, as Therapeutic Radiographer, Radiation Therapy Technologist, Medical Radiation Science Professional, and Therapy Radiographer.

Radiographer (Medical Imaging professional)

Radiographers are health care professionals who provide and interpret a range of medical imaging examinations for diagnosis and management of medical conditions. Radiographers are responsible for optimising diagnostic quality whilst maintaining radiation safety. The name Radiographer used within this document refers to those professionals that may be called within Australia and internationally, Radiographer, Diagnostic Radiographer, Medical Imaging Technologist, Medical Radiation Science Professional and Medical Imaging Scientist.

01

Introduction

The Australian Institute of Radiography (AIR) is the peak Australian professional body representing medical imaging and radiation therapy professionals.

One of the AIR's key responsibilities is the accreditation of medical imaging and radiation therapy professionals. The AIR Validated Statement of Accreditation recognises that a medical imaging or radiation therapy professional meets the professional community's very high expectations for knowledge, skills and professional attributes. These expectations are described in the AIR Competency Based Standards for the Accredited Practitioner.

Graduates of some AIR accredited professional-entry programmes receive the Provisional Statement of Accreditation. Eligibility for a Validated Statement of Accreditation is dependent upon successful completion of the NPDP.

Graduates of some AIR accredited professional entry programmes receive the Validated Statement of Accreditation. In these cases, the AIR has reviewed the university programme and determined that graduates meet the expectations described in the AIR Competency Based Standards. Graduates of these programmes are not required to complete the NPDP.

The NPDP provides a mechanism for Australian medical imaging and radiation therapy graduates to attain recognition as an Accredited Practitioner by the AIR. The NPDP facilitates the consolidation of the skills, knowledge and professional attributes described in the AIR Competency Based Standards for the Accredited Practitioner by providing a national structured framework for graduates to undergo professional peer assessment of their ability in a supervised clinical environment.



Key steps to complete your NPDP

Key steps to complete your NPDP



Your NPDP provides you with a pathway to achieve accreditation with the AIR, acknowledgement that you possess the knowledge, skills and professional attributes demanded by your profession.

To successfully complete your NPDP you will:

- Demonstrate competence across a range of professional practice areas
- Demonstrate commitment to your continuing professional development
- Demonstrate proficiency in the English language

Registration for the NPDP and notification of changes

By registering for the NPDP, you receive the assurance that your NPDP will be monitored and approved by the AIR. This ensures that you receive the experience and support necessary to allow you the best opportunity for success in your NPDP.

When you register for the NPDP, you provide important contact details including a valid email address. This allows the AIR to monitor your progress in the NPDP, to advise you of important professional information, and to contact you in the event of changes to or issues relating to your NPDP.

It is essential that you register for the NPDP prior to commencing employment and that you promptly submit notification of any changes to your contact details or your employment. Failure to do so may result in part or all of your NPDP being declared invalid.

Duration of your NPDP

Your NPDP incorporates 48 full-time equivalent weeks of supervised practice.

Your NPDP should be completed within three years of the date that you complete your medical imaging or radiation therapy degree.

You may complete the NPDP in a part-time capacity, providing you complete the equivalent of 48 full-time weeks and do so within three years of completing your medical imaging or radiation therapy degree.

A full-time equivalent week would normally be between 36 and 38 hours per week. There is some variation between different clinical centres so you should be guided by whatever is the usual full-time week for your centre.

Recreational or annual leave does not contribute to the completion of the 48 full-time week requirement of your NPDP.

Public holidays and short periods of leave for illness covered under your employment paid sick leave entitlement are considered to contribute to the 48 full-time week requirement of your NPDP.

Should you need to take a lengthy break during your NPDP due to illness, study, unemployment or other personal circumstances, you should promptly contact the NPDP Co-ordinator for advice.

You may wish to complete an Honours programmes in medical imaging or radiation therapy during your NPDP. It is expected that your employer, your university supervisor and you will work together closely to determine how you will achieve the requirements of your NPDP and your Honours programme. Prior to the commencement of your NPDP or upon enrolment in the Honours programme, you should provide the NPDP Co-ordinator with a letter of agreement signed by your employer, your university supervisor and you, detailing how it is planned that you will satisfy the requirements of the NPDP within the standard 48-week fulltime equivalent period or, alternatively, requesting a specific extension to the standard period.

Professional practice requirements during your NPDP

Your NPDP provides you with the opportunity to demonstrate your capability across a range of areas of professional practice.

You are encouraged to seek regular feedback about your progress, performance and development from your clinical supervisor and other professional colleagues. The NPDP Graduate Review provides a mechanism for you to share feedback with your clinical supervisor. You may also choose to use the NPDP Graduate Review at any point for self-assessment or for reflection on your own performance.

Your NPDP Graduate Review should be submitted to the NPDP Co-ordinator at the 12 week, 24 week, 36 week and 48 week points. If you are completing the NPDP in a part-time capacity, your NPDP Graduate Review should be submitted when you have worked the equivalent of 12, 24, 36 and 48 full-time weeks of supervised practice.

NPDP Graduates are expected to progress toward competent practice over the period of the NPDP. The rate of progress will depend upon the individual. By the conclusion of the NPDP, you are expected to have:

- Achieved competence in all aspects of :
 - o Demonstrates an approach to patient care, including patient advocacy, that is sensitive to the patient and fulfils their needs.
 - o Demonstrates effective and culturally sensitive communication with patients, carers and colleagues and engages as an effective member of the health care team.
 - o Demonstrates an approach to professional practice that conforms to the AIR Guidelines for Professional Conduct and an awareness of medico-legal obligations to the patient, the health care team and as a health professional.
 - o Demonstrates competent performance in professional practice experience areas
 - * For medical imaging, core practice experiences are mandatory and include:
 - * General radiography, including the genitourinary, cardio respiratory, musculoskeletal and gastrointestinal systems across a broad range of patient age groups and presentations
 - * Contrast media preparation, administration and contraindications, in the context of minor contrast procedures or contrast for CT but excluding cannulation.
 - * Fluoroscopic procedures
 - * Mobile radiography (including image intensification)
 - * Routine CT, specifically non/post-contrast brain CT, contrast chest/abdominal CT and excluding angiography
 - * For medical imaging, recommended practice experiences include:
 - * Trauma radiography (including emergency)
 - * Radiography in the operating theatre
 - * Paediatric radiography
 - * For radiation therapy, core practice experiences are mandatory and include:
 - * Simulation for external beam megavoltage treatment (including CT simulation)
 - * Routine patient immobilisation and stabilisation, including quality assurance of ancillary treatment accessories

