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Chair's message

Welcome to the first newsletter for 2017 from the Medical Radiation Practice Board of Australia (the Board).

I was appointed Chair of the Board in November of last year along with the appointments of Cara Miller, Richard Bialkowski and Brendan McKernan as Board members. I am in charge of the Nuclear Medicine/PET Department at the Royal Hobart Hospital and have been involved with regulation in medical radiation practice since 2005. I would like to thank Neil Hicks for his time as our inaugural Board Chair, and for the time spent ensuring a smooth transition period.

This edition of our newsletter provides an update and safety information on important topics including paediatric imaging, supervision, the Australian Health Practitioner Regulation Agency's (AHPRA) new online reporting portal as well as a snapshot of the profession and other National Registration and Accreditation Scheme (the National Scheme) news. If you have any questions or comments about this newsletter or other regulatory issues, feel free to contact me through the Board's website.

Mark Marcenko
**Chair, Medical Radiation Practice
Board of Australia**

Radiation safety – paediatric imaging

Using radiation safely is an essential element of good medical radiation practice.

With the greater proportion of registered medical radiation practitioners using radiation in their daily practice, the potential for radiation-induced harm must be at the forefront of decision-making in clinical practice.

We are including a series of short information pieces in the Board's newsletters to raise important considerations in medical radiation practice. The first in this series focuses on radiation safety in paediatric imaging.

Radiation use can cause two types of biologic effects: deterministic effects (cell death) which include skin reddening and cataracts, and stochastic effects (cell transformation) which include cancer or genetic effects ([IAEA 2012](#)). Recent evidence suggests that there is a higher probability of some childhood cancers for those who have undergone computed tomography imaging in childhood. However, the risk of developing cancer from low-level radiation exposure in diagnostic imaging is not known with certainty.

While further research continues, you should carefully consider the potential for long-term effects, particularly to paediatric patients, that may result from radiation use in diagnostic imaging.

All medical radiation practitioners have an obligation to practise in accordance with the Board's [Code of conduct](#), which includes Appendix A. You should consider the radiation protection principles below:

- **Justification** – consider the clinical history, the purpose of the imaging request and options for non-ionising imaging. Collaborate with medical specialists to advise referrers and patients appropriately.
- **Optimisation** – use radiological factors to produce imaging that fits within the ALARA principle (as low as reasonably achievable).
- **Limitation** – limit dose uptake by manipulating factors of exposure time, distance and the appropriate use of personal and environmental shielding.

It is important in paediatric imaging to provide information to paediatric patients (to the extent possible) and their parents/guardians about the risks and benefits from the imaging procedure. In 2016 the World Health Organisation (WHO) published [Communicating radiation risks in paediatric imaging](#). This guide provides a rich source of information on radiation safety considerations generally, and on a construct for delivering information to paediatric patients and parents/guardians on radiation risks associated with diagnostic imaging and procedures.

Good practice involves ensuring that your skills and knowledge are up to date for contemporary practice in that area.

Supervisor's role is a rewarding one

Watching students and new graduates gain their confidence and skills in the clinical environment is the most rewarding part of Amy Woodward's role as a clinical educator.

Amy has worked in the medical imaging department of Ipswich Hospital in Queensland since 2002 and has been in her current role for the past seven years.

A registered medical radiation practitioner, Amy's duties include working clinically in all areas of general x-ray and most aspects involving education in general x-ray. This can include facilitating students' clinical placements with feedback and tutorial sessions, organising the staff continuing professional development (CPD) program, helping new staff orientate and new graduates transitioning into the workplace.

'This year in our workplace we have one first-year new graduate and three second-year new graduates,' Amy said. 'We also have three students at a time, throughout most of the year.'

When asked what makes a good supervisor, Amy's reply was immediate: 'Someone who is knowledgeable, communicates well, motivates and is supportive of a learner's needs'.

Being profiled about her role as a supervisor provided Amy with an opportunity to reflect on her career path. She was fortunate enough to experience a variety of different work opportunities after graduating, such as working in regional and rural towns, but also internationally before arriving at Ipswich Hospital.

'When I first started (at Ipswich) I was always involved with clinical supervision and then assisted in coordinating our CPD program,' Amy said. 'I later completed a graduate certificate where the subjects I chose were specifically on clinical supervision and image interpretation.'

Amy said CPD was necessary for building on one's current knowledge and skills. 'It's also great for keeping a fresh and inspired approach to clinical practice,' she said.

Amy said it was important for a new graduate to first gain a good grasp of the basics of their everyday work before focusing on their own and their workplace's knowledge gaps. 'They should then start to focus on what path they would like to see their career progression take in the future.'

Regular check-ins with supervisors helped to promote good communication between a new graduate and their supervisor, Amy said. This will often lead into discussions of areas in which a graduate thinks they would like to develop and where their interests are.

