



HEALTH SERVICES UNION RESPONSE TO MRPBA: PROPOSED SUPERVISED PRACTICE GUIDELINES FOR MEDICAL RADIATION PRACTICE – 22 July 2013

The Health Services Union recognises that the governance of the issues relevant to the eligibility of individuals for registration in the medical radiation practice professions now falls under the MRPBA (Section 62 of the Health Practitioner Regulation National Law).

Background

Bachelor level courses (UG1) for the medical radiation practice professions were introduced in the 1980s. The Union, working with the AIR, the ANZSNM, the universities and the employers, included classifications for Intern or PDY practitioners in the Award (or Enterprise Agreements).

A year of supervised practice was regarded as necessary with the move from Diploma level courses to achieve UG1 status in the universities at that time. UG1 Academic courses required a specific amount of time (in hours) to meet academic requirements. This time requirement resulted in a significant reduction in clinical placement time contained within the three-year course. The aforementioned bodies recognised the importance of supervised practice and concluded that it would be necessary to make up this shortfall in clinical placement supervised practice within the academic course with a one-year internship. This arrangement has been working satisfactorily for nearly 30 years in some states, with full support from employers, the professional bodies and the Union. In 2011 the Australian Institute of Radiography introduced the National Professional Development Program (NPDP). For the purposes of this submission we recognise that NPDP practitioners are also known as Interns or Professional Development Year (PDY) practitioners.

No evidence has been submitted to indicate that these arrangements have not been satisfactory. The Union notes that the professional bodies regularly review these arrangements and make changes and modifications to reflect best-practice regarding professional practice learning. The Union is consulted to ensure that Award (or Enterprise Agreement) requirements are met.



Principles of Supervision

As indicated in the Background information, the Union has concerns that no evidence has been submitted that the current model of Supervision has not been adequate. Given the evolution of the current program the Union has concerns that these proposed changes will dilute the level of supervision necessary to achieve satisfactory outcomes. For example, in the Summary the use of the term “may be” should be replaced with “will be” such that: “Practitioners with provisional registration, or with conditions on their registration, **will be** required to work under supervision.”

Levels of Supervision

The Union does not agree with the proposed levels of supervision. We acknowledge that there will be a progression of gradual independence of the supervised practitioner throughout their NPDP year but we have serious concerns about the proposed levels.

Level 2 states that the “supervisor must be physically present at the workplace for the **majority** of the time when the supervised practitioner is providing clinical care”. This implies that the supervised practitioner will be practicing at times completely unsupervised and possible even remotely. This is unacceptable.

Level 3 indicates that the supervised practitioner will be working fully independently “provided a supervisor is contactable by telephone”. This does not constitute supervision in a clinical environment.

Level 4 states that “The supervised practitioner takes full responsibility for their practice”. This is disregarding the fact that these practitioners are only registered provisionally and that the ultimate responsibility for their work will still remain with the supervisor. It reduces the supervision to “available for consultation” and “periodic reviews”. This is not adequate supervision.

It is often the case that the type of patient or examination that is encountered on-call or out-of-hours is complex and difficult, hence the immediacy requiring them being undertaken out-of-hours. This is an inappropriate setting for the supervised practitioner to be operating unsupervised or remotely.

The supervisor will still be responsible for patient care, delivery of the procedure and the resultant standard of examination or treatment. As such, they will be responsible for any errors and/or any cases of litigation that may occur. As the supervisor bears responsibility they need to be supervising in a real capacity that gives them genuine input and oversight of the procedure.



Radiation protection is a very important consideration and medical radiation practitioners take their responsibilities seriously. The potential for incorrect or over-exposure of a patient to radiation is a significant risk and the liability will still ultimately lie with the supervisor.

There are many levels that mistakes, oversights or shortcomings can occur in the performance of duties. These can include equipment damage, maladministration of patient care, incorrect processing of data or even simply incorrect patient identification. For the supervisor to take responsibility they must be in attendance and have the capacity to have input or oversight of these processes.

Supervisor

The MRPBA has a responsibility to encourage, support and promote registered medical radiation practitioners to develop their capabilities, skills, knowledge and understanding of clinical supervision. All supervisors should have access to adequate training as part of their professional development. There is a strong case for more clinical educators and tutors to help meet the demands of supervision.

As the burden of training and supervision extends beyond supervision of the NPDP practitioners to include students, consideration of a limiting ratio between supervisor to supervised should be considered. This should be kept low to ensure the quality of the supervision can be maintained. New graduates should be excluded from being supervisors.

Conclusion

As it currently stands, the *Supervised Practice Guidelines* are unacceptable to the Health Professionals Union.