



**Medical Radiation
Technologists
Board of Queensland**

Guidelines relating to the conduct of the supervised practice program

Ensuring a mediated
education and clinical
development environment
for the foundation year of
probationary registrants





Guidelines relating to the conduct of the supervised practice program

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Introduction

The Medical Radiation Technologists Board of Queensland was set up under the *Medical Radiation Technologists Registration Act 2001*. This Act is part of the legislative scheme consisting of the Health Practitioner Registration Acts, the *Health Practitioner Registration Boards (Administration) Act 1999* and the *Health Practitioners (Professional Standards) Act 1999*.

The Board is charged with the role of protecting the public and upholding standards within the profession. The Board believes that a well constructed, informative and mentoring supervised practice program achieves these dual objectives.

It is important to realise the scope of the program is defined in the *Medical Radiation Technologists Registration Regulation 2002*. For this purpose it is advisable to list the higher level objectives as underpinned by the legislation.

The Act, Subdivision 8, Provisions relating to probationary registrants

s 61 Supervised practice program

- (1) *A supervised practice program for a profession is a program, prescribed under a regulation that provides experience, for probationary registrants, in the practice of the profession*
- (2) *Without limiting subsection (1), a regulation prescribing a program may provide for the following -*
 - (a) *The number of hours of practice of the profession to be undertaken and the frequency with which the practice must be undertaken;*
 - (b) *What constitutes practice of the profession for the program;*
 - (c) *The requirements for the professional practice settings in which the practice of the profession must be undertaken;*
 - (d) *The activities to be undertaken during the program;*
 - (e) *The competencies registrants must demonstrate to complete the program;*
 - (f) *The minimum period during which the program may be completed.*

- (3) *Also, a regulation prescribing a program may provide for matters incidental to the program, including, for example -*
 - (a) *The responsibilities, under the program, of probationary registrants and supervisors and other persons who supervise probationary registrants; and*
 - (b) *The requirements for probationary registrants to keep records and prepare reports relevant to the program, including, for example, log books; and*
 - (c) *the Board's power to require a probationary registrant, the registrant's supervisor and other persons who supervise the probationary registrant in undertaking the supervised practice program, to provide information or documents, or prepare reports, about the registrant's progress and performance in undertaking the program*

The supervised practice program *Guidelines* and documents have been initiated to define these elements of the legislation. The Board has developed these documents to ensure:

- public protection;
- the provision of advice to professional practice settings, supervisors and probationary registrants on the conduct of the program; and
- that all professional practice settings ensure a culture of training and learning exists to help provide supervision, mentoring and guidance to the probationary registrant.

The competencies/requirements

The Regulations in sections 19 to 21 and 24 to 35 set out, for the three professions regulated by the Act, the requirement for:

- competencies to be fulfilled by the probationary registrants;
- equipment requirements;
- procedures which must be provided by professional practice settings; and
- access to professional development and research which the probationary registrant must have access to in the program.

These requirements are monitored by the audit process, supervision plan and progress and final report forms. Details are found in the section headlined *The program*.



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The Supervised Practice Program Committee

The Board, in 2003, set up a Supervised Practice Program Committee.

The role of the Committee is:

- to review progress and final reports;
- to make recommendations to the Board regarding progress and final reports;
- to make policy recommendations to the Board; and
- to audit and monitor professional practice settings and make recommendations to the Board regarding approval and status.

Committee composition:

- industry nominees from the three professions registered under the Act;
- Board member (Chair of Committee); and
- chairman of the Board (ex officio).

The Board's Professional Adviser facilitates the Supervised Practice Program Committee.

The program

The areas of the supervised practice program in which the Medical Radiation Technologists Board has formed guidelines to allow for the conduct of the program are:

- audit;
- whole of practice (multiple site);
- single site;
- role of supervisor;
- supervision requirements within the professional practice setting;
- relaxation of graduate/supervisor ratios;
- the supervision program;
- length of program;
- annual leave; and
- reports.

