

Via email

17/6/13

Dear AHPRA,

please see my personal comments for each item listed.

1. Are the principles of supervision suitable? No. A potential new graduate may not feel empowered to identify areas they have concern in when being interviewed for a position and there may be pressure from the potential employer for this Graduate to take on more than they can handle or not be appointed to a role. There is a lot of pressure on new Graduates to gain employment and thus Full Registration and it may lead to a riskier employment arrangement than the current status.

I also have concerns that a new Graduate bears the majority of the risk for ensuring they have correct supervised practice arrangements in place, however they are at a disadvantage as they may not have enough experience of working in the real world. "You do not know what you do not know until you find out you do not know it."

2. Do the principles provide sufficient capacity to supervise and assess practitioners in a range of clinical settings? I have concerns that without a Nationally set standard, it may be difficult to assess at an even level between sites. In addition there is no guarantee the site will be able to provide appropriate exposure to all patient types (Adult, paediatric), modalities (SPECT, DEXA, PET/CT), radiopharmacy, etc are covered, or in fact if they are deemed necessary.
3. Are the levels of supervision appropriate? I believe levels 3 and 4 may be merged.
4. Do the guidelines adequately describe the responsibilities of supervised practitioners? Yes.
5. Do the guidelines adequately describe the requirements and responsibilities of supervisors and principle supervisors? No - as I read this it may be possible for the supervisor to provide minimum exposure to all components of a Nuclear Medicine Technologists scope of Practice and in fact by limiting this, full registration may be acquired earlier and supervision needs lifted prematurely. I also believe a supervisor should have gained general registration for a minimum of 2 years.
6. Are the requirements of a supervised practice plan appropriate?
7. Should supervised practitioners be able to provide on-call and after hours services? Yes - after a minimum 4 months. The first week of on-call should be supernumerary with a fully registered Nuclear Medicine Technologist.
8. Do the guidelines adequately describe the assessment reporting requirements? No - there is a substantial lack of detail. This opens the possibility of low level plans being submitted and little ground for AHPRA to request adjustment and re-submission before approval.
9. Are the definitions appropriate? Yes
10. What is the likely impact of this proposal on individual registrants? Some Registrants will be exposed to increased risk as they bear majority of responsibility. There may be reduced exposure to the full spectrum of Nuclear Medicine if minimum scope requirements are not included.

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? Unsure
12. Is 1 November 2013 a suitable date for implementation? No - There are Probationary registrants already enrolled in programs with the professional Body that should be completed first to ensure there are no conflicts over which program prevails. I do not believe this proposal has enough detail. Suggest pilot it in one State first and assess before rolling Nationally.
13. Are there implementation issues the National Board should be aware of? I am concerned sub standard programs will be implemented with risk on individuals enrolling. I would prefer a Professional Body to manage this process to ensure the training aligns with required scope of practice. I would be happy to pay additional registration fees to cover the costs of these programs being maintained to ensure the quality of the workforce is maintained.

I am happy to be contacted if clarification on any of these matters is required,

T. PEARSON