

Suite 1, Level 3, 377 Sussex Street, Sydney NSW 2000  
PO Box 20349, World Square NSW 2000  
t. (02) 8203 6066 | f. (02) 8203 6060  
hsu@hsu.net.au | www.hsu.net.au  
ABN 68 243 768 561



30 June 2014

Neil Hicks  
Chair  
Medical Radiation Practice Board of Australia  
G.P.O. Box 9958  
Melbourne VIC 3001

By email: [medicalradiationconsultation@ahpra.gov.au](mailto:medicalradiationconsultation@ahpra.gov.au)

Dear Mr Hicks,

Attached please find submissions on behalf of the Health Services Union in relation to the draft registration standards.

The Health Services Union is a growing member based union fighting for dignity and respect for health and community services workers. HSU members are at the forefront of some great nation building changes in the National Disability Insurance Scheme, Public Health and Aged Care reform. We are a driving force to make Australia a better place.

HSU members work in aged care, disability services, community health, mental health, private practices and hospitals. Members are health professionals, paramedics, scientists, aged care workers, nurses, technicians, personal care and support workers, clerical and administrative staff, disability support workers, managers, doctors, medical librarians and support staff.

We are committed to advancing and protecting the wages, conditions, rights and entitlements of members through campaigning and workplace activism. The Union also provides a range of services and support to assist members with many aspects of working and family life.

HSU National is the trading name for the Health Services Union, a trade union registered under the Fair Work (Registered Organisations) Act 2009.

Regards,

**Leigh Svendsen**  
National Industrial Officer

---

## 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](mailto: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).

<b>Organisation name</b>
Health Service Union
<b>Contact information</b> <i>(please include contact person's name and email address)</i>
Andrew Hewat Assistant Secretary VHPA (HSU Vic No3 Branch) Email removed for privacy
Leigh Svendsen Industrial Officer HSU National Email removed for privacy

#### Your responses to consultation questions

<b>Registration standard: Professional indemnity insurance arrangements (PII)</b> <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?
The current PII standard is working satisfactorily. As providers of PII the Branches of the HSU have tailored their policy to meet the requirements of the AHPRA Boards.  It is important for all MRPs to have suitable PII and the HSU includes PII as part of the membership package.
2. Is the definition of clinical practice suitable or should it include the provision of advice to other practitioners?
Given the high burden of clinical supervision and teaching required in day-to-day practice, the HSU feel it would be appropriate to 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?

**Registration standard: Professional indemnity insurance arrangements (PII)**

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

The content and structure is essentially clear and relevant. The expanded definitions are useful. The draft is considerably longer than the current standard.

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

No.

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?

Five years is adequate for the review period. As stated, the HSU is satisfied with the current standard and appreciate stability when dealing with insurance.

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

One area that provides confusion and still does not appear to be adequately addressed is the position of PDY/Intern practitioners. Their position should be specifically spelt out.

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

The HSU covers other registered professionals besides MRPs. Our view is that there needs to be consistency across boards for a number of reasons but primarily to avoid confusion and avoid market forces competing for coverage and driving a wedge between providers and professions.

Uncertainty is very destabilising. We need clarity on who needs PII and who doesn't (ie Provisional Registrants). We need clear definitions. While we are in favour of simplifying the standard, we do not want to see change just for changes sake. Change tends to confuse and concern people.

**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?

Taking feedback from members, the HSU feels that the current CPD registration standard is working satisfactorily. However, there is considerable confusion around the obligations of MRPs and the requirements to meet professional association CPD obligations. The significant increase in points required by the professional association (despite hours being the same) led to significant confusion and concern about the perceived increase in requirements. These can present as considerably more demanding, administratively challenging, time consuming and potentially expensive.

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

While the new standard states that MRPs must undertake specified CPD activities there is no explanation of what this actually entails.

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

The HSU feels it is unreasonable to expect Provisional Registrants to require to undergo CPD. They are undergoing Supervised Practice and are still in the process of completing their academic requirements.