Audit

Since the inception of the Supervised Practice Program Committee one of its main roles has been to grant approval to professional practice settings enabling them to carry out the supervised practice program. The Board is also empowered to require a professional practice setting to show cause as to their suitability to remain an approved setting. Consequent to this the Board has developed an open and transparent audit process which allows for clear standards to be set and allows the Board to monitor the conduct of the program and the performances of the probationary registrant.

The audit process

The object of the audit process is to determine if a professional practice setting conforms to the requirements of the *Medical Radiation Technologists Registration Regulation 2001* as an approved centre to enable probationary registrants to complete the supervised practice program. The audit process takes into account:

- supervisor /probationary registrant ratios with allowance made for sick and annual leave provision by the practice;
- eligibility to be a supervisor;
- staff numbers and FTE on a normal working day, during weekends and out of hours;
- coverage of competencies required in the Regulation and breakdown of examination types to demonstrate compliance with the program;
- provision of equipment required in the practice setting;
- range of shifts worked by supervisors and probationary registrants - documented rosters to confirm these shifts;
- details of off site visits arranged in order that graduate can fulfill competencies not provided by practice setting;
- on call and shift work provisions after lodgment of satisfactory progress report, and documents to show back up for the graduate for these shifts;
- education and research program provided by the practice - evidence of case presentations by the graduate; and
- practice policy for dealing with unsatisfactory clinical or professional performance or attributes.

Further information

The policy developed from this framework had to determine the process required for auditing; however it also needed to reflect the categories and status of practices and the appropriate review processes to be put in place. To achieve this process the following issues were developed:



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- additional graduates;
- new sites;
- inactive sites;
- practices with conditions from previous site visits or audits;
- conditional practices; and
- random audits.

Details of the audit process can be obtained from the Professional Adviser hollowayf@healthregboards.qld.gov.au.

Whole of practice policy – multiple sites

Medical radiation technology practices in Queensland in the public sector are based in public hospital settings. Those in the private sector are either single or multiple site practices. A single commercial entity can have practices located in multiple sites in a region. The single and multiple sites have all to be audited under the Board's *Guidelines* to fulfill the requirements of the supervised practice program. However to streamline the process for the multiple sites a whole of practice policy was developed.

Within the whole of practice a single designated supervised practice program coordinator is responsible for the probationary registrants for the multiple sites within the group. This person coordinates the rotations necessary between the practices by the probationary registrants, ensuring that they have exposure to all the necessary competencies to meet the objectives of the program. To assist in achieving this each whole of practice package contains:

- nominated SPP coordinator for the whole practice with full contact details;
- approved sites with audit status;
- nominated sites if SPP coordinator has indicated that not all approved sites are being used in the current rotation;
- rotation of probationary registrants through the sites;
- mobiles, operating theatre, trauma and paediatric provisions in the rotation and sites (medical imaging);
- off-site agreements for above provisions, if required;
- professional development program for the year;
- list of current site supervisors; and
- names of proposed probationary registrants.

This agreement is renewable on a yearly basis.

Single sites

Single sites are audited and are required to provide a program for their probationary registrant(s). This program is to set out the objectives that the practice has for the year in order to fulfill the SPP requirements and comply with the legislation. See section headlined **The supervision program**.

Single sites which cannot supply all the requirements for a program are required to make arrangements for their probationary registrants to gain these competencies off site.

Role of the supervisor/SPP coordinator/assistant supervisor

Eligibility to be a supervisor (Regulation s40)

The regulations state that the supervisor must be:

- (a) registered in the profession in which the probationary registrant is registered and -
 - (i) has been a general registrant or held equivalent registration under the law of another state or country continuously during the year immediately preceding the general registrant's registration in Queensland; or
 - (ii) holds a qualification stated in schedule 1 and has practised in the profession in South Australia or New South Wales continuously during the year immediately preceding the general registrant's registration in Queensland; or
 - (iii) has been registered in the profession under section 233 of the Act.

