National Association
Clinical Education Managers
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27th March 2013

Mr. A. Reinhard,
Chief Executive Officer,
Medical Radiation Practitioners Board of Australia
Level 7,
111 Bourke Street,
Melbourne VIC 3000

Dear Adam,

I write to you on behalf of the National Association Clinical Education Managers (NACEM), in regards to the request for submissions for the Consultation Papers on *Provisional Registration Guideline* and *Supervised Practice Registration Standard*, issued by the Medical Radiation Practice Board of Australia (MRPBA), on 14 February 2013.

Given the amount of information provided by MRPBA and the scope that both of these Consultation Papers cover, NACEM will provide written comments on the content of the draft *Provisional Registration Guideline,* paper firstly, and then provide written comments on the content of the draft *Supervised Practice Registration Standard* paper.

For the purposes of clarity NACEM quotes the relevant sections of the Consultation Papers and provides its comments in italics immediately below.

NACEM thanks the MRPBA for the opportunity to comment on these consultation papers, which raise issues relevant to the eligibility of individuals for registration in the medical radiation practice professions.

Alan Malbon
Foundation Member
National Association Clinical Education Managers

Consultation Paper

Provisional Registration Guideline

Background

The National Board may grant provisional registration to suitably qualified medical radiation practitioners under section 62 of the National Law. Provisional registration enables a practitioner who holds an approved qualification, or a qualification the National Board considers substantially equivalent, to be eligible for general registration following the completion of a period of supervised practice.

The draft *Provisional registration guideline* clarifies the requirements for provisional registration for the purpose of enabling a practitioner to undertake a program of supervised practice that will ensure practitioners are able to independently practise in a safe, competent and ethical manner.

NACEM is in complete agreement with the concept of granting provisional registration to suitably qualified medical radiation practitioners under section 62 of the National Law. The granting of provisional registration to suitably qualified medical radiation practitioners, to enable them to undertake a period of supervised practice upon completion of the under-graduate Medical Radiation Science (MRS) courses, with an appropriate form of assessment, after the completion of the supervised practice period will ensure practitioners are able to independently practise in a safe, competent and ethical manner.

Summary of issue

Purpose of the proposal

Entry level medical radiation science courses include varying amounts of embedded clinical training. In creating this guideline, the National Board is setting the professional requirements for a minimum level of clinical capability to ensure safe independent practice by newly graduated practitioners.

NACEM is in agreement with setting the professional requirements for a minimum level of clinical capability to ensure safe independent practice by newly graduated practitioners. This is considered paramount in the protection of the public, and should be considered the necessary standard to be achieved by all MRS graduates.

NACEM notes the MRPBA's first indication of the concept of a minimum level of clinical capability. It is noted that there is not a definitive criteria laid down for supervised clinical practice leading to the minimum level of clinical capability. As all stakeholders will be aware,

there have traditionally been various approaches, at a State level, to creating a level of clinical capability to ensure safe independent practice.

NACEM asks who will be responsible for the setting of these criteria / requirements for a minimum level of clinical capability, and under what form of timeframe?

As there are two distinct pathways for gaining a qualification that leads to general registration and because the clinical competence of practitioners is of paramount importance to their capacity to undertake safe independent practice, the National Board is seeking to clarify the circumstances when a practitioner is required to undertake a program of supervised practice prior to being granted general registration by the Board.

NACEM notes that the four distinct pathways for gaining a qualification that leads to general registration are:

- *The under-graduate MRS courses of three years duration, leading to provisional registration with a direct linkage of an additional program of supervised practice (under section 62 of the National Law).*
- *The Masters MRS courses of two years duration, leading to provisional registration with a direct linkage of an additional program of supervised practice (under section 62 of the National Law).*
- *The existing under-graduate MRS courses of four years duration with complete accreditation that currently require no provisional registration (making section 62 of the National Law irrelevant), with no additional program of supervised practice. This would mean that any embedded clinical practice, assessment or training would fall under the auspices of the MRPBA's Accreditation Committee.*
- *The under-graduate MRS courses of four years duration, whereby the MRPBA can consider and provide clarification on supervised practice arrangements for the graduates of specific four year courses, which are then deemed to require provisional registration (under section 62* of the National Law).

Options statement

Option two – No minimum clinical training requirement for supervised practice

Option two proposes to remove the requirement for supervised practice following graduation from any accredited medical radiation practice program of study and for overseas qualified practitioners.

