



Medical Radiation Technologists
Board of Queensland

Medical Radiation Technologists Board of Queensland

ABN: 58 793 286 481

18 January 2012

Neil Hicks
Chair
The Medical Radiation Practice Board of Australia

Dear Mr Hicks

The Medical Radiation Technologists Board of Queensland (MRTBQ) would like to thank the Medical Radiation Practice Board of Australia for the opportunity to comment on the following standards and guidelines:

- Advertising guidelines
- Code of conduct for registered health professionals
- Guidelines for mandatory notification
- Supervised Practice.

The MRTBQ supports the common National Board codes and guidelines as listed above and attached is the submission in response to the Supervised Practice Standard.

Yours sincerely.

John Andersen
Chair
Medical Radiation Technologists Board of Queensland

MEDICAL RADIATION TECHNOLOGISTS BOARD OF QUEENSLAND

RESPONSE TO MEDICAL RADIATION PRACTICE BOARD OF AUSTRALIA PROPOSED REGISTRATION STANDARD SUPERVISED PRACTICE JANUARY 2012

Executive Summary

The Medical Radiation Technologists Board of Queensland (The Board) has had nine years experience (2003-2011) in administering a legislative post graduate development year. The Board manages up to 150 graduates across 108 Medical Imaging, 10 Radiation Therapy and 11 Nuclear Medicine sites statewide. This experience has provided compelling evidence that a comprehensive program that addresses supervised clinical practice, the attainment of stated competencies and includes professional development for graduates in their foundation year, ensures a practitioner who maintains and improves Australia's reputation for providing world class standards of radiography, radiation therapy and nuclear medicine technology. It further ensures that graduates have a supported and monitored entry into the profession and that no graduate is placed in a sole practice situation prematurely.

The management of the Queensland Supervised Practice Program (SPP) is legislated in Queensland under the *Medical Radiation Technologists Registration Act 2001 (the Act)* and the *Medical Radiation Technologists Registration Regulation 2002 (the Regulation)*. The period of the SPP is 48 weeks (*The Regulation s14*)

Important elements of the supervised or foundation year include approved training programs, appropriate supervision and a formalized site accreditation process which includes assessment for satisfactory equipment levels and professional development opportunities. These elements are prescribed in the *Regulation*. Employers, as in other models, (e.g. the ANZSNM PDY) may need to share costs of site accreditation. Achievement of necessary competencies for some graduates may involve rotation to a number of sites.

Surveys have been conducted on an annual basis by the Board to assess the effectiveness of the program and modifications have been implemented over the nine year period to ensure continuous quality improvements. Graduate responses to surveys are included as Appendix A. Typical response "*Graduates are monitored to ensure they are competent radiographers and are slowly eased into shift work and on call so as not to be thrown in the deep end.*"

Sufficient evidence has been collected to confirm that a supervised practice program if appropriately resourced, comprehensively implemented and monitored, provides the graduate with an enhanced entry to the clinical elements of their profession and provides a foundation for continuous professional development. This has demonstrated an improved public safety benefit and an enhancement to the individual's career and widespread benefits for the profession.

A. Introduction

The Medical Radiation Technologists Board of Queensland (MRTBQ) is in the unique and some might argue fortunate, if somewhat challenging, position to have had nine years experience in managing a legislated professional development year (PDY) for radiographers, radiation therapists and nuclear medicine technologists. The legislation of *the Act* determines that a program of supervised clinical practice, professional development and competency assessment are mandated by specific regulations. The legal title of this program is the Supervised Practice Program (SPP). Similar programs in medicine, psychology and pharmacy, albeit with individual variations and described as a 'clinical apprenticeship'¹, are currently managed under the National Registration Act.

The national medical model, like the SPP for medical radiations in Queensland, is site specific.

The SPP/PDY for Medical Radiation Practitioners in Queensland commenced in 2003 subsequent to the introduction of *the Act* in 2002. The content of the SPP was modeled on the Australian Institute of Radiography's (AIR) PDY during the formative years of the proposed legislation in 1999, 2000 and 2001. Queensland State AIR and Australian and New Zealand Society of Nuclear Medicine (ANZSNM) officials were the architects of the Qld Act and its regulations in relation to the SPP.

To administer the SPP, the Board has established a Supervised Practice Program Committee (SPPC) with a Professional Adviser (PA) who manages the program as part of her duties.