A registrant is not thus eligible to be a supervisor in the first year after completing a supervised practice program or professional development year.

Graduates of a graduate entry masters course with no supervised practice program or a four year undergraduate course are not eligible to be a supervisor until they have had more than one year's experience post qualification.

Responsibilities of supervisors and assistant supervisors – (Act, 61) Regulation s47

The legislation lists the responsibilities of the supervisor as:

1. *The responsibilities of a probationary registrant's supervisor or assistant supervisor include the following—*
 - (a) *advising the registrant about standards of conduct applying to practising in the profession and helping the registrant to apply the standards;*



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- (b) *knowledge and skills in practising in the profession;*
 - (c) *helping the registrant to increase their competence and effectiveness through professional development;*
 - (d) *monitoring the registrant's progress and performance in undertaking the supervised practice program and discussing the progress and performance with the registrant.*
2. *A registrant's supervisor must, when the registrant completes the supervised practice program, assess whether the registrant meets the competencies for the profession.*
 3. *A supervisor or assistant supervisor must immediately notify the Board if the supervisor or assistant supervisor reasonably considers the registrant may not be complying with the Act or this regulation.*
 4. *A supervisor or assistant supervisor may discuss an issue about the registrant's progress and performance in undertaking the supervised practice program with the Board.*

Roles and responsibilities of the supervisor, single site

The supervisor will ensure that:

- the probationary registrant is registered with the Board;
- registration with probationary conditions needs to be confirmed by the Board prior to commencing on the supervised practice program;
- the form 501A, the professional practice setting and supervisor for each probationary registrant are notified to the Board;
- the progress and final reports are supplied to the Board at the appropriate times in the appropriate forms;
- the program for the graduates that will fulfill compliance with sections 19 to 21 and sections 25, 29, 30 and 34, in the relevant profession, of the Regulations (refer to section headed *The supervision program*) is submitted yearly; and
- a program for the graduate/s outlining the continuing professional education that the registrant will be undertaking under sections 26, 31 and 35 *Access to professional development and research*, in the relevant profession, this to include at least one case study presentation by the probationary registrant at a staff in service or similar meeting, is submitted yearly.

Roles and responsibilities of the SPP coordinator, multi-site practice / whole practice - medical imaging

The SPP coordinator:

- will be nominated on form 501A by the probationary registrants;
- will complete progress/24 week and final/ 48 week reports having collated the internal assessments carried out in the whole practice;
- will be the nominated contact person for the Board for any issues arising from the SPP in the whole practice;
- will submit the program for the whole practice for the year to include probationary registrant rotation through the sites that will fulfill compliance with s19 to 21 and s25, s29, 30 and s34, in the relevant profession, of the Regulation;
- will submit a program for the whole practice outlining the continuing professional education that the registrant will be undertaking under s26, 31, and 35 *Access to professional development and research*, in the relevant profession, this to include at least one case study presentation by the probationary registrant at a staff in service or similar meeting; and
- will document any off-site visits required to fulfill any of the requirements of the Regulation.

Role of assistant supervisor

Medical Radiation Technologists Registration Regulation 2002

S41 Eligibility criteria for other persons who supervise probationary registrants—Act, s 231

The following persons are eligible to be another person who supervises a probationary registrant:

1. *a general registrant who is eligible to be a supervisor under section 40 and supervises a probationary registrant under the direction and control of the probationary registrant's supervisor;*
2. *for the supervision of a probationary registrant in the nuclear medicine profession when the registrant is administering a radiopharmaceutical or carrying out a radiopharmacy procedure;*
 - (i) *a nuclear physician; or*
 - (ii) *a specialist in nuclear medicine; or*
 - (iii) *a person who undertakes radiopharmacy in a professional practice setting.*

Assistant supervisors are general registrants also eligible under the legislation to be a supervisor for an SPP registrant, in addition to the primary supervisor. These supervisors do not issue reports or compile programs for the SPP registrant.



