

Submission re. MRPBA Proposed *Supervised practice guidelines* and *Professional capabilities* for medical radiation practice

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Thank you for the opportunity to comment on the Proposed *Supervised practice guidelines for medical radiation practitioners* and *Professional capabilities for medical radiation practice*. Our experience relates to nuclear medicine and our comments will therefore be limited to this area.

Supervised Practice Guidelines

1. Are the principles of supervision suitable?

Yes

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

Yes

3. Are the levels of supervision appropriate?

'The Board will determine what level of supervision is required at the start of the supervision. This will depend on a number of factors, that may include:'

The factors specified are appropriate for practitioners with conditions, returning to practice or holding an overseas qualification, but not for provisional registrants. All provisional registrants must commence on level one as they commence with only undergraduate experience.

'Levels of supervision, both starting and progressions, remain subject to Board approval.'

Further information is required here. How will this approval process occur? As levels of supervision will vary for every individual practitioner and with time, it seems unworkable to require approval at each step.

'Table 1: Levels of supervision'

Level four does not provide the adequate support and guidance required in supervised practice. It could be argued that if a practitioner takes "full responsibility for their practice" then they are not in fact under supervision.

Provisional registrants: Only supervision levels one and two provide appropriate support and learning opportunities for provisional registrants. Level three is not suitable for practitioners in their first year in the workplace. It is critical that a supervisor be physically present at the

workplace for the majority of time when a provisionally registered supervised practitioner is providing clinical care. Towards the end of their supervised practice period, it would be appropriate for these practitioners to spend short periods of time working independently, e.g. during lunch breaks or early/late shifts, but they should not provide on-call or after hours services. In Victoria, provisional registrants (ie. those undertaking a period of supervised practice after completing a three-year course of study) are exempt from holding a use licence and therefore are not able to take primary (Level 3) or full (Level 4) responsibility for their practice.

Practitioners with conditions, returning to practice or holding an overseas qualification: Supervision levels one, two and three are appropriate for these practitioners. It is appropriate that these practitioners take primary responsibility for their practice towards the end of their supervised practice period, and once they have reached supervision level three they should be able to provide on-call and after hours services.

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

Add: 'Comply with the requirements of the supervised practice plan and agree to the terms outlined in the supervision agreement and supervised practice plan'. This should be a requirement of supervised practitioners as well as for principal supervisors (4.2.5).

*'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.'*

Where an alternative supervisor is available to take on the role of principal supervisor but they have not yet been approved by the Board, what is the time frame for this process to take place?

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

'4.2.14 obtain approval of the National Board for any proposed changes to the supervised practice plan before they are implemented'

As stated in response to Question 3, as levels of supervision will vary for every individual practitioner and with time, it seems unworkable to continually require approval for changes in supervision levels. However, any other changes to a supervised practice plan should require Board approval. Again, more information is required as to how this process will occur.

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

It is difficult to answer this question as the standard provisional registrant supervised practice plan and sample plans for practitioners with conditions on their registration, returning to practice or holding an overseas qualification have not been provided as part of this consultation

paper. It is our view that consultation should also be sought on these plans prior to their implementation.

The Board may consider whether external providers could manage the process for provisional registrants on behalf of the Board, as is done by the Pharmacy Board.

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

See Question 3.

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

Yes, however it is difficult to answer this question as the Board's sample template for a supervision report has not been provided. It is our view that consultation should also be sought on this template prior to its implementation.

9. Are the definitions appropriate?

'Continuing Professional Development'

This term has not been used in the proposed guidelines.

'Supervised practitioner'

As the Scope of the guidelines states that the guidelines also apply to 'practitioners returning to practice' and 'practitioners holding qualifications obtained overseas', these should be included in the definition of 'Supervised Practitioner'.

'c. remote/off site supervision'

This term has not been used in the proposed guidelines. As discussed in the response to Question 3, this type of supervision is not appropriate for provisional registrants.

