



Medical Radiation Technologists Board of Queensland

JUNE 2008

REGISTRANTS UPDATE

MEMBERS OF THE BOARD

The following members of the Medical Radiation Technologists Board (MRTBQ) were appointed on 11 April 2006 for a term of four years:

Mr Wayne Nuss (Chairperson)

Associate Professor Pamela Rowntree (Deputy Chairperson)

Mr John Andersen

Ms Jennie Baxter

Ms Amy Illidge

Mr Dominic Kennedy

Ms Catherine McHenry

Ms Clare Endicott (lawyer)

Ms Myrtle Green (public member)



Pictured (front row l to r) Myrtle Green, Wayne Nuss (Chair) and Clare Endicott; (back row l to r) Catherine McHenry, Jennie Baxter, John Andersen, Pamela Rowntree (Deputy Chair) and Amy Illidge. (Dominic Kennedy absent)

The selection process has commenced to appoint another Public Member on the Board.

CHAIRMAN'S REPORT

The Board was recently represented at the Australasian Conference of Regulating Boards held in Melbourne in late April. At this meeting agreement was reached to pursue national registration for medical radiation practitioners and accreditation of educational course providers. A subsequent meeting is planned in which all relevant stakeholders will be invited to attend and a steering committee will be formed.

Following a Queensland Government policy decision on mandatory criminal screening for health professionals, registrants of all health practitioner boards will incur additional costs via their registration fees. Further information is contained within the body of the newsletter.

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The Board recently sponsored QUT Awards to Nehara Jayaratne as the imaging student with the highest overall grade point average and Edward Fox as the radiation therapy student with the highest grade point average.



Pictured l to r QUT Award (radiation therapy) recipient Mr Edward Fox, QUT Associate Professor and MRT Board Deputy Chair Pam Rowntree and QUT Award (medical imaging) recipient Ms Nehara Jayaratne

Our Awards and Grants Committee, chaired by Board member, Associate Professor Rowntree, is currently preparing a policy on research grants.

Guidelines for the conduct of the Supervised Practice Program are now available at the Board's website www.mrtboard.qld.gov.au under Supervised Practice Program.

An article on fitness to practise is also included in this newsletter.

Wayne Nuss
Chairman

FITNESS TO PRACTISE

"Fitness to practise" is a key issue for users and regulators of Queensland's health care system. Increasing numbers of patients are demanding that more health practitioners are available and that they provide immediate, inexpensive and high-quality service. The challenge facing regulators is how to balance workforce pressures such as patient numbers and needs with responsible oversight of the profession to ensure safe and competent health service delivery to the public.

In Queensland, registration Boards are responsible for regulating the registration of health practitioners in twelve professions including medical radiation technology (for a complete listing of all professions, go to www.healthregboards.qld.gov.au).

These Boards, like those regulating other health professions, were alerted to major recent healthcare system reviews such as the 2005 Commission of Inquiry into Bundaberg Hospital and the 2005 Queensland Health Systems Review by Peter Forster.

It became clear through these events and simultaneous community and media comment that people look closely at the standards of professional behaviour they expect of health practitioners in exchange for the trust and power placed in health practitioners to enable them to do their job.

As a result, legislators, regulators and universities are examining practices, such as timeliness of interventions, reporting mechanisms and sanctions applied to practitioners whose professional conduct is unsatisfactory, which these organisations use to assess and monitor the “fitness to practise” of health professionals.

In Queensland, all applicants seeking registration must meet fitness to practise requirements. These include signing an enforceable declaration on his or her criminal history, ongoing medical condition(s), past or present registration with other authorities and command of the English language where providing false or misleading information is punishable by law.

If indicated, applicants must provide further information, such as a detailed criminal history, for the Board to consider. As well, the Medical Radiation Technologists Board of Queensland requires applicants to declare if they have held a licence, certificate or approval under the *Radiation Safety Act 1999* or corresponding law elsewhere which was affected by disciplinary action in considering an application for registration.