- * External beam megavoltage treatment planning
 - * External beam megavoltage treatment delivery
 - * For radiation therapy, recommended practice experiences include:
 - * Brachytherapy treatment & planning
 - * Superficial radiation therapy treatment & planning
 - * Orthovoltage radiation therapy treatment & planning
 - * Stereotactic radiation therapy/radiosurgery
 - o Demonstrates commitment to lifelong professional learning, evidence-based practice and the education of others.
- Provided satisfactory evidence of your commitment to continuing professional development
- Provided satisfactory evidence of your proficiency in the English language

“Competence”, “competent” and “competency” have many different definitions. For the purposes of the NPDP, you will be considered competent (or to have achieved competence or competency) when you are evaluated by an AIR accredited professional and are considered to consistently demonstrate an appropriate level of knowledge, skills and professional attributes.

NPDP Graduate Review

Tracking your progress in the NPDP: The NPDP Graduate Review

The NPDP Graduate Review provides a mechanism:

- To assist NPDP Graduates to monitor their own development and progress in the NPDP
- To assist clinical supervisors to provide feedback to NPDP Graduates regarding performance
- To advise the AIR of the NPDP Graduate's progress in the NPDP
- To assist NPDP Graduates, clinical supervisors and the AIR to identify and resolve concerns or issues

The NPDP Graduate Review should be completed:

- By the NPDP Graduate and the clinical supervisor at the 12 week, 24 week, 36 week and 48 week (fulltime equivalent) points
- By the NPDP Graduate for the purposes of self-assessment or reflection at any time
- By the NPDP Graduate and the clinical supervisor at the conclusion of a NPDP Graduate's employment or position at a particular centre
- By the NPDP Graduate and the clinical supervisor at any other time where formal feedback or evaluation is useful in supporting the NPDP Graduate's development
- Upon request by the NPDP Co-ordinator where warranted by circumstances

Completing the NPDP Graduate Review

Sections A & B of the NPDP Graduate Review must be completed on-line and submitted to the NPDP Co-ordinator at the 12 week, 24 week, 36 week and 48 week (fulltime equivalent) points.

Section C of the NPDP Graduate Review must be submitted to the NPDP Co-ordinator by the 48 week (fulltime equivalent) point.

Performance expectation

NPDP Graduates are expected to progress over the period of the NPDP toward a satisfactory final NPDP Graduate Review at the conclusion of 48 weeks (full-time equivalent). A satisfactory final NPDP Graduate Review is one in which the NPDP Graduate's performance is rated as competent in all areas and where the requirements of Sections B & C are fully satisfied.

Section A

The NPDP Graduate's development and performance is reviewed across a range of areas of professional knowledge, skills and attributes. A performance rating is assigned that provides a global assessment of the NPDP Graduate's capability. The NPDP Graduate is provided with the opportunity to receive formal feedback about their strengths and development needs from their clinical supervisor, and has the opportunity to reflect upon their own performance and learning needs.

This section of the NPDP Graduate Review should be completed and submitted by the supervisor using their personal log-in to the AIR website. Subsequently, the NPDP Graduate should respond to finalise the NPDP Graduate Review using their personal log-in to the AIR website.