Supervised practice has also been used by the profession to ensure clinical competence of overseas trained practitioners where the standard of equipment, accepted professional practices, examination and treatment conditions and community expectations may differ from those in the Australian healthcare environment.

The removal of formal requirements is likely to result in a decline in the levels of accepted clinical competence that were in place prior to medical radiation practitioners joining the National Scheme.

This option may result in lowering consumer confidence in entry-level graduates, which may have significant implications for the profession and for the safety of the public.

NACEM agrees with the above statements.

Option three – Develop a Provisional registration guideline *to set out the requirements of the National Board*

Section 62 of the National Law states the provisions for provisional registration. The purpose of this category is to enable a practitioner who holds an approved qualification, or a qualification the National Board considers substantially equivalent, to be eligible for general registration following the completion of a period of supervised practice.

It is envisaged there will be little impact to eligible registrants, as the guideline will articulate the requirements of the National Board, rather than significantly change the requirements for supervised practice. The development of the draft guideline is intended to support the current processes while providing clarity to eligible practitioners.

Given the above statement, NACEM notes that there have traditionally been various approaches, at a State level, to creating a level of clinical capability to ensure safe independent practice. The question then arises, can the current guidelines of supervised clinical practice, which are being practiced at a state level, and have been endorsed by both the profession, and various State Departments of Health be still practiced, providing they do not go outside these legislative boundaries?

NACEM notes the current Supervised Practice Arrangements Registration Standard used by the current Pharmacy Board of Australia which state the following:

"An intern training program is a program or work integrated learning conducted by intern training providers and accredited by the accreditation authority and approved by the Board."

They also state the qualification of the supervising practitioners, and the requirement of the need to pass a Board approved intern program. The intern program is supplied by third party industry / professional providers, independent of the regulators.

In developing the draft *Provisional registration guideline* the National Board has considered options relating to the number of hours/weeks of clinical training undertaken in the course of study to be eligible for provisional registration. The National Board is of the view that specifying clinical training requirements within a program of study is more appropriately articulated in the relevant accreditation standard.

A registration standard may not be about a matter for which an accreditation standard may provide.

An accreditation standard for a health profession is used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes to practise the profession.

Accreditation standards are developed and approved under Division 3 (Accreditation Functions) of Part 6 (Accreditation) of the National Law Act.

NACEM contends that this view leads to a subtle yet gradual decline in both clinical training requirements and the associated time to perform these requirements. This has been the case historically, with all Bachelor Degree under-graduate MRS courses introducing more sophisticated learning modules, which then lead to a reduction of clinical training requirements within a program of study.

This is primarily the reason for the introduction of the Professional Development Year by the profession in the early 1990's.

The National Board considers the draft *Provisional registration guideline* to be consistent with current practice, which recognises that the demonstration of capability combined with a period of consolidation is required for a practitioner to practice in a safe, competent and ethical manner. For this reason, the National Board considers this a feasible option.

While NACEM agrees with the above statement, the question which needs to be raised is, how will this "demonstration of capability" be established for all graduates so they can practice in a safe, competent and ethical manner for the protection of the public.

Issues for discussion

In submissions made during the public consultation on proposals for a supervised practice registration standard (undertaken from 22 November 2011 to 19 January 2012), there were differing views on the scope of application of a standard, with a number of respondents proposing all graduates should be required to undertake a period of supervised practice, regardless of the extent of clinical training undertaken within their course. Other stakeholders considered the current arrangements suitable, where the supervised practice standard should be applicable only to graduates of three year degree programs and some two year graduate entry masters programs. The National Board has considered these submissions in developing the draft guideline and seeks further feedback.

It is NACEM's belief that the MRPBA needs to assure the public, the industry and the profession that any graduate of any under-graduate/postgraduate course (2,3 or 4 years duration) will meet the independent competency test that would allow general registration, enabling such a graduate to practice in a sole radiographer position anywhere in the country.

A number of respondents also recommended the use of competency based assessment to demonstrate an individual's ability to meet the fitness to practice requirements and therefore the National Board's registration standards. While the current programs of supervised practice have embedded varying degrees of demonstration of competence, the National Board has considered the issues identified by respondents and seeks feedback on the need to demonstrate capability and a fitness to practice as the measure for registration.

NACEM believes that to demonstrate an individual's ability to meet the fitness to practice requirements, the registration standards would also need to have a demonstration of competence for the sole technologist to enable unrestricted, unsupervised general registration. Documents for the guidelines for competency based assessments and standards are available through the MRS professions.

