

Consultation Paper

14 February 2013

Draft *Supervised practice registration standard*

About this consultation

The Medical Radiation Board of Australia (National Board) is releasing the draft of the *Supervised practice registration standard* for consultation and invites comments and feedback from interested parties. The draft standard is found at **Attachment A**.

The National Board has powers under the National Law¹ to develop and recommend registration standards to the Australian Health Workforce Ministerial Council (the Ministerial Council) about issues relevant to the eligibility of individuals for registration in the medical radiation practice professions.

The National Law requires the National Board to undertake wide-ranging consultation on the content of proposed registration standards.

At the completion of consultation on the content of this draft registration standard, the National Board will consider the feedback received (in the context of its legal obligations of the National Law), and recommend a registration standard to the Ministerial Council.

¹ Section 38 of the Health Practitioner Regulation National Law, as in force in each state and territory

Background

Under section 62 of the National Law, the National Board may grant provisional registration to a practitioner who holds an approved qualification or a qualification it considers substantially equivalent, to be eligible for general registration following the completion of a period of supervised practice.

In addition, as required by section 38 of the National Law, the National Board has developed a *Recency of practice registration standard*, which states that supervised practice is a possible condition of registration.

The National Board released a consultation paper on a proposed registration standard for supervised practice on 22 November 2011. Public consultation occurred over an eight week period that concluded on 19 January 2012. Thirty submissions were received in which stakeholders identified the need for a supervised practice standard to be a high priority. The submissions, which can be found on the National Board's website under the [News > Past consultations](#) link, have informed the development of this draft registration standard as well as the draft *Provisional registration guideline* that is also out for consultation.

The National Board recommends the draft *Provisional registration guideline* consultation paper be read in conjunction with this consultation paper. It is published on the website under [News > Current consultations](#).

The National Board is interested in comments from a wide range of stakeholders and invites written submissions.

Summary of issue

Purpose of the proposal

This consultation paper has been developed under the requirements of the National Law. The National Law empowers National Boards to develop registration standards for Ministerial Council approval.

The purpose of this draft registration standard is to specify the National Board's requirements for supervised practice.

In certain circumstances, supervised practice forms a significant part of the professional education and development of practitioners. It also forms a mechanism for remediation of otherwise qualified practitioners. By introducing this standard, the National Board aims to clarify the circumstances under which it requires a practitioner to undertake a program of supervised practice.

The proposed standard identifies eligible practitioners as follows:

- a. provisional registrants
- b. practitioners with conditions on their registration requiring a program of supervised practice
- c. practitioners returning to practice in accordance with the National Board's *Recency of practice registration standard*
- d. practitioners holding limited registration for postgraduate training or supervised practice, and
- e. practitioners holding qualifications obtained overseas.

The interaction of this draft *Supervised practice registration standard* with the draft *Provisional registration guideline*

In addition to this draft *Supervised practice registration standard*, the National Board has developed a draft *Provisional registration guideline*.

During the public consultation on proposals for supervised practice undertaken by the National Board from 22 November 2011 to 19 January 2012, the feedback received supported the development of a supervised practice registration standard. The consultation also highlighted the direct link between provisional registration and supervised practice for graduates of certain programs of study. For this reason, in addition to this *Supervised practice registration standard* the National Board has developed a complementary *Provisional registration guideline*.

Provisional registration under the National Law is specifically for the purpose of enabling a practitioner holding an approved qualification to be eligible for general registration following the completion of a period of supervised practice. The draft *Provisional registration guideline* articulates the scope and requirements of provisional registration and establishes the link between provisional registration and this draft *Supervised practice registration standard*.

There are also other occasions where the National Board may impose a requirement for a practitioner who holds general registration to undertake a program of supervised practice. These are specified in this draft standard.

The National Board has considered the benefit of developing this standard and a complementary *Provisional registration guideline*, as it allows for practitioners to satisfy the requirements of supervised practice regardless of their registration category, whilst retaining the specific requirement for provisional registration practitioners to undertake supervised practice, as per section 62 of the National Law.

The National Board recommends the draft *Provisional registration guideline* consultation paper be read in conjunction with this consultation paper.

Options statement

The National Board has considered a number of options in developing this proposal.

Option one – Maintain 'as is'

Option one would be to continue with the existing arrangements, which are not currently supported by a registration standard under the National Law. In the existing arrangements, the following practitioners need to undertake supervised practice:

- graduates of three year undergraduate programs,
- some two year post graduate programs identified by the National Board, and
- other practitioners identified by the National Board who must undertake supervised practice prior to being eligible for general registration without conditions.