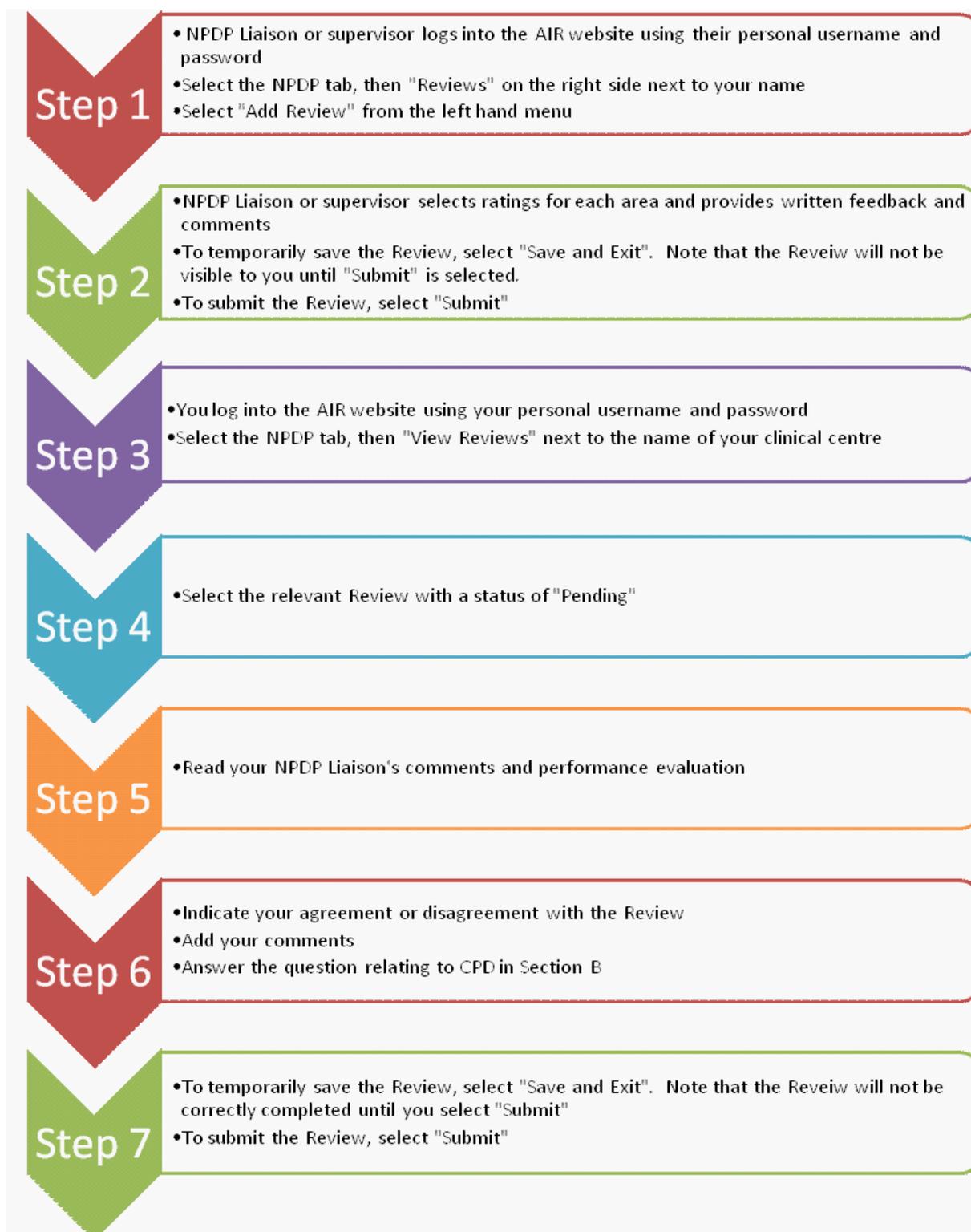
Section B

The NPDP Graduate records the continuing professional development activities completed during the review period. By the completion of the 48 week (fulltime equivalent) point, the NPDP Graduate provides acceptable evidence of the required degree of Continuing Professional Development activity.

Section C

By the completion of the 48 week (fulltime equivalent) point, the NPDP Graduate provides acceptable evidence of Australian citizenship or proficiency in the English language.

To submit and complete your NPDP Graduate Reviews:



Sample of NPDP Medical Imaging Graduate Review

MEDICAL IMAGING

All NPDP Graduate Reviews must be submitted using the on-line system. For access or for a reminder of your personal log-in details, contact npdp@air.asn.au.

Section A

NPDP Graduate Review Area 1

Demonstrates an approach to patient care, including patient advocacy, that is sensitive to the patient and fulfils their needs.

Rationale: Medical imaging professionals fulfil the duty of care in clinical practice and act to ensure that patient welfare and rights are appropriately respected.

Performance: Cues are NOT prescriptive but provide prompts for considering the types of behaviours and actions likely to be evident in competent performance. Cues for competent performance include:

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional task time to consider patient needs	Sometimes requires additional task time to consider patient needs	Rarely requires additional task time to consider patient needs	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Tends to focus on performing tasks	Tends to focus on performing tasks with some consideration for patients needs	Mostly focuses on patient needs while performing tasks	Patient-focused performance of tasks

NPDP Graduate Review Area 2

Demonstrates effective and culturally sensitive communication with patients, carers and colleagues and engages as an effective member of the health care team.

Rationale: Medical imaging professionals establish and maintain effective interpersonal relationships with patients and carers, establish and maintain appropriate collaborative relationships with colleagues, and respond appropriately in culturally sensitive situations.

Performance: Cues are NOT prescriptive but provide prompts for considering the types of behaviours and actions likely to be evident in competent performance. Cues for competent performance include:

- Portrays a positive, cordial demeanour and attentive, open body language
- Demonstrates active listening and effective questioning skills and, when necessary, seeks clarification before proceeding
- Provides appropriate and accurate information to others
- Demonstrates awareness of the personal space of others and, when appropriate, modifies own behaviour to respect others' needs
- Completes documentation accurately and promptly
- Accepts and responds positively to feedback from colleagues

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to integrate communication and task	Sometimes requires additional time to integrate communication and task	Rarely requires additional time to integrate communication and task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve communication problems	Sometimes requires assistance to identify & solve communication problems	Rarely requires assistance to identify & solve communication problems	Identifies & solves communication problems
Focus	Focuses on communication of facts and attending to task	Sometimes focuses on communicating effectively, sometimes distracted by task	Mostly focuses on communicating effectively, rarely distracted by task	Effective communication which is integrated to performance of task



NPDP Graduate Review Area 3

Demonstrates an approach to professional practice that conforms to the AIR Guidelines for Professional Conduct and an awareness of medico-legal obligations to the patient, the health care team and as a health professional.

Rationale: Medical imaging professionals are guided in action by their own and others' Scope of Practice and act to preserve the safety of individuals and groups at all times.

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent

NPDP Graduate Review Area 4

Demonstrates competent performance in professional practice experience areas

Rationale: Medical imaging professionals demonstrate effective clinical management of the patients under their care, operate effectively as an autonomous and responsible practitioner, and assess clinical situations, determine the key issues and deliver a timely and quality outcome.

Performance: Cues are NOT prescriptive but provide prompts for considering the types of behaviours and actions likely to be evident in competent performance. Cues for competent performance include:

- Ensures appropriate patient consent and preparation including checking for pregnancy
- Checks requests for imaging are appropriate, accurate and authorised and acts upon contraindications
- Identifies patient needs and takes appropriate action to assist
- Uses appropriate manual handling, infection control and radiation protection for self and others and applies the ALARA principle
- Effectively positions patient and equipment
- Demonstrates ability to effectively and accurately use the patient information system
- Modifies approach to suit patient condition
- Selects appropriate exposure parameters with consideration for patient dose and post processing
- Demonstrates ability in processing (film) and post processing (CR/DR)
- Ensures electronic and paper-based documentation is completed promptly and accurately to optimise patient care and workflow
- Evaluates resultant images for technical and diagnostic quality and identifies appropriate supplementary views or opportunities for future improvement
- Demonstrates appropriate care of equipment, workspace and efficient use of resources
- Recognises limitations of own ability and refers to colleagues appropriately
- Performs relevant quality assurance and quality control activities and identifies and acts upon opportunities for quality improvement

CORE PRACTICE EXPERIENCE AREAS

Evaluation of performance in **ALL** core practice experience areas is **MANDATORY**

- General radiography, including the genitourinary, cardio respiratory, musculoskeletal and gastrointestinal systems across a broad range of patient age groups and presentations
- Contrast media preparation, administration and contraindications, in the context of minor contrast procedures or contrast for CT but excluding cannulation.
- Fluoroscopic procedures
- Mobile radiography (including image intensification)
- Routine CT, specifically non/post-contrast brain CT, contrast chest/abdominal CT and excluding angiography

