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Chair's message

Welcome to the October edition of the Board's newsletter.

This month we look at scope of practice in more depth. The Board often gets questions about an individual's scope of practice; what it means, and what it is. In this newsletter we provide some general information for practitioners on how to manage their scope of practice. The key point we make is that scope of practice is not static, it is continually evolving. In the last newsletter of the year we will look at how you can go about changing your scope of practice.

On 5-6 October I attended the 2017 Australian Society of Medical Imaging and Radiation Therapy (ASMI RT) Medical Radiation Sciences (MRS) Clinical Educators Forum in Cairns, along with practitioner Board member Travis Pearson. The conference brought together education providers, clinical educators, practitioners and students from across the country to look at challenges, changes and innovation in clinical education.



While Travis and I presented on the role of regulation in clinical education, one of the highlights of the conference was the paramedic profession's perspective on clinical education. It was clear that many of the issues in clinical education are not specific to the medical radiation practice profession, and that as regulators, educators and practitioners we could all learn from the experience and novel approaches to clinical education that other health professions are choosing to follow.

There were many interesting and thought provoking presentations and I am always inspired by the passion of other professionals in what they do. I applaud all the presenters who gave us all just a bit more insight into making clinical education the very best it can be. I want to congratulate those involved, and in particular Marnie Leighton, for delivering a collegial, educational and an all-round brilliant event. I would also like to thank all the medical radiation practitioners across Australia who spend countless hours with students and supervised practitioners ensuring that we have the workforce required to meet Australia's needs well into the future.

Mark Marcenko

Chair, Medical Radiation Practice Board of Australia

News from the Board

Radiation safety – Challenge your knowledge

This is the second article in a series dealing with radiation safety matters. The aim of this series is to highlight important safety aspects of radiation use in medical imaging or to guide registered practitioners to resources that will help them in their practice.

Keeping your knowledge up to date about the safest use of ionizing radiation is a professional obligation and an important part of your role as a practitioner to keep the public safe.

The [Australian Radiation Protection and Nuclear Safety Agency \(ARPANSA\)](#) is the national body that implements the Australian Government's United Nations obligations with respect to the policies and safety guidance of the [International Atomic Energy Agency](#).

ARPANSA has developed the [Radiation Protection of the Patient Module](#) which aims to provide the most up-to-date information on radiation safety. The module has been designed with medical practitioners and other referring health practitioners in mind. However, the module is very useful for medical radiation practitioners who want to check or refresh their knowledge.

ARPANSA has also produced a useful [patient information sheet](#) for patients undergoing some form of medical imaging.

Completing the module is a good continuing professional development (CPD) activity. It takes about 30 minutes to go through and there are self-assessment questions at the end of each stage.

What's your scope of practice?

The Board often receives queries from practitioners and occasionally employers about scope of practice.

To help registered practitioners, employers and those with an interest in this area, the Board is providing some general advice about scope of practice.

The National Registration and Accreditation Scheme (the National Scheme) for health practitioners is one that protects title use. That is, in order to use a protected title for a profession an individual must be registered in that health profession. There are penalties for those using a title or otherwise portraying themselves as a registered medical radiation practitioner. The relevant section makes it an offence for a person who is not registered to knowingly or recklessly:

- claim to be registered
- claim to be qualified to practise as a health practitioner, or
- use a title that may indicate the person is registered or qualified to practise the profession.

In order to be registered an individual must be qualified for practice in the profession (and meet registration standards and other requirements). The National Scheme is not one that protects practice except in the limited circumstances described in section 121 (restricted dental acts), section 122 (restrictions on prescribing optical appliances), section 123 (restriction on spinal manipulation) and in some circumstances where endorsement of registration is required (e.g. acupuncture or schedule medicines).

The National Board defines scope of practice¹ as *the professional role and services that an individual health practitioner is qualified and competent to perform.*

A scope of practice is personal to each registered practitioner. The scope of practice for one practitioner will not necessarily be the scope of practice for another practitioner. Indeed, it is generally not within the capacity of one health practitioner to decide the scope of practice for another registered health practitioner. Scope of practice is very much about an individual practitioner's skills and knowledge.

Practice starting point

The Professional capabilities for medical radiation practice represent the minimum capabilities for general registration, which means they also represent the scope of practice that registered practitioners begin practice with.