<b>Registration standard and Guidelines: Continuing professional development (CPD)</b>	
<i>Please provide your responses to any or all questions in the blank boxes below</i>	
4. Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?	
	The content and structure is generally satisfactory.
5. Is there any content that needs to be changed or deleted in the draft revised registration standard?	
	See question #3. The HSU feels that the requirement for Provisional Registrants to undertake CPD should be removed.
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?	
	A 5 year time frame provides a satisfactory balance between stability and flexibility.
7. Is there anything missing that needs to be added to the draft revised registration standard?	
	A definition for "Reflection" has been deleted from the Guidelines and should be retained.
8. Do you have any other comments on the draft revised registration standard?	
	The HSU strongly supports the ongoing education and professional development of all MRPs. We support a simple, user-friendly program that recognises the CPD activities that MRPs regularly undertake as part of their role as health professionals without being unreasonably onerous. The HSU would like to see industrial instruments recognise the need for professional development and ensure adequate time is provided as well as support for the growing cost in maintaining the required standards.
9. What specific requirements in addition to those listed in 'what must I do' should the Board require to approve a CPD program?	
	No specific further requirements are identified. The potential specified activities should be outlined.
10. Is the information provided in the guidelines clear and useful?	
	The information is essentially clear and useful.

<b>Registration standard and guideline: Recency of practice (RoP)</b>	
<i>Please provide your responses to any or all questions in the blank boxes below</i>	
1. From your perspective how is the current RoP registration standard and guideline working?	
	The current Recency of Practice is satisfactory.
2. Is the definition of clinical practice appropriate for the purpose of demonstrating recency of practice?	
	The current definition of clinical practice is sufficient.
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?	

### Registration standard and guideline: Recency of practice (RoP)

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

While the HSU appreciates the Board's intent to ensure all practitioners are maintaining a suitable level of recency of practice in the interests of public health, we feel these new requirements are onerous and unworkable.

450 hours of practice is not a particularly large amount of time to meet the requirement but when applied to "each division of registration" it will become a considerable burden for any dual registered practitioners to fulfil the new obligation. This seems counter intuitive to the current workforce planning push towards diversification and multiskilling to provide a more flexible and mobile workforce.

Further it is triple the stipulated number of hours required for some other professionals. An ROP requirement of 3 years is itself a significant hike in ROP against many other registered practitioners.

The HSU is, and has always been concerned about the impact on MRP accessing parental leave, while generally 12 months a parent may decide to access leave without pay to continue caring for a child to school age. The increased ROP requirements, from 3 years to 5 years will significantly reduce the likelihood of the parent returning to practice. This is a significant workforce issue which impacts on the availability of trained professionals and the ability of the parents to continue to practice in their preferred profession.

Increased ROP requirements have a significant negative gender based impact on women simply because the majority of parenting is still undertaken by women.

Other MRPs who could find this to be a significant challenge are MRP managers who wish to retain their clinical skills but have very limited time to do so.

This requirement is made even less palatable by the fact that rural Limited Use Licence holders (generally nurses) have no requirement at all for Recency of Practice.

The recording process will be an added burden to a workforce already under pressure. This has not been clarified but we presume it will rely on the production of rosters to demonstrate areas of practice. This is flawed as often the reality does not marry with the original roster and may not reflect actual work performed.

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?

The content and structure is relatively clear but definitely not more workable than the existing standard. (See #3 for clarification.)

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

While the HSU accepts the requirements for MRPs out of the workforce greater than 10 years, for those re-entering the workforce after 3 – 10 years are particularly onerous. There is no clear indication of who will and who won't be required to sit an exam. And no explanation of what form the exam will take, eg written, oral or practical or a combination.

Also please refer to points raised in response to question #3.

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?

5 years is a suitable time frame for review.

**Registration standard and guideline: Recency of practice (RoP)**

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

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

Given the changes to the scope of practice requires evidence, perhaps a clearer definition of scop of practice is required.

The current standard has a specific guideline for sonographers. Will this be maintained or simply deleted?

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

The information is clear but we have concerns regarding the content.

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

No.