

Proposed supervised practice guidelines for medical radiation practice

Introduction

This document is submitted by the Medical Imaging Stream Leader of the Medical Radiations degree program at RMIT University, School of Medical Sciences, Victoria.

Graduates from this degree program currently are eligible to partake in the 12 month paid internship program (a time period of supervised practice), funded by the Victorian state government. During this particular year of supervised practice, our graduates will hold provisional registration with the MRPBA.

The following responses pertain to Medical Imaging (Diagnostic Radiography) graduates in their first year of supervised practice.

Response to questions

“Questions for consideration

The National Board invites comments and feedback on the Supervised practice guidelines, particularly on the following questions.”

1. Are the principles of supervision suitable?

As explained in the draft document, yes, the principles of supervision appear to be fair, reasonable and practicable to implement.

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

Yes, the principles can be readily applied to provisional registrants (supervised practitioners) in a number of clinical scenarios and in a number of imaging modalities.

However, as a final version of the supervised practice plan for Medical Imaging provisional registrants is not available, this question cannot be fully appreciated and a complete answer cannot be given. It would be more appropriate to respond to this question during the final stages of development.

3. Are the levels of supervision appropriate?

As presented in the draft document, the levels of supervision demonstrate a logical progression from intense supervision of new provisional registrants to less intense supervision and the provisional registrant's skill and knowledge develop accordingly.

The main concern I have is with one of the points in Level 3 that allows provisional registrants to "... provide on-call and after hours services." This implies that a provisional registrant will not be super-numeri in their department and would also be working on their own. This may place inexperienced practitioners and the public at risk. In Victoria, this would be a departure from current practice. The MRPBA would need to provide the public with assurance that provisional registrants at Level 3 stage are able to practice completely independently and are able to make real-time decisions. This does not seem practicable as their experience will be limited.

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

As presented in the draft document, yes. Their responsibilities and obligations to the provisional registrant are clearly stated.

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

Overall, they appear clear, reasonable and practicable.

There is one concern with respect to item 2 in section 4.2. This requires that principle supervisors "have held that general registration for at least one year."

This is too soon to be a principle supervisor; such an individual would have limited clinical experience. A more appropriate level of experience to qualify to be a principle supervisor would be a minimum of 3 or 4 years of continual clinical experience and general registration. This would allow the principle supervisor to be more clinically knowledgeable and practical.

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

The requirements surrounding the compliance to a plan, the processes of administering the plan and the completion of either Forms A B or C are appropriate and practicable. It must also be noted here that a standard practice plan for provisional registrants is not finalised.

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

No – as they are inexperienced and may place themselves and the public at significant risk.

A lot of on-call and after hours cases are clinically challenging. It requires practitioners with experience to draw upon to make decisions quickly. Please refer to my answer to question 3.

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

As they are written in the document, they are too broad. Previously, the document stated that provisional registrants will be provided with a supervised practice plan. The reporting requirements and the format of the report should be embedded within the supervised practice plan.

One suggestion for formal reporting requirements or time-lines is every three months. This is where the principle supervisor should send formal reports to the MRPBA. Meetings between the principle supervisor and the provisional registrant discussing progress being made should be on a more frequent basis; either weekly or fortnightly.

The items that the supervision report should contain must be specific to examinations or services being carried out in specific modalities and if skill targets are being attained and sustained.

9. Are the definitions appropriate?

The definitions, as stated in Appendix 1, are appropriate.

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

The positive aspect of any supervised practice plan with frequent reporting time points; is that it allows communication of both parties and development towards a standard to be monitored – and make the standard achievable.

This proposal broadly achieves that somewhat.

At this stage, this question cannot be fully answered as there is no minimum or maximum time frame stated within this proposal for a provisional registrant to be supervised; and as the capabilities document is also being developed and not yet finalised; one cannot therefore determine any further positive or negative impact.

A suitable time frame for supervised practice of provisional registrants is a continued 12 month period with formal reporting at 3 month intervals. This will provide the provisional registrant with a wide range of clinical learning experiences, particularly to seasonal peaks in pathologies and injuries.

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 June this year, The Health Minister (Victorian State Government) announced that current Victorian internship program for Medical Radiations will be funded until the year 2020. For RMIT University graduates, this is a paid 12 month period of supervised practice.

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

If the implementation of the reporting arrangements presented here allows for the integration of the paid 12 month Victorian internship, then the proposed date is suitable.

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

If there will be any implementation issues, it would be that the proposed guidelines should allow the paid 12 month internship in Victoria to co-exist.

Conclusion

The author of this submission commends the MRPBA on this draft document and thanks the MRPBA for the opportunity to contribute.