RECOMMENDED PRACTICE EXPERIENCE AREAS

Where NPDP Graduates are provided with the opportunity to undertake recommended practice experience areas, evaluation of performance is **MANDATORY**

- Trauma radiography (including emergency)
- Radiography in the operating theatre
- Paediatric radiography

Core practice experience (mandatory)

General radiography, including the genitourinary, cardio respiratory, musculoskeletal and gastrointestinal systems across a broad range of patient age groups and presentations

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Core practice experience (mandatory)

Contrast media preparation, administration and contraindications, in the context of minor contrast procedures or contrast for CT but excluding cannulation

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Core practice experience (mandatory)

Fluoroscopic procedures

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Core practice experience (mandatory)**Mobile radiography (including image intensification)**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Core practice experience (mandatory)**Routine CT, specifically non/post-contrast brain CT, contrast chest/abdominal CT and excluding angiography**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Recommended practice experience**Trauma radiography (including emergency)**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Recommended practice experience**Radiography in the operating theatre**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Recommended practice experience

Paediatric radiography

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance



NPDP Graduate Review Area 5

Demonstrates commitment to lifelong professional learning, evidence-based practice and the education of others.

Rationale: Medical imaging professionals are committed to continuing professional development, initiate and evaluate research outcomes and incorporate into evidence-based practice where relevant, and participate in guiding and mentoring the learning of others.

Performance: Cues are NOT prescriptive but provide prompts for considering the types of behaviours and actions likely to be evident in competent performance. Cues for competent performance include:

- Reflects on feedback received and on own performance to identify development needs
- Actively participates in learning opportunities
- Consults and adheres to local protocols and considers their basis in the evidence
- Actively participates in research and quality improvement initiatives
- Provides effective supervision and guidance to students



	Beginner	Progressing	Consolidating	Competent
Evidence-based practice	Regularly requires direction or correction in adhering to local protocols	Sometimes requires direction or correction in adhering to local protocols	Rarely requires direction or correction in adhering to local protocols	Applies local protocols and identifies opportunities for amendment based on evidence
Attitude to self-development	Defensive when provided with feedback or rarely identifies opportunities for development	Responds positively to feedback and sometimes identifies opportunities for development	Responds positively to feedback, identifies and sometimes acts upon opportunities for development	Proactively directs own development
Leading learning	Provides basic instructions and direction to learners in the workplace	Sometimes provides supervision and guidance to learners in the workplace	Regularly provides supervision, guidance and feedback to learners in the workplace	Provides effective supervision, positive guidance and constructive feedback to learners in the workplace

SECTION B

Rationale: Medical imaging professionals are committed to on-going professional development.

NPDP Graduates are required to complete the equivalent of the AIR CPD programme requirements for NPDP/PDY graduates. At the time of publication, this requirement was 12 AIR credits of CPD activity. NPDP Graduates are responsible to check the AIR website regularly for any changes to this requirement.

NPDP Graduates may lodge their record of CPD activity by:

Participating in the AIR CPD programme as an AIR member and correctly lodging the required CPD activity through the on-line CPD portal by the conclusion of the NPDP

OR

Participating in the AIR CPD programme as a CPD only Member and correctly lodging the required CPD activity through the on-line CPD portal by the conclusion of the NPDP

OR

Maintaining a personal record of continuing professional development activity equivalent to that required of the AIR CPD programme and submitting copies of evidence of completion of all activities to the NPDP Co-ordinator at npdp@air.asn.au by the conclusion of the NPDP

SECTION C

NPDP graduates must provide evidence of proficiency in the English language by the conclusion of their NPDP by:

For Australian citizens

Mail to the NPDP Co-ordinator a certified copy of your Australian birth certificate, passport or certificate of citizenship

For citizens of the United Kingdom, Canada, New Zealand, United States of America, Republic of Ireland or Republic of Singapore

Mail to the NPDP Co-ordinator a certified copy of your passport

For citizens of countries other than those listed above

Mail to the NPDP Co-ordinator a certified copy of official test results of either:

Overall band score of not less than 7.0 in the ACADEMIC version of the International English Language Testing System (IELTS) test, with no individual element below 7.0, and completed within the past two years and completed in a single test

OR

Overall minimum of level B result in the Australian Occupational English Test, and completed within the past two years and completed in a single test

Sample of NPDP Radiation Therapy Graduate Review

RADIATION THERAPY

All NPDP Graduate Reviews must be submitted using the on-line system. For access or for a reminder of your personal log-in details, contact npdp@air.asn.au.

NPDP Graduate Review Area 1

Demonstrates an approach to patient care, including patient advocacy, that is sensitive to the patient and fulfils their needs.

Rationale: Radiation therapy professionals fulfil the duty of care in clinical practice and act to ensure that patient welfare and rights are appropriately respected.

Performance: Cues are NOT prescriptive but provide prompts for considering the types of behaviours and actions likely to be evident in competent performance. Cues for competent performance include:

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional task time to consider patient needs	Sometimes requires additional task time to consider patient needs	Rarely requires additional task time to consider patient needs	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Tends to focus on performing tasks	Tends to focus on performing tasks with some consideration for patients needs	Mostly focuses on patient needs while performing tasks	Patient-focused performance of tasks

NPDP Graduate Review Area 2

Demonstrates effective and culturally sensitive communication with patients, carers and colleagues and engages as an effective member of the health care team.

Rationale: Radiation therapy professionals establish and maintain effective interpersonal relationships with patients and carers, establish and maintain appropriate collaborative relationships with colleagues, and respond appropriately in culturally sensitive situations.

Performance: Cues are NOT prescriptive but provide prompts for considering the types of behaviours and actions likely to be evident in competent performance. Cues for competent performance include:

- Portrays a positive, cordial demeanour and attentive, open body language
- Demonstrates active listening and effective questioning skills and, when necessary, seeks clarification before proceeding
- Provides appropriate and accurate information to others
- Demonstrates awareness of the personal space of others and, when appropriate, modifies own behaviour to respect others' needs
- Completes documentation accurately and promptly
- Accepts and responds positively to feedback from colleagues

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to integrate communication and task	Sometimes requires additional time to integrate communication and task	Rarely requires additional time to integrate communication and task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve communication problems	Sometimes requires assistance to identify & solve communication problems	Rarely requires assistance to identify & solve communication problems	Identifies & solves communication problems
Focus	Focuses on communication of facts and attending to task	Sometimes focuses on communicating effectively, sometimes distracted by task	Mostly focuses on communicating effectively, rarely distracted by task	Effective communication which is integrated to performance of task

NPDP Graduate Review Area 3

Demonstrates an approach to professional practice that conforms to the AIR Guidelines for Professional Conduct and an awareness of medico-legal obligations to the patient, the health care team and as a health professional.