Amy commented that changes to students' training meant that new graduates had a lot more clinical experience and were better equipped to handle the many clinical scenarios that can occur.

'I think clinical supervisors are more willing to trust students and provide them with more hands-on experience prior to graduation,' she said.

This approach helps a student to prepare for the transition from new graduate to being a registered health professional.

'Many students now do a four-year degree,' Amy said. 'I completed a three-year degree and had a lot less patient contact time before graduation.'

And what advice would Amy give a recent graduate? 'Enjoy this stage of your career, even though it may be a steep learning curve, and continue to build on the knowledge and skills already gained.'

Amy was also keen to endorse the role of a supervisor to anyone contemplating a move into that area of work. 'It's very rewarding to be involved in facilitating career development and learning,' she said.

'It's important to be part of a team of great clinical supervisors, where professional development and education is a normal part of the workplace culture.'

Amy said medical radiation practice roles were continuing to evolve with new technologies.

'I hope to see a more multidisciplinary approach to medical imaging in the future with more sites being involved in radiography commenting.'



Amy Woodward, clinical educator, Ipswich Hospital, Queensland

Medical radiation practice regulation at work: Protecting the public in 2015/16

A profession-specific annual report summary that looks into the work of the Medical Radiation Practice Board of Australia (the Board) over the 12 months to 30 June 2016 has now been published.

The report draws on data from [the 2015/16 annual report](#) by AHPRA and the National Boards. This information provides a snapshot of the profession as at 30 June 2016, and includes the number of applications for registration, outcomes of criminal history checks and segmentation of the registrant base by gender, age and principal place of practice.

Notifications information includes the number of complaints or concerns received about medical radiation practitioners, matters opened and closed during the year, types of complaint, monitoring and compliance and matters involving immediate action.

Find out more in the full [news item](#) on the Board's website.

To download this report, or to view the main 2015/16 annual report and summary reports by profession and state or territory, [visit our annual report microsite](#).

Snapshot of the profession

The Board regularly analyses its registration data and produces a number of statistical breakdowns about registrants to share with the profession and the community.

The latest update shows there are 15,372 registered medical radiation practitioners in Australia as at 30 September 2016. This is an increase of 69 practitioners since June 2016.

Of the total number, 516 have provisional registration, 236 have non-practising registration and six have limited registration for postgraduate training or supervised practice.

The largest numbers by division are diagnostic radiographers (11,881), followed by radiation therapists (2,376) and nuclear medicine technologists (1,099). See the table below.

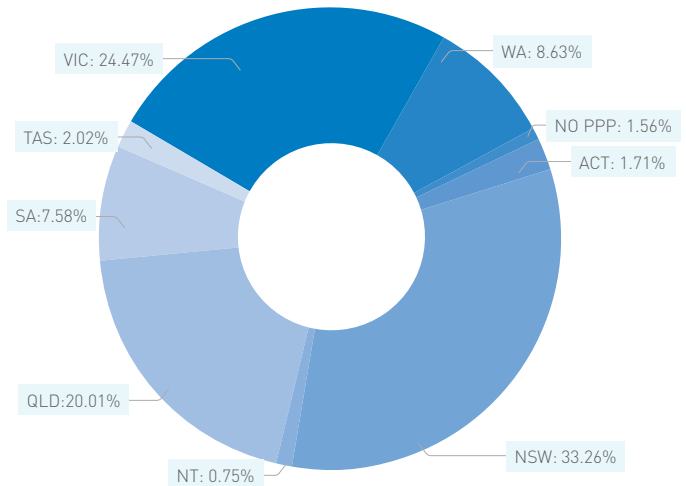
Medical radiation practitioners – registration by divisions (September 2016)

State	Divisions					Total Count
	Diagnostic radiographer	Diagnostic radiographer and nuclear medicine technologist	Diagnostic radiographer and radiation therapist	Nuclear medicine technologist	Radiation therapist	
ACT	175	-	-	24	64	263
NSW	3,933	1	-	424	755	5,113
NT	102	-	-	2	11	115
QLD	2,422	10	1	155	488	3,076
SA	937	1	-	79	148	1,165
TAS	232	1	-	19	59	311
VIC	2,816	-	1	317	628	3,762
WA	1,078	1	-	69	179	1,327
NO PPP*	186	-	-	10	44	240
Total	11,881	14	2	1,099	2,376	15,372

*Principal place of practice

The largest number of practitioners are based in NSW (33.26%), followed by Victoria (24.47%) and Queensland (20.01%). See the pie graph opposite.

Medical radiation practitioners – percentage by principal place of practice (September 2016)



Of the current workforce, 67.8% are female and 32.2% are male. See the following table.