Currently, a practitioner may be required to undertake supervised practice if he/she is a graduate of an approved three year program of study or a graduate entry Masters program where the clinical training within that course is not considered sufficient to meet the requirements of general registration. This is in keeping with the historic views for the profession. Additionally, it may be applicable to practitioners seeking registration who have trained overseas but do not have sufficient exposure to clinical practice or clinical practice within the context of the Australian healthcare environment.

Supervised practice arrangements may also be imposed by the National Board when a practitioner is returning to practice, or as a result of a notification. These conditions are currently imposed without the benefit of a registration standard.

Section 83 of the National Law enables the National Board to impose conditions on a practitioner at the time of registration where the Board considers it necessary to do so. When those conditions relate to supervised practice, as indicated above, there is currently a lack of clarity for the practitioners and the public of the Board's requirements. The absence of an approved registration standard creates

ambiguity about what level of clinical training is required by the National Board for meeting general registration without conditions.

For these reasons the National Board considers that maintaining arrangements 'as is' does not provide the degree of transparency and fairness required under the National Law.

Option two - Develop an approved guideline providing advice on supervised practice

Option two proposes to provide guidance to practitioners through the development of a *Guideline on supervised practice* – rather than setting out the requirements in a registration standard.

Historically, supervised practice has been used to ensure a minimum level of clinical competence considered essential for safe independent practice. Since the introduction of three year Bachelor level courses for medical radiation practitioners in the early 1990s, graduate practitioners have been undertaking a program of professional development or 'internship' to meet the membership requirements of the professional associations.

In 1986, the initial three year Bachelor level course commenced in Victoria. The Victorian Intern Program was developed by the Victorian Branch of the Australian Institute of Radiography, in conjunction with this Bachelor level course to ensure that the graduate develop sufficient clinical skills to be able to practice safely as an independent practitioner

In addition, supervised practice has been used by the profession to ensure clinical competence of overseas trained practitioners when their standards and expectations may differ from those in the Australian healthcare environment. Supervised practice is also used to support a practitioner's return to practice and the remediation of otherwise qualified practitioners who have had conditions imposed on their registration.

Guidelines provide much of the practical guidance, detail and context for requirements, but importantly their function is primarily advisory in nature. Guidelines do not establish nor specify threshold registration requirements. For this reason the National Board considers that guidelines, in the absence of an overarching registration standard, would be insufficient to authoritatively specify the relationship between supervised practice and registration.

Option three - Develop a registration standard identifying requirements for supervised practice

The National Board has developed a draft *Supervised practice registration standard* in accordance with section 38 of the National Law, as it is directly relevant to the eligibility of individuals for registration in the profession.

This draft standard applies to practitioners who hold an approved qualification, or a qualification the National Board considers substantially equivalent, to be eligible for general registration following the completion of a period of supervised practice. By creating the standard, the National Board is articulating the professional requirements for a minimum level of clinical competence to ensure safe independent practice by newly qualified practitioners.

In addition, the National Board proposes to specify the conditions for using supervised practice to: ensure the clinical competence of overseas trained practitioners; to support a practitioner's return to practice; and the remediation of otherwise qualified practitioners who have had conditions imposed on their registration.

The proposed standard identifies eligible practitioners as follows:

- a. provisional registrants
- b. practitioners with conditions requiring a program of supervised practice

- c. practitioners returning to practice in accordance with the National Board's *Recency of practice standard*
- d. practitioners holding limited registration for postgraduate training or supervised practice, and
- e. practitioners holding qualifications obtained overseas.

The standard will be supported by comprehensive guidelines on the implementation of supervised practice, including participation in the supervised practice program for recent graduates and advice on the implementation of supervised practice for practitioners requiring a program of supervised practice to be qualified for general registration without conditions.

This standard reflects current practice and recognises that the demonstration of capability combined with a period of consolidation is required for a practitioner to practice in a safe, competent and ethical manner.

We contend that supervised practice is the professional requirement for competency and emphasis should be placed on a period of consolidation is required for a practitioner to practice in a safe, competent and ethical manner and is paramount to both the safety and confidence of the public.

For the reasons provided above, the National Board considers this a feasible option.

Preferred option

The preferred option of the Medical Radiation Practice Board of Australia is Option three.

Issues for discussion

The clinical capabilities of practitioners are of paramount importance for their capacity to undertake safe independent practice.

We would agree with this statement and believe that no graduate should practice without supervision upon completion of a Bachelor level MRS course. Placing no supervision conditions upon graduates of a Bachelor level MRS course, which leads to potentially solo practice would place both the public and the practitioner in a vulnerable position.