This declaration allows the Board to consider the fitness to practise of applicants, creating a stop gap between graduation and/or registration in other jurisdictions and registration to practise in Queensland.

The Queensland Government may introduce mandatory criminal history screening for all health practitioners in Queensland from early 2009 which will contribute to the process of deciding on a practitioner’s fitness to practise.

In forming a view on fitness to practise, the Medical Radiation Technologists Board of Queensland operates under the *Medical Radiation Technologists Registration Act 2001* and the *Health Practitioners (Professional Standards) Act 1999*.

The *Health Practitioners (Professional Standards) Act 1999* incorporates unethical conduct, incompetence / lack of knowledge, skill, judgment or care in its definition of unsatisfactory professional conduct, including section 59, which provides for the immediate suspension of a registered practitioner who poses a serious potential risk to vulnerable persons.

Simultaneously, the *Medical Radiation Technologists Registration Act 2001* places a legal requirement on the Board to uphold standards of practice within the profession, impose obligations on persons in relation to the practice of the professions and specifically (under section 45), deals with fitness to practise of the profession in relation to mental and physical health, conviction of an indictable offence and any other issue relevant to the applicant’s ability to competently and safely practice the profession.

Does the community expect regulators to go even further in assessing fitness to practise as part of its function in ensuring safe and competent delivery of health service to the public? At a recent conference (ASSMIRT,

Melbourne, April 2008), speakers examined the definition of fitness to practise and the elements on which regulators should focus in considering sub optimal performance.

Authorities were challenged to go beyond historical examination of competence to practice and practitioner health impairment to more closely examine professional conduct, the ethics of particular health professions and their obligations in reporting breaches of acceptable performance standards.

Previous court decisions would indicate that a code of conduct or ethics developed by a profession’s association could be applied as a relevant measure to determine if actions reported to the Board could be construed by a reasonable person to lower standards or represent unprofessional conduct.

For radiographers and radiation therapists, that would be the Australian Institute of Radiography (AIR); for nuclear medicine technologists, that would be the Australian and New Zealand Society of Nuclear Medicine (ANZSNM).

The AIR’s *Code of Ethics* in part states “members conduct all procedures and examinations in keeping with current radiation safety protocols and legislative standards and...members have an ethical responsibility to report instances of unsafe and unethical practice and should support colleagues who appropriately notify relevant authorities of unsafe and unethical practice.”

In its *Code of Conduct* guidelines, the AIR makes reference to practitioners’ responsibility with regard to inappropriate requests, disregarding reasonably accepted standards of behaviour both within and outside their profession and attending to a patient whilst their judgement is impaired by alcohol or drugs.

Where instances of unprofessional conduct are brought to the Board’s notice (whether by verifiable information or formal complaint), the Board will investigate thoroughly and, consistent with its legislative mandate, apply those standards in its assessment of fitness to practise.

By doing so, the Board can promote and protect the public interest; uphold the standards of practice within the profession; and maintain public confidence in the profession, thereby meeting its responsibility of registering suitably qualified health practitioners who deliver safe and competent health service to the public.

2008 FEE INCREASE

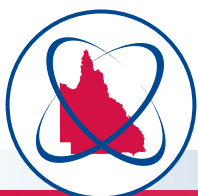
Registrants will notice that the 2008 renewal of registration fee has increased.

This one-off increase, which is above the standard 3.9% CPI increase, is applicable to your 2008 renewal of registration fee.

The Board realises registrants may have questions relating to a fee increase and has provided this information bulletin to explain the associated reasons.

As you may be aware, the introduction of mandatory criminal history screening is proposed for all registered Queensland health professionals from early 2009.

The introduction of criminal history screening, and associated increases in costs arising from disciplinary and standard development demands, must be funded by the Boards regulating the registration of health professionals in this State.



The establishment of a separate Office of the Medical Board from October 2007 has also meant some benefits in economies of scale and cost-sharing have been reduced for other registration Boards.