Rationale: Radiation therapy professionals are guided in action by their own and others' Scope of Practice and act to preserve the safety of individuals and groups at all times.

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent

NPDP Graduate Review Area 4

Demonstrates competent performance in professional practice experience areas

Rationale: Radiation therapy professionals demonstrate effective clinical management of the patients under their care, operate effectively as an autonomous and responsible practitioner, and assess clinical situations, determine the key issues and deliver a timely and quality outcome.

Performance: Cues are NOT prescriptive but provide prompts for considering the types of behaviours and actions likely to be evident in competent performance. Cues for competent performance include:

- Ensures appropriate patient consent and preparation
- Checks requests for simulation/CT and treatment prescriptions are appropriate, accurate and authorised and acts upon contraindications
- Demonstrates ability to effectively and accurately use the patient information system
- Takes a lead role in routine simulation, planning and treatment procedures
- Effectively positions patient and equipment
- Identifies relevant need for planning or treatment imaging and selects appropriate imaging parameters with consideration for patient dose and post processing
- Demonstrates ability in processing (film) and post processing (CR/DR, electronic portal imaging)
- Identifies patient needs and takes appropriate action to assist
- Uses appropriate manual handling, infection control and radiation protection for self and others and applies the ALARA principle
- Modifies approach appropriately to suit patient condition
- Monitors patient's treatment progress and side-effects, acting appropriately with advice or referral to other members of the health care team
- Ensures electronic and paper-based documentation is completed promptly and accurately to optimise patient care and workflow
- Demonstrates ability to manufacture routine patient stabilisation and immobilisation accessories or routine beam modification accessories
- Demonstrates appropriate care of equipment, workspace and efficient use of resources
- Recognises limitations of own ability and refers to colleagues appropriately
- Performs relevant quality assurance and quality control activities and identifies and acts upon opportunities for quality improvement

CORE PRACTICE EXPERIENCE AREAS

Evaluation of performance in ALL core practice experience areas is MANDATORY

- Simulation for external beam megavoltage treatment (including CT simulation)
- Routine patient immobilisation and stabilisation, including quality assurance of ancillary treatment accessories
- External beam megavoltage treatment planning
- External beam megavoltage treatment delivery

Forms of external beam megavoltage treatment planning & delivery vary considerably between centres. The NPDP Graduate should engage in all areas of external beam megavoltage treatment planning & delivery considered by the clinical centre as routine. At a minimum, this includes conformal radiation therapy and 3D planning, but might also include IMRT, 4D planning or others.

RECOMMENDED PRACTICE EXPERIENCE AREAS

Where NPDP Graduates are provided with the opportunity to undertake recommended practice experience areas, evaluation of performance is MANDATORY.

- Brachytherapy treatment & planning
- Superficial radiation therapy treatment & planning
- Orthovoltage radiation therapy treatment & planning
- Stereotactic radiation therapy/radiosurgery



Core practice experience (mandatory)**Simulation for external beam megavoltage treatment (including CT simulation)**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Core practice experience (mandatory)**Routine patient immobilisation and stabilisation, including quality assurance of ancillary treatment accessories**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Core practice experience (mandatory)**External beam megavoltage treatment planning**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Core practice experience (mandatory)**External beam megavoltage treatment delivery**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Recommended practice experience**Brachytherapy treatment & planning**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Recommended practice experience**Superficial radiation therapy treatment & planning**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Recommended practice experience**Orthovoltage radiation therapy treatment & planning**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

Recommended practice experience**Stereotactic radiation therapy/radiosurgery**

	Beginner	Progressing	Consolidating	Competent
Degree of independence	Regularly requires direction or correction	Sometimes requires direction or correction	Rarely requires direction or correction	Independent
Time efficiency	Regularly requires additional time to complete task	Sometimes requires additional time to complete task	Rarely requires additional time to complete task	Time efficient
Professional reasoning	Regularly requires assistance to identify & solve problems	Sometimes requires assistance to identify & solve problems	Rarely requires assistance to identify & solve problems	Identifies & solves problems
Focus	Focuses on performing task	Focuses on performing task with some consideration for patient needs	Mostly focuses on patient needs while performing task	Patient-focused performance of task
Reflective practice	Attends to basic task requirements and rarely considers own performance	Sometimes considers opportunities for improvement and development	Routinely considers opportunities for improvement and development	Self-directed in continuously reflecting on own practice and performance

NPDP Graduate Review Area 5

Demonstrates commitment to lifelong professional learning, evidence-based practice and the education of others.

Rationale: Radiation therapy professionals are committed to continuing professional development, initiate and evaluate research outcomes and incorporate into evidence-based practice where relevant, and participate in guiding and mentoring the learning of others.

Performance: Cues are NOT prescriptive but provide prompts for considering the types of behaviours and actions likely to be evident in competent performance. Cues for competent performance include:

- Reflects on feedback received and on own performance to identify development needs
- Actively participates in learning opportunities
- Consults and adheres to local protocols and considers their basis in the evidence
- Actively participates in research and quality improvement initiatives
- Provides effective supervision and guidance to students



	Beginner	Progressing	Consolidating	Competent
Evidence-based practice	Regularly requires direction or correction in adhering to local protocols	Sometimes requires direction or correction in adhering to local protocols	Rarely requires direction or correction in adhering to local protocols	Applies local protocols and identifies opportunities for amendment based on evidence
Attitude to self-development	Defensive when provided with feedback or rarely identifies opportunities for development	Responds positively to feedback and sometimes identifies opportunities for development	Responds positively to feedback, identifies and sometimes acts upon opportunities for development	Proactively directs own development
Leading learning	Provides basic instructions and direction to learners in the workplace	Sometimes provides supervision and guidance to learners in the workplace	Regularly provides supervision, guidance and feedback to learners in the workplace	Provides effective supervision, positive guidance and constructive feedback to learners in the workplace

SECTION B

Rationale: Radiation therapy professionals are committed to on-going professional development.

