

Public consultation on draft registration standards

2 May 2014

Responses to consultation questions

Please provide your feedback as a word document (not PDF) by email to medicalradiationconsultation@ahpra.gov.au by close of business on 30 June 2014.

Stakeholder Details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

Organisation name
Contact information <i>(please include contact person's name and email address)</i>
S. Teh (Email removed for privacy reasons)

Your responses to consultation questions

Registration standard: Professional indemnity insurance arrangements (PII) <i>Please provide your responses to any or all questions in the blank boxes below</i>
1. From your perspective how is the current PII registration standard working?
2. Is the definition of clinical practice suitable or should it include the provision of advice to other practitioners?
3. Is the content and structure of the draft revised PII registration standard helpful, clear, relevant and more workable than the current standard?
4. Is there any content that needs to be changed or deleted in the draft revised PII registration standard?
5. Does the proposed five year maximum period within which to undertake a review of the standard provide a reasonable balance between stability and the flexibility required to revise and update the standard if necessary?

Registration standard: Professional indemnity insurance arrangements (PII)

Please provide your responses to any or all questions in the blank boxes below

6. Is there anything missing that needs to be added to the draft revised PII registration standard?

7. Do you have any other comments on the draft revised PII registration standard?

Registration standard and Guidelines: Continuing professional development (CPD)

Please provide your responses to any or all questions in the blank boxes below

1. From your perspective how is the current registration standard working?

2. Are the proposed requirements for registrants to undertake specified CPD activities appropriate?

3. Is the change to who is required to meet the standard appropriate?

4. Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?

The list of example activities is very helpful.

5. Is there any content that needs to be changed or deleted in the draft revised registration standard?

6. Does the proposed five year maximum period within which to undertake a review of the standard provide a reasonable balance between stability and the flexibility required to revise and update the standard if necessary?

7. Is there anything missing that needs to be added to the draft revised registration standard?

8. Do you have any other comments on the draft revised registration standard?

9. What specific requirements in addition to those listed in 'what must I do' should the Board require to approve a CPD program?

Registration standard and Guidelines: Continuing professional development (CPD)

Please provide your responses to any or all questions in the blank boxes below

10. Is the information provided in the guidelines clear and useful?

Registration standard and guideline: Recency of practice (RoP)

Please provide your responses to any or all questions in the blank boxes below

1. From your perspective how is the current RoP registration standard and guideline working?

I know this is not the focus of the currently proposed changes, but in my experience three non practicing years before an applicant must be registered with conditions is too little. An underlying factor that I think is not given due consideration is the practical nature of this profession. The old adage "it's just like riding a bike" rings true of all practical endeavours. Once the skill is learnt it is quickly recalled at every instance that it must be called into practice. Little trust seems to be placed in the fundamental techniques of radiography, studied for at least three years at university and practiced for another year as a PDY as a minimum, which remain constant in the profession regardless of the technological advances made. How to take a chest x-ray, how to take a lumbar spine x-ray; these things do not change, and if the views required had changed, the practitioner has already learnt the fundamental understanding required to carry out the new technique without months of retraining.

2. Is the definition of clinical practice appropriate for the purpose of demonstrating recency of practice?

3. Is the requirement for 450 hours of practice in the past three years sufficient for practitioners to competently and safely provide services to the public?

I disagree with the setting of solely a minimum number of hours of practice. It is an inflexible requirement concerned with quantity only that overlooks another equally important factor to practice; regularity. In general, I only practice as a radiographer about one day a month, which is a rate that would not meet the new minimum requirement. I have undertaken this arrangement with the goal of maintaining my skills in this profession and feel that this regular, although small quantity of work, is effectively achieving this end. I do not feel that I would have anything to gain professionally from increasing my hours to meet this new minimum. My skill set would remain the same and is already practiced regularly. The proposed changes imply that after three years when my quantity of hours don't stack up, I will somehow become less competent and fit to practice, which of course is an absurd conclusion. If I don't increase my hours will I end up being perpetually on conditions? How can someone that practices on a regular basis, and thereby is kept regularly updated on any changes in practice, suddenly be deemed incompetent for general registration?

4. Is the content and structure of the draft revised RoP registration standard and guideline helpful, clear, relevant and more workable than the current standard?

Is stating a minimum number of hours really achieving anything? Is it not sufficient that a practitioner has practiced their skills at least sometime in the past three years? Refer to my comments for question 1. I don't think number of hours worked is necessarily a good measure for competency. What if you work in some sleepy place where you x-ray 2 people a day, versus a busy city hospital where in that same working day you practice your skills much more rigorously?

Registration standard and guideline: Recency of practice (RoP)

Please provide your responses to any or all questions in the blank boxes below

5. Is there any content that needs to be changed or deleted in the draft revised RoP registration standard and guidelines?

I propose that the following underlined wording be added to the end of point 1 in section 3, such that it would now be: "1. All medical radiation practitioners undertaking clinical practice must have completed a minimum of 450 hours of practice in the past three years or demonstrate a regular work arrangement with an employer." A similar amendment should be made to point 2.

6. Does the proposed five year maximum period within which to undertake a review of the standard provide a reasonable balance between stability and the flexibility required to revise and update the standard if necessary?

Yes

7. Is there anything missing that needs to be added to the draft revised RoP registration standard and guidelines?

Refer to my comment to question 5.

8. Is the information provided in the guideline clear and useful?

9. Do you have any other comments on the draft revised registration standard?