The National Board therefore seeks to clarify the circumstances under which it requires a practitioner to undertake a program of supervised practice.

Prior to medical radiation practitioners joining the National Scheme on 1 July 2012, in order for a practitioner to be granted general registration (or in the case of states or territories without a registration scheme, gain general membership of a professional association) a practitioner must have completed sufficient clinical training in a program of study or be assessed as meeting specific competency requirements. When a practitioner had not completed the practical training requirements for general registration or general membership, that practitioner was classed as a 'provisional practitioner'.

Entry level medical radiation science courses have varying amounts of embedded clinical training. By creating this draft standard, the National Board is articulating the professional requirements for a

minimum level of clinical competence to ensure safe independent practice by newly graduated practitioners.

We believe that if the Board decide this is in the entry level course, they then can deem supervised practice unnecessary. This applies in particular to all four year Bachelor level MRS courses in Australia.

This standard requires practitioners who have qualified in courses identified as requiring a program of supervised practice to be supervised under arrangements approved by the National Board.

We believe that to ensure confidence of all stakeholders in this process, the National Board need to clarify the arrangements for a program of supervised practice in an abbreviated timeframe.

It is envisaged that this standard will clarify the pathways to qualify as a medical radiation practitioner for graduates of three year courses of study and post-graduate courses. It will also support the return to practice of practitioners and will enable practitioners who have had conditions imposed on their registration to undertake a program of supervised practice to complete eligibility requirements for general registration.

It is not intended to include graduates of four year courses of study in the scope of this standard.

We believe that the implication here is that a four year Bachelor Level MRS course will have sufficient supervised clinical practice embedded in it to satisfy the standard. However, there is an acknowledged significant variance in the amount and type of SPP embedded within these courses.

The National Board cannot generalise over both the breadth and depth of clinical capabilities and competence of all four year under-graduate MRS courses. The statement is inconsistent with all of the concepts regarding safe competent and ethical practice for new graduates.

The National Board has already moved in this direction of including graduates of four year courses of study in the scope of this standard.

“As stated in the Board’s Communique of 9 November 2012, the arrangements for graduates of the University of South Australia Bachelor of Medical Radiation Science (Nuclear Medicine), a **(four year Bachelor level)** program of study will remain in place until the program is assessed against accreditation standards to be developed by the Board’s Accreditation Committee.”

We believe that the National Board’s action on this matter now requires them to include graduates of four year courses of study in the scope of this standard.

We are of the belief that this would be an indication of a prudent course of action, and the same scrutiny be applied to other four year under-graduate MRS courses, particularly those courses that have not as yet produced a graduate.

The National Board undertook a public consultation from 22 November 2011 to 19 January 2012 to elicit stakeholder views on the need for a supervised practice registration standard. The feedback received showed that stakeholders considered the development of a standard to be a high priority for the National Board.

There were differing views on the scope of application of the standard, with a number of respondents proposing all graduates should be required to undertake a program of supervised practice, regardless of the extent of clinical training undertaken within their course. Other stakeholders considered the current arrangements of supervised practice being undertaken by graduates of three year degree programs and some two year graduate entry masters programs to be a more appropriate option.

A number of respondents to the previous public consultation also recommended the use of a competency based assessment to demonstrate an individual's ability to meet the fitness to practice requirements and therefore the National Board's registration standards. While the current programs of supervised practice have embedded varying degrees of demonstration of competence, the National Board has considered the issues identified by respondents and seeks feedback on the need to demonstrate capability and a fitness to practice as the measure for registration.

During the consultation, the direct link between provisional registration and supervised practice for graduates of certain programs of study was highlighted. For this reason, the National Board has developed a *Provisional registration guideline* in addition to this standard.

In developing this draft registration standard, the National Board is also reflecting practices prior to the commencement of the National Scheme and is maintaining consistency with the expectations of the community, education providers and the profession.

Potential benefits and costs of proposal

It is widely accepted that clinical training and/or a period of supervised practice is necessary to translate theoretical learning into 'hands on' clinical practice. It is also acknowledged that practitioners may on occasions require supervised practice following a significant break or when remediation is appropriate.

The supervised practice registration standard clearly specifies the conditions or categories of registration for which the National Board may require a level of supervised practice.

This will provide the opportunity for qualified practitioners to achieve the clinical capability consistent with the expectations of consumers, education providers and the profession requirements for eligibility for general registration.

We contend that clinical representatives in the area of MRS training are key stakeholders. Representatives such as managers, clinical educators, tutors and supervisors along with the profession, have vital roles to play in the area of clinical capability.

We also note that there have traditionally been varied approaches to clinical training at a State level, to implement a high standard of clinical capability to ensure safe independent practice.