This issue of demonstration of competence is not restricted to the supervised practice period, for three year under-graduate MRS courses.

The MRPBA's communique of 9 November 2012, stated that the amount of embedded clinical training in the University of South Australia's four year Bachelor of Medical Radiation Science (Nuclear Medicine), conditions for a period of supervised practice were appropriate and that from 2013 onwards, a supervised period of a minimum of six months and less than 12 months would be required. This condition would be removed by the Board upon the provision of a report from the practitioner's supervisor indicating that the practitioner is safe to practice without supervision.

The National Board has determined it may grant exemptions to this guideline that are in the public interest. The Board is seeking feedback on this area of the guideline.

NACEM asks if the National Law ensures that only health practitioner s who are suitably trained and qualified to practice in a competent and ethical manner are registered, then when would it be in the interest of the public to apply an exemption to an individual?

Potential benefits and costs of the proposal

The clinical competence of practitioners is of paramount importance for their capacity to undertake safe and independent practice.

NACEM agrees with the above statement.

This guideline reflects current practice and recognises that the demonstration of competence combined with a period of consolidation is required for a practitioner to practice in a safe, competent and ethical manner.

NACEM asks whether there has been a decision made to define the term "period of consolidation", or whether the Board's "Statement of assessment against the AHPRA procedures for development of registration standards and COAG principles for best practice regulation" under section 25 of the Health Practitioner Regulation National Law, applies.

Under the proposal that takes into account the COAG Principles for Best Practice Regulation, the question is asked:

Whether the proposal results in an unnecessary restriction of consumer choice

The Medical Radiation Practice Board of Australia's response to this assessment (quote)

The National Board considers consumer choice will not be impacted by the draft Provisional registration guideline. It will support the variety of pathways for qualification as a medical radiation practitioner of either a 2 or 3 year course of study plus 1 year of supervised practice or a 4 year course of study.

The National Board has included an exemption clause that allows it to exempt a practitioner from the requirements of the guideline, where it is in the public interest to do so. The National Board recognises that a registration guideline may impose a regulatory burden on practitioners. In specific circumstances the regulatory burden of the guideline may be disproportionate with objectives intended to be achieved by that guideline. There may be circumstances where an exemption from the requirements of the guideline will permit the practitioner to meet the intended purpose of the registration guideline, albeit through a less onerous regulatory mechanism. In those cases, where the purposes of the guideline can be met through an exemption, it is the National Board's view that it is preferable to do so. The purpose of this generalised exemption is to allow the National Board to maintain the intent of the registration guideline and make decisions that contribute towards the objectives and guiding principles of the National Law when it is in the public interest to do so.

NACEM understands the concept of the clause, and that a clause of this type is appropriate in a legislative sense.

However the Board will need to be able to articulate in what circumstances this exemption clause would apply. An extremely high level of transparency will be required to ensure complete confidence of the public, the industry and the professions. Failure to achieve this

has the potential to undermine the MRPBA's standing and its application of the National Law, as it stands at present.

Questions for consideration

1. Should eligibility for provisional registration be directly related to:

   a) the amount of clinical training undertaken in the registrant's course of study, and/or

   b) attainment of entry level professional capabilities by the registrant?

   While NACEM would suggest both, there needs to be a clear definition of what the entry level professional capabilities are.

2. What mechanisms should the National Board use to determine if practitioners are required to undertake supervised practice? For example: demonstration of competence and/or amount of clinical training undertaken in a program of study?

   NACEM believes that demonstration of competence is paramount for the protection of the public and is of the belief that only a certified agent or agency, external to the university process would ensure that there is no conflict of interest. This agent or agency should be able to sign off on an assessment, leading to general registration.

3. Should a minimum period of clinical training within a program of study be specified within this guideline, and if so, what would be an appropriate minimum period? (Please specify in total hours of clinical practice.)

   NACEM believes that the absolute minimum period of clinical training required is 760 hours. This comprises of 20 weeks, at 38 hours per week for both 2 and 3 year under-graduate courses.

   NACEM believes that the absolute minimum period of clinical training required is 2500 hours for 4 year under-graduate courses.

4. Should the National Board require all graduates to undertake a program of supervised practice prior to general registration?

   NACEM believes that this should apply to both 3 and 4 year under-graduate MRS courses.

5. Are there other areas where provisional registration should apply?

   NACEM contends that this should apply to graduates of MRS Masters 2 year programs.