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Supervision requirements within the professional practice setting

The legislation is very specific regarding the supervision required within a professional practice setting. The legislation states that for:

Medical Imaging s23

Staff at professional practice setting—medical imaging technology

A professional practice setting for the medical imaging technology profession must have the following persons available, during a working day, to give a section 57(2)(a) registrant advice and direction about practising the profession:

- (a) *for each section 57(2)(a) registrant who is undertaking the supervised practice program in the setting—at least 1 medical imaging technologist who is eligible under section 40 to be a supervisor of a probationary registrant;*
- (b) *at least 1 medical imaging technologist who is eligible under section 41 to be another person who supervises probationary registrants.*

Nuclear Medicine s27

Staff at professional practices setting—nuclear medicine technology

1. *A professional practice setting for the nuclear medicine technology profession must have the following persons available, during a working day, to give a section 57(2)(a) registrant advice and direction about practising the profession:*
 - (a) *at least 1 nuclear medicine technologist who is eligible under section 40 to be a supervisor and who is working on a full-time basis;*
 - (b) *at least 1 nuclear medicine technologist who is eligible under section 41 to be another person who supervises probationary registrants.*
2. *The professional practice setting must also have a nuclear physician or a specialist in nuclear medicine working at the setting.*

Radiation Therapy s32

Staff at professional practice setting—radiation therapy

A professional practice setting for the radiation therapy profession must have the following persons available, during a working day, to give a section 57(2)(a) registrant advice and direction about practising the profession:

1. *for each section 57(2)(a) registrant who is undertaking the supervised practice program at the setting—at least 2 radiation therapists who are eligible under section 40 to be a supervisor and who are working on a full-time basis;*
2. *at least 1 radiation therapist who is eligible under section 41 to be another person who supervises probationary registrants.*

Assessment of levels of supervision at audit

During the audit process one of the main tasks of the auditors is to check that the staff ratios at the professional practice setting as laid out in the legislation, i.e. 2:1 for medical imaging and nuclear medicine and 3:1 for radiation therapy are adhered to during the working day, whilst there is a probationary registrant in the practice.

In order to assess this, the auditors examine the rosters and assess the full time equivalent staffing. They also factor in absence due to sick and annual leave.

Easing of graduate/supervisor ratio – when permissible

The Board is cognisant of the particular needs of a professional practice setting. The legislative intent of the supervised practice program is for a 2:1 ratio to be implemented for nuclear medicine technology and medical imaging technology and a 3:1 ratio for radiation therapy.

The legislation dictates these ratios and also dictates the fact that a probationary registrant cannot operate as a sole practitioner.

Bearing in mind the practicalities of the workplace and acting upon legal advice the Board has determined that a reduced level of supervision can be approved for the conduct of the program during the following circumstances, remembering that the program does seek supported autonomy over the 12 months of the program for the probationary registrants leading to removal of conditions and independent practice.

Marginal sites

In a number of medical imaging and nuclear medicine practices the compliance with the required 2:1 ratio during a working day under s23, or s27 of the Regulation is very marginal. This could also be the case for some radiation therapy practices s32, especially at the start of a day, when the quality assurance programs are being carried out.

This can occur in practices, in medical imaging or nuclear medicine technology, for instance, that have only two (2) general registrants and one probationary registrant with a spread of hours set out in the table below that is, from 8am to 5pm, which is common in smaller suburban practices.



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Monday to Friday

general registrant shifts commencing 8am and 9am

probationary registrant shifts commencing 8.30am

For the half hour in question the probationary registrant is not working as a sole practitioner (s12 Regulation), as there is one medical imaging technologist who is eligible under section 40 available to the section 57 (2)(a) registrant (probationary registrant) to give advice and direction about practicing the profession during this time.

This reduction of supervision will be audited by the Board.

