

Submission by the Australian Institute of Radiography on the composition of an Accreditation Committee of the Medical Radiation Practice Board of Australia

Background

The Australian Institute of Radiography (AIR) has, since 1952, undertaken the accreditation of university courses throughout Australia. Initially this was done in association with the College of Radiologists, but since the early 1980's this has been done by the Professional Accreditation and Education Board (the PAEB) of the AIR. This accreditation function has been an ever evolving and improving one. Until 1 July 2012 this complex and involved process, with its heavy workload was undertaken by the PAEB of the AIR, and the status of 'Board' for this sub-committee recognised the importance and complexity of the role and functions they performed.

During the previous five years, as part of the evolution of these standards, the PAEB recognised that wider involvement in the process was necessary; such as introducing a community representative onto the accreditation panel and where possible inviting a member of the local Medical Radiation Practitioner Registration Board to be a full member of the accrediting panel. All but one Medical Radiation Practice Registration Board has fully supported this invitation when it was extended to them.

Between 2009 and the present (September 2012) the AIR worked with an ad hoc body of Medical Radiation Practitioner Boards, the National Registration Steering Committee (NRSC), to prepare for the transition to national registration and one of the tasks was to form a Council to address accreditation, to set up such a body and embark on the accrediting functions in the anticipation that this revised body would meet with the National Board's approval. This process came close to falling apart over the issue of equitable voting representation between the groups of member bodies. It consistently appeared that the good faith displayed by the professions during the negotiations was not reciprocated by the Registration Boards.

This placed the Board of the AIR in the situation of ensuring that the accreditation processes continue; and that the Universities have the surety of knowing that their programmes are fully accredited by a national body tasked with setting national standards based upon the professions' competency standards. The Board of the AIR asked that this be achieved with two goals in mind; 1) that the standards are national, consistent and transparent, and delivered in a robust and measured manner. 2) that the body tasked with exercising this function meet the requirements of the Health Practitioner Regulation National Law Act 2009. A third desirable component is that the other professional association tasked with accrediting some Medical Radiations Science courses across Australia, the Australian and New Zealand Society of Nuclear Medicine, ought to be comfortably able to see a place for them in this structure which would provide equality of representation.

This submission reiterates those three directions with which the Board of the AIR have remained utterly consistent.

Submission

This submission is based on a simple recognition of fact; there are three major modalities of medical radiation sciences¹. Therefore the accreditation council should reflect those three modalities evenly.

This submission will provide certainty and continuity to the students and the academic world. The submission would argue strongly the need to provide for continuity of knowledge and expertise.

The Objects of the Act, (Health Practitioner Regulation National Law Act 2009) are as follows;

1. To continue to develop accreditation standards for approval by the National Board or respective State or Territory Boards;
2. To continue to assess programs of study, and the education institution that provide the programs of study, to determine whether the programs meet accreditation standards approved by the National Board or respective State or Territory Boards;
3. To continue to assess authorities in other countries who conduct examinations for registration in medical radiation practice, or accredit programs of study relevant to registration in medical radiation practice, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to undertake medical radiation practice in Australia;
4. To oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified medical radiation practitioners who are seeking registration to undertake medical radiation practice in Australia and whose qualifications are not approved qualifications for this health profession; and
5. To make recommendations and give advice to the National Board about any matter referred to in paragraph (a), (b), (c) or (d).

The Accreditation Committee should comprise eleven people. **Three** of these should be Diagnostic Radiographers, **three** should be Radiation Therapists and **three** should be Nuclear Medicine technologists. **One** from each of these modalities should be an academic, **one** from each modality should be a clinician, and **one** from each modality should be a practitioner with registration board experience.

Of the remaining two members, **one** should be a community member but one with some understanding of the educational and accreditation world and the other **one** should be a Director from another National Accreditation Council. The Accreditation Committee should be assembled in such a way as to try to ensure a fair geographical spread of representation from throughout Australia.

Funding. The current costs of Accreditation are fully carried by the professions. For the AIR this is a variable but the cost per site visit of five people for three days and all concomitant costs averages out at around \$25,000. An average year sees some 7 to 9 accreditations

¹ Diagnostic Imaging, Radiation Therapy and Nuclear Medicine. The professional body for the first two is the Australian Institute of Radiography (AIR) and the professional body for the last is the Australian and New Zealand Society of Nuclear Medicine (ANZSNM).

which have been costing the AIR between \$175,000 and \$225,000 per year less the fees recovered from the Universities. The institution being accredited is currently charged \$10,000 for the service. With the MRPBA setting up an Accreditation Committee it is reasonable to assume that this body will no longer be funded in bulk by the AIR. However the AIR currently holds all the knowledge of process, of status and of issues as well as the history of each Universities accreditation so this submission makes the offer that;

1. The functions of the Committee could be hosted within the AIR but with a separate identifiable office and systems. All HR and salary issues could be hosted by the AIR under contract.
2. A capitation style of levy could be imposed to bring in sufficient funding to meet all the costs of the Committee. The existing charges to Universities for Accreditation visits would continue. This proposal assumes that the operational costs of the Committee, including Committee meetings and insurance in addition to the functioning of accreditation should not exceed \$250,000 per annum. With national registration in force (1 July 2012), the National Board should contribute on a per capita basis per registrant and this submission argues that the same 'per member' arrangement should apply to the professional organisations. On that basis \$10.00 per head would generate sufficient funds to meet all expenditure with some reserve, the AIR proportion would be around \$61,000 which represents a considerable saving for the Institute.

This submission with the 'three, three, three' model of professional representation originally had the support of the ANZSNM and it may well be continued.

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