



## Australian and New Zealand Society of Nuclear Medicine Limited

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### RE: Draft Medical Radiation Practice Accreditation Process

On behalf of the Australian and New Zealand Society of Nuclear Medicine (ANZSNM) we wish to provide comment and feedback on the Draft Medical Radiation Practice Accreditation Process.

Regards

Liz Bailey  
President  
ANZSNM

Regards

Nicholas Farnham  
Chair  
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Prof Dale Bailey (NSW)  
Dr Sam Berlangeri (Physician)  
Ms Sharon Mosley (ACT)  
Dr Darin O'Keeffe (Physics)

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**Submission on behalf of the Australian  
and New Zealand Society of Nuclear  
Medicine  
(ANZSNM)**

**Draft medical radiation practice accreditation  
process of the Accreditation Committee of the  
Medical Radiation Practice Board of Australia  
(MRPBA)**



## **Introduction:**

The ANZSNM is the national professional organization representing professionals from all disciplines involved in the field of Nuclear Medicine. It is the current professional body for Nuclear Medicine Technologists/Scientists in Australia, with approximately 80% of working practitioners being members, and these form the ANZSNMT.

The ANZSNM, prior to the implementation of national registration had an Accreditation Board that was responsible for approving university courses of study for nuclear medicine technologists. In addition to this role, they accredited Nuclear Medicine departments for training of professional development year (PDY) technologists and ran a very successful PDY program, which has provided a set of minimum standards to qualify as a fully accredited technologist. The ANZSNM continue to run the PDY program as contracted by the MRPB. Our knowledge and experience in these key Accreditation areas provides us with a unique position to critically comment on the document. With this in mind, the ANZSNM would be happy to work with the MRPBA to continue to develop medical radiation practice accreditation standards and processes that suit future developments and meet the requirements of the National Board.

### **1. Is the content of the accreditation process document clear?**

The document is well written and has a sensible chronological order. The area that is not clear is the timelines for the process. Although shown in the flow chart at the back, a specific table at the back of the document as well as mentioning through the written component is necessary.

### **2. Should any sections of the accreditation process document be amended or reordered?**

The sections are in appropriate order and do not need any amending or reordering. The document has brought up a few questions which will be raised in question 5.

### **3. Is additional content required?**

A standard reporting template is mentioned and this needs to be supplied. As part of this consultation process we need to have all the documentation to make a proper assessment.

As mentioned above there needs to be an addition of a table to spell out the timelines for the Accreditation process including the maximum times it should take both the education provider and the Accreditation team to perform certain duties.

#### **4. Are the indicative timeframes for assessment and accreditation feasible?**

The time frames are feasible. The Universities should be using these documents when they are putting together a new course, such that they should not need to spend excessive amounts of effort going through the accreditation process.

#### **5. Do you have any other comments on the draft process?**

This process document has raised several questions which will need to be explored.

##### *5.1 Appointment and training of assessors.*

Do the assessors need to be able to fit all of the four criteria? If so, it would tend to suit only academic assessors. This would not be acceptable as Clinical input is essential to the education process, including the accreditation of courses.

This section does not mention what the training will involve. It does mention that assessors will need to be retrained, this will not make the positions attractive for assessors to complete more than one terms if the retraining is excessive.

##### *5.3 Establishing Assessment Teams.*

This mentions that each will generally comprise of two assessors. This should be in the composition of one Academic background and one Discipline Specific Clinical background.

##### *8.3 Evaluation of submissions required by the reporting requirements.*

These mentions in (b) "draft a report for consideration by the committee using a standard report template". What is the standard report template? How much will this template be altered to create specific monitoring reports? Will it have core areas and then areas for specific required information?

The accreditation process which should start at least 18 months before a course should start seems to be around 6 months, which is about 12months before the course is due to commence. However this document does to not allow for changes by the education provider to meet issues during the accreditation process. It seems to be that an education provider submits the application it is assessed, they are allowed to change factual inaccuracies then the final report is submitted with a yes , yes with provisions or a no answer given. The education provider can respond. If it is a no then they have to make changes and resubmit. As there is approximately 12 months duration before a course is due to begin, is it not worth allowing a period of time where education providers can submit changes that will change a no to yes with provisions, rather than starting from scratch.

How does conditional approval affect the graduating students? Are they still eligible for provisional or full registration and does the university have an obligation to inform the students that their course has conditional approval?