On call and shift work

- In the second half of the SPP a probationary registrant can have access to working on call and shift work, with a reduction of the normal supervision ratio provided that another person is a designated back up on call, and is able to be contacted by telephone and to come into the practice if required; or is available somewhere in the professional practice setting. The primary supervisor or SPP coordinator must have signed the progress report form to indicate that the probationary registrant is competent to carry out the on call and shift duties required by the practice, with a reduced ratio.
- Shift work, that is, work outside the 'working day' hours of 6am to 6pm Monday to Friday may be carried out by the probationary registrant in the first twenty four (24) weeks of the program provided that there is compliance with the required ratio of 2:1 for medical imaging and nuclear medicine technology and 3:1 for radiation therapy. These shifts must be indicated in the program supplied to the Board on a yearly basis.
- The amount of shift work and on call work undertaken by the probationary registrant will be monitored through the Board's audit process.

Lunch breaks

During lunch breaks there may be a period of no more than ½ hour where the probationary registrant may work under a supervision ratio of 1:1 for nuclear medicine technology and medical imaging technology or 2:1 for radiation therapy.

Emergent, sick and bereavement leave

The ratio may be reduced to that required for on call and shift work; and is considered reasonable for up to three (3) days.

However please note that this does not diminish the overall responsibility of practices to maintain the minimum requirements in the legislation for supervision.

Post progress report 'supported autonomy'

The approved reduced ratios described for the second half of the supervised practice program give the probationary

registrant supported autonomy. This is considered to be part of the process and program of supervised practice and gives the probationary registrants a full understanding of the imaging requirements during 'out of hours' situations. Following the SPP a probationary registrant, now a general registrant, is able to be a sole practitioner. The supported autonomy provided during the SPP year will prepare the probationary registrants for many contingencies and is part of their professional development.

The Board would expect that the amount of on call and shift work carried out by probationary registrants is 'considered reasonable' at this stage of their career and will monitor these outcomes.

However in the second half of the year, the probationary registrant must still **during the working day** be supported by the requisite number of general registrants under the act. The working day is the time when the probationary registrant receives the majority of their **advice and direction about practising the profession**. The supervisor or SPP coordinator needs to observe and advise the probationary registrant in order to fulfill the program and the competencies required and to provide a informed comprehensive report to the Board, which eventually will enable the probationary registrant to apply for removal of probationary conditions and progress to general registration.

Notification of reduced ratio

Under the current system of auditing and monitoring it is felt that this ratio reduction policy is sustainable, particularly if the practice adheres closely to the other aspects of the program in regard to competencies, equipment and professional development program

A request for reduction of the required ratio must be made to the Supervised practice program Committee and included in the program submitted each year.

The Committee must be notified of any circumstance that has led, or may lead to a reduction in the required ratio.

The supervision program

The Board requires each practice intending to supervise a probationary registrant to supply an itemised supervision program:

- on initial application for approval of a professional practice setting; and
- yearly there after in December prior to the commencement of a graduate program.

The program must detail:

- the provisions for the graduate to undertake the competencies in the Regulations;



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- staffing in the practice (include sample rosters);
- professional development activities; and
- details of any off site visits required in order to fulfill the competencies required in the Regulation.

A sample program can be obtained from the Professional Adviser hollowayf@healthregboards.qld.gov.au.

Length of program

The competencies

The competencies for each profession (medical imaging technology, radiation therapy and nuclear medicine technology) that the graduate needs to fulfill are listed in the *Medical Radiation Technologists Registration Regulation 2002*, section 4. The Regulation is available from www.legislation.qld.gov.au. The 24 week progress and 48 week progress reports detail the competencies and the key indicators. The forms can be sourced on the Board's website at www.mrtboard.qld.gov.au in the supervised practice program section.

The supervised practice program is a 48 week (1824 hour) program.

The Regulation S14 (3) states:

To remove any doubt, it is declared that for a probationary registrant undertaking the supervised practice program, the minimum period is 48 weeks even if the registrant works more than 38 hours a week.