NPDP Graduates are required to complete the equivalent of the AIR CPD programme requirements for NPDP/PDY graduates. At the time of publication this requirement was 12 AIR credits of CPD activity. NPDP Graduates are responsible to check the AIR website regularly for any changes to this requirement.

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Participating in the AIR CPD programme as an AIR member and correctly lodging the required CPD activity through the on-line CPD portal by the conclusion of the NPDP

OR

Participating in the AIR CPD programme as a CPD only Member and correctly lodging the required CPD activity through the on-line CPD portal by the conclusion of the NPDP

OR

Maintaining a personal record of continuing professional development activity equivalent to that required of the AIR CPD programme and submitting copies of evidence of completion of all activities to the NPDP Co-ordinator at npdp@air.asn.au by the conclusion of the NPDP

SECTION C

NPDP graduates must provide evidence of proficiency in the English language by the conclusion of their NPDP by:

For Australian citizens

Mail to the NPDP Co-ordinator a certified copy of your Australian birth certificate, passport or certificate of citizenship

For citizens of the United Kingdom, Canada, New Zealand, United States of America, Republic of Ireland or Republic of Singapore

Mail to the NPDP Co-ordinator a certified copy of your passport

For citizens of countries other than those listed above

Mail to the NPDP Co-ordinator a certified copy of official test results of either:

Overall band score of not less than 7.0 in the ACADEMIC version of the International English Language Testing System (IELTS) test, with no individual element below 7.0, and completed within the past two years and completed in a single test

OR

Overall minimum of level B result in the Australian Occupational English Test, and completed within the past two years and completed in a single test

Your clinical centre and your NPDP

Your NPDP may only be completed in a clinical centre approved to host NPDP graduates. Any time you spend in a clinical centre without NPDP Approval will not contribute to the 48 week full-time equivalent requirement of your NPDP.

Clinical centres apply for NPDP Approval using the electronic form available at <https://member.air.asn.au/registration/clinic.php>.

NPDP Approved Clinical Centres

NPDP Approved Clinical Centre status is granted to clinical centres upon successful application. Approval is contingent upon a clinical centre demonstrating a formal commitment to:

- Provide NPDP graduates with the required degree of appropriate supervision at all times.
 - NPDP graduates must be supervised at all times.
 - * NPDP graduates must receive direct supervision for the first 24 weeks (full-time equivalent) of the NPDP
 - Direct supervision requires that one medical imaging or radiation therapy professional who possesses accreditation from the AIR is physically immediately present supervising the graduate's practice. While the supervisor should be physically immediately present, as the NPDP Graduate's capability increases it is expected that this supervision may change from the supervisor directly observing the NPDP Graduate, to the supervisor actively monitoring the Graduate's performance and needs from an adjacent location.
 - * Following submission to the AIR of the second NPDP Graduate Review, the NPDP graduate may practice without direct supervision but with access to supervision in those professional practice experience areas where all elements are identified as "competent" in the second (or subsequent) NPDP Graduate Review.
 - Access to supervision requires that one medical imaging or radiation therapy professional who possesses a current Validated Statement of Accreditation is on-site at the clinical centre and available to provide direct supervision if required.
- Provide NPDP graduates with sufficient opportunity to facilitate development and demonstration of competency in the required areas.
- Provide a NPDP Liaison to co-ordinate and facilitate the NPDP at the clinical centre.

Application for NPDP Approval is provided by the AIR at no cost to the clinical centre or the NPDP graduate.

Multiple sites

Your employing organisation may provide medical imaging or radiation therapy services from a number of clinical centres or sites. Each clinical centre must be NPDP Approved in order to host any part of your NPDP.

Occasionally, a clinical centre may be unable to fulfil the requirements for NPDP Approval because a particular imaging modality or equipment is unavailable. These clinical centres may submit an application nominating a partner clinical centre to provide this experience to NPDP Graduates. In addition to the standard requirements for NPDP Approved Clinical Centres, such applications must demonstrate how the NPDP Graduate's experience will be shared between the primary and partner clinical centres to ensure appropriate opportunity to develop and demonstrate competence. The primary clinical centre remains responsible at all times for ensuring that graduates receive the experience and support necessary to successfully complete the NPDP.

International clinical centres

Clinical centres outside Australia may apply for NPDP Approval using the same process as applies to Australian clinical centres.

NPDP Liaison

NPDP Approved clinical centres provide a NPDP Liaison to co-ordinate and facilitate the NPDP at your clinical centre.

The NPDP Liaison is a medical imaging or radiation therapy professional who possesses a current Validated Statement of Accreditation and who has completed the AIR NPDP Liaison Education Programme.

The NPDP Liaison:

- ensures that the professionals who provide you with supervision are aware of the requirements and expectations for your NPDP
- liaises with other staff as necessary to ensure that you receive reasonable opportunities to develop and demonstrate the competency required in the NPDP
- may not necessarily act as your supervisor during the NPDP



NPDP Liaison Education Programme

The NPDP Liaison Education Programme assists to develop the fundamental knowledge and skills in clinical education and supervision considered necessary to facilitate an appropriate clinical learning environment for NPDP graduates.

Completion of the programme is a requirement for all NPDP Liaison professionals. The programme is available as an option for all other medical imaging and radiation therapy professionals.

The programme is available as a series of web-based learning modules and is available at no cost to AIR members, to medical imaging and radiation therapy professionals at any NPDP Approved clinical centre and to medical imaging and radiation therapy professionals at any clinical centre intending to apply for NPDP Approval. For access to the on-line modules, please contact the NPDP Co-ordinator.

The programme will be made available regularly as a face-to-face workshop at nominated locations and times. The workshops will be provided at no cost to AIR members, to medical imaging and radiation therapy professionals at any NPDP Approved clinical centre and to medical imaging and radiation therapy professionals at any clinical centre intending to apply for NPDP Approval. Costs associated with travel, accommodation, meals and so on will be the responsibility of the workshop participant. Professionals interested in having a face-to-face workshop in their area should contact the NPDP Co-ordinator for further information.