The members of the SPPC are practitioners who represent the three professions regulated by the Board, i.e. medical imaging, radiation therapy and nuclear medicine technology. The role of this committee is to develop processes and policies to effectively meet the Board's legislative responsibilities in relation to the SPP. It is a sub-committee of the MRTBQ and as such reports to it. The Chair of the SPP must be a member of the MRTBQ.

The PA reports to the SPPC and the role includes:

- Development of policy for the Board and SPPC;
- Giving professional advice to both the Board and the SPPC;
- Monitoring the SPP; and
- Giving advice to registrants, especially supervisors and probationary registrants, on the conduct of the SPP.

Until the implementation of the National Professional Development Program (NPDP) by the Australian Institute of Radiography, the Board also actively engaged with the AIR through a Joint AIR/MRTBQ sub-committee. This committee was formed after the Board instigated consultation between the AIR and itself in 2006. The role of this committee was:

¹ National Training and Assessment Guidelines for Junior Medical Doctors PGY1 and 2.
www.health.gov.au/workforce/ accessed January 2012

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- To develop policies and procedures relating to the conduct of the Supervised Practice Program and Professional Development Year with regard to progress (24 week) and final (48 week) reports for Probationary Registrants and Professional Development Year Graduates. Some of the work of this sub-committee included
 - i. Developing common report forms for progress (24 week) and final (48 week) reports;
 - ii. Developing guidelines for dispatch of report forms to all Probationary Registrants/Professional Development Year Graduates within time frames agreed for submission of progress (24 week) and final (48 week) reports;
 - iii. Evaluating progress (24 week) and final (48 week) reports; and
 - iv. Making recommendations to the Board of the Australian Institute of Radiography and to the Medical Radiation Technologists Board regarding reports.

Duplication of process in the SPP/PDY had been minimised by the work of this committee. This had been favourably commented on by members of the medical radiation technology profession in Queensland, particularly the supervisors of graduates. A partnership program with the regulatory authority, as was the case in Queensland, may provide cost effective benefits. This model is also utilised by the Pharmacy profession, whereby the intern programs are accredited by the APC (Australian Pharmacy Council) and approved by the Pharmacy Board of Australia (PBA) and run by a number of professional associations. The PBA manages their supervised practice through a network of state based professional advisers situated in the AHPRA offices.

The program, competencies and assessment proforma undertaken by Nuclear Medicine Technology graduates in Queensland were developed collaboratively by the ANZSNM and MRTBQ. The graduates, supervisors and practices however must fully comply with the requirements of the legislation, as monitored by the Board. This is a model which could be considered by the National Board.

The Board bases its comments on its experience and evidence that a graduate, on completion of the period of supervised practice/PDY, will be competent to practice in a sole practice environment with no support. The achievement of these competencies, which are defined by regulation, may necessitate the probationary registrant being rotated to a number of sites if the primary site does not provide all competencies. These rotations are accepted by the medical radiation practitioner community and managed by the Board.

The Board by dint of its experience in managing a supervised practice program has noted that three key elements are required for the completion of a successful program, namely the site, the program and the supervision. The approving body must have an accreditation process which clearly states the outcomes and facilities required and the process for monitoring and auditing the site against the prescribed standards and criteria. A supportive quality improvement process such as that carried out by the MRTBQ has assisted the practices to achieve improvements and develop robust training programs.

The site must demonstrate that it has the equipment, the staffing to support the approved graduate/supervisor ratio and the examinations required to fulfill the competencies/outcomes in sufficient number. It must also demonstrate that a professional development process in place to support the graduates.

Sites can be approved for a number of years, e.g. 4 years with an audit program during this time. Any changes in the site need to be notified to the accrediting body. Sites can also have status of approval with conditions. These conditions can mandate the inclusion of satellite or other sites required to fulfill the competencies required, or to meet other specific deficiencies identified in the program. Sites with conditions will be monitored and supported to bring about compliance with the conditions required.

The program should include a comprehensive outline as to how the competencies required by the accrediting body are to be achieved in the development year. Fulfillment of these outcomes can be monitored by audit in conjunction with the site accreditation process and exit surveys of graduates. Programs should be submitted on a yearly basis by the accredited practice.

Currently the Board and the Professional Advisor manage up to 150 graduates across 108 Medical Imaging, 10 Radiation Therapy and 11 Nuclear Medicine sites statewide. The number of graduates in the program is likely to increase in 2012 due to Board approval of additional sites.