The Board's primary source of funding is fees generated by registration and it is these fees which fund the entire process of registering suitably qualified health practitioners, investigating complaints of professional misconduct, prosecuting disciplinary action and developing for implementation standards of practice and regulatory policy.

The Board has applied the increase to the registration fee as this is the only fee which has a global impact on Board income. Approximately 90% of the Board's annual income is through payment of the registration fee by registrants.

The Board has worked to limit fee increases in the past to that required to respond to the increases in the Consumer Price Index.

The Board takes seriously any decision affecting registrant fees and makes every effort to control and minimise handing on costs to our registrants wherever possible.

Should you have any questions relating to renewal of registration, please contact the Board on telephone +61 7 3234 0011 or email renewals@healthregboards.qld.gov.au.

Please be aware that your completed renewal of registration form, with the prescribed payment amount, must be received at this office no later than 30 June.

Once registered, you must renew your registration annually to keep practising in this State. If the completed renewal form and fee are not received by the due date, your registration will expire. This means your name will automatically be removed from the Register and you cannot practise from 1 July.

SUPERVISED PRACTICE PROGRAM

It is now nearly six months into the Supervised Practice Program (SPP) for 2008 and probationary registrants will have received their 24 week/progress reports for the supervisors to complete.

If all the competencies have been fulfilled the probationary registrants can move into the second half of the program. They will be able to do shift work and on call, as per SPP limited supervision guidelines. They still require support and advice during the next six months; it is a one-year program.

As part of their competencies the probationary registrants have to prepare a presentation using research skills. Please assist and support them in doing this and attend the in-service when it is presented.

There have been some additions to the Supervised Practice Program page on the Board's website www.mrtboard.qld.gov. There are copies of the report forms, off site visit forms and guidelines to the SPP. These should all assist in informing the probationary registrants and their supervisors as to the competencies that are required for the program.

Some time ago, the Board entered into an agreement with the Australian Institute of Radiography for a process to streamline the 24 week/progress and 48 week/final reports. There is now a common form which is reviewed by both parties via an AIR/MRT Combined Committee. This process has been very successful and the Board would like to have a similar process for report forms for

nuclear medicine. To this end the Board has made an approach to the Australian and New Zealand Society of Nuclear Medicine.

In 2008 in the Supervised Practice Program the probationary registrant numbers are;

Nuclear Medicine Technology	9	Sites	8
Radiation Therapy	26	Sites	8
Medical Imaging	90	Sites	79

Medical imaging has 86 approved sites and nuclear medicine has 16, but not all are used each year.

The Professional Adviser, Francesca Holloway, will be on extended leave from May 23 to July 18. During this time Susan Scarr, who has been a Supervised Practice Program Coordinator, will be acting in the position on a part time basis.

Email

Francesca hollowayf@healthregboards.qld.gov.au

Susan scarrs@healthregboards.qld.gov.au

POLICIES AND GUIDELINES

The following policies and documents, approved by the Board, are listed on the Board's website: www.mrtboard.qld.gov.au on the Publications page:

- English language proficiency policy
- Registration policy
- Code of conduct for Board members
- Graduate information kit
- Australian Institute of Radiography code of conduct (endorsed by the Board).

EMAIL CONTACTS FOR THE REGISTER

The Board has asked all applicants to provide their email contact details for storage electronically. Electronic capture of these addresses will enable the Board to communicate with registrants in a more timely and effective way, particularly in providing important reminders to registrants such as when the annual renewal of registration is due.

An analysis of the responses has resulted in 70.08% of medical imaging technologists, 76.61% of nuclear medicine technologists and 70.86% of radiation therapists providing valid email addresses for the register.

If you have not supplied a current email contact address to the Board, and you do have such an address, it would be appreciated if you could provide it to the Board by emailing it to: email@healthregboards.qld.gov.au

Please include in the email to us your full name and date of birth. This will enable us to ensure that we enter the email address against your record on our database.

Please be assured that the Board will be judicious in its use of email to you to provide you with updates and reminders of Board activities and actions. Any email address provided by you will not be made public nor will it be provided to third parties.