The standard reflects current practice and recognises that the demonstration of capability combined with a period of consolidation is required for a practitioner to practice in a safe, competent and ethical manner.

We believe that to ensure confidence of all stakeholders in this process, the National Board need to clarify this standard which recognises that the demonstration of capability combined with a period of consolidation is required for a practitioner to practice in a safe, competent and ethical manner.

As the draft supervised practice registration standard clarifies requirements of the National Board, rather than significantly changing the actual requirements for supervised practice, it is envisaged there will be minor impact on eligible registrants. The introduction of this proposed registration standard is intended to support the current processes and provide clarity to the requirements of the National Board. If approved, the standard will take effect from 1 November 2013.

The National Board has included an exemption clause that allows it to exempt a practitioner from the requirements of the registration standard, when it is in the public interest to do so.

We note with concern, an exemption clause that allows the exemption of a practitioner from the requirements of the registration standard, when it is in the public interest to do so.

We ask whether there will be a prescriptive criteria, which if completed would allow for an exemption to gain general registration, or can the National Board have the sole power to exercise the exception under any circumstances? Does this exemption clause pertain to perceived MRS workforce levels and flexibility?

Will this apply to individual cases, outside the jurisdiction of each State's Civil and Administrative Tribunal, or will there be categories of practitioners who will be able to apply for this exemption clause? Will there be notification to all stakeholders as to when an exemption is to be applied?

We ask for clarification on this matter.

The National Board recognises that a registration standard imposes a regulatory burden on practitioners. In specific circumstances the regulatory burden of the standard may be disproportionate to objectives intended to be achieved by that standard. There may be circumstances where an exemption from the requirements of the registration standard will permit the practitioner to meet the intended purpose of the registration standard, albeit through a less onerous regulatory mechanism. In those cases, when the purposes of the registration standard can be met through an exemption, it is the National Board's view that it is preferable to do so. The purpose of this generalised exemption is to allow the Board to maintain the intent of the registration standard and make decisions that contribute towards the objectives and guiding principles of the National Law where it is in the public interest to do so.

In the interest of protection of the public we require, as a matter of urgency, clarification on the matter of (quote) "generalised exemption".

The National Board notes that practitioners are required to satisfy the requirements of relevant registration standards which will further contribute to patient safety.

Subject to Ministerial approval, the *Supervised practice registration standard* would take effect simultaneously with the proposed *Provisional registration guideline* on 1 November 2013. The standard will be reviewed within three years of taking effect.

The commencement date of 1 November 2013 would allow graduates to commence supervised practice immediately following the conclusion of the 2013 academic year.

Information about the registration standard would be provided on the National Board's website. It is also envisaged that education providers would provide specific information about supervised practice to students, particularly as they are nearing graduation. As this standard reflects current practice, it is envisaged eligible registrants will be made aware of the requirements through their course of study. Other eligible practitioners will be notified as required.

We would argue that this information should be made clear at the beginning of the course or at acceptance into a course of study. This is particularly relevant to overseas students who need to ensure their immigration documentation is valid before they start the course of study, rather than near the end.

It is noted that there have been issues in the past when overseas students want exemptions from their National Professional Development Program due to their immigration documentation not being valid at that point of time.

In addition, a National Board authorised supervised practice program will be operational from 1 November 2013 for eligible practitioners. This supervised practice program will be supported by supervised practice guidelines to be developed by the National Board.

Questions for consideration:

1. Are the criteria identified in the scope of application of the supervised practice standard suitable?

Upon reviewing the scope of application in the Supervised Practice Registration Standard there are no criteria. There are categories of practitioners required to complete a program of supervised practice

We believe that we have not seen any actual criteria. However speaking in broad terms, the criteria which has been alluded to may seem to be adequate in the interest of both patient safety and public confidence.

It does not however apply to under-graduate students within four year Bachelor level courses. Given the disparity in the length, breadth and focus of the clinical practice across these courses we would argue that standards for supervised practice not exclude the four year Bachelor level courses.

It cannot, nor should not, be assumed that students graduating from a four year degree will hold the appropriate training and clinical skill set to undertake "safe independent practice". Indeed, it could be argued that graduates of a four year degree of study lack the higher order critical thinking skills only obtained through consistent work practice and experience.

2. Are there other practitioner types that should be included for the purpose of undertaking supervised practice?

We contend that no graduate should practice without supervision upon graduation. Placing no supervision conditions on any under-graduate MRS course, potentially leading to sole practice would place both the public and the practitioner in a vulnerable position.

Consideration for a supervised clinical practice period needs to be made for graduates from four year Bachelor level MRS programs.