   NACEM would also endorse provisional registration of overseas graduates without automatic reciprocity until such time as an assessment has been successfully completed. This is in line with the standard of other national health regulatory authorities.

6. Does the issuance of a guideline articulate the National Board's requirements with sufficient clarity?

NACEM believes that a more transparent explanation of the proposed exemption clause is required to ensure the complete confidence of the public, industry and the professions.

7. What is the likely impact of this proposal on individual registrants?

   NACEM believes the status quo should be applicable to 99% of individual registrants.

8. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if this guideline were approved?

   NACEM suggest that there may be potential impact for state health departments, whose jurisdiction extends into rural and remote areas of Australia, as there is a perceived difficulty of attracting these graduates to these areas of Australia. Provisional registration may be perceived as a deterrent to the maintenance of the MRS workforce.

9. Is 1 November 2013 a suitable date for implementation (subject to approval)?

   Yes, NACEM believes that subject to seeing the details of the MRPBA's approved supervised practice program, and on the proviso that there is open accountable transparent reliable information distributed in a timely and effective manner.

Consultation Paper

Supervised practice registration standard

Summary of issue

Purpose of the proposal

The National Board has considered the benefit of developing this standard and a complementary *Provisional registration guideline*, as it allows for practitioners to satisfy the requirements of supervised practice regardless of their registration category, whilst retaining the specific requirement for provisional registration practitioners to undertake supervised practice, as per section 62 of the National Law.

NACEM strongly agrees with the above statement.

Options statement

Option three - Develop a registration standard identifying requirements for supervised practice

The National Board has developed a draft *Supervised practice registration standard* in accordance with section 38 of the National Law, as it is directly relevant to the eligibility of individuals for registration in the profession.

This draft standard applies to practitioners who hold an approved qualification, or a qualification the National Board considers substantially equivalent, to be eligible for general registration following the completion of a period of supervised practice. By creating the standard, the National Board is articulating the professional requirements for a minimum level of clinical competence to ensure safe independent practice by newly qualified practitioners.

NACEM believes that no graduate should practice without supervision upon graduation. Placing no supervision conditions of any under-graduate MRS course, leading to solo practice would place both the public and the practitioner in a vulnerable position.

The standard will be supported by comprehensive guidelines on the implementation of supervised practice, including participation in the supervised practice program for recent graduates and advice on the implementation of supervised practice for practitioners requiring a program of supervised practice to be qualified for general registration without conditions.

NACEM agrees with this statement, and would encourage the MRPBA to adopt guidelines From relevant MRS agencies as part of the requirements for supervised practice, as has been adopted by other national health professional boards.

This standard reflects current practice and recognises that the demonstration of capability combined with a period of consolidation is required for a practitioner to practice in a safe, competent and ethical manner.

NACEM agrees that emphasis on a period of consolidation is required for a practitioner to practice in a safe, competent and ethical manner and is paramount to both the safety and confidence of the public.

There needs to be some form of direct clinical supervision and potentially some type of formal program which can be practiced within the legislative boundaries of section 38 of the National Law.

Issues for discussion

The clinical capabilities of practitioners are of paramount importance for their capacity to undertake safe independent practice. The National Board therefore seeks to clarify the circumstances under which it requires a practitioner to undertake a program of supervised practice.

NACEM agrees with this statement and believes that no graduate should practice without Supervision upon graduation. Placing no supervision conditions of any under-graduate MRS course, leading to solo practice would place both the public and the practitioner in a vulnerable position.

It is not intended to include graduates of four year courses of study in the scope of this standard.

NACEM believes that the MRPBA cannot generalise over both the breadth and depth of clinical capabilities and competence of all four year under-graduate MRS courses. This over-arching statement is inconsistent with all of the concepts regarding safe competent and ethical practice for new graduates. Unless there is some form of professional assessment, no graduate should receive unrestricted registration upon graduation.

NACEM notes with interest the quotation by Peter van Onselen (Professor / University of Western Australia, and Contributing Editor / The Australian), who in his editorial, " Yes Minister, there is a crisis in Higher Education", published in the 2nd of March edition, stated the following:

"And with funding tied to the number of students graduating rather than to the number of admissions, there are disincentives in maintaining high standards in terms of who passes and fails."

NACEM believes that the current University funding model as stated by Professor van Onselen creates financial incentives to move to 4 year courses with internal assessment on the clinical competence of students. It is noted that the Federal government now require student teachers to pass an external assessment to determine competence.

