

Via email
22/7/13

Dear Sir/Madam,

Please find attached feedback regarding the proposed supervised practice guidelines and professional capabilities documents.

Supervised Practice Guidelines:

Pg 4 (Summary) – It is strongly felt that the statement should read “Practitioners with provisional registration, or with conditions on their registration, **are** required to work under supervision”, rather than **may** be required to work under supervision.

Pg 7 – Levels of supervision. - There is concern regarding the statements where the supervisor is off-site. Within radiation therapy this is not possible (or safe).

- In level 3 it states the supervised practitioner is allowed to work independently. Once again this is not possible in RT as all work needs to be supervised.

- The supervised RT cannot provide on-call or after hours services, this has never occurred in RT as only highly skilled and qualified RTs provide these services.

- Level 4 – It states the supervised practitioner takes full responsibility for their practice. This could be seen as misleading as the legal responsibility still comes back to the supervisor.

- Overall Level 1 is the only one that appears to fit for RT, the subsequent levels need to be clearer around ‘indirect’ supervision.

There does not appear to be any statements around what happens when progress is not achieved or performance does not meet the expected criteria. It would be important to have a clause in the guidelines about milestones throughout the program and what occurs if milestones are not met (ie: remedial action, ceasing placement etc).

Professional Capabilities paper:

Domain 4, Point 5 g. – The use of the word examination is very diagnostic focussed (RT would not utilise this word). Something like ‘procedure’ would be more relevant

Domain 6C, Point 1 c – The use of the term 3D is outdated. Anything planned on a computer is likely to be 3D. I do not feel this term is required. Similar in Point 2 a

Point 8 a – Proton therapy is not available in Australia and is unlikely to be soon, this is an odd inclusion (why not Tomotherapy, Carbon Therapy, Gamma Knife, Intraoperative Therapy?). I’d suggest this list be ‘examples such as’. It is sure to change so why be so specific? particularly with things that most of us are highly unlikely to utilise in our careers such as proton therapy.

Thanks you for taking not of these items.

Kind regards

G. Trainor