



The National Association Clinical Education Managers (NACEM) is a nationwide group, formed in July 2012, representing a wide spectrum of clinical education managers across the three disciplines of Diagnostic Radiography, Radiation Therapy and Nuclear Medicine.

It has been formed to establish partnerships with the relevant stakeholders, such as the professional associations, universities, and as a consultative body to the (now defunct) Australian Medical Radiation Sciences Accreditation Authority (AMRSAC), Medical Radiation Practice Board of Australia (MRPBA) and Health Workforce Australia (HWA) to, among other things, establish and monitor standards for both undergraduate and immediate postgraduate clinical education.

Concerns have been expressed by employer representatives about the quality, breadth and depth of clinical practice capability of some graduates from some university programs. The considerable efforts that are required to bring MRS graduates up to an acceptable competency level is neither recognised nor in most cases adequately resourced. Placing such graduates in practices with limited supervision or clinical education resources is not in the best interest of students/graduates, nor employers and has the potential to place patients at risk.

It would be the objective of NACEM, in conjunction with relevant stakeholders, to establish and monitor clinical practice standards to ensure that undergraduate and immediate postgraduate medical radiation practitioners have sufficient depth and breadth of quality training that provides public protection safeguards, consistent with the Health Practitioner Regulation National Law and Best Practice outcomes for the MRS professions.

The Board is now seeking your submissions on the following:

- a) Do you agree with the proposed inclusion of at least one educationalist, at least one medical radiation academic, at least one medical radiation practitioner and at least one allied health science academic to the Committee?***

NACEM believe that the basis of this proposal for an Accreditation Committee, is heavily biased to those who represent both academia within the Medical Radiation Science (MRS) community / profession, as well as significant proportional representation of non – MRS academia, with no tangible experience of Medical Radiation Practice, which is considered a specific vocational profession.

Outside academia, those practitioners within the MRS community / profession have not been given anywhere near the representation, which required to assure the accreditation requirements of the three distinct disciplines, (Diagnostic Radiography, Radiation Therapy and Nuclear Medicine) taken into account.

The MRPBA needs to make it clear to MRS community / profession, the definition of “educationalist”. If this is a practitioner who works in clinical education rather than based in academia, then that would redress some of perceived imbalance. If this “educationalist” works exclusively in the academic area, then the perceived bias is maintained.

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NACEM query the necessity of having at least one medical radiation academic on the Accreditation Committee, as well as at least one allied health sciences academic and at least one educationalist. A number of university institutions have developed a wide variety of under-graduate and post-graduate courses relating to MRS, over a number of years, with significant success. NACEM can only assume that the MRPBA does not share the same confidence in these university institutions as the MRS community, and consequently requires further representation of non – MRS academia within this committee.

NACEM would propose that there was a maximum of one medical radiation academic, who has current clinical practice experience on the proposed Accreditation Committee, with no involvement of an allied health sciences academic.

We ask why has there been a change made from having an endorsed independent national accreditation council to an Accreditation Committee of the MRPBA, which seems to be structurally based on a significantly academic bias, both within and outside the MRS university environment.

NACEM ask the MRPBA to consider the following proposal:

“The proposed inclusion of at least one medical radiation clinical education practitioner from each Medical Radiation Science disciplines to the Committee”

If there is to be any form of confidence in this Accreditation Committee, any form of support from the MRS community, any form of endorsement of the MRS profession, then this is a mandatory / non-negotiable requirement to have this committee seen as legitimate in the eyes of the MRS community.

This would be essential to **address the basic principle of public protection by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.**

The question which should be asked since the release of the consultation document is, which other National Boards under the auspices of AHPRA, have an “outside” allied health sciences academic and an educationalist on their Accreditation Councils / Committees?

NACEM’s understanding is that no other accreditation councils do. We believe that this reflects the Boards perception that the accreditation processes which have been carried out by AIR and ANZSNM over a number of years have been ignored. The MRPBA appears to not want any form of input from the professional bodies which a basic contradiction to the structure of all other accreditation councils. The other disturbing factor is that the proposal for an Accreditation Committee will mean that it is a sub-committee of the MRPBA, and consequently all convention which is present in every other Accreditation Council can be laid aside.

The released consultation document appears to be going markedly against the trend of other Health Professional Accreditation Councils. For example, the Australian Nursing and Midwifery Accreditation Council not only is **an independent accreditation authority** appointed by the Australian Health Workforce Ministerial Council, it is also looking to expand and support its current role. Additional leadership positions in Standards Development and Review, as well as new positions such as monitoring and assurance management are being introduced.