This means that probationary registrants cannot shorten their period of supervised practice by taking into account any overtime carried out during the program.

Leave

The Board will allow a probationary registrant to include five (5) days' (38 hours) leave in the 48 week program. This leave includes but is not restricted to

- annual leave;
- sick leave;
- bereavement leave;
- family leave; and
- conference/study leave.

Any leave in excess of five (5) days (38 hours) would mean that the probationary registrant's program is extended by that

amount and this will be reflected in the date of removal of probationary conditions leading to general registration.

Reports

Frequency of reports

The Regulation s18 (1) states:

A probationary registrant must give the board a report about the registrant's progress and performance in undertaking the supervised practice program...

1. *6 months after the day the registrant starts the program and; and*
2. *Within 6 months after the last report*

Report forms - process

The report forms can be found on the website www.mrtboards.qld.gov.au under *Supervised practice program* in the supervised practice program information kit.

The report forms are posted with an explanatory letter to the individual probationary registrants 28 days prior to the required submission date.

Australian Institute of Radiography

The Board and the Australian Institute of Radiography have an agreement whereby there is a common report form for the progress/24 week and final/48 week reports, which are required by the respective bodies.

A combined committee reviews the reports to assess compliance with the program and required competencies and reports to the respective bodies.

Australian and New Zealand Society of Nuclear Medicine (ANZSNM)

There is no agreement currently between the Board and the ANZSNM in regard to a joint process for reviewing progress and final reports.

Nuclear medicine probationary registrant reports are reviewed solely by the SPP Committee.



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DEFINITION OF TERMS

Assistant supervisor

The assistant supervisor is a person that provides:

- additional guidance to that supplied by the supervisor to a probationary registrant;
- provides direct one to one supervision for the probationary registrant; and
- may be required to fulfill the role of the supervisor for extended periods (the Board must be notified on the Supervisor professional practice setting notification form (form 501A) of this change).

Assist with

The graduate must attend a procedure and participate in this procedure under direct supervision to gain a knowledge and understanding as determined by the primary supervisor.

Mobile radiography – medical imaging

A range of radiographic or fluoroscopic examinations conducted outside of the medical imaging department, usually on hospital wards. Management of radiation safety principles will be required as formal radiation safety structures may not exist such as lead lined walls.

Off site visit

Visit to another Board approved practice, undertaken by probationary registrants to fulfill competencies not available at their own practice/s.

For medical imaging, a total period of 10 weeks cumulative is to be allocated for trauma, theatre and mobiles with a minimum of three weeks in any one area on an off site visit. For paediatrics a minimum of two weeks is required. All off site visits are to be undertaken at a Board approved site.

Observation

The graduate must attend a procedure a number of times to observe and gain knowledge and an understanding of the procedure. This observation period shall be determined by the primary supervisor.

Paediatric imaging

A range of imaging examinations of patients under 12 years of age.

Planning – radiation therapy

Probationary registrants should spend at least 14 weeks of the SPP in planning, which includes two weeks in the first 24 weeks of the program.

Supervisor

The supervisor is the person who takes primary responsibility for the conduct of the supervised practice setting and is the responsible party if a complaint is lodged against a probationary registrant. The supervisor must have at least one year's experience after receiving or being eligible for general registration.

They must ensure that:

- the required resources are allocated within the approved practice setting for the probationary registrant to meet the competencies of the program; and
- the probationary registrant (with the approval of the Board) will be rotated to another practice setting to meet the required competencies.

Theatre radiography – medical imaging

A range of radiographic or fluoroscopic examinations carried out in a peri-operative environment usually using mobile image intensifier equipment. Management of radiation safety principles will be required as formal radiation safety structures may not exist such as lead lined walls.

Trauma – medical imaging

A range of imaging examinations for acute trauma which must include examinations of non-ambulatory patients with significant injuries or medical conditions. The production of such diagnostic images would require the adaptation of normal imaging techniques.

Working day

Core business hours from 6 am to 6 pm, Monday to Friday.