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

No comment.

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

In Victoria, the Department of Health (the department) supports the training and development of medical radiation practitioners by partly funding 12-month 'internships' for graduates of three-year medical radiations programs. The department may therefore have an interest in these guidelines.

The department is also responsible for 'use licences' and exemptions for the use of radiation sources and may have an interest in the Board's supervised practice guidelines.

The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) is responsible for protecting the health and safety of people and the environment from the harmful effects of ionising and non ionising radiation and as such should be consulted as part of this process.

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

No comment.

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

No comment.

Professional Capabilities

1. Are the domains for the professional capabilities appropriate?

Yes

2. Are there additional domains necessary to identify the professional skills, attributes and the application of knowledge necessary for entry-level independent practice?

No

3. Are the descriptions of what a practitioner must be able to do suitable for entry level practitioners?

Domain 1: Professional and ethical conduct

2a. Applying the Code of conduct to their practice, including in relation to:

ix. teaching, supervising and assessing.

Although we agree, as per the Code of conduct, that it is important for all medical radiations practitioners to develop skills, attitudes and practices for effective teaching, we would not expect or require entry-level practitioners to be skilled in supervision and assessment.

4. Are the descriptions of how capability can be demonstrated suitable?

Domain 3: Reflective practice and professional learning

2b. Evidence of engagement in a recognised method of critical self-reflection.

Examples of recognised methods of critical self-reflection should be provided.

Domain 4: Quality and risk management

3b. Ensuring that a patient/client is referred to their general practitioner or hospital emergency department in cases when a serious diagnosis has been identified during an examination, treatment or procedure.

This statement implies that it is the responsibility of the medical radiation practitioner to refer the patient on to the GP or emergency department, when it is ultimately the responsibility of the medical specialist within the relevant discipline. The statement could be rewritten as 'Assisting the medical specialist within the relevant discipline to ensure that a patient/client is referred to their general practitioner or hospital emergency department in cases when a serious diagnosis has been identified during an examination, treatment or procedure.'

Domain 5: Radiation Safety

1a. Employing radiation biology knowledge by following the correct procedures for their division of registration.

The meaning of this statement is unclear. As the concept of *'following the correct procedures'* is further established in Section 2. this statement could be rewritten as *'Understanding of radiation biology relevant to their division of registration.'*

2f. Performing setup procedures correctly to ensure that the minimum radiation or prescribed dose is used.

This statement could be more clearly written as *'Performing setup procedures correctly to ensure the minimum radiation dose to the patient/client'*

5a. Know when to report and how to appropriately deal with a radiation hazard/spill

A statement around *'being aware of the legislative requirements about reporting radiation hazards/spills'* should also be included in the description of how this capability will be demonstrated.

Domain 6B: Practice in nuclear medicine

2. Explain normal biodistribution of commonly used radiopharmaceuticals.

To better match the description of how this capability will be demonstrated, this statement could be written as *'Assess and explain the biodistribution of commonly used radiopharmaceuticals'*.

2b. Understanding biodistribution as it pertains to breast feeding mothers and be able to give appropriate instructions.

Pregnant patients should also be included here. The statement could read *'Understanding biodistribution as it pertains to pregnant and breast feeding patients and be able to give appropriate explanations and instructions.'*

5a. Performing common (see guideline) planar and SPECT/CT studies.

Which guideline is this statement referring to?

5e. Having comprehensive knowledge of appropriate dosage of both isotope and CT for each patient/client.

'Isotope' should be replaced by *'radiopharmaceutical'*. The statement could be more clearly written as *'Having comprehensive knowledge of the appropriate administered radiopharmaceutical dose and CT operating parameters for each patient/client.'*

6b. Having the knowledge and the ability to use appropriate dosage of both isotope and CT for each patient client.