It is interesting to note that this accreditation council are (quote) “seeking energetic motivated people to fill high-profile strategic positions”. (ANMAC advertisement / The Australian / Saturday 22.09.2012)

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NACEM would ask the MRPBA to consider proportional representation demographics of our industry, which is at present, Diagnostic Radiography 81%, Radiation Therapy 13% and Nuclear Medicine at 6%, when considering inclusion of medical radiation practitioners / medical radiation clinical education practitioners on the committee.

b) Do you think there should be additional sub-criteria for the selection of the above persons and if so what should they be?

- Significant experience in the nominated Medical Radiation Science (MRS) discipline
- Knowledge of MRS accreditation standards and processes
- Knowledge of the national MRS registration/regulatory processes
- Experience in conducting MRS university accreditations / reaccreditations
- High level problem solving and decision-making skills and innovative conceptual skills
- Recognises current and future national and international trends and opportunities for innovation in MRS under-graduate and post-graduate education
- International perspective or experience in relation to recognition and accreditation issues.
- Awareness of contemporary issues relevant to recognition of MRS professionals and MRS education standards in Australia
- High standard of written and verbal communication skills
- High level problem solving and decision-making skills and innovative conceptual skills
- Good interpersonal skills, including negotiation and conflict resolution skills and an ability to function at a high level of professionalism

c) Do you think a Board member should be on the Accreditation Committee?

As this proposed Accreditation Committee is sub-committee of the MRPBA it would appear that a board member **will sit** on the committee, even in an ex officio capacity.

An independent accreditation council does not require the same governance as a sub-committee of a National Board.

It is NACEM's belief that **the National Law makes a clear intention to separate the regulatory and the accreditation functions of the MRPBA.** To this end, it should be seen that no Board member should be on the Accreditation Committee. However there will need to be a tangible link with the (elected) Chair of the Accreditation Committee, and the relevant member of the Board with this allocated portfolio.

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d) Do you think a community representative should be on the Accreditation Committee?

NACEM believe that to ensure the best outcome to address the basic principle of public protection by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered, the MRPBA should give active consideration to having a community representative on the newly formed Accreditation Committee.

If there is to be any form of confidence in this Accreditation Committee, any form of support from the MRS community, any form of endorsement of the MRS profession, then it is NACEM belief that the Chair of this Accreditation Committee should be a member of the Medical Radiation Science profession, to ensure that there is a strong professional message sent to the MRS community.

e) How many members do you think the Committee should have?

- One (1) MRS academic with current clinical education experience
- One (1) MRS full-time clinical educator (educationalist)
(Given that the definition of “educationalist” has its basis in clinical education rather than academia.)
- Three (3) MRS clinical practitioners
(Representing each MRS discipline)
- One (1) Community Member of the MRPBA
- If deemed necessary by the MRPBA, a Board Member, acting in an ex-officio capacity

f) the National Law makes a clear intention to separate the regulatory and accreditation functions, and

While the National Law makes a clear intention to separate the regulatory and accreditation functions, NACEM believes that the governance of the Accreditation Committee, as a sub-committee of the MRPBA will be significantly more restrictive than an independent Accreditation Council.

g) Board members can be regarded as holding fiduciary positions vis a vis their Board, i.e. membership of a National Board requires primary allegiance to the Board. There may, therefore, be a conflict of interest if a Board member is also a member of the Accreditation Committee.

NACEM see that there may be conflicts of interest within the formation of the proposed Accreditation Committee. They may come from (for example) a MRPBA member being a member of the Accreditation Committee, from MRS academia in relation to under-graduate teaching, or from (potential) allied health science academics, in regards to recognition of the requirement of specific vocational professions.

Careful consideration should be given to the composition of accreditation teams and their associated processes when accrediting or reaccrediting MRS under-graduate courses. NACEM would NACEM: Medical Radiation Practitioners suitably trained and qualified to practice in a competent and ethical manner.

recommend that these task be delegated to a specialist group appointed by the Accreditation Committee, rather than be directly undertaken by the Accreditation Committee

The profession's Best Practice Standards should form the basis of any accreditation standards to ensure competent and ethical practice and consequently whether the applicant for registration is a graduate or an overseas candidate, any governance committee should contain experienced members of those professions.

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