

MEDICAL RADIATION TECHNOLOGISTS BOARD OF QUEENSLAND

NEWSLETTER – YOUR MOST FREQUENTLY ASKED QUESTIONS

Introduction

This newsletter will provide responses to your most frequently asked questions about registration of Medical Radiation Technologists (“MRTs”) in Queensland.

Following the circulation of the newsletter in July 2002 to all potential registrants, a common theme of inquiries was made by MRTs, predominantly from Diagnostic Radiographers, to the Chairperson of the Medical Radiation Technologists Board (“the Board”), the Chairman of the Queensland Branch of the Australian Institute of Radiography (“the Institute”) and staff of the Office of Health Practitioner Registration Boards (“the Office”). The common theme of the inquiries included such matters as:

- the history of the path to registration
- costs
- dual qualified practitioners
- the difference between radiation use (‘use’) licensing and registration
- the supervision of graduates
- resumption of practice after some years out of the workforce
- issues surrounding currency of qualifications

Representatives of the Board, the Institute and the Office have worked together to develop this newsletter so that all potential registrants can be informed on these matters. Industrial and employment issues are not addressed in the newsletter as such issues are not within the domain or responsibility of the three organizations.

The Path to Registration

Prior to addressing your most frequently asked questions a brief summary of the complex journey to registration in Queensland will be important.

On the inauguration of the Institute in 1949 the Foundation Fellows inserted a clause in the Articles of Association that the Institute would pursue the registration of radiographers in all states. A state based approach to registration was necessary as the Commonwealth does not have the power under the Constitution to regulate trade, commerce or the provision of services.

This is a power that resides exclusively with the states and as such it is only the states that can make laws such as the *Medical Radiation Technologists Registration Act 2001* (“the Act”).

Having to approach its goal of registration on a state by state basis has been a slow and difficult journey for the state branches of the Institute, with Tasmania being the first state to achieve registration of radiographers in the early 1970s and Victoria in the mid 1990s.

In the early 1990s the Queensland Government commenced a comprehensive review of the legislation providing for registration of health practitioners in the state. This involved review of the 12 Acts and 17 sets of subordinate legislation for all the health professions regulated at that time with the exception of the nursing profession.

The purpose of the review was to develop the most effective regulatory model for ensuring that health practitioners provided health services in a safe, competent and up to date manner. The *Intergovernmental Competition Principles Agreement*, which mandated the review of legislation containing anti-competitive restrictions, was one of a number of Commonwealth/state reform processes that was addressed by the review of health practitioner legislation.

At the same time as the review of the legislation was occurring, a separate national review of partially registered occupations was being undertaken by the Vocational Education, Employment and Training Committee (VEETAC) Working Party on Mutual Recognition. The VEETAC review arose from another micro economic reform agenda – the Heads of Government Agreement to establish a scheme for the implementation of mutual recognition principles for goods and services. The review of partially registered health professions was conducted by the Australian Health Ministers’ Advisory Council’s (AHMAC) Mutual Recognition Working Party which reported to the Australian Health Ministers’ Conference (AHMC).

Before the Heads of Government finalized their Intergovernment Agreement on Mutual Recognition in May 1992, Health Ministers had

agreed that 'radiographers' and several other occupations should be fully registered and, therefore, were not required to undergo the test applied to other partially registered occupations. This position was subsequently endorsed by the VEETAC Working Party and recommended in its report.

In 1993 AHMAC established a Conference of Regulatory Authorities for Medical Radiation Technology for the purpose of providing advice on measures necessary to implement a consistent national approach to registration issues in the context of mutual recognition. The recommendations of this Conference were subsequently endorsed by AHMC which resolved that:

For mutual recognition to work satisfactorily amongst all jurisdictions, it is essential that Queensland, Western Australia, the Australian Capital Territory and New South Wales amend their legislation to require the regulation of individual medical radiation technologists, whether this be by the establishment of Registration Boards, or by licensing of individual technologists to operate radiation apparatus or to handle radioactive substances.

