



Australian Institute of Radiography

**Comments on the content  
of the draft document  
on**

**Accreditation Standards and Processes**

**proposed by the Medical Radiation  
Practice Accreditation Committee**

3 September 2013

## *Consultation Response from the Australian Institute of Radiography*

### **Introduction**

The Australian Institute of Radiography (AIR) welcomes the opportunity to respond to the draft accreditation standards and processes for the medical radiation practice profession as proposed by the Medical Radiation Practice Accreditation Committee (Accreditation Committee) and provide to that committee input from the peak professional body for radiography and radiation therapy.

The consultation is not only about the content of the accreditation standards but also the processes the Accreditation Committee will use to assess programs of study and education providers against the approved standard. The Accreditation committee is of the view that this will enable stakeholders to comment on both inter-related documents at the same time. This submission does address both groups of questions for consideration.

The AIR notes further that:

‘The draft accreditation standards are outcomes focussed so they do not specify exactly what an education provider needs to have in place to meet each standard. The draft accreditation standards may be met by different types of evidence and in different ways.

The Accreditation Committee will develop a guidance document to accompany the standards. The guidance document will outline the Committee’s expectations about the types of information an education provider may consider submitting as evidence and some of the ways an education provider may choose to meet each accreditation standard’.

This will be an important further work in clarifying both the expectations and the manner and approach in which an education provider may choose to meet the standard.

The profession has a simple caveat to place against such apparent freedom of choice. First the profession must at all times remember the nature of the product of ionising radiation treatment. Second, the necessity for a rigorous evidence based approach to accreditation is paramount.

### **Recommendations**

- I. It was noted that certain reference documents were referred to and the AIR would suggest that these be placed into the standards explicitly, for example the Draft medical radiation practice accreditation standard draws on the threshold standards from the Higher Education Standards Framework (Threshold Standards) 2011 (HES). This should be explicitly included.
- II. There is a paragraph in the statement of assessment against AHPRA’s Procedures for development of accreditation standards and COAG principles for best practice regulation which says, “The new accreditation standard will facilitate access to services, by removing prescribed requirements about curriculum content, particularly as it relates to clinical

education, and by recognising the importance of simulated learning environments in health practitioner education. These aspects of the standards will reduce unnecessary restrictions on student numbers and in doing so assist workforce supply.”

This submission would like to see the evidence base underpinning this statement in the final document. Simulated learning is of concern given that it does not develop patient focussed healthcare delivery. Nor did the Statement provide actual metrics as to costs and service delivery and this submission would seek further information as a supplement to the accreditation standards.

### Questions for consideration– accreditation standards

The Committee has invited feedback on the draft accreditation standards and, in particular, on the following questions. In overall terms the AIR is supportive of the approach adopted and of the mechanisms suggested to define and measure the accreditation of undergraduate programmes across Australia. We would seek further explanation of the statement “the draft medical radiation practice accreditation standard draws on the threshold standards from the higher Education Standards Framework (Threshold Standards 2011)” and generally request that the connections to such documents be made explicit.

The submission will comment specifically in response to each of the questions as laid out below.

#### **1. These standards are intended to be outcomes focused; do you think that they achieve this?**

In broad terms yes, but there was an absence of metrics throughout the standards which compromises the outcomes focus, for example in 1.5.1 the expectation is that the university has “sufficient appropriately qualified personnel to manage and provide academic leadership for the medical radiation practice program (p. 7)”. There is no clarification around how this was to be measured objectively. It seems that the Accreditation Committee will be establishing guidelines to better indicate a number of matters and we expect that this will address this issue, but this submission would favour the use of integrated documents which make explicit the expectations of the Accreditation Committee

#### **2. Are the criteria in the draft standards clear?**

The criteria were clear and the submission recognises that these standards are intended to be part of a composite professional accreditation model and therefore some of the criteria may appear less relevant than might be desirable. The submission noted with approval;