NACEM draws the MRPBA's attention to their communique of 9 November 2012, which stated that the amount of embedded clinical training in the University of South Australia's four year Bachelor of Medical Radiation Science (Nuclear Medicine), conditions for a period of supervised practice were appropriate and that from 2013 onwards, a supervised period of a minimum of six months and less than 12 months would be required. This condition would

be removed by the Board upon the provision of a report from the practitioner's supervisor indicating that the practitioner is safe to practice without supervision.

NACEM believes that the trend to move MRS under-graduate courses from three year duration to a four year period is inevitable. If this trend continues at its present pace, it is estimated that all MRS courses will be in this format by 2020, which will leave these two Consultation Papers redundant in the long term.

Consequently, it is imperative that there is a formalised supervised clinical practice which reflects the requirements that ensure both the safety and confidence of the public.

Given the current accreditation process of a four year MRS course, it is the university which has sole control over the amount and criteria of supervised clinical practice. This practice will be solely designed to ensure that it directly corresponds to each particular university's perception of what they consider is a satisfactory form of academic supervised clinical practice, rather than to benefit public safety.

They is no other stakeholder input in each university's supervised clinical practice, with the exception of formal endorsement by the MRPBA's Accreditation Committee and the associated Accreditation Unit.

NACEM believes that employer representatives in the area of MRS clinical training are vital stakeholders.

NACEM notes that all facets of learning are constantly evolving. Medical radiation science is no exception. Historically, this has lead to a subtle, gradual decline to both the clinical training requirement and the associated time to perform these requirements, to introduce more sophisticated learning modules within the university curriculum.

This is primarily the reason for the introduction of the Professional Development Year, by the profession in the early 1990's.

NACEM contends that the MRPBA's action on this matter now requires them to include graduates of four year courses of study in the scope of this standard. NACEM is of the belief that this would be an indication of a prudent course of action, and the same scrutiny be applied to other four year under-graduate MRS courses, particularly those courses that have not as yet produced a graduate.

NACEM restates that a period of consolidation of supervised practice is required for a practitioner to practice in a safe, competent and ethical manner and is paramount to both the safety and confidence of the public.

A number of respondents to the previous public consultation also recommended the use of a competency based assessment to demonstrate an individual's ability to meet the fitness to practice requirements and therefore the National Board's registration standards. While the current programs of supervised practice have embedded varying degrees of demonstration of competence, the National Board has considered the issues identified by respondents and seeks feedback on the need to demonstrate capability and a fitness to practice as the measure for registration.

NACEM believes that a Registration Standard that requires a demonstration of capability and a fitness to practice requirement is paramount for the protection of the public and is of the belief that only a certified agent or agency, external to the university process would

ensure that there is no conflict of interest. This agent or agency should be able to sign off on an assessment, leading to general registration.

Potential benefits and costs of proposal

This will provide the opportunity for qualified practitioners to achieve the clinical capability consistent with the expectations of consumers, education providers and the profession requirements for eligibility for general registration.

NACEM believes that employer representatives in the area of MRS clinical training are vital stakeholders. Such representatives (managers, clinical educators, tutors and supervisors) note that there have traditionally been varied approaches to clinical training at a State level, to implement a high standard of clinical capability to ensure safe independent practice. The employers' expectation is that the current guidelines of supervised clinical practice, which are being practiced at a state level, and have been endorsed by both the profession, and various State Departments of Health can still be practiced, providing they meet the objectives and guiding principles of the National Law.

Draft *Supervised practice registration standard*

Definitions

Levels of supervised practice may include:

a. *direct supervision*: when the supervising practitioner is present on the premises, observes and works with the supervised practitioner and takes direct and principal responsibility for individual patients

NACEM agrees with this statement.

b. *indirect supervision*: when the supervising practitioner is easily contactable and is available to observe and discuss clinical management with the supervised practitioner in the presence of the patient/client, with the supervised practitioner progressing to independent practice

NACEM agrees with this statement.

c. *remote/off site supervision*: when the supervising practitioner is contactable to discuss clinical activities however is not on the premises or required to directly observe or participate in patient clinical management and where the supervised practitioner takes increasing responsibility for their practice.

NACEM believes that no supervised practitioner should practice without a form of on-site supervision. Placing the supervised practitioner under remote / off site supervision would place both the public and the practitioner in a vulnerable position.

Questions for consideration:

1. Are the criteria identified in the scope of application of the supervised practice standard suitable?

Upon reviewing the scope of application in the Supervised Practice Registration Standard, there are no criteria. There are categories of practitioners required to complete a program of supervised practice.