Professional associations, including the Institute and ANZSNM, were represented at this Conference as were other stakeholders including Health Department representatives of each state and territory Government. The terms of the AHMC resolution led to a divergence of positions in Queensland. The professional associations believed that registration was the most appropriate means of regulation because members of the profession would sit on an independent body responsible to the Minister for Health. This was consistent with the Institute's policy position for over 30 years.

However, the Government's position was that licensing of individual technologists to operate radiation apparatus or to handle radiation substances was sufficient. The professional associations continued to make representations to Government through the Minister for Health that 'use' licensing was inappropriate because:

- it required Queensland Health to undertake a dual role, that of being both the employer and regulator of MRTs;
- such a role created a conflict of interest for Queensland Health; and
- 'use' licensing did not address development and maintenance of professional standards of practice and conduct.

To progress the 'use' licensing form of regulation the *Radiation Safety Act 1999* and its subordinate legislation were developed and implemented. This legislation covered a broad range of matters including the sources of ionising and non-ionising radiation, transportation of radioactive substances, disposal of radioactive materials and a variety of other radiation safety and protection issues. A section of this Act also dealt briefly with the licensing of those who use radiation sources and this deals with all users not just MRTs.

The Government introduced the *Radiation Safety Act 1999* as the previous legislation did not meet international standards on radiation safety and protection issues. The professional associations continued to represent their view to Government that the legislation did not provide for professional peer review, the maintenance of professional standards, or the supervision requirements of new graduates. When the Institute lobbied previous Ministers for Health on the need for registration of radiographers to address these key issues, the response received at that time was that 'use' licensing under the *Radiation Safety Act 1999* was sufficient. It was only when the current Minister for Health was appointed that such representations were successful as the Minister recognized and understood the distinction between licensing and registration. In September 1998, the Minister for Health decided that the AHMC decision be implemented through registration of MRTs. To progress this decision the Minister for Health requested that registration of MRTs be implemented under the model legislation developed for other health practitioners through the review of their legislation being conducted at that time. Following this decision, consultation was commenced as a component of that review.

Given this history it is clear that registration through the Board has been a goal long sought by the representative professional associations, a goal, which has been achieved in a complex legislative review environment.

Now to the answers to your most frequently asked questions.

Why were MRTs Given Little Notice of the Introduction of the Act?

Communication about the development of the legislation has been extensive over the last 3-4 years. It has included the following:

Institute Communication

In October 1997 the Strategic Plan of the Institute was reviewed and one of the stated goals of the Plan was the pursuit of registration in Queensland, New South Wales and Western Australia. This was published in the February 1998 edition of *Spectrum*. In June of that year the newly appointed Minister for Health, Wendy Edmond, was invited to speak on a number of topics, including registration, to members at a meeting entitled 'Women in Black' held at the Brisbane Convention Centre. Subsequent to that meeting a registration sub-committee was formed to work towards the achievement of the strategic goal. Late in 1999 the consultation process managed by the Legislative Projects Unit ('LPU') of Queensland Health was commenced. The registration sub-committee made every endeavour to keep members of the Institute informed through Information Sheets, reports and articles in *Spectrum*, reports at branch meetings and publication of minutes in *Spectrum*.

Information Sheets

In March 2000 the registration sub-committee of the Institute circulated an Information Sheet on registration to all financial members as an inclusion with a ballot being conducted at that time for a vacant advisory panel position. Email through the list server was also trialed as a method of communication but as only two responses were received this was not continued.

Reports at Branch Meetings

Through the consultation process managed by the LPU discussion papers and draft legislation were released for comment to stakeholders. These were considered by the registration sub-committee for the development of draft responses. The drafts, together with the discussion papers and proposed legislation, were then tabled for members' comments at branch meetings prior to submitting the formal responses to the consultation. LPU also met on a number of occasions with the registration sub-committee to clarify issues raised in the consultation process. Information from these meetings was subsequently provided to branch meetings through reports of the registration sub-committee.

