

Via email  
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Comments for the Proposed Supervised Practice Guidelines for MRP  
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1. (1.1) The principles of supervision seem to rely heavily on the provisional practitioner being able to identify their own areas of need/concern and 'determine their own learning needs'. Although this is an adult learning environment, many a new graduate in a department may not feel 'empowered' enough to voice any of this information to their supervisors in the workplace. The limits of their competence must also be set by their supervisor/departmental plan and should not be determined by the provisional practitioner. This could also be 'played upon' by some practices that may assess the provisional practitioner as more competent than they actually are.

(1.5) This does indeed imply that the provisional practitioner has no accountability for any clinical care that they provide. It is not the position of the supervisor to accept 'professional responsibility' of the provisional practitioner's actions and this may also have legal ramifications should anything untoward happen.

Has this position of the MRPBA been checked with health indemnity insurers to assess if this is covered under the supervisor's indemnity insurance cover?

2. (1.3) The principles provide a means to ensure a plan/agreement is in place. This however relies on the individual departments to have a plan to incorporate all areas of learning that would fall within a 'national standard'. Many sites do not have all areas of Nuclear Medicine (such as PET, paediatrics, SPECT/CT, DEXA, radiopharmacy) and the provisional registrant would be relying on the department to ensure that they are adequately exposed to most of these areas throughout their provisional year.

What document is the MRPBA using to for individual departments to refer to to set the base standard for Nuclear Medicine when writing their Supervised Practice Plans for submission to ensure all areas are covered?

3. (2) Yes, the levels of supervision are appropriate for a new provisional practitioner. However, there are no given time frames (or even estimates) in place for the supervisor/provisional registrant to adhere to when drawing up their agreement. Does this mean that there is no time frame in place for the provisional graduate to pass through the levels? Does this mean they can be deemed 'finished' at any point after achieving the top level?
4. (3) The majority of the responsibilities are appropriate. However, it is not the place for a provisional practitioner to identify a principle supervisor in their workplace. This should be set by the workplace with room for negotiation if there is any conflict.  
(3.4) Is there a federal program that allows for an "Introduction to The Australian Healthcare System"? Most sites would not have such a program in place.

5. The majority of the requirements & responsibilities of supervisors and principle supervisors are appropriate.

(4.2.1+2) However, I do not think that the level of experience and the position of the principle supervisor is adequate. Currently a mentor with the ANZSNM has to have a minimum 3 years experience in order to appropriately guide a provisional practitioner throughout their graduate year. I also believe that where possible, the classification/position level of the principle supervisor should always be higher than that of the provisional practitioner.

6. (5) The supervised practice plan as stated above is extremely dependant on individual departments – to even have an appropriate training program in place for a provisional practitioner and to ensure that all areas of training for Nuclear Medicine are met throughout the provisional practitioners set time frame.

My concern lies in the fact that, although it is stated that the MRPBA will approve plans for some certain practitioners, it does not say that the MRPBA will approve **all** departmental plans throughout Australia for provisional practitioners (although this may eventually be done in departmental accreditation).

This will impact Nuclear Medicine massively as a profession – it yields the potential for sub standard plans being implemented by departments, and as a result sub-standard practitioners being sent into the workplace at the end of their provisional year.

7. Provisional practitioners should have the opportunity to provide on-call and after hours services after a minimum period of 4 months.
8. The assessment and reporting requirements seem to be adequate, however, once again there are no time frames mentioned.
9. The definitions are appropriate.
10. If the proposal for the Supervised Practice Guideline is taken on board it will rely heavily on the individual Nuclear Medicine departments to have a thorough provisional training program in place. It also will rely on the provisional practitioner being able to identify many of their supervision/educational/professional needs. Although this is an adult learning environment, some new graduates in a department may not feel ‘empowered’ enough to voice much of this information to their supervisors. This may expose some provisional practitioners to increased risk in the workplace.
11. Only that if the MRPBA is determined to hold the supervisor responsible for the provisional registrant, the health insurers should be questioned in regard to any policy changes that may incur as a result.
12. Yes November 1<sup>st</sup> 2013 is a suitable date for implementation. I would like to see more documentation provided and sent out to all members well before that time.

13. No new issues other than the **many** mentioned above.