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## Chair's message

Welcome to our last newsletter for 2017.

It has been a full year for the National Board, which puts public protection at the forefront of all that we do in regulating the medical radiation profession in Australia.

It's worth noting that the workforce grew 2.5 per cent in the last financial year to 15,683 total registrants so that the profession now constitutes 2.3 per cent of the 678,983 registrants currently in the National Registration and Accreditation Scheme (the National Scheme). More statistics about the profession are included in this newsletter.

The Board took a proactive approach to raising awareness about the obligations of registered medical radiation practitioners during the year, beginning a strategic communications drive about important considerations that will reduce risk of harm to the public.

We continue that theme in our last newsletter for the year with the next article in our radiation safety series which is important reading for all practitioners keen to ensure they follow best practice.

The article highlights the Australian Radiation Incident Register which recently received some media coverage due to the latest report detailing adverse radiation events being released in parliament.

As promised in our [October newsletter](#), this issue also includes an article on advancing your scope of practice and we look at supervisor training arrangements in 2018.

The year's end will be upon us soon so I remind all medical radiation practitioners who have yet to renew their registration to do so soon before their registration lapses. More information about renewing in the late period and what happens if you don't renew by the end of December is included in this newsletter.

Before signing off for the year I want to acknowledge the important work of all registered medical radiation practitioners. Thank you for your contribution to the care and safety of patients over the past 12 months. To all practitioners who will be giving up time with their own families over the Christmas period in order to provide care for patients, a very big thank you.

Merry Christmas and best wishes for a fantastic 2018.

**Mark Marcenko**

Chair, Medical Radiation Practice Board of Australia

## News from the Board

### Radiation safety – The Australian Radiation Incident Register

The [International Atomic Energy Agency](#) (IAEA), part of the United Nations, to which Australia is a member state, works with governments around the world in establishing radiation and nuclear safety and security arrangements with the aim of protecting people and the environment from the harmful effects of ionising radiation.

In Australia, and because of our federal structure, the obligations in relation to the IAEA are primarily managed by the [Australian Radiation Protection and Nuclear Safety Agency](#) (ARPANSA) in collaboration with state and territory radiation licensing bodies.

When an adverse event (or near miss) occurs, there is a requirement to report that event so that any potential harm from radiation use can be identified and properly managed. The reporting of the event also allows tracking of adverse events which in turn allows for identification practice or procedures that may require modification.

The [Australian Radiation Incident Register](#) (ARIR) is Australia's national database of incidents and events, where radiation or radioactivity was implicated. The purpose of the ARIR is to raise awareness on where, how and why incidents and events occur, and how they can be best prevented. The [National Directory for Radiation Protection](#) (NDRP) includes a National Incident Reporting Framework (Schedule 13) that identifies the types of incidents to be reported to the ARIR. Each state and territory regulator is required to forward incident reports of the types listed in NDRP to the incident register.



The [current report](#) for events in 2015\* shows that the majority of radiation events occurred within the context of healthcare:

- diagnostic radiology – 234 incidents
- nuclear medicine – 84 incidents, and
- radiotherapy – eight incidents.

Without reproducing the contents of the 2015 report it is clear that in most cases human error was the leading cause of an adverse event, with communication and patient verification procedures being identified as contributing factors.

The Board's [Professional capabilities for medical radiation practice](#) address many of the potential fail points when it comes to radiation incidents and outline safe practice including:

- reporting incidents in accordance with protocols, procedures and legal requirements
- establishing and maintaining effective and respectful working relationships with health practitioners
- following patient identification procedures to confirm the correct match of patient with intended procedure
- reviewing the patient/client's clinical history, referral and current medical information to confirm the requested procedure is appropriate, and
- identifying factors or conditions that may affect the patient/client's behaviour and/or capacity to undergo the procedure.

The Board is asking that all registered practitioners take the time to consider how they can contribute to reducing the number of adverse radiation events in their practice.

\*The 2016 report was still to be published on the ARPANSA website when this Board newsletter was released.

## To advance your scope of practice is to advance your skill set

In the Board's [October newsletter](#) we looked at scope of practice and how it applies to the individual practitioner. The article's main point was that scope of practice has a direct relationship with an individual's education, training and professional development.

The National Scheme is one of title protection, not one of practice protection. While there are few legislated limitations on practice there are, however, some practical limitations.

To engage in practice that is over and above the minimum capabilities for medical radiation practice a practitioner must be trained and competent to provide that higher level of health service. The training and education should be sufficient to ensure that the standard of practice is substantially the same as that which is ordinarily expected of other health professionals providing that same health service.

This does not mean that the medical radiation practitioner needs to go through exactly the same level of education as the other health professional, simply that the training

provides skills and knowledge that are sufficient for the task at hand. In many cases the training will be a bridge between what the medical radiation practitioner is currently expected to know and what other skills and knowledge they need to carry out the additional practice.