Reports/Article in *Spectrum*

At key milestones, specific articles were published in *Spectrum* to bring important issues about the proposed legislation to members'

attention. The March 2000 edition contained a report on how the consultation process was progressing and in the June 2001 edition a report entitled 'Registration: One Step Closer for Queensland Radiographers' was published. In that edition the website address, where a copy of the Act could be accessed, was also provided. The February 2002 edition of *Spectrum* provided a follow-up article on registration which reported the requests of LPU and the committee's activities over the Christmas recess with regard to the Regulatory Impact Statement and draft Medical Radiation Technologists Registration Regulation. The Institute response requested an extension of time so that members attending the first branch meeting of the year could comment on the documents.

Minutes in *Spectrum*

The word 'registration' has appeared in the minutes of every meeting of the Queensland branch of the Institute held since late 1999. When present at sub-branch meetings or weekend conferences, members of the registration sub-committee have also presented reports and answered questions on the progress of registration.

ANZSNM Communication

Two representatives from the ANZSNM Queensland Branch were included in the consultation committee established to advise LPU. Regular progress reports were made at branch meetings and in the ANZSNM quarterly newsletters from 1998 onwards. In addition, information was provided to all known Queensland nuclear medicine facilities regarding important milestones in the process through regular mailouts from 1998 onwards.

Government Communication

In 1999 the Short Form Public Benefit Test Report was circulated to key stakeholders including the professional associations for comment. The Regulatory Impact Statement and draft regulation was then circulated in 2001 to key stakeholders, professional associations and those who responded to the public advertisement advising of their availability. Queensland Health also conducted mailouts to Queensland hospitals and practices and published the materials on its website.

Other Methods

MRTs who are not members of their professional association have had to rely on

other less reliable methods in obtaining their information. This would have occurred, for example, through dialogue with colleagues who share members and/or by responding to the public advertisement in The Courier-Mail.

Why Does it Cost \$220 per year for Registration?

The Board is one of 13 health practitioner registration boards established as independent statutory bodies under their respective registration Acts. In being independent the Government has determined that the Boards should be self funding through the fees and charges levied under the Acts. Each Board is provided with administrative and operational support by the Office. This support is based on a statutory contract called a Service Agreement entered into between each Board and the Executive Officer of the Office.

In its role the Office provides support to the Boards by:

- processing all applications for registration;
- assisting the Board in complying with all legislative requirements;
- processing complaints, conducting investigations and organizing disciplinary actions;
- arranging health assessments and monitoring compliance of registrants;
- providing corporate support through financial management services, information technology services, records management services, human resource management services and payroll services;
- processing all applications under the *Freedom of Information Act 1992* and *Judicial Review Act 1991*;
- providing secretariat services and meeting support to the Boards; and
- providing policy advice.

The Office, in consultation with LPU, made an estimate of annual costs based upon comparative and historical costs of the other 11 Boards existing at that time and divided it by the projected number of registrants. An original proposal of \$170 was put to stakeholders in December 2001 as a component of the consultation process in the form of a Regulatory Impact Statement. In considering the responses to this consultation and through the usual cross agency consideration processes of the Government, including Queensland Treasury, it was identified that the fee should be amended to ensure that the Board had the resources available to it to implement its responsibilities

under the Act. The fee of \$170 was amended to \$220 in the draft of the Medical Radiation Technologists Registration Regulation prior to its consideration by Cabinet in April 2002. It should be noted that the Board was subsequently appointed in May 2002.

The fee adjustment was made based on a comparison of costs to those Boards with a similar number of registrants and to ensure the financial viability of a new Board where registration numbers and set up costs were not as predictable given this was the first Board to undertake the registration of three professions under one umbrella. Comparative data for set up costs for the Board were not available as it is many decades since regulation for a health practitioner group has been established from a zero base.