Over time an individual's scope of practice will generally change. This may be because they focus on a particular area of practice (e.g. magnetic resonance imaging, paediatric radiation therapy or theragnostics), or a particular patient group (sports imaging) or because they move into a different role such as a manager, researcher or academic.

The necessary evolution of an individual's scope of practice

As technology changes, as we develop new methods of practice and as we come to understand better ways of practising, each health practitioner must adapt so as to include these changes in their practice. Adapting to these changes by increasing skill and knowledge inherently produces a change in an individual's scope of practice.

The converse, then, is also true. That is, maintaining a current scope of practice requires ongoing education and training. In terms of competence assurance there is a clear and direct link between CPD and scope of practice. CPD ensures your capabilities keep pace with the current standards of the profession. CPD ensures that you maintain and enhance the knowledge and skills you need to deliver professional health services to the public.

The pace of change is probably faster than it's ever been and this is a feature of the new normal that we live and work in. If you stand still, you will get left behind, as the currency of your knowledge and skills becomes out-dated.

Consider for a moment how practice may have looked in 1980. Computed tomography was in its infancy, there was no computed or digital imaging systems and no computerised patient information systems. Take that 1980s medical radiation practitioner and fast forward them into 2017. Their scope of practice is quite different to the minimum capabilities, the minimum scope of practice, of today.

It is fair to say then, that a practitioner's scope of practice is **not** static, it must, by necessity, evolve over time to ensure they are practising in a way that is consistent with accepted current practice.

Limiting scope of practice

An individual's scope of practice can be, or become, limited. This may be due to the practitioner focusing on a particular area of practice. Employers, in determining how best to use their workforce, may decide on a role whose function has a limited scope. For example, an employer may require a medical radiation practitioner to undertake plain chest radiography only. In this case, over time the registered practitioner's scope becomes limited to taking chest radiographs.

Code of Conduct

Whether managing your current scope of practice, returning to a full scope of practice or practising in additional areas of practice (often referred to as advanced practice) the Board's Code of Conduct provides guidance for registered practitioners in relation to their obligations.

Looking at part 2.2 of the Code, the obligations of medical radiation practitioners include:

Maintaining a high level of professional competence and conduct is essential for good care. Good practice involves:

- a. *recognising and working within the limits of a practitioner's competence and scope of practice, which may change over time*

¹ See definitions in the *Recency of practice registration standard*

- b. ensuring that practitioners maintain adequate knowledge and skills to provide safe and effective care, and
- c. when moving into a new area of practice, ensuring that a practitioner has undertaken sufficient training and/or qualifications to achieve competency in that area.

In terms of those who have limited their scope of practice, if you intend on reverting to a more rounded scope of practice it is expected that you would follow the guidance in 2.2 part c) of the Code. That is, to return to a full scope of practice you would need to be able to demonstrate what training or education you have undertaken to ensure that you are competent and safe to practise in a broader scope of practice.

In the last Board newsletter for 2017 we will look at advancing your scope of practice.

Registration renewal: Updating the national register

Renewing your registration as a medical radiation practitioner includes an extra step this year.

When completing your renewal, you will be asked to check that your qualification(s) are recorded correctly on the online [national register of practitioners](#).

We are including this as part of online renewal to make it easy for you to confirm and update these details if required. You will be helping us to maintain the integrity of the national register, which helps to protect the public.

Medical radiation practitioners with general or non-practising registration are due to renew online by 30 November 2017. Applications for renewal received in December will incur a late fee.

If you apply to renew on time or during the late renewal period, you can still practise even if:

- we are still processing your application to renew, and/or
- the registration expiry date displayed on the register has passed.

A practitioner who **does not apply** to renew their registration by the end of the late renewal period must be removed from the Register of Medical Radiation Practitioners. Their registration will lapse and they will not be able to practise in Australia. A 'fast-track' application can be made, but the practitioner cannot practise until it is processed and the national register is updated, which can take time.

Useful information is on the [Registration renewal](#) page of the Board's website.

Board sets registration fee for 2017/18

The Board recently announced the registration fee has been frozen at \$180. It covers the registration period for most medical radiation practitioners of 1 December 2017 to 30 November 2018.

The fee for practitioners whose principal place of practice is New South Wales² is \$145. A full [fee schedule](#) is published on the Board's website.

The National Scheme is funded by health practitioners' registration fees. The decision to keep the fee frozen ensures practitioners are not unduly burdened, but still provides sufficient income to allow the Board to carry out its duties and protect the public.