In the nine years since it became a mandatory component of the MRT(Q) Registration Act of 2002, the program has had considerable rigor implemented associated with site accreditation, monitoring of individual graduates' achievement of stated competencies, supervisor communication, progress and final report assessments.

Sufficient evidence has been collected to confirm that a supervised practice program if appropriately resourced, comprehensively implemented and monitored, provides the graduate with an enhanced entry to the clinical and social elements of their profession and provides a foundation for continuous professional development. It should enrich the individual's career path and provide benefits to both safety of the public and the standard of practice of the professions.

MRPBA Specific Feedback

a. The number of clinical practice hours required to be completed by a recent graduate for the purposes of general registration from

Supervised practice is the transition for a graduate from the potential to perform the competencies required during the undergraduate process to demonstrating actual skills under workplace conditions, with a variety of patient types e.g. paediatric and elderly patients, trauma etc.

1. A three year course of study

The Board has a requirement for 1824 hours FTE of supervised clinical practice. It has been the Board's experience that this amount of practice is required to fulfill the competencies and other professional requirements in order to be considered fit for general registration. General registration has the requirement that independent practice can be assured as both Medical Imaging and Nuclear Medicine Technologists are required to work in sole practice environments. The risks of reducing the minimum period are that the safety of the public will be threatened and the graduates will suffer by a lowering of competency standards. This in turn could produce legal risks.

2. A four year course of study

The Board currently has had no applications from graduates of four year courses, however it would need to ensure that these graduates have the required professional and ethical attributes to assume independent practice. An examination of the course content could lead to a requirement for these graduates to undergo a period of supervised practice. The Board notes that all nuclear medicine technology graduates are required by the Australian and New Zealand Society for Nuclear Medicine to undertake a full professional development year prior to being granted accreditation by that society.²

b. How fitness to practice (clinical competence, professional conduct and compliance with regulatory standards) should be assessed during supervised practice.

The Board has carried out a regime of adherence with the requirements laid down in the legislation by:

- Annual submission of a program for each practice outlining the way the practice will fulfill the legislative requirements for the competencies, professional development, staffing, equipment and supervisors.

² http://www.anzsnm.org.au/servlet/NM?page=5&name=Accreditation_Home#PDY

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- A monitoring and audit policy for new and existing practices. Practices which do not adhere to the legislative requirements for any of the requirements listed above are given the opportunity to rectify including advice on how to achieve compliance. Should the practice fail to comply a 'suitability show cause notice' is issued. Failure to satisfy the Board's standards can lead to the practice being considered not a suitable place for the conduct of the program. The MRTBQ has a audit policy which can be supplied on request.
- Progress and final reports are required to be completed by both the registrant and supervisor. A number of key indicators have to be fulfilled in order to comply with competency. Supervisors are required to contact the Professional Adviser if a graduate is failing to progress satisfactorily within the program. Should this be so, a program of remediation, discussed with both the graduate and supervisor, is implemented. This maintains a high standard within the SPP and satisfies one of the objects of the Act, which is *to protect the public by ensuring health care is delivered by registrants in a professional, safe and competent way.*
- The Board carries out training workshops for supervisors, particularly in the areas of feedback and assessment. The Board would advocate that a nationally accredited training program for supervisors is implemented as a requirement for eligibility to be supervisor in the program.

This regime has proved effective in maintaining a high standard and compliance with the legislative requirements. However where remediation has failed to rectify either competency or professional conduct issues, registrations have been cancelled in the interests of protecting the public.

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

- Clear statement of standards including the core competencies and clinical skills with objectives and outcomes
- Assessment forms which reflect the program requirements;
- Regular review of assessment forms and survey/consultation with supervisors;
- On going accreditation of supervisors and review of supervision requirements; **and**
- Open communication between the professional adviser, supervisors and probationary registrants.

d. The level or extent of supervision for provisional registrants – i.e. direct supervision and indirect supervision.

The supervision program is a phased entry to the profession. The very title of the standard proposed by the board includes the word supervised. On completion of this program, the practitioner, having fulfilled the requirements, is granted general registration and is considered an independent practitioner and able to work as a sole practitioner. The definition of direct and indirect supervision needs to be clearly defined.

Supervision should be commensurate with the knowledge and experience that the graduate demonstrates.

Direct supervision implies that the supervisor must be present and observe the graduate's practice at all times. This is the model that is, and should, be used for student supervision. Whilst this supervision would be required during an orientation period for each of the clinical competencies that need to be achieved, it would not be warranted for the full length of a supervision program. The supervisor/s need to be present within the practice or department and available to support and advise the registrant as required. The supervisor must be available to recognise and remedy a situation which may compromise patient safety.