In responding to the original proposal of \$170 fee the Institute advised Queensland Health that this figure was much higher than the Victorian fee of \$50. It was subsequently established that the Victorian Government subsidises the operations of the Board in that state. It is also understood that the Victorian fee structure is currently under review.

The Institute is making further representations to the Minister for Health on the quantum of the annual fee as it is of the view that further consultation was required when the fee was increased to \$220 from the proposed \$170 level.

Is the Registration Fee Tax Deductible?

Yes. The registration fee and all other fees levied under the Act are fully tax deductible. In addition all fees are GST free.

Why do I Have to Pay for a Year When I am Only Required to Register for 7½ Months?

In recognition that the Board needed time to establish its systems and communicate with potential registrants, the Act included transitional arrangements giving registrants six months in which to become registered. These transitional arrangements provide that when you are registered the registration is backdated to 1 July 2002. The Board will issue you with your registration certificate which recognizes that you are registered from 1 July 2002 until 30 June 2003.

It should also be recognized that the Board, which was established in May 2002, will incur expenditure for the full 2002/2003 financial year including the significant set up costs of establishing registration for a profession from a zero base.

Why is it Necessary to Pay an Application Fee as Well as the Registration Fee?

The application fee is based on a user pays philosophy. It is a one off charge at the point of initial registration covering all the inherent costs of processing an application which include updating the database of registrants/applicants, establishing a personal file and checking the application details for accuracy, conformity and completeness. In regard to the last of these issues, considerable cost has been incurred as many applications have already had to be returned to applicants for clarification or completion.

The application fee is also non refundable to ensure that those that are not successful in gaining registration bear the costs of making the application. This means that registrants both now and in the future do not contribute to the costs of processing applications through the registration fee.

The application fee of \$100 is the same as that required under the legislation of the majority of the 13 health practitioner boards. In fact, a number of boards have an application fee of \$120 required under their legislation.

Why do Part Time Staff Have to Pay the Full Registration Fee?

In essence, registrants make an economic and lifestyle decision in relation to their hours of work. Their status as a qualified health care professional wanting to use the restricted title established under the Act does not alter due to flexible working arrangements or the number of hours worked.

This position is consistent across all of the legislation for the 13 health practitioner boards with no board having the ability to accept a part time fee.

Is Registration Required for Someone Who is Predominantly a Sonographer or an MRI Operator and Only Occasionally Does Radiography?

Like other registered health professionals such as medical practitioners, dentists, psychologists, etc. the use of restricted professional titles forms the basis of the registration model established under the Act. In this regard, only those who are registered by the Board may use the related restricted title. Restricting use of the titles relevant to the professions ensures that clients and employers can identify qualified professionals who are accountable for their standards of practice and conduct to the Board. It also

provides consumers and employers with a guarantee that the practitioner will have the competence necessary for safe practice.

The restricted titles under the Act are 'Medical Imaging Technologist', 'Radiographer', 'Nuclear Medicine Technologist', and 'Radiation Therapist'. Anyone who uses these titles at any time should be registered. It is important to be aware that use of the titles if you are not a registrant is subject to significant penalty provisions with fines of up to \$75,000 able to be imposed by a magistrate. These provisions apply to individuals who use the titles themselves and to others, such as employers, when they use the titles in referring to someone who is not a registrant. In addition, individuals cannot claim that they are, or another person is, registered under the Act unless that person is actually registered. The same penalty applies to those breaching these requirements.

The title protection provisions and related penalties have implications for anyone whose position description uses any of the restricted titles or hold themselves out as a registrant.

So if as part of your practice you are required under your position description to use a restricted title you must be registered. In addition, even if not using the restricted title, if you engage in conduct which having regard to the circumstances may indicate to a reasonable person that you are registered in any of the professions when you do not hold registration, the same penalty provisions detailed above apply. This may apply to those who predominantly provide sonography but are occasionally required to practise as a Radiographer or Nuclear Medicine Technologist.