The programme includes learning modules relating to the NPDP specifically and those relating more generally to effective clinical teaching and supervision. Successful completion of the programme requires:

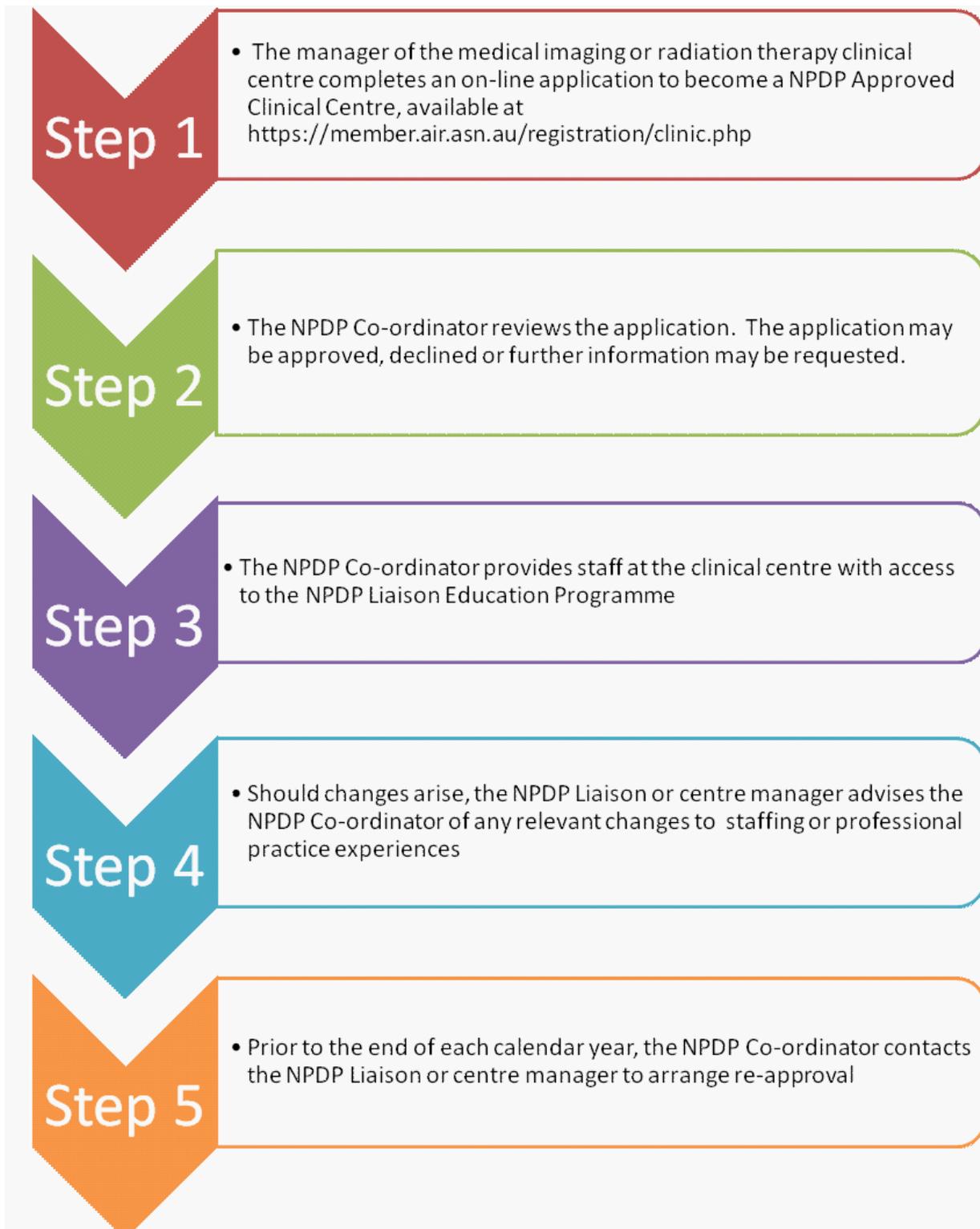
- Successful completion of the NPDP specific modules, AND
- Successful completion of the general modules OR demonstration of possession of an appropriate formal qualification in education, supervision or workplace training.



Applications to become a NPDP Approved Clinical Centre

Only NPDP Approved clinical centres may employ graduates undertaking the NPDP. Graduates may only consider experience at NPDP Approved clinical centres as contributing toward the requirement of the NPDP.

Approval as a NPDP Approved Clinical Centre is valid for a calendar year. The AIR does not require payment of any fee for applications to become a NPDP Approved clinical centre.



Responsibilities in the NPDP

Your responsibilities in the NPDP

- You are responsible for ensuring that you actively engage in the learning experiences and opportunities offered during the NPDP
- You are responsible for ensuring that you value equally, develop and demonstrate the professional knowledge, professional skills and professional attitudes required in the NPDP
- You are responsible for ensuring that you possess a Provisional Statement of Accreditation prior to commencing your NPDP
- You are responsible for ensuring that you complete your NPDP in an NPDP Approved Clinical Centre
- You are responsible for ensuring that you advise the AIR of the details of your NPDP prior to commencing employment as a NPDP Graduate
- You are responsible for ensuring that your NPDP Graduate Reviews are submitted as required
- You are responsible for submitting documentation that fulfils the English proficiency requirement of the NPDP
- You are responsible for submitting evidence that you have fulfilled the CPD requirement of the NPDP
- You are responsible for ensuring that you apply for your Validated Statement of Accreditation at the conclusion of your NPDP
- You are responsible for ensuring that you advise the AIR of any changes to your contact details or employment
- You are responsible for ensuring that you promptly advise your NPDP Liaison, your employer or the AIR of any emerging issues that may affect your ability to successfully complete your NPDP as required