Again, 'isotope' should be replaced by 'radiopharmaceutical'. As above, this statement could also be more clearly written as 'Having comprehensive knowledge of the appropriate administered radiopharmaceutical dose and CT operating parameters for each patient/client.'

8. Implement the delivery of nuclear medicine radioisotope therapies

As therapies in nuclear medicine utilise both radioisotopes and radiopharmaceuticals this sentence would be clearer if written as 'Implement the delivery of nuclear medicine therapies'

8a. Calculating the dose and decay of therapy doses

The term 'dose' should be replaced with 'administered activity'.

8c. Understanding the difference between a radiation therapy dose and a diagnostic dose as it affects the patient/client, health practitioner and the general public

This sentence could be more clearly written as 'Understanding the differences between diagnostic and therapeutic administered doses as they affect patient/clients, health practitioners and the general public.'

9. Demonstrate a broad and current knowledge of various delivery systems of radioisotopes for diagnostic studies/therapies

This sentence could be more clearly written as 'Demonstrate a broad and current knowledge of various delivery systems of radiopharmaceuticals in nuclear medicine'.

9a. Understanding appropriate dose delivery systems including arterial, oral, I.V and inhalation.

The term 'dose' should be replaced with 'radiopharmaceutical dose'.

5. Do the descriptors provide sufficient capacity to be applied in a range of clinical settings?

Domain 6: Practice in medical radiation sciences

7. Demonstrate broad and current understanding of medical radiation practice within paediatric medicine

Domain 6B: Practice in nuclear medicine

6. Implement common PET/CT imaging

8. Implement the delivery of nuclear medicine radioisotope therapies

We strongly agree that entry level nuclear medicine practitioners should be skilled in paediatric nuclear medicine, PET scanning and nuclear medicine therapies. Further information will be required on how the Board plans to ensure that practitioners undertaking supervised practice in workplaces which do not perform these studies will be able to gain this experience.

6. Are the definitions of each domain appropriate?

Domain 4: Quality and risk management

This domain covers the medical radiation practitioners' responsibility to protect patient/clients from harm by managing and responding to the risks inherent in both health care and medical radiation practice. It also addresses their responsibility for ensuring the quality of professional services is maintained and improved for the benefit of patients/clients and other service users.

This domain currently only covers the practitioner's responsibility to protect patient/clients from harm but we believe it should also address their responsibility to protect other staff and members of the public.

7. Is it appropriate to require the same level of knowledge and skill in CT of entry-level practitioners in each division of practice?

Nuclear medicine technologists are currently not licenced to perform contrast enhanced CT scans without further post-graduate training, however we regularly acquire unenhanced diagnostic CT images. Therefore the following statement should be added to Section 4 of Domain 6B: Practice in nuclear medicine: 'Being skilled in both performance and evaluation of unenhanced CT images of the body'.

8. Is the document clear?

Yes, aside from the issues already addressed in Questions 4 and 6.

9. Is the glossary correct and comprehensive?

RIS (Radiology Information System)

This term has not been used in the document.

HIS (Hospital Information System)

This term has not been used in the document.

PACS (Picture Archiving and Communication System)

This term has not been used in the document.

Domain 1: Professional and ethical conduct

3a. Knowing the key elements of fitness to practice

The term 'fitness to practice' should be defined in the glossary.

Domain 2: Professional communication and collaboration

1f. Using culturally competent communication, including with Aboriginal and Torres Strait Islander people

The term 'cultural competence' should be defined in the glossary.

Domain 4: Quality and risk management

1b. Understanding the principles of risk management

The term 'risk management' should be defined in the glossary.

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

No comment.

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

In Victoria, the Department of Health (the department) supports the training and development of medical radiation practitioners by partly funding 12-month 'internships' for graduates of three-year medical radiations program. The department may therefore have an interest in the introduction of these capabilities.

The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) is responsible for protecting the health and safety of people, and the environment, from the harmful effects of ionising and non ionising radiation and as such should be consulted as part of this process.

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

See Question 5.