Please be reassured that the Board recognises the need for a collaborative approach for implementing the Act and establishing registration of the professions. In this regard, the Board's intentions are to encourage compliance through educative and supportive strategies. However, when registration of the professions has become well established over the next 12 months, the Board, in the interests of the public, will have no option but to strictly enforce the provisions.

Will Employers Pay the Annual Registration Fee as Some Currently Pay the Licence Fee?

This is really a matter for individual negotiations between employers and those representing employees.

Do Graduates in Their Professional Development Year ('PDY') Have to Pay the Full Registration Fee?

The transitional arrangements in the Act provide that existing graduates who complete their PDY in December 2002 are exempt from the initial registration requirements. However, they will be required to pay an application fee and a six month registration fee commencing 1 January 2003 which will entitle them to registration until 30 June 2003. Between April and June of 2003 and every year thereafter they will be required to renew their registration as is usual for all current registrants.

Those currently involved in their PDY who do not complete in December 2002 will be required to register as general registrants with probationary conditions which require supervision. New graduates from January 2003 will be required to pay the application fee and the appropriate registration fee as general registrants with probationary conditions and it is renewable annually. On completion of the PDY graduates can apply for removal of their probationary conditions.

How Are the Funds Received by the Board Spent?

The Board's expenditure is of three types being those costs incurred directly by the Board, expenditure on salaries under the Service Agreement and expenditure on operational costs under the Service Agreement. Direct Board expenditure includes Board member fee payments, meeting costs, newsletter publication and distribution costs, legal advice costs, bank charges, statutory compliance costs for production of annual reports and auditing of financial statements, etc. If the Board nominates the Institute as the entity to manage the supervised practice program and undertake the assessment of overseas qualified applicants, the Board will be responsible for costs to support the Institute in administering these programs.

Under the Service Agreement, expenditure is on the day to day costs incurred by the Office in providing administrative support for the Board. It includes the Board's share, on the basis of usage, of such items as (a) rent, (b) insurance, (c) salaries, (d) stationery, (e) postage, (f) information technology and communication infrastructure, (g) staff training and development, etc.

The Board is accountable to the Minister for Health and Parliament for its expenditure and this is audited annually by the Queensland Audit

Office. The audited financial statements are published in the Board's Annual Report which is available in November each year after it has been tabled in Parliament.

How Much Do Board Members Get Paid?

Governor-in-Council establishes the entitlements of Board members. For an ordinary meeting of the Board members receive \$236 before tax and the Chairperson receives \$280 before tax. Meetings are held on a monthly basis (although they may be more frequent in the establishment phase of the Board) from 5.00pm to 9.30pm.

The fees paid to Board members are standard entitlements to the members of all 13 health practitioner registration boards. Members who are public sector employees receive no additional remuneration for any Board activities conducted during normal business hours (9.00am to 6.00pm) or for their own time spent in preparing for meetings or in following up actions ensuing from a meeting.

Why Is It Necessary to be Both Licensed and Registered?

'Use' licensing is established under the *Radiation Safety Act 1999* and it is available to anyone who meets the requirements of that Act. In other words, it is not restricted to MRTs. 'Use' licensing does not provide any mechanisms for ensuring the standards of practice and conduct by MRTs, professional peer review, maintenance of professional standards, or the supervision requirements of new graduates. It is only the registration Act that provides for these matters.

While it is recognized that MRTs will be paying both a 'use' licence fee and a registration fee, the Board has no power to waive the licensing fee established under the *Radiation Safety Act 1999* or to deem that a registrant is automatically licensed under that Act without having to pay a fee. This is a matter for Government and would require amendments to the *Radiation Safety Act 1999*.

The professional associations have advised that their position is that payment for a 'use' licence is an unnecessary cost now that registration has been established. The Institute is currently making representations to the Minister for Health to exempt registrants from paying the 'use' licence fee. Further information will be provided on this matter by the Institute in the future.