We would also endorse provisional registration of overseas graduates without automatic reciprocity until such time as an assessment has been successfully completed, as this is in line with the standard of other national health regulatory authorities.

3. Are the requirements of the supervised practice registration standard suitable?

We note that there is no detail in this section about requirements of the supervised practice registration standard. The guideline continually refers to an 'acceptable' program as deemed by the Board, but there is no specific description anywhere.

Under Requirement (d) **“Undertake an examination or assessment approved by the National Board, when required by the Board or its delegate”**

We ask for clarification regarding what category of practitioner this requirement applies to. What are the specific examination and assessment requirements, and under what circumstances would they be required? How often will the assessment be undertaken? Who will be responsible for these examinations and / or assessments, and ultimately the requirements?

Under Requirement (g) **“Undertake supervised practice regularly and consistently and complete the program of supervised practice within the timeframe set by the National Board.”**

We note that after reading Section 3C of the National Board's Statement of assessment against the AHPRA Procedures for Development of Registration Standards and COAG Principles for Best Practice Regulation under section 25 of the Health Practitioner Regulation National Law that the program of supervised practice timeframe set by the National Board seems to be one year.

We then ask, are the National Board going to be more specific regarding this statement, or are they going to allow “third party” input regarding the content and structure of this program.

Under the heading of “Definitions”

Levels of supervised practice may include:

remote/off site supervision: when the supervising practitioner is contactable to discuss clinical activities however is not on the premises or required to directly observe or participate in patient clinical management and where the supervised practitioner takes increasing responsibility for their practice.

This is completely contradictory to the concept of supervised clinical practice.

The profession in the State of Victoria has not supported “off-site” supervision in the past, nor did the state regulatory body, the Medical Radiation Practitioners Board of Victoria. Under this definition, there is no restriction on an employer using a provisional registrant on call, as long as there is full registrant as back-up. This would place both the public and the practitioner in a vulnerable position and should be discouraged by the supervised practice registration standard.

To be approved as a principal supervising practitioner, a medical radiation practitioner must:

- (b) hold general registration for a minimum of 12 months in the same division of registration as the supervised practitioner

We have concerns regarding the timeframe of 12 months general registration, as a minimum to be then approved as a principal supervising practitioner. Under this standard at present, they will be expected to provide and co-ordinate formal supervision and evaluation and ensure appropriate learning experiences and opportunities throughout a non- specified, yet to be prescribed program.

- (d) Be practising in a practice approved by the National Board,

While we are in agreement, this will require the National Board to provide both the information, and an accreditation process to those who participate and for those in the profession / workforce. It should not be linked to non-related bureaucratic processes.

We also seek clarification of the statement below. Does the term “Practice” in this instance mean the attempt to include every facet of medical radiations practice, which a practitioner can be involved with, or is this the range of criteria that could be available in a specific supervised clinical program?

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

4. Should there be a specified minimum amount of supervised practice, in addition to clinical training undertaken within a program of study, for practitioners to be eligible for general registration?

We believe that the approach taken should ensure that the practitioner needs to demonstrate a consistent ability to practice safely. This is where a competency based approach is difficult, as performing an exam once competently is no evidence of consistent competence. A set period will ensure the development of consistent competence.

There should be a minimum specified time for supervised clinical practice of 48 weeks at 38 hours per week (1,824 hours). In addition, supervised clinical practice should actually mean direct clinical training.

The supervised practice program should include a minimum amount of clinical training in certain imaging modalities. These should reflect the current National Professional Development Program as set out by the AIR as a minimum.

The entire program would also incorporate a quarterly assessment / clinical competency to ensure ongoing feedback and assessment for practitioners.

In addition, to be able to take on a practitioner for their supervised program, a clinical centre must be able to meet all mandatory requirements set out in the program.

5. Are there other requirements that should be included in the supervised practice registration standard?

We believe that the document requires specifics on the quality and quantity of the training to be provided. There needs to be properly set out minimum for training in specific areas of practice, which would include minimum duration of training, appropriateness of the workload, extent of supervision and competence, all of which must be achieved.

6. What mechanisms should the National Board use to determine if practitioners have satisfactorily completed a program of supervised practice? For example, demonstration of competence or amount of clinical experience?

We believe that supervision be conducted by a suitably qualified and registered practitioner in a medical imaging department at the time of the supervised clinical practice occurring, as it would be both efficient and cost effective.

An assessment should be approved under the auspices of a principal supervising practitioner who must be practicing in a practice approved by the Board, using prescribed criteria determined by these supervising practitioners, in conjunction with the National Board.

