

FEEDBACK SUPERVISED PRACTISE

Where I have utilised the term PDY, please accept reference to NPDP.

a) Number of clinical hours to be completed by recent graduate for general registration
i)three years II)four years

I believe that the current structure for the PDY within NSW to be appropriate for these individuals, as it has been regularly identified that a deficiency in clinical practice leads to greater risk for the patient. Of course if all patients attending all departments were of textbook presentations, then there would be no issue with performing a timely examination for those patients we treat. The issues occur in the real world, when pressure from limited staff, faster turnaround and lack of experience exist. If the course is to be changed to four years, then 6months of the final year must be spent working in clinical placement to enforce those skills learnt within a classroom into appropriate habits. I could ask if there would be any expectation of Medicine to do away with Residency, Intern or Registrar years.

b) Fitness to practice (clinical competence, professional conduct and compliance to regulatory standards) assessed

This can only be assessed through direct observational audit of performance, and for clinical review of outcomes based upon imaging recorded as a result of the examinations.

c) How to achieve consistency in implementation of supervised practice and clinical evaluation

Group workshops to be held for clinical supervisors to meet and review performance standards expected of the student for the level of practice, and specific guidelines on work capability and responses expected.

d) Level / extent supervision – in/direct

A PDY Radiographer will require direct supervision for the first six months, and by definition direct supervision must be no further than the next adjacent room away. Beyond this time period, the graduates begin to settle, but yet continue to require assistance in knowledge of others being present for opinion and direction, more evident with technically challenging presentations. Not all clinical pathologies and the required views can be understood by a graduate without direct experience.

At no point should the PDY undertake solo practice.

e) ratio supervisor/ee

This would depend on the size and number of staff working with the practice. From experience, generally the ratio that has worked has been ten qualified staff members to one PDY radiographer. This has enabled enough of a teaching environment to be present without limiting the PDY to be working limited shift.

f) point and conditions for supervisee to do “on call”

This depends on the level of experience of the individual and their progression to develop appropriate skills required for competent work. Generally from experience, I have not seen satisfactory skill levels until beyond 6 months of employment working all shifts within a large public hospital that presents all mixtures of trauma

and in patient examinations. As such, across other smaller sites, there may be an expectation that with easier caseload the timing should be shorter, but this does not assist in smooth transition of employment beyond full qualification.

g) level of training/ experience of supervisor

PDY coordinator/supervisor – greater than 4 years

Direct supervision – 1:1 with qualified radiographer having 2 years or greater experience

h) Impact of supervised practice requirements on the transition of grads to the workforce

With greater supervision required during the transition into the workplace, the first six months is the time period in which instruction required inhibits fast turnover of patient examinations. It is during this time that the greatest level of resourcing is required to facilitate the direct supervision required. This is difficult to document and/or to measure as the requirements to currently be present for teaching, review of cases and to provide assistance are currently performed within the clinical duties of a more senior radiographer.

i) dis/advantages of implementing and maintaining supervised practice program

Advantages:

Maintainance of professional standards and service quality – patients / clients expect a radiographer to produce diagnostic images with a limited radiation dose (repeats) and to be performing all examinations in a timely yet calm manner (particularly under time of high demand/stress or urgency).

Moving from a small private practice to a full hospital environment given trauma imaging in life threatening cases is seen to be less of a change, and easier to adjust to. Obviously not all graduates want to work in such an environment.

With more timely settled response to high pressure situations, a graduate feels a sense of pride in their own work, and a greater awareness of the needs of the patient to whom we treat.

Disdvantages:

Obviously from worldwide research, there is a greater knowledge and awareness of radiation dose from medical exposure, and in particular, CT examinations. Where supervised practice goes unheeded, or fully recognised a lack of training in some cases, have progressed to medical litigation.

Although providing a safe teaching environment for recent graduates is more than appropriate, this can be very resource intensive to ensure that those graduates have the assistance that they require when and where they are, without delay. In addition, the impact of appropriate and transparent documentation of progress of each individual can be quite time consuming. With an increase in resourcing, there is an increased cost associated and expected. It can be said then, that the private market will not want to provide for this eventuality, given greater expectation on revenue generation.

j) alternative structures of supervised practice that

reduce costs on healthcare and workforce

Increase workforce access and flexibility

Provide consistent, measurable clinical outcomes

Minimised costs can be made through greater retention of staff members to continue the group knowledge and skill base. This in turn facilitates faster turnaround of examinations, and a reduction in the radiation exposures to achieve required examinations. The cost of the individual at PDY rate should not be seen as an expense but as an opportunity to mitigate against lost corporate knowledge, particularly where quality and safety are key features.

I believe that PDY Radiographers should be employed under one year contract, enabling positions for coming years. To perform this, the PDY Radiographers would need to be supernumerary for a site, and thus be available to apply for any permanent positions that are available at the end of the year. If not, then they should be well trained to enter the professional market place worldwide. This in turn would address the issue that is currently being experienced with numerous graduates remaining without positions and with no real opportunities in sight.

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