“1.6.4; that the education provider, its agents and other entities with which it has arrangements for the delivery of its medical radiation practice program, provide current, accurate, adequate, and openly accessible information for prospective and enrolled students on all matters relating to their studies (p. 8)”

**3. The set of standards will be used to assess whether a program of study and the education provider provides students who complete that program with the knowledge, skills and professional attributes to practice the profession.**

**3.1 *Is the set of standards adequate for this purpose?***

In broad terms it was felt that the standards achieved the purpose for which they were designed. The submission will highlight the following concerns;

“Standard 1.5 Management and human resources”

If there is a requirement to ensure that enough staff exists to deliver the course, is this part of a self-reporting process where an education provider has an obligation to notify the Medical Radiation Practice Accreditation Committee when the education provider loses staff? What timeline would be required to refill a position as compared to filling a position that previously did not exist (new courses)? This should be explicit.

“Standard 3.1.4. The medical radiation practice program is designed to develop the knowledge, skills and professional capabilities required for graduate readiness to engage in safe and effective practice of the medical radiation practice profession”

The document here expects that a course be clearly articulated with “other studies and to further studies.” Does this mean that a program must have an Honours or Masters articulation as part of an education continuum? This submission, while recognising the desirability of building courses with progression, would believe that this is outside of the requirements for an initial training course.

“Standard 3.1.4”

Is the information for benchmarking between providers to be made publically available, and if so how is this to be achieved? This process is highly dependent on the willingness for universities to exchange this information.

**3.2 *Are the relevant issues covered by the draft standards?* 3.3 *Does any content need to be changed, deleted or added?* 3.4 *Are any additional standards required?***

In general terms this submission would believe that most relevant issues were covered under these three items, but would bring to the committee’s attention the following;

“Clinical Education. 1.8.4”

The requirement for appropriate insurance is unclear.

“1.8.5” insufficient information on ratio’s.

The volume of clinical education requires metric clarity – what is the meaning of “volume of clinical education is adequate”? This submission would suggest that it should cover volume, quality and diversity.

“1.8.6” The requirement to have a period of relevant clinical and supervision experience.

This again requires definition and clarity. This highlights the need for these details in other areas such as the training programme for assessors.

The submission believes that “1.8.8” is not acceptable.

The submission asks that in “2.1.6”: “actively establishes and maintains partnerships with relevant organisations in the health sector”... the words **medical radiations science profession**, be inserted.

In 3.1.2 this submission believes it is appropriate to add the professional body standards to the phrase (b) take account of external standards and requirements, e.g. registration standards, radiation safety standards and infection control standards and guidelines. The professional body standards do have a relevance – they are, for example mandatory for members in complying with the AIR Professional Indemnity Insurance policy. While they are of a higher standard than the threshold standards for national registration, a dedicated member of the profession should aspire to more than the minimum.

The English language proficiency should be identified as a stand-alone item to reinforce its importance to enable the student to reach the registration standards before completing the degree.

In “3.1.8” this submission would request to see patient contact in this statement. “(a) experiences (including patient contact, simulated learning and opportunities for inter-professional learning) across the scope of practice expected of entry level medical radiation practice practitioners.

The submission would request a clarification of the meaning of “3.3.2” but would support this so long as it remained at 7 IELTS in each element in one sitting.

This submission believes that Section 4 is generally high level observation of quality and is happy with the articulation for prior learning.

In section 5.4 the standards should, and in our view have a legal obligation to mention Occupational Health & Safety.

**4. What specific guidance relevant to the standards and criteria in Field 5 should be included in the guidance document to accompany the standards, particularly in relation to any content and/or skills you expect an education provider should include in their curriculum?**

This section was appropriate for the purpose.

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

The only further comment is that the document is clearly one which relies heavily upon a generic set of accreditation standards which are intended for use across a number of professions. The AIR would strongly recommend that the Medical Radiation Practice Accreditation Committee to ensure the special nature of radiation in the health sector remain of paramount importance in any assessment of standards in this profession.