A combination of clinical time, embedded with clinical competencies, all assessed with ongoing interval assessments. Even though a clinical competency is achieved, the additional time allow for further exposure to a range of examinations and situations. This allows for higher order thinking from the practitioner rather than a snapshot for a specific task only.

Competence is critical, but cannot be appropriately obtained without a reasonable amount of time exposed to the modality.

7. Should the standard specify elements of a program of supervised practice, such as content, time or any other requisite considered necessary?

Supervised practice should expose the individual to a broad range of imaging modalities, each with a minimum timeframe to ensure an amount of clinical experience, to allow a demonstration of competence.

All should be specified with appropriate minimum standards clearly defined. It should be further broken down into assessment of all parameters that define a medical radiations practitioner, not just an assessment of their ability to produce the required diagnostic outcomes, but also those critical and higher order skills such as patient care, effective communication, evidence-based practice, time management skills and sequencing of imaging and workload.

This in turn provides the requirements of a mediated entry into the workforce.

8. Are the definitions contained in the standard appropriate?

We endorse the definition of “principal supervising practitioner” as coordinator of both clinical evaluation and being responsible for a prescribed program of supervision.

We believe that it demonstrates a level clinical evaluation that the graduates of four year courses are not subject to. In terms of protection of the public, is it not ethical and equitable to have the same standards applied across the board?

The definition of remote / off site supervision should be removed, as it completely contradicts the concept of supervised clinical practice.

9. Is the exemption clause necessary and appropriate?

While we understand the concept of the clause in a legislative sense, we stress that the National Board will need to be able to articulate in just what sort of circumstances

this exemption clause would apply. An extremely high level of transparency will be required to ensure complete confidence to the public, to the industry and the profession of diagnostic and interventional imaging.

Failure to achieve this has the potential to undermine National Board's standing and the National Law, as it stands at present. To this end, consideration should be given to any exemption being subject to a competency assessment.

It would be extremely helpful if the Board would be able to articulate in just what sort of circumstances and under what sort of criteria this exemption clause would apply.

10. What is the likely impact of this proposal on individual registrants?

The present status quo should be applicable to vast majority of individual registrants and should provide a safer, more rounded and competent MRS practitioner. It should provide a more structured program and ensure a suitable and more consistent minimum standard of practitioner.

If the supervised clinical practice program is left unstructured and unregulated then there is the potential for some practices to offer unpaid supervised clinical practice, paid but unsupervised in sole practices.

11. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if this registration standard is approved?

We recognise that outside the State of Victoria, there may be an impact for state health departments, whose jurisdiction extends into rural and remote areas of Australia, as there is a perceived difficulty of attracting these graduates to these areas of Australia.

This registration standard may be perceived as a deterrent to the maintenance of the MRS workforce. This statement then begs the question, can the National Board be dictated to by government to reduce the timeframe to get new graduands into the workforce sooner by using the exemption clause.

If this registration standard is perceived as a deterrent to the maintenance of the MRS workforce, there is the potential for a secondary class of MRS professionals that will not be automatically employable in all imaging sites nationally.

We also note that under the Trans-Tasman Mutual Recognition Arrangement (TTMRA) which came into agreement in 1998, people registered to practice an occupation in one country are entitled to register to practice the equivalent occupation in the other country without the need to undergo further testing or examination. This means that the requirements for initial registration (in Australia) cannot be imposed on practitioners from New Zealand as a condition of obtaining registration under TTMRA.

This is significant consideration as the New Zealand trained (and registered in NZ) graduates do a three year under-graduate course in imaging, with comprehensive training combined with a large number of clinical practice hours throughout their training. They do not have a separate twelve month post-graduate supervised clinical practice year. This supervised clinical practice requirement would seem to affect first year graduates from New Zealand.

12. Is 1 November 2013 a suitable date for implementation, should the registration standard be approved by Ministerial Council?

We believe that subject to open, accountable, transparent, reliable material and information being distributed in a timely and effective manner on behalf of the National Board, this date for implementation may be feasible.

However if all details of the MRPBA's provisional registration guideline and approved supervised practice program are not forthcoming, then this date will need to be extended.

13. Are there implementation issues the National Board should be aware of?

We believe that the issues should be no different to the current robust programme if implemented properly.

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Attachments

The draft *Supervised practice registration standard* is at [Attachment 1](#)

The Board's *Statement of assessment against AHPRA's procedures for development of registration standards and COAG principles for best practice regulation* is at [Attachment 2](#)

1. Draft Supervised practice registration standard

Developed by the Medical Radiation Practice Board of Australia for consultation purposes, in accordance with s.38 of the Health Practitioner Regulation National Law, as in force in each state and territory.