More detailed information about the Board's financial operations are outlined in the health profession agreement between the Board and AHPRA for 2016/20, which is published on the Board's [website](#). This agreement sets out the partnership between the Board and the Australian Health Practitioner Regulation Agency (AHPRA), and the services AHPRA will provide to support the Board to regulate medical radiation practitioners.

Profile – Accreditation Assessor Jill Harris



Accreditation is a vital component of the National Scheme, assessor says

Curiosity and a desire to ensure adequate profession representation within the accreditation process prompted Jill Harris to pursue work as an accreditation assessor for the National Scheme.

The accreditation component of the National Scheme is an important but perhaps not fully understood function. Accreditation was vital to ensure the quality of future health professionals trained in Australia and, in turn, the safety of patients, Jill said.

'In this day and age there are many pressures on health professionals to "work smarter" and "work harder", with some situations where professional standards are placed under pressure,' she said.

'Accreditation ensures that all graduates are workforce ready and hopefully have the confidence to use the knowledge and skills gained through their qualification to ensure they uphold professional obligations.'

Jill, who is a clinical radiation therapist working in Sydney, was appointed as an accreditation assessor for the medical radiation practice profession in January 2014 with a strongly held view that the best way to recommend improvements to any system is to do so from a base of an understanding of the current system.

² NSW is a co-regulatory jurisdiction.

'Before becoming an assessor, despite reading all the available information, I really had a poor understanding of exactly how the accreditation process works and was concerned that academic requirements would potentially take precedence over workplace needs,' she said.

An accreditation assessor works with a team of two or three other assessors and AHPRA's Accreditation Unit provides support, advice and guidance to assessors and teams.

Assessors examine documents and other information provided by universities as evidence to show the courses they run produce graduates with the knowledge, skills and professional attributes for competent and ethical practice of the profession in Australia.

Jill said it was not unusual for the accreditation process to take up to nine months and often depended on the complexity of the assessment team's work. For example, some universities run multiple courses and these are assessed at the same time.

Assessors may need to ask the university to clarify information or provide additional evidence to fill any gaps. The assessment team usually also visits a university to discuss the information supplied and ask questions of staff, students and stakeholders.

'We then write a report for the Accreditation Committee, outlining the evidence we examined with reference to the accreditation standards and indicate our views on whether we found that the evidence examined gives us confidence that the standards are met, whether any aspects require monitoring or whether we think there should be conditions on the accreditation of the program,' Jill said.

The Accreditation Committee then uses this report to make a decision on accreditation of the program, including any monitoring and conditions, and to report that decision to the Medical Radiation Practice Board of Australia.

'My role has given me much more confidence in the partnership that exists between the universities and the profession in ensuring that the information taught to students is relevant to, and is keeping pace with, developments in medical radiation practice,' Jill said.

Graduates invited to apply online for provisional or general registration

AHPRA is now calling for final-year students of medical radiation practice to apply for registration online.

Those on the Student Register who will complete their [approved program of study](#) by the end of 2017 have been sent an email inviting them to [apply online](#) for registration four to six weeks before finishing their course.

Students are encouraged to read the information on AHPRA's website under [Graduate applications](#). Certain applicants will also need to apply for an [international criminal history check](#).

Graduates can start practising as soon as their name is published on the [national register](#).

New registration data released

The Board has released its quarterly registration data. Read the latest report and other statistics on its [website](#). The data profiles Australia's medical radiation practice workforce, including information on types of registration held, principal place of practice, registrant age and gender.

At 30 June 2017, there were a total of 15,683 registered medical radiation practitioners comprising the following number of registrants according to registration type:

- 15,010 – general registration
- 437 – provisional registration
- one – limited registration, and
- 235 – non-practising registration.

National Scheme news

COAG Health Council meeting communique

The federal and state and territory health ministers met in Brisbane on 4 August 2017 at the [COAG Health Council](#) to discuss a range of national health issues. The meeting was chaired by the Victorian Minister for Health, the Hon. Jill Hennessy. AHPRA CEO Martin Fletcher attended the Ministerial Council meeting which brings together all health ministers throughout Australia to provide oversight for the work of the National Scheme. AHPRA and the National Boards provide a regular update to the Ministerial Council on our work.

