Executive Officer, Medical Radiation Practice Board of Australia, AHPRA, GPO Box 9958, Melbourne, 3001. AHPRA-MELBOURNE RECEIVED 17 JUL 2013

10 July 2013

Dear Sir/Madam,

## Re: Proposed Supervised Practice Guidelines in Medical Radiation Practice

Thank you for the opportunity to give feedback on this important document.

In general, I find the document well written and reflective of its intention. However, I do have some serious concerns about the contents of section 2 in regards to the Levels of Supervision. As a radiation therapist, I find that the levels are not suitable and possibly dangerous for work processes in a radiation therapy department. They may be suitable for diagnostic and nuclear medicine streams, but I am not qualified to comment on their practices.

Radiation therapists should never work independently. Even fully registered practitioners work in teams, with peers constantly crosschecking each other. With increasing complexity, dose escalation and tight margins, the slightest of errors in patient positioning can have serious consequences.

Telephone, video or remote supervision is neither suitable nor safe for the learning practitioner, and they should never be allowed to provide on-call or after hours service. Due to the high doses delivered, this would place patients at serious risk.

A radiation therapy supervised practitioner should never have full responsibility for an individual patients' treatment. As above, radiation therapists would in teams, and no one person would have sole responsibility for a patient's treatment.

Certainly different levels of supervision are required as the supervised practitioner moves through their training. However, this should range from level 1 where constant and close supervision is required, through to the highest level, where supervision by peers of higher competence takes on a more collaborative and interactive approach.

Regards

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