Your NPDP Liaison's responsibilities in the NPDP

- Your NPDP Liaison is responsible for ensuring that your clinical centre is NPDP Approved
- Your NPDP Liaison is responsible for ensuring that you are appropriately supervised at all times and that your clinical supervisors understand the expectations for your NPDP
- Your NPDP Liaison is responsible for ensuring that you are provided with reasonable opportunities to develop and demonstrate the competency required in the NPDP
- Your NPDP Liaison is responsible for ensuring that your NPDP Graduate Reviews accurately reflect your performance in the NPDP
- Your NPDP Liaison is responsible for ensuring that any changes to contact details, supervision or clinical experiences are advised to the AIR
- Your NPDP Liaison is responsible for ensuring that prompt advice is provided to the AIR of any emerging issues that may affect your ability to successfully complete your NPDP as required

Your clinical centre's/employer's responsibilities in the NPDP

- Your clinical centre/employer is responsible for ensuring that the NPDP Liaison receives the necessary support to facilitate and co-ordinate your NPDP
- Your clinical centre/employer is responsible for ensuring that the NPDP Liaison receives the necessary support to ensure that your NPDP Graduate Reviews accurately reflect your performance in the NPDP

The AIR's responsibilities in the NPDP

- The AIR is responsible for ensuring that applications and documentation received in association with your NPDP receives prompt and reasonable attention
- The AIR is responsible for ensuring that NPDP graduates who successfully meet the expectations and requirements of the NPDP, and who submit a correctly completed application, receive the AIR Validated Statement of Accreditation upon application
- The AIR is responsible for ensuring that NPDP graduates who fail to meet the expectations and requirements of the NPDP have the right of appeal
- The AIR is responsible for ensuring that appeals against an unsuccessful outcome in the NPDP are considered objectively and promptly
- The AIR is responsible for making available the NPDP Liaison Education Programme to AIR members, to medical imaging and radiation therapy professionals at any NPDP Approved Clinical Centre and to medical imaging and radiation therapy professionals at any clinical centre intending to apply for NPDP Approval
- The AIR is responsible for all aspects of the design and review of the NPDP

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Problems, issues or special considerations in your NPDP



Problems or issues might arise during your NPDP that may affect your ability to perform as expected or to fulfil the requirements of the NPDP. These issues might be positive, such as further study, becoming a parent or extending your family, or more stressful such as illness, unemployment, conflict with supervisors or personal difficulties. You should promptly contact the NPDP Co-ordinator for advice upon becoming aware of any emerging issues.

Very occasionally, NPDP graduates may not meet the performance expectations of the NPDP or there may be important concerns about their professional practice or professional behaviours. Poor or unsatisfactory performance might be identified in the NPDP Graduate Reviews or observed by the NPDP Liaison or other clinical professionals, or identified by the NPDP graduate themselves. The NPDP Co-ordinator should be advised promptly by the NPDP Liaison of poor or unsatisfactory performance from graduates at their centre. The NPDP Co-ordinator will collaborate with the NPDP graduate, the NPDP Liaison, and the state PAEC and the PAEB as appropriate to facilitate a resolution.

Appeals

NPDP graduates have the right to appeal against an unsuccessful outcome in the NPDP. Applications for appeal should be submitted to the NPDP Co-ordinator within three months of the completion of the NPDP and must include:

- The reasons and basis for the appeal
- Evidence and documentation supporting the appeal application
- Current postal, email and telephone contact details

The NPDP Co-ordinator will acknowledge receipt of appeal applications within 10 working days. The NPDP Co-ordinator will review the application and the graduate's NPDP Graduate Reviews and contact the NPDP Liaison for further information. Within 28 days of receipt of an appeal application the NPDP Co-ordinator will provide a recommendation to the PAEB. The PAEB will advise the graduate of the outcome within three months of receipt of the appeal application.

Special consideration and exemptions

In some instances, graduates may consider that their professional circumstances warrant special consideration or an exemption from certain requirements of the NPDP. Applications for special consideration or exemption should be submitted to the NPDP Co-ordinator and must include:

- The reasons and basis for the application for special consideration or exemption
- Evidence and documentation supporting the application
- Current postal, email and telephone contact details

The NPDP Co-ordinator will acknowledge receipt of applications within 10 working days. The NPDP Co-ordinator will review the application and the graduate's NPDP Graduate Reviews and contact the NPDP Liaison for further information where appropriate. Within 28 days of receipt of an application the NPDP Co-ordinator will provide a recommendation to the PAEB. The PAEB will advise the graduate of the outcome within three months of receipt of the application.

Quality processes for NPDP

The key indicator as to whether a graduate should receive the AIR Validated Statement of Accreditation is that the graduate demonstrates the knowledge, skills and attitudes defined in the AIR Competency Based Standards for the Accredited Practitioner. You may complete your NPDP only in a NPDP Approved clinical centre providing a NPDP Liaison. The NPDP Liaison possesses the required knowledge and skills to effectively facilitate and co-ordinate the NPDP at your centre. During your NPDP, you must be supervised by appropriately AIR accredited medical imaging or radiation therapy professionals.

This foundation for your NPDP provides a sound assurance that you will receive appropriate experience, supervision, feedback and assessment to ensure you have the opportunity to fulfil the Competency Based Standards for the Accredited Practitioner. Similarly, the professional community can be assured that the medical imaging or radiation therapy professionals who attest to your competency and capability in your NPDP Graduate Reviews adequately understand the profession's expectations for your performance.

Opportunities to contribute to the development of the NPDP

Feedback is critical to the ongoing development and quality assurance of the NPDP.

Feedback is invited at any point from NPDP graduates, NPDP Liaison professionals, clinical supervisors, professionals at clinical centres and other members of the professional community. Other organisations or individuals in the broader community who consider themselves stakeholders in the NPDP are welcome to contribute feedback or comments.

You may provide feedback about any aspect of the NPDP by:

- Submitting feedback and comments on-line at npdp@air.asn.au
- Contacting the NPDP Co-ordinator or the PAEB by email, telephone or mail

The NPDP will undergo a major review every three years by the NPDP Co-ordinator and the PAEB in consultation with the Board of Directors. The process for the major review will be determined by the PAEB at the time and will include due consideration of feedback from graduates, NPDP Liaison professionals, clinical supervisors, professionals at clinical centres, members of the professional community and other stakeholders.

The NPDP Co-ordinator will continuously monitor the NPDP and any feedback received to identify opportunities for modification or improvements. The NPDP Co-ordinator will produce recommendations for changes to the NPDP. These recommendations will be provided to the PAEB for consideration at least every six months.