This level of supervision would preclude the graduate initially carrying out on call, shift work or any other form of sole practice.

As the goal of a supervised practice program is independent practice, the graduate needs to have reached a level of competence prescribed by the Board in order for them to do so. As their program progresses, the graduate needs to demonstrate and build their levels of skills and competence in the practice. With the increased levels of confidence that comes with increasing skill, they can then work in an environment where the supervision could be less direct. The supervisor, however, must sign off on the capacity of the graduate to work with less direct supervision and therefore be able to undertake shift work and on call.

The supervisor may not be on site but must be available to support and give advice when required or requested by the graduate. The supervisor must thus be available to give this support and advice directly, i.e. come into the practice.

e. What ratio, if any, should exist between supervising practitioners and those practitioners being supervised?

The supervision ratios of graduates to qualified staff need to be mandated and monitored. Supervision should be moderated during the development year as the graduates progress, within defined boundaries, from direct initial supervision to supported autonomy towards the end of the program.

There should be at least 2 supervisors who have been approved or accredited by the Board to each graduate. A lesser ratio would mean that the graduate could be left in sole practice situations during breaks, early shifts, sick leave etc. Currently in the Queensland SPP for Radiation Therapy graduates, 3 supervisors per graduate are required.

f. At what point, and under what conditions, is it appropriate for a practitioner being supervised to undertake on call duties?

When a prescribed level of competence, as assessed and signed off by an accredited supervisor, is obtained by the graduate, on call duties in order to assist the progress to independent

practice discussed above can be undertaken. However a supervisor must be available for advice and support.

The rationale is that this prepares the graduate for independent practice by giving the graduates a full understanding of the imaging requirements during out of hours situations. This supported autonomy provided during the graduate year will prepare the probationary registrants for many contingencies.

Monitoring of the program is essential in these circumstances

g. The level of training or experience required of a supervising practitioner

Clinical supervisors will need training that is appropriate to the needs of adult learners which includes assessment, feedback and communication skills. They are required to critically evaluate the knowledge, skills and clinical judgment of graduate staff and develop education plans to improve the clinical practice of graduates. Educators need to facilitate mentorship and on the job training for clinical staff who supervise graduates in the workplace.

Consideration of establishing an accredited training program, such as the Supervisor Training and Accreditation Program (STAP) for psychology supervisors in Queensland is overdue. This should be developed on a national level with input from the relevant stakeholders, and would support a national, structured, graduate program model. A Certificate IV in workplace training has been undertaken by some clinical educators at the commencement of their clinical education roles. This is a desirable qualification and may be used to develop the required infrastructure for appropriate training.

The supervisor has the training and education responsibility for the graduate and carries out the periodic assessments. In the main however the supervision is not done by the educational supervisor or educator, as they are often in a facilitation role. The supervision is carried out by the health professionals 'on the floor'. These health professionals have a varied skills mix. Support for these professionals is now recognised to be important. Support can take the form of 'train the trainer', 'supervision on the run', the RT Enhancing Clinical Skills program and similar initiatives

The supervisor who carries out the assessment and is directly responsible should have undertaken a training course approved by the Board, and have at least 3 years experience in the relevant profession, not including the graduate year. It would be preferable for other supervisors to have undertaken the training course, but is not mandatory if they are not undertaking assessment. These supervisors should preferably have 2 years experience in the relevant profession, not including the graduate year

Queensland Health issued a Ministerial Taskforce Clinical and Education and Training report in March 2007 which recommends that:

‘Supervision Training Packages that are to be developed for allied and oral health should be managed as a strategy with in the overall clinical education and training framework’.

h. The impact of supervised practice requirements on the transition of graduates into the workforce

The purpose of a supervised program is to ensure that the graduate at its completion is able to fulfill the requirements of general registration. The objective of registration is *to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered*. As described above the supervision program mediates the graduate into the profession. Supervised clinical practice enables the graduate to apply the competency and knowledge, that was gained at undergraduate level and acquire the knowledge, skills and aptitude that is required to perform independently in the workplace.

