Queensland Branch Committee
2012
Australian Institute of Radiography

19rd January, 2012

BRISBANE QLD 4001

Dear Sir/Madam

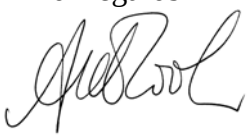
Following is the response from the Australian Institute of Radiography - Queensland Branch to the "Consultation Document 21 November 2011 – Proposed registration standards – Supervised Practice Standard" This response has been prepared by the members of the Queensland Branch of the Australian Institute of Radiography. The views expressed do not, however, necessarily represent the views of the Australian Institute of Radiography as a national representative body. The comments should be viewed as input from active members of the profession in Queensland.

Our response outlines a number of areas where we have concerns which we believe need to be addressed. On a positive note, there are some areas where we believe positive steps are being proposed which will continue the evolution of registration within Australia.

The Australian Institute of Radiography Queensland Branch as a stakeholder in this issue, requests that we are kept up to date with the progress of these standards.

I can be contacted on 4616 6404 or by email Aiden_Cook@health.qld.gov.au to discuss any of the issues mention and look forward to a collaborative and productive relationship.

Kind Regards



Aiden Cook
Chairman, Queensland Branch
Australian Institute of Radiography
19/01/2011

Australian Institute of Radiography – Queensland Branch

Response to

Consultation Document - November 2011 Registration Standards

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1. INTRODUCTION

This response outlines the position of the Australian Institute of Radiography – Queensland Branch Committee Members on the areas listed below, for which feedback has been requested.

1.1 The number of clinical practice hours required to be completed by a recent graduate for the purposes of general registration from
(a) A three year course of study, and
(b) A four year course of study

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

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

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

1.5 What ratio, if any, should exist between Supervising practitioners and those practitioners being supervised?

1.6 At what point, and under what conditions, is it appropriate for a practitioner being supervised to undertake On Call duties.

1.7 The level of training or experience required of a Supervising Practitioner.

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

1.9 The advantages and disadvantages of implementing and maintaining a supervised practice program

1.10 Alternative structures of supervised practice that address

1.11 Reducing costs on healthcare and workforce
(a) ii. Increase workforce access and flexibility
(b) iii. Provide consistent, measurable clinical outcomes

Responses

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

(a) A three year course of study, and

(b) A four year course of study

General Registration with no restrictions means that someone has been assessed as competent and ready to work as an independent professional radiographer.

With this in mind, we would suggest that regardless of the number of clinical hours spent within an undergraduate setting, there is a need for a period of supervised practice prior to the start of general registration.

In Queensland, the supervised practice has worked on the basis of 48 weeks of Supervised practice. This has worked well, although there has been some minor issues around access to annual leave and sick leave for SPP candidates needing to be limited to ensure the SPP candidates can achieve the 48 week threshold in the time available. One way to reduce the impact of this on both graduates and employers would be to reduce the SPP period from 48 to 46 weeks for both 3 and 4 year courses.

The clinical hours in an undergraduate setting are not a measure of how "work ready" that clinician is and is certainly not a measure of how well that clinician will be able to independently practice across the gambit of work situations, from large metropolitan hospitals to solo remote area positions.

The whole premise of a Supervised Practice period is for the clinician to develop as an autonomous clinician. This is not something that we believe can be developed as a student.

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

Feedback must be obtained from the supervising Radiographers and also from the peers of the person being supervised. This feedback should be considered by the person ultimately responsible for that supervised practice program and a decision made by a single person as to their "fitness to practice".

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

On Implementation - Firm, easy to follow guidelines for implementation need to be developed ad distributed with an implementation standard outlining timeframes for implementation.
On Consistency of evaluation – This is tougher, but guidelines for clinical educators of the suggested evaluation criteria could be developed. I would also suggest that the centres be given some latitude to create further evaluation criteria based on the local context.

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

We would suggest that the continuum from student through graduation to supervised practice and further to unrestricted registration should be;

Undergraduate Student	Directly supervised
Restricted Registrant	Indirectly supervised
Unrestricted Registrant	Supervised as deemed necessary by local facility

Definitions of each term should be created and used as an industry standard to reduce ambiguity.

1.5 What ratio, if any, should exist between Supervising practitioners and those practitioners being supervised?

There is not a consensus view within committee on this ratio. Whilst some favour the traditional 2 qualified staff to each graduate, there is an alternate view supporting 1:1 to allow for SPP graduates to ba able to access rural and remote centres within the public system.

1.6 At what point, and under what conditions, is it appropriate for a practitioner being supervised to undertake On Call duties.

There is general support for the traditional 24 weeks and after approval and sign off by their line manager. Even after this 24 week period, there is general support for a mandated backup process from a second on call qualified radiographer.

1.7 The level of training or experience required of a Supervising Practitioner.

Completion of 1 year of unrestricted registration

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

Positive impact as it gives employers a chance to see the graduates and develop their skills deficits. The most important aspect is to provide the maximum level of patient safety prior to true independent practice.

1.9 The advantages and disadvantages of implementing and maintaining a supervised practice program

Advantage - Provides an environment where graduates are seen as developing clinicians rather than work ready clinicians who require no further development. This is an essential part of orienting a

new and junior staff member into a position, where the chance of retaining and supporting that clinician through a life transition can be done at a reasonable pace.
Disadvantage – Current restrictions limit the places where these clinicians can go. The public sector rural hospitals are an ideal place in a place large enough for 2 radiographers (i.e. one qualified and 1 graduate).

1.10 Alternative structures of supervised practice that address

(a) Reducing costs on healthcare and workforce

(b) Increase workforce access and flexibility

(c) Provide consistent, measurable clinical outcomes

It was noted that in the 'Definitions' area on last page it defines 'practice'. We hold concerns that practice includes non-remunerated positions. We are concerned that this opens the possibility for unscrupulous employers to take on volunteer Graduates who are desperate to ensure they can meet there SPP requirements within the allowed time following their graduation. This would seem to to take advantage of a vulnerable group in a significant transition period in their lives.

If any further information or consultation is required please contact the Institute on the following contact details. Thank you for your consideration of our response to this important issue.

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