The meeting included an agreement by health ministers to proceed with amendments to the National Law to strengthen penalties for offences committed by people who hold themselves out to be a registered health practitioner, including those who use reserved professional titles or carry out restricted practices when not registered. Ministers also agreed to proceed with an amendment to introduce a custodial sentence with a maximum term of up to three years for these offences. These important reforms will be fast tracked to strengthen public protection under the National Law. Preparation will now begin on a draft amendment bill, with a view to being introduced to the Queensland Parliament in 2018.

Ministers also discussed mandatory reporting provisions for treating health practitioners, agreeing that protecting the public from harm is of paramount importance as is supporting practitioners to seek help and treatment for their health concerns, including for their mental health and wellbeing. It was agreed that the Australian Health Ministers' Advisory Council will recommend a nationally consistent approach to mandatory reporting exemptions for treating practitioners following a consultation process with consumer and practitioner groups. A proposal on mandatory reporting is expected to be considered at the November 2017 meeting of the COAG Health Council.

The Council produces a communique from its meeting which can be accessed on [AHPRA's website](#).

Scheduled Medicines Expert Committee appointed

Late last year the Ministerial Council endorsed the AHMAC Guidance for National Boards: *Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law* (the Guidance).

The Guidance is published on the AHPRA website under [Ministerial directives and communiques](#). It provides information for National Boards about the process for, and content of, an application to the Ministerial Council for approval of endorsement for scheduled medicines for a health profession under section 14 of the National Law.

Consistent with the Guidance, AHPRA has established a Scheduled Medicines Expert Committee (Expert Committee) whose role is to advise National Boards on the use of scheduled medicines generally, and on matters relevant to a National Board's proposal for a new scheduled medicines endorsement or an amendment to an existing scheduled medicines endorsement.

Following a call for applications, AHPRA is pleased to announce the following appointments to the Expert Committee:

- Professor Anne Tonkin, Chair
- Ms Vanessa Brotto, core member
- Dr Susan Hunt, core member
- Professor Lisa Nissen, core member, and
- Ms Sarah Spagnardi, core member.

Information about the Expert Committee, including the terms of reference, is available on the [AHPRA website](#).

Co-Chairs announced to help lead the way for the first ever National Scheme Aboriginal and Torres Strait Islander Health Strategy

The National Scheme is pleased to announce the appointment of co-Chairs for the Aboriginal and Torres Strait Islander Health Strategy group.

Associate Professor Gregory Phillips, CEO of ABSTARR Consulting, and Dr Joanna Flynn AM, Chair of the Medical Board of Australia, have been appointed as co-Chairs of the group.

The strategy group has been brought together to develop the National Scheme's first ever Aboriginal and Torres Strait Islander Health Strategy.

AHPRA, the 14 National Boards responsible for regulating the health professions, accreditation authorities and Aboriginal and Torres Strait Islander health sector leaders and organisations have committed to an Aboriginal and Torres

Strait Islander Health strategy with the vision of: *Patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system is the norm, as defined by Aboriginal and Torres Strait Islander peoples.*

Associate Professor Gregory Phillips was nominated by Aboriginal and Torres Strait Islander health sector leaders and organisations to be co-Chair. Gregory Phillips is from the Waanyi and Jaru peoples, and comes from Cloncurry and Mount Isa in North-West Queensland. Dr Joanna Flynn was nominated by leaders of the National Scheme to be co-Chair.

Associate Professor Gregory Phillips and Dr Flynn agree that partnerships are fundamental in this work.

'With more than 700,000 Australians registered by the National Boards and a commitment from Aboriginal and Torres Strait Islander leaders and the National Scheme to work collaboratively there is a unique opportunity for real change to the health outcomes of all Australians,' Associate Professor Phillips said.

'We are grateful for the strong relationships we have with our partners in this work, particularly the expert guidance we have received from Aboriginal and Torres Strait Islander health sector leaders. This work cannot be done with National Boards acting in isolation and I am looking forward to making this new strategy a reality through my role as co-Chair,' Dr Flynn said.

Further information

The Aboriginal and Torres Strait Islander health strategy group publish communiqués of its work. These are available on the [Advisory group page](#) of the AHPRA website.

The next meeting of the strategy group will be held in November 2017.

Keep in touch with the Board

- Visit the [Medical Radiation Practice Board](#) website for the mandatory registration standards, codes, guidelines and FAQ. Visiting the website regularly is the best way to stay in touch with news and updates from the Board.
- 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.

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