2. Are there other practitioner types that should be included for the purpose of undertaking supervised practice?

   NACEM believes that no graduate should practice without supervision upon graduation. Placing no supervision conditions of any under-graduate MRS course, leading to solo practice would place both the public and the practitioner in a vulnerable position.

   NACEM would endorse provisional registration of overseas graduates without automatic reciprocity until such time as an assessment has been successfully completed. This is in line with the standard of other national health regulatory authorities.

3. Are the requirements of the supervised practice registration standard suitable?

   Requirement (d) NACEM asks for clarification regarding what category of practitioner this requirement applies to.

   Requirement (f) NACEM agrees with the concept of assessment as an appropriate tool for coordination of formal supervision and evaluation.

   Requirement (i) NACEM believes that this supervision level ratio is potentially unsafe to the public and for the graduate.

Under the heading of "Definitions"

To be approved as a principal supervising practitioner, a medical radiation practitioner must:

(d) Be practising in a practice approved by the National Board,

There will be a requirement from the National Board to ensure an accreditation process is undertaken for those practices who are participants. This should be seen as an authentic process, and not be linked to non-related bureaucratic processes.

4. Should there be a specified minimum amount of supervised practice, in addition to clinical training undertaken within a program of study, for practitioners to be eligible for general registration?

   NACEM takes the position that some form of supervised practice is prudent for all graduates, then the minimum amount of supervised practice, particularly in four year under-graduate MRS courses, should relate to the breadth and depth of each program, along with an external assessment of clinical competency of the graduate.

5. Are there other requirements that should be included in the supervised practice registration standard?

   NACEM believes that any assessment should be documented against the prescribed criteria determined by the principal supervising practitioners, in conjunction with, and validated by the appropriate external agencies.

6. What mechanisms should the National Board use to determine if practitioners have satisfactorily completed a program of supervised practice? For example, demonstration of competence or amount of clinical experience?

   NACEM would support the concept that supervision be conducted by a suitably qualified and registered practitioner in a medical imaging department at the time of the supervised clinical practice occurring.

   An assessment approved under the auspices of a principal supervising practitioner who must be practicing in a practice approved by the Board, using prescribed criteria determined by these supervising practitioners, in conjunction with, and validated by the appropriate external agencies.

   NACEM contends that an examination whilst incorporated in other national boards assessment procedures, particularly for overseas graduates would increase cost, time and resources.

   External assessment by a certified supervisor in an approved clinical training centre would be more efficient and cost effective.

   Should the standard specify elements of a program of supervised practice, such as content, time or any other requisite considered necessary?

   NACEM believes that supervised practice should expose the individual to a board range of imaging modalities, each with a minimum time period for each to ensure an amount of clinical experience, to allow a demonstration of competence, which to turn provides stepping stone to mediated entry to the workforce / marketplace.

7. Are the definitions contained in the standard appropriate?

   NACEM recognises the definition of the position "principal supervising practitioner" as coordinator of both clinical evaluation and being responsible for a prescribed program of supervision. It demonstrates a certain rigour that the graduates of four year courses are not subject to. NACEM asks in terms of protection of the public, is it not ethical and equitable to have the same standards applied across the whole MRS practitioner spectrum?

8. Is the exemption clause necessary and appropriate?

   NACEM understands the concept of the clause, and that a clause of this type is appropriate in a legal sense.

   However the Board will need to be able to articulate in just what sort of circumstances this exemption clause would apply. An extremely high level of transparency will be required to ensure complete confidence to the public, to the industry and the professions. Failure to achieve this has the potential to undermine the MRPBA's standing and the National Law, as it stands at present. To this end, consideration should be given to any exemption being subject to a competency assessment.

   It would be extremely helpful, by way of an example, if the Board would be able to articulate in just what circumstances this exemption clause would apply.

9. What is the likely impact of this proposal on individual registrants?

   NACEM believes the status quo should be applicable to 99% of individual registrants.

10. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if this registration standard is approved?

    NACEM believes that it may be prudent for other stakeholders to advise providing such stakeholders abide by the National Law and its objectives and guiding principles.

11. Is 1 November 2013 a suitable date for implementation, should the registration standard be approved by Ministerial Council?

    Yes, NACEM believes that subject to seeing the details of the MRPBA's approved supervised practice program, and on the proviso that there is open accountable transparent reliable information distributed in a timely and effective manner.