An example of this is PET/CT imaging. This hybrid imaging arrangement does not require a nuclear medicine technologist nor a diagnostic radiographer to complete degree qualifications in the other division of registration. However, whichever practitioner performs these examinations, they must have the skills and knowledge necessary to undertake the imaging safely. In this case the necessary skills and knowledge for PET and CT imaging are described in the *Professional capabilities for medical radiation practice*.

It is for this reason that it is quite conceivable for a radiation therapist to undertake mammographic imaging. The only caveat is that, just like any other practitioner performing mammographic imaging, a radiation therapist must have sufficient training to provide the health service safely.

The *Professional capabilities for medical radiation practice* describe the minimum requirements for practice in the medical radiation practice profession. Other regulated health professions often have similar minimum requirements commonly identified as competency requirements or standards of practice. If a medical radiation practitioner is interested in working in an area of practice often associated with another health profession, the starting point would be to understand what the competency requirements in the other profession are for that area of practice.

Often undertaking an acceptable course of study will ensure that the medical radiation practitioner has the necessary skills and knowledge for safe practice in an additional area of practice. In other cases the training may have to be developed. This may require agreement with the employer and other relevant health professions to develop a training program that meets the minimum requirements for practice in that additional area of practice. However the training occurs, a medical radiation practitioner must be able to demonstrate that they have taken all reasonable steps to ensure that they have the skills and knowledge to practise safely in the additional area of practice.

## Authorising environment for practice

In most cases medical radiation practitioners work in an employment arrangement. Employers then are well situated as a primary enabler of the workforce. The employer can provide an effective model of clinical governance which includes input from other health professions. The employer is also in a position to facilitate and establish a collaborative model of enabling practitioners to work to their broadest scope of practice.

Before undertaking practice in an area that is more commonly practised by other health professions, medical radiation practitioners must ensure that those who have an interest in what they are doing, which includes employers and other health professionals, are aware of the change and are engaged in the change process.

## 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 *Code of Conduct* provides guidance for registered practitioners in relation to their obligations.

Looking at part 2.2 of the [Code of Conduct](#), 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
- 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.

## Things to consider – Professional indemnity insurance

As your scope of practice changes you should consider what impact this may have on your professional indemnity insurance (PII) arrangements. Any relevant or material changes to your scope of practice should be advised to your insurer.

### In summary

- There are few practice restrictions in the National Law<sup>1</sup>.
- Any change in an individual's scope of practice should be accompanied by a minimum level of training and competency assurance.
- Training arrangements should have input from those who currently practice in the area.
- Individual practitioners must review their PII arrangements, noting that in general those employed in public hospitals in Australia are covered by the hospital's indemnity arrangements.
- Ideally, there is a system of clinical governance that provides oversight of practice arrangements in the place of practice.

<sup>1</sup>The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law)

## Supervisor training in 2018

The Board has been providing training sessions for supervisors since 2014.

While supervisors are not required to undertake training to act as a supervisor, the training sessions, which are facilitated by experienced medical radiation practitioners, provide real benefit for registered practitioners who supervise

students of medical radiation practice and registered practitioners.

Changes to the Teaching on the Run program mean that from 2018 there will be two types of training sessions. One that covers general information about supervising in a clinical environment, and another session that covers advanced topics. Some of the topics covered include:

- clinical supervision
- planning learning
- assessment and providing feedback, and
- supporting learners.

Dates for next year's training sessions will be provided early in 2018, with the first session to be held in New South Wales in March. Please check the website for [updates on session times and locations](#).

If you are an experienced supervisor and would like to help us, we also plan to run another facilitator training session in mid-2018. As a facilitator you will deliver the supervisor training at sites across Australia.

To register your interest for either the supervisor training or the facilitator training in 2018 please contact us by email at [Board-MRP-RSVP@ahpra.gov.au](mailto:Board-MRP-RSVP@ahpra.gov.au).

## Statistics – a snapshot of the medical radiation practice profession

The [2016/17 AHPRA and National Boards Annual Report](#) is now available and provides a nationwide snapshot of the work of AHPRA and National Boards. The report highlights a multi-profession approach to risk-based regulation, with a clear focus on ensuring that the public is protected.

The medical radiation practice health workforce grew by 2.5% over the past year to 15,683 total registrants. Medical radiation practitioners now constitute 2.3% of the 678,983 registrants currently in the National Scheme, and the number is likely to grow thanks to a 13% increase in the number of registered students during the year (3,895 at 30 June 2016, from 3,447 at 30 June 2017).

The following is a snapshot of the medical radiation profession in 2016/17 from the annual report.