## Questions for consideration – Accreditation Process

*Please explain your response to each question, and/or your specific suggestions for how the document should be amended, as appropriate.*

The submission would question the time frame in the call for assessors and the fact that there are an increasing number of courses falling out of accreditation. The numbers of assessors is concerning as is the lack of knowledge about training and the time frames for completion.

There is concern that the process does not show evidence of an overview of the entire programme. We are also concerned that the process did not show evidence of a cycle of accreditation. This would not support the fact that courses evolve over time and there is therefore a need for review of the whole programme. We would ask that the process be amended to reflect this fact.

There are a number of procedural questions rising from the process document based on the information provided and these are included below as part of the submission. Two particular issues are that time frames as noted are troubling and potentially unachievable. The second question is how does the Committee plan to manage the initial assessment of the nine universities?

The issues in detail are as follows:

1. *The assessment team:*

Practically, how will a team of two people resolve differences of opinion? Is this an indication that the ‘team leader’ will be able to overrule their colleagues’ opinion? Is it not more effective to include three people on a team so that differences can be resolved by majority?

Given that a team will consist of two people what timeline will be expected for the production of a report? It is feasible that such a small team will struggle to produce a concise report within a tight timeline. This is very problematic given the pressing need to begin accreditations. It has been for this reason that the AIR introduced extra time allowance for the team to write up their report when the accreditation process was under the auspices of the PAEB of the AIR.

2. *Submitting information about a new medical radiation practice program:*

Given that the accreditation unit requires an 18 month lead in time for new programs, how does that apply to programs that have commenced, but were not part of the transitional arrangements from the previous accreditation system? Do these programs receive special consideration?

3. *Reviewing any written advice from the education provider:*

What timeline will be employed to ensure that the education provider responds efficiently? If an educator delays contacting the accrediting team will the reviewers have the power to use this as a rationale for accreditation decisions?

#### 4. *Confirming the Accreditation Committee's final accreditation decision*

If a decision not to accredit is made what process will be available for the students within such an unacceptable course to remedy their under-education? If this is not explicitly stated the accreditation team will face a high risk of inclining towards approval of a course for the students, especially if non accreditation may have legal consequences. (Particularly relevant for new courses that have not had previous accreditation and are offering student places in their courses).

If the process for assisting students within courses that have had their accreditation revoked is not explained there is again an understandable bias towards continuing approval, or towards negotiation with education providers that may be prevaricating so as to avoid fulfilling recommendations.

#### 5. *Processes for monitoring of accredited medical radiation practice programs*

What method for triggering a review will be employed? What degree of change to a unit or course is required for the assessment unit to be concerned? The method of review postulated would require an intense observation of all courses at all times and indicates a time consuming methodology. Moreover there is an implied necessity for self-reporting of course variation by the education provider.

#### 6. *Processes for monitoring of accredited medical radiation practice programs*

The timeline advocated may be difficult for an effective team of two to facilitate. Even with the assistance of the Accreditation Unit of AHPRA the process could still potentially take an undue length of time, impacting on the accuracy of any decisions.

The AIR would commend the Medical Radiation Practice Accreditation Committee for what has been provided here for consultation. The documents have been fully considered by the Professional Accreditation and Education Board of the AIR as well as a number of the specialist panels and the Board itself.

There is a wealth of knowledge and experience with the AIR on accreditation and the processes which existed, particularly during the previous six years are robust and transparent. The Programme Accreditation Guidelines, June 2012 as they were in force until the introduction of the National Law for this profession in July 2012 are attached as an appendix. The AIR would welcome the opportunity to provide any assistance and information to the Medical Radiation Practice Accreditation Committee as they take on their duties; the existing situation where courses are out of credential is deeply troubling and urgently requires action.

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Appendix 1: Programme accreditation guidelines June 2012