UPDATE ON THE PROPOSED NATIONAL REGISTRATION AND ACCREDITATION SCHEME

On 26 March 2008, the Council of Australian Governments (COAG) agreed to the establishment of the national registration and accreditation scheme and approved the Health Workforce Inter Governmental Agreement which assigns responsibility to the Australian Health Ministers' Conference to progress the implementation of the scheme.

The scheme relates to the nine professions that are regulated in each State/Territory of Australia. As medical radiation technologists are not regulated in each State/Territory, the profession is not included in the scheme. At the Australian Conference of Regulating Boards in Melbourne on 21 April 2008, there was in principle agreement for the Boards to support national registration for medical radiation technologists with a steering committee to be established to progress the matter.

The COAG Agreement does, however, detail the mechanism by which other health professions (such as the medical radiation technology profession), that are not nationally regulated may seek to achieve such national registration and individual State/Territory jurisdictions will determine whether those professions should continue to be regulated.

The nine professions in the scheme, with podiatry being included at implementation, are:

- chiropractic;
- dental care;
- medicine;
- nursing;
- optometry;
- osteopathy;
- pharmacy;
- physiotherapy; and
- psychology.

The Agreement provides for implementation of the scheme from 1 July 2010 and for **at least one** local presence of the national office in each State and Territory.

The objectives of the national scheme, to be set out in the legislation, are to:

- provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered;
- facilitate workforce mobility across Australia and reduce red tape for practitioners;
- facilitate the provision of high quality education and training and rigorous and responsive assessment of overseas-trained practitioners;
- have regard to the public interest in promoting access to health services; and
- have regard to the need to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in education and service delivery.

The scheme will operate under the following principles, to be set out in the legislation:

- it should operate in a transparent, accountable, efficient, effective and fair manner;

- It should ensure that fees and charges are reasonable; and
- It should recognise that restrictions on the practice of a profession should only occur where the benefits of the restriction to the community as a whole outweigh the costs.

BOARD STRATEGIC PLAN 2007-2011

The Board has now finalised consideration of consultation replies and has approved its *Strategic Plan 2007-2011*.

The Board would be pleased if you would peruse the Plan which articulates the directions, priorities and strategies that the Board will pursue during 2007-2011.

The *Strategic Plan 2007-2011* is available at www.mrtboard.qld.gov.au in the Publications section

RENEWAL OF REGISTRATION

The application for renewal of registration form must be completed and RECEIVED BY THE OFFICE BY 30 JUNE 2008. Registrants who fail to renew by the due date cannot practise until they make application to the Board for restoration and the Board grants approval. Application must be made on the approved form, and be accompanied by the restoration fee.

REMINDER: Registrants must complete the mandatory disclosure on the renewal of registration form stating whether they suffer from any ongoing medical condition, of which they are aware, or know or ought reasonably to know adversely affects their ability to competently and safely practise the profession. If such a condition is notified to the Board, registration is renewed, but the Board may deal with the matter under Part 7 of the *Health Practitioners (Professional Standards) Act 1999*.

OFFICE CONTACTS

The Office of Health Practitioner Registration Boards (OHPRB) is open to the public between 9.00 am and 4.00 pm Monday to Friday and is located at:

Level 8, Forestry House
160 Mary Street
BRISBANE QLD 4000

Executive Officer:	Mr J O'Dempsey
Director (Board Support & Advisory Program)	Mr M Demy-Geroe
A/Director (Registration Services Program)	Ms T Stenzel
Professional Adviser	Ms Francesca Holloway
Principal Coordinator (Board Support & Advisory Program)	Ms Pauline Portier

Registration:	3225 2532
Board Issues:	3225 2505
Professional Adviser:	3222 2808
Conduct and Health:	3225 2467
Fax:	3225 2527
Email:	mrt@healthregboards.qld.gov.au
Website:	www.mrtboard.qld.gov.au

Correspondence should be addressed to:
Executive Officer
Medical Radiation Technologists Board of Queensland
GPO Box 2438
BRISBANE QLD 4001