- **Easy to renew:** This year saw the largest online registration renewal rate ever achieved across all 14 registered health professions. Over 98.5% of all registrants renewed online and on time, with 98.4% of medical radiation practice practitioners renewing online).
- **Increased registration year on year:** While medical radiation practitioners made up just 2.3% of all health practitioners registered nationally, the total registrant base for the profession continues to grow (to 15,683 registrants in 2016/17; up from 15,303 in 2015/16).

- **Students on the register:** As at 30 June 2017, there were 3,895 medical radiation practice students, representing an increase of 13% from 2015/16 (3,447 students).
- **Complaints received about medical radiation practitioners:** There were 23 notifications (complaints or concerns) lodged with AHPRA about medical radiation practitioners in 2016/17, down from 48 made in the previous year. This represents 0.3% of the profession in 2016/17.
- **Of 29 matters closed, in 2016/17:** 17.2% resulted in the Board accepting an undertaking or conditions being imposed on the practitioners' registration; 20.7% resulted in a caution or reprimand; and 58.6% resulted in no further action being taken.
- **Statutory offences by medical radiation practitioners:** Four new complaints were made this year relating to possible statutory offences by medical radiation practitioners. Three related to title protection and one was about advertising. AHPRA and the Board closed nine statutory offence matters in 2016/17.
- **Immediate action was taken twice** to restrict or suspend the registration of medical radiation practitioners as an interim measure to protect the public while notifications were being investigated.
- **Active monitoring cases as at 30 June 2017:** 17 medical radiation practitioners were monitored for health, performance and/or conduct during the year.

For more information, check out the Medical Radiation Practice Board's 2016/17 profession summary to be published on our website soon.

## Remember to renew before your registration lapses

Practitioners who have yet to renew their registration are now in the late period for renewal and have until 31 December to apply and avoid lapsed registration.

Applications received in December will incur a late payment fee in addition to the annual renewal fee.

Anyone who does not apply to renew their registration by 31 December 2017 will be removed from the [national register of practitioners](#), their registration will lapse and they will not be able to practise in Australia.

A 'fast-track' application can be made in January, but the practitioner cannot practise until it is processed and the national register is updated, which can take time.

If you apply to renew 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.

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

## National Scheme news

### National Boards approve policy for removing reprimands from the national register

A policy to ensure consistent removal of reprimands from the national register of practitioners has been approved by all National Boards.

Reprimands on a practitioner's registration can be imposed under the National Law by a performance or professional standards panel, professional standards committee (New South Wales), and a relevant tribunal or court.

The policy will ensure that reprimands are removed from the [national register](#) in a consistent and effective way. It also allows for the removal of reprimands imposed under previous legislation to be considered on an individual basis, consistent with removal powers under that legislation.

A reprimand imposed under the National Law will be removed from the national register on the publication end date set by the relevant panel, committee, court or tribunal. Where a panel or tribunal has not set a publication end date, or where the reprimand was imposed under previous legislation, the reprimand will be removed no earlier than five years from the date of initial publication.

This is subject to:

- the practitioner making an application for removal of the reprimand
- no relevant event having occurred in the five-year period of publication of the reprimand, and
- legal advice confirming the power to remove a reprimand imposed under previous legislation.

A relevant event is any health, performance or conduct notification action taken against the practitioner relating to an adverse disclosure on renewal of registration, new information returned on a criminal history check or a confirmed breach of restrictions. It also includes when action has been taken against a practitioner about their conduct, health or performance. New notifications, irrespective of whether action was taken, will also be taken into account if an application for removal of a reprimand is received after the five-year period of publication.

The policy took effect on 2 October 2017 and will be reviewed annually. An application form for removal of a reprimand from the national register is published under [Common forms](#) on the AHPRA website.

## Update on the Independent Accreditation Systems Review

In October 2016 Health Ministers commissioned Professor Michael Woods, former Productivity Commissioner, to undertake the Independent Accreditation Systems Review (the Review). Following public consultations, Professor Woods has prepared [draft recommendations](#) for Ministers. Many of the reforms in his draft report would, in their current form, require significant changes to our legislation and how we manage the accreditation of courses leading to registration, as well as assessment of internationally-qualified practitioners.

In response to the draft recommendations, AHPRA and National Boards have published a joint submission to the Review on the [AHPRA website](#). In summary we propose that a more effective and efficient approach would be to make changes to roles of AHPRA, National Boards and Accreditation Councils, rather than create new regulatory bodies with the likely cost and complexity this could create. We believe that this would deliver the changes required to support the professional health workforce required by Australia.

The joint submission includes additional responses from four participating National Boards - Chiropractic, Medical, Optometry and Psychology. The Pharmacy Board made a separate [submission](#) and has published this on its [website](#).

AHPRA and National Boards look forward to the Review's final report and Health Ministers' response in due course. A news item including a high level summary of key aspects of the joint submission has been published on the [AHPRA website](#).

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## 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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