

The Crown Princess Mary Cancer Centre Westmead

Sydney West Cancer Network
"Care and Connect"

Executive Officer
Medical Radiation Practice Board of Australia
AHPRA
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4.7.13

Dear Sir,

Feedback on Professional capabilities for medical radiation practice

This document is largely appropriate with clear domains and appropriate requirements for entry level practitioners.

Specific comments with regard to some domains:

Domain 2- Professional communication and collaboration:

Many overseas graduates have passed the English IELTS test level 6 prior to embarking on their university studies. However when these graduates enter the workforce, their conversational English is often not of a sufficient standard to permit them to communicate with patients effectively or safely. Some graduates currently pass all technical aspects of their NPDP year but still fail to pass the IELTS level 7 required for accreditation and registration. This is placing patients in a potentially dangerous situation as they cannot understand what the practitioner is attempting to convey to them and also in some situations the practitioner cannot understand what the patient is saying to them.

It would enhance patient safety if successful completion of the IELTS level 7 test were mandated PRIOR to the supervised professional practice programme commencing.

Domain 6 Point 6- most imaging modalities have been individually listed but PET has been omitted. PET is routinely used in Radiation Therapy planning and therefore, if individual modalities are to be listed, should be included.

Domain 6c, element 1

Practitioners should also be able to demonstrate capabilities of clinical mark up for superficial and orthovoltage treatments and an understanding of manual dose calculation methods- this aids in identifying errors in computerised calculations and is also utilised for superficial/orthovoltage treatments.

Feedback on the Supervised practice guidelines

The principles of supervised practice are suitable .

The guidelines adequately describe the responsibilities and requirements of all involved and assessment reporting requirements.

With regard to the responsibilities of the principal supervisor, it appears that this may be a recently qualified (1 year post registration) graduate, supervising a new graduate, or potentially a return to practice applicant. My personal belief is that the principal supervisor should hold a position which is at a higher, classification/remuneration level or responsibility as the supervised practitioner's position. This would ensure adequate knowledge and experience is utilised in the supervision process and enhance patient safety.

Levels of supervision are clearly tailored to diagnostic radiographers and nuclear medicine technologists. These levels of supervision are completely inappropriate for radiation therapists.

Radiation Therapists(RTs) NEVER work completely independently. Doses delivered to patients are potentially life threatening and as such RTs work in pairs at a minimum each checking the other's work ie. there is constant, direct peer supervision, even for fully registered practitioners. With current practice of dose escalation, IGRT and adaptive radiation therapy, very small positional errors may have potentially severe consequences. Significant clinical practice and experience is necessary to recognise these errors and understand the potential risk they pose to the patient. Clinical experience will also affect the quality of the corrective decision making process and outcome. Practitioners without the level of clinical experience required for registration purposes must be directly supervised by more experienced practitioners at all times, until such time they become competent in recognising and understanding consequences of small positional errors etc and are able to problem solve effectively.

Telephone/video/remote supervision is completely unsafe in the radiation therapy context, totally inappropriate and as such should not be permitted for radiation therapists.

Similarly, due to the potential life threatening doses delivered, supervised practitioners should not be permitted to carry out on call and after hours services. In a radiation therapy setting this would be putting patient safety at risk.

Levels of supervision for radiation therapists may potentially be linked with the degree of competence in problem solving and indeed recognition of errors and understanding the clinical consequence of these errors. This would enable progression from level 1 where constant direct supervision is required to level 4 where peer supervision only is considered necessary.

Regards

A handwritten signature in black ink, appearing to read 'J. I. Harris', with a long horizontal flourish underneath.

Jillian Harris
Director Radiation Therapy.