Medical radiation practitioners – percentage by gender (September 2016)

State	Female	Male
ACT	67.3%	32.7%
NSW	67.2%	32.8%
NT	63.5%	36.5%
QLD	67.1%	32.9%
SA	73.4%	26.6%
TAS	68.5%	31.5%
VIC	67%	33%
WA	68.8%	31.2%
NO PPP*	70.4%	29.6%
Total	67.8%	32.2%

For further information, visit the [Statistics](#) page on the Board's website.

Board vacancies – are you interested?

There are multiple vacancies for practitioner members and community members on the Medical Radiation Practice Board of Australia.

All appointments are made by the Australian Health Workforce Ministerial Council under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). Appointments are for up to three years as decided by the Ministerial Council.

More information about the roles, eligibility requirements and the application process can be found on our [Call for applications page](#). Applications close **Monday 20 March 2017, 5pm AEDST**.

National Scheme news

AHPRA online portal for complaints or concerns launches

AHPRA has launched a new online portal to the public offering a clearer and simpler process when making a complaint or raising a concern about registered health practitioners and students.

The portal is an additional channel available through the AHPRA [website](#). Alternatively, individuals can still call 1300 419 495 to make a complaint or raise a concern, while a PDF form also remains available for complainants.

The same standard applies to information and evidence regardless of whether the concern is raised online or by email, phone or form. The portal includes the requirement for a complainant to declare that the information provided in a complaint or concern is true and correct to the best of their knowledge and belief.

The online portal guides users to provide information that more readily enables proper assessment of their concerns. Automated correspondence is issued to all users of the portal, including a copy of their complaint or concern and advice that they will be contacted by a member of the AHPRA team within four days.

The portal is supported by website content about the way AHPRA manages complaints or concerns about health practitioners and students. Consultations revealed the term 'notification' is not commonly understood by the broader community. In response the term 'complaint or concern' replaces the term 'notification' in the portal and the website content.

Further enhancements will be made to the portal based on user feedback.

Local insights, National Scheme: State and territory summaries published

Individual annual report summaries for each state and territory, offering insights into how the National Scheme is operating in each jurisdiction, have now been published. Based on the AHPRA and National Boards annual report for 2015/16, the summaries are available [online on AHPRA's website](#).

Information includes applications for registration by profession, outcomes of criminal history checks and segmentation of the registrant base by gender, profession and specialty.

Notifications information includes the number of complaints or concerns received by AHPRA by profession, types of complaint, matters involving immediate action, monitoring and compliance, panels and tribunals, and statutory offence complaints.

To download any or all of the state and territory reports, or to view the main 2015/16 annual report, [visit our microsite](#).

Health workforce dataset released

AHPRA in conjunction with the National Boards is responsible for the national registration process for 14 health professions. A subset of data from this annual registration process, together with data from a workforce survey that is voluntarily completed at the time of registration, forms the National Health Workforce Dataset (NHWDS).

The NHWDS includes demographic and professional practice information for registered health professionals and is de-identified before it can be made publically available.

The NHWDS Allied Health 2015 data has recently been released as a series of fact sheets on each allied health profession, including medical radiation therapists, and on Aboriginal and Torres Strait Islander practitioners across all allied health professions – the [NHWDS allied health fact sheets 2015](#). They were published on a new-look website – the [Health Workforce Data website](#) – by the Commonwealth Department of Health.

The fact sheets present information specific to each profession, such as information relating to scope of practice, specialties and endorsements where applicable.

Aggregate data are also accessible via the [Health Workforce Data Online Data Tool \(ODT\)](#).

The data included are generated through Workforce Surveys, which are provided by AHPRA on behalf of the Department of Health to all health professionals as part of their yearly re-registration. Each survey is slightly different and is tailored to obtain data specific to that profession.

You can find the fact sheet on medical radiation practice on the [website under Publications](#).

AHPRA performance report July-September 2016

The July to September 2016 quarterly performance reports for AHPRA and the National Boards are now available.

The reports, which are part of an ongoing drive by AHPRA and the National Boards to increase their accountability and transparency, include data specific to each state and territory.

Each report covers AHPRA and the National Boards' main areas of activity:

- managing applications for registration as a health practitioner
- managing notifications about the health, performance and conduct of registered health practitioners and offences against the National Law, and
- monitoring health practitioners and students with restrictions on their registration.

The reports are available on the [Statistics page](#).

Keep in touch with the Board

- Visit the [Medical Radiation Practice Board website](#) for the mandatory registration standards, codes, guidelines and FAQ.
- Lodge an [online enquiry form](#).
- For registration enquiries, call 1300 419 495 (from within Australia) or +61 3 9275 9009 (for overseas callers).
- To update your contact details for important registration renewal emails and other Board updates, go to the AHPRA website: [Update contact details](#).
- Address mail correspondence to: Mark Marcenko, Chair, Medical Radiation Practice Board of Australia, GPO Box 9958, Melbourne, VIC 3001.