14 February 2013

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <<date>> pursuant to the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). This registration standard will commence on 1 November 2013.

Summary

This standard applies to practitioners who are required to undertake supervised practice by the Medical Radiation Practice Board of Australia.

Supervised practice enables practitioners to provide medical radiation services under the supervision of a medical radiation practitioner who holds general registration.

Practitioners must hold a type of registration issued by the National Board to undertake a program of supervised practice required to attain general registration or to satisfy conditions of their registration.

The level of supervised practice may vary over time, but will be determined by the Principal supervising practitioner and approved by the National Board.

Scope of application

This standard may apply to any of the following categories of registrant who are required to complete a program of supervised practice:

- a. provisional registrants

- b. practitioners with conditions requiring a program of supervised practice
- c. practitioners returning to practice in accordance with the National Board's *Recency of practice registration standard* requiring a program of supervised practice
- d. practitioners holding limited registration for postgraduate training or supervised practice, and
- e. practitioners holding qualifications obtained overseas requiring a program of supervised practice.

This standard does not apply to students.

Requirements

A practitioner to whom this standard applies will:

- a. practice under the supervision of a medical radiation practitioner who holds general registration without conditions that would impact on the provision of supervised practice
- b. undertake a program of supervised practice as determined by the National Board
- c. complete the program of supervised practice in order to be eligible for
 - i. general registration, or
 - ii. the removal of conditions relating to supervised practice
- d. undertake an examination or assessment approved by the National Board, when required by the Board or its delegate

- e. practice in accordance with guidelines developed by the National Board
- f. receive training and education, and be assessed by the principal supervising practitioner designated to provide or coordinate formal supervision and evaluation
- g. undertake supervised practice regularly and consistently and complete the program of supervised practice within the timeframe set by the National Board
- h. if required by the National Board or its delegate, undertake continuing professional development in accordance with the National Board's *Continuing professional development registration standard*, and
- i. be supervised in circumstances where the ratio of supervised practitioners to supervising practitioners does not exceed 1:1.

To be approved as a principal supervising practitioner, a medical radiation practitioner must:

- a. hold general registration without conditions that would impact on the provision of supervised practice
- b. hold general registration for a minimum of 12 months in the same division of registration as the supervised practitioner
- c. have sufficient experience and/or qualifications to provide clinical education and assessment of supervised practitioners
- d. be practising in a practice approved by the National Board, and
- e. provide supervision in accordance with guidelines developed by the National Board.

Important Notice: At all times, the principal supervising practitioner must ensure that the supervision arrangements and level of supervision are appropriate to the circumstances, and measured against the capacity and competence of the supervised practitioner.

The level of supervision provided may include direct, indirect and/or remote supervision in accordance with the guidelines.

Exemptions

The National Board may grant an exemption from the requirements of this standard where it is in the public interest to do so.

Definitions

Approved practice means any practice approved by the National Board.

CPD activity means those activities defined in the approved *Continuing professional development registration standard* and accompanying guidelines.

Practitioner means a medical radiation practitioner.

Principal supervising practitioner means the practitioner acting as principal supervisor to a supervised practitioner. The principal supervising practitioner is designated to provide or coordinate formal supervision and evaluation and ensure appropriate learning experiences and opportunities are offered throughout the prescribed program of supervision.

Program of supervised practice means the formal program of supervision and evaluation to be undertaken by the supervised practitioner and may include requirements relating to content, time or any other requisite considered necessary by the National Board.

Provisional registration means that which is determined by Division 3 of the National Law.

Supervised practitioner means a medical radiation practitioner who holds:

- a. provisional registration
- b. limited registration for postgraduate training or supervised practice, or
- c. general registration with conditions requiring supervised practice who must practice under the supervision of a

medical radiation practitioner holding general registration without conditions that would impact on the provision of supervised practice.

Supervision means the formal process of professional support and learning which enables a practitioner under supervision to develop knowledge, skills and professional attributes, assume responsibility for their own practice, and enhance public protection and safety.

As the supervised practitioner gains competence, the level of supervision can change as determined appropriate by the supervising practitioner.

Levels of supervised practice may include:

- a. *direct supervision*: when the supervising practitioner is present on the premises, observes and works with the supervised practitioner and takes direct and principal responsibility for individual patients
- b. *indirect supervision*: when the supervising practitioner is easily contactable and is available to observe and discuss clinical management with the supervised practitioner in the presence of the patient/client, with the supervised practitioner progressing to independent practice
- c. *remote/off site supervision*: when the supervising practitioner is contactable to discuss clinical activities however is not

on the premises or required to directly observe or participate in patient clinical management and where the supervised practitioner takes increasing responsibility for their practice.