Performance can be viewed as a product of the application of competence. The level of performance, i.e. the knowledge, skills and aptitude required is the standard set by the Board. Competent practitioners must have a number of attributes to be able to practice professionally, including an ability to communicate effectively, to have problem solving skills and have the professional and ethical attitudes which enable the exercise of judgment and the acceptance of responsibility and accountability. These attributes underpin every aspect of professional performance.

i. The advantages and disadvantages of implementing and maintaining a supervised practice program

Advantages

The advantages of an appropriately resourced, comprehensively implemented and monitored supervised practice program have been stated in the introduction and executive summary. However such a program ensures that graduates attain the professional and clinical competencies for general registration in a monitored and supervised environment. Advantages include but are not limited to:

- Protection of the public
- Attainment of a high standard of patient care
- Consistent outcome due to graduates being assessed against competency standards
- Consistent outcome due to practices being assessed against an accreditation standard
- Supervision by approved supervisor/s
- Consolidation of skills
- Graduates being enable to undertake sole practice
- Provision of a safety net for graduates which then enables them to develop skills required for independent practice.

j. Alternate structures of supervised practice that address:

1. reducing costs on healthcare and workforce

Costs and standards are not interchangeable. Reducing costs is not a guiding principle or objective of health practitioner registration.

2. Increase workforce access and flexibility

A standard national program would produce independent graduates with known skills, knowledge and aptitude.

3. Provide consistent, measurable clinical outcomes

A program that is reviewed, with practices, supervisors and graduates who are assessed, audited and monitored, will provide the consistency of outcome required to produce registrants who attain the required standard for general registration who can practice independently but safely and who has acquired patient focused attitudes and a high degree of professionalism.

Appendix A

The Board has carried out a number of exit surveys of graduates on completion of the supervised practice program. The graduates are questioned on aspects of the program. A sample of 2007 and 2008 Post PDY/SPP individual responses follows which would indicate that graduates have various expectations including support, a wide range of skills, a learning opportunity, qualified supervisors and a gradual introduction to the profession.

Q. 'What do you see as the strengths of the Supervised Practice Program?'

- It was good to have continual support from colleagues and various Boards throughout the year and not being dropped in the deep end
- Obtaining a wide range of skills
- It forces a certain level of time in the basic areas, which is what is required to become independent and confident
- A years grace where all staff are aware that you are learning therefore an opportunity to practice
- Ensuring that all the PDYs receive the same adequate training in their first year of radiography
- Having experienced staff willing to teach. Having areas in which competencies must be gained, not left unsupervised and doing most of the work
- It ensures that the participant is competent in all areas and doesn't get stuck with the same workload – guarantees continual learning
- Structured outline of what needs to be fulfilled
- Initiation into the workforce at a steady rate to allow for development
- To fulfill a variety of procedures in order to gain experience and competency, to have somebody to call upon if required.
- Confidence building
- It enables graduates to be 'eased into' the profession with slow reductions to supervision
- It gives you a period in your career when you can have consistent supervision and or support in your everyday workplace. It helps to boost your confidence and doesn't throw you in the deep end
- The accountability established between supervisor and graduate radiographer
- Diverse skill range is achieved by the PDY. The SPP facilitates this.
- Nurtured development
- It helps me monitor my progress
- That it strives to ensure a certain level of competence is attained by registrants
- Support and guidance by experienced radiographers to help me meet the required competencies and to work independently and as part of a team.
- In a public facility i.e. teaching hospital, the staff supporting the PDYs are the major strength.
- A chance to improve skills before having full responsibility.



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- Ensuring the graduates meet certain competencies is a must to ensure the professionalism and respect is maintained.
- Support is there if you need it; provides good learning environment (i.e. rules about no. of supervisors mean that your company can't force you to work weekends alone)
- Good direction and outline of that is to be expected.
- Graduates are monitored to ensure they are competent radiographers and are slowly eased into shift work so as not be thrown in the deep end.
- Being rotated to different practices throughout the year exposes us to various cases. Enables us to learn more and test our skills
- In comparison to the procedures in NZ the SPP takes a lot of pressure off during the degree, as the SPP and degree are combined in 3 years in NZ it makes the 3 years very stressful and demanding.
- Organised PDY program including seminars etc. Supervisor was very helpful
- The experience gained from working full time.
- It provided guidelines for a wide range of experience in the PDY.
- The dynamic learning environment that provided many changing clinical situations
- Being able to be rostered to a variety of areas, staff are accommodating & good at teaching explaining and helping i.e. not expected to be able to do everything, on own, immediately.
- Develop real world skills under supervision
- Having competencies set
- Able to develop professionally while under the guidance of more experienced staff.