Supervision of the supervised practitioner can be provided by more than one supervising practitioner.

Supervising practitioner means any practitioner holding general registration without conditions that would impact on the provision of supervised practice. All supervising practitioners must provide supervision in accordance with guidelines published by the National Board.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Review

The Board will review this standard at least every three years from the date of commencement.

2. National Board's Statement of assessment against the AHPRA *Procedures for development of registration standards* and COAG *principles for best practice regulation*

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (National Scheme) operates in accordance with good regulatory practice.

Below is the Medical Radiation Practice Board of Australia's assessment of its proposed *Supervised practice registration standard* against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The National Board considers this supervised practice registration standard meets the objectives and guiding principles of the National Law.

In recognising that the clinical competence of practitioners is of paramount importance to their capacity to undertake safe independent practice, the draft supervised practice standard will provide for the protection of the public by ensuring that only medical radiation practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered.

The draft standard will also facilitate the provision of high quality education and training of health professionals and provide the clarity for the profession to undertake further training by articulating the training requirements for practitioners who have qualified in courses identified as requiring a program of supervised practice, hence supporting practitioners gain the appropriate skills and experience required to provide services that are safe and of an appropriate quality.

The draft standard also supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the National Board to consult other boards on matters of shared interest.

The National Board is ensuring that there is public exposure of its proposal and there is the opportunity for public comment by undertaking a six week public consultation process. This process includes the publication of the consultation impact paper (and attachments) on its website.

The National Board has drawn this paper to the attention of the 13 other National Boards, and key stakeholders. The National Board will take into account the feedback it receives when finalising its proposal for submission to the Ministerial Council for approval.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the draft supervised practice registration standard for consultation, the National Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the National Board has taken care not to propose unnecessary regulatory

burdens that would create unjustified costs for the profession or the community.

The National Board makes the following assessment specific to each of the COAG Principles expressed in the AHPRA procedures.

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The National Board considers its draft supervised practice registration standard is necessary to define the requirements for undertaking supervised practice to complete the eligibility requirements for general registration as a Medical Radiation Practitioner, pursuant to section 52 of the National Law. This will ensure only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

Under section 62 of the National Law, the category of provisional registration is created. The purpose of this category of registration is to enable a practitioner who holds an approved qualification or a qualification the National Board considers substantially equivalent to be eligible for general registration following the completion of a period of supervised practice.

It is the National Board's view that the draft supervised practice registration standard clarifies the requirements under which supervised practice is to be conducted to provide the opportunity for qualified practitioners to achieve clinical competence consistent with the expectations of consumers, education providers and the professional requirements for eligibility for general registration.

The National Board considers the draft standard, if approved, would have a minor impact on the profession, which is commensurate with the risks associated with medical radiation practice and that its approach is in the public interest.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The National Board considered whether the draft supervised practice registration standard could result in an unnecessary restriction of competition among medical radiation practitioners. The National Board considers the draft standard will not result in the restriction of suitable qualified practitioners, rather it will ensure the practitioner is registered to practice and provide health services within a safe arrangements, while they are supported to gain the skills and expertise to become eligible for general registration.

In addition, as supervised practice has been part of the training of medical radiation practitioners for at least 30 years, it is envisaged that introducing a registration standard to specify supervised practice requirements will not change the available market.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The National Board considers consumer choice will be enhanced by the draft supervised practice registration standard. It will support the pathways for qualification as a medical radiation practitioner of either a 3 year course of study plus 1 year of supervised practice or a post-graduate course with 1 year of supervised practice, thus providing equivalency with a 4 year course of study.

It will also support the return to practice of practitioners who have not held general registration for more than 3 years or who are seeking to change their area of practice and will enable practitioners who have had conditions imposed on their registration to undertake a program of supervised practice to complete eligibility requirements for general registration.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The National Board considered the overall costs of the draft supervised practice registration standard to members of the public, registrants and governments and concluded that the expected minor costs are appropriate when offset against the benefits that this standard contributes to delivering medical radiation services in a safe, competent and ethical manner.

E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The National Board considers the standard has been written in plain English that will enable eligible practitioners to understand the requirements of the standard with regard to the conditions under which practitioners are able to practise in Australia with appropriate supervision.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the National Board will review the supervised practice registration standard within three years of its commencement, including assessment against the objectives and guiding principles in the proposed National Law and the COAG principles for best practice regulation.

However, the National Board may choose to review an approved supervised practice registration standard at an earlier point in time, if it is necessary to ensure the standard's continued relevance and workability.