What if I Do Not Have the Current Qualifications Prescribed in Schedule 1 of the Regulation?

If you do not have the current qualifications it is important that you use the transitional registration process which is available until **11 November 2002**. Until that time, a Statement of Accreditation from the Australian Institute of Radiography and/or the New Zealand Society of Nuclear Medicine plus an appropriate employment history will entitle you to registration.

After 11 November 2002 applicants for registration will be assessed by the Board under Part 3 of the Act. Each applicant will be assessed individually against the requirements of section 44 which details when an applicant is qualified for general registration. This requires the Board to apply a higher standard in determining whether an applicant is qualified for registration in comparison to the standard applied under the transitional arrangements. If the applicant meets the qualification requirements detailed in section 44, the Board also has to consider their fitness to practice the profession. The assessment matters in relation to fitness to practise the profession are detailed in section 45 of the Act. If there are issues in relation to fitness to practice the profession, particularly if the applicant has not practised the profession for over 5 years, the Board may require a period of supervised practice prior to granting registration.

The extent of supervision required can only be determined on a case by case basis and may range from direct and constant to a report only basis. As a component of the supervised practice the applicant's competence will be assessed either directly by the Board or by the Board delegating its responsibility to another entity. The Board will be considering delegating assessments to entities such as the Institute and ANZSNM over the coming months.

Will Graduates Undergoing Their PDY Be Able to Do Sole Shifts Without Supervision?

No. Graduates undergoing the PDY (supervised practice program) will require the appropriate number of registered practitioners within the practice setting (for example, 2 for Medical Imaging Technologists and Nuclear Medicine Technologists and 3 for Radiation Therapists) who could fulfil the role of supervisor. There can be both a primary supervisor (probationary supervisor) and secondary supervisors who are responsible to the probationary supervisor. Secondary supervisors must be present and available within the practice setting at all times that the graduate is undergoing the PDY. If no secondary

supervisors are appointed, this responsibility falls to the probationary supervisor.

At the end of their 48 weeks of supervised practice and the completion of a supporting report by their probationary supervisor, the graduate may make immediate application for review of their probationary conditions. Once the probationary conditions have been removed by the Board, supervision will no longer be required.

Don't the Institute and ANZSNM Provide Similar Functions to the Board?

These two professional associations provide a range of educational course accreditation services, professional development opportunities for members and produce professional journals. They also provide a vehicle to negotiate with and represent the professions at state, national and international forums and establish modality specific advisory panels as required.

Professional indemnity insurance is also available through the associations and they are responsible, on behalf of the Federal Government, to assess the overseas qualifications of those seeking to migrate to Australia. Importantly, membership of the associations is voluntary and they have no legal jurisdiction to ensure that professional standards are met, competence of MRTs is maintained or complaints from consumers are addressed.

The Board, which has enforceable powers to deal with these and other matters, is now responsible to:

- protect the public by ensuring health care is delivered by registrants in a professional, safe and competent way;
- uphold the standards of practice within the professions; and
- maintain public confidence in the professions.

The legally enforceable powers of the Board are established through both the *Medical Radiation Technologists Registration Act 2001* and the *Health Practitioners (Professional Standards) Act 1999*.

The professional associations will continue to provide the services they always have as national peer bodies and where possible will work in co-operation with the Board in maintaining professional standards.

What Role Will the Board Play in Monitoring the Activities of Those With a Limited 'Use' Licence?

Those with a limited 'use' licence are regulated and monitored by Radiation Health, a division of Queensland Health, with powers established under the *Radiation Safety Act 1999*. If such a licensee

who is not a registrant uses the restricted title(s) or holds themselves out to others as being a registrant, then they may be in breach of the *Medical Radiation Technologists Registration Act 2001*. As mentioned previously, breach of these provisions of the Act may result in significant fines.

How Were the Registrant Members of the Board Selected?

Membership of the Board is established under section 15 of the Act and all members are appointed by Governor-in-Council following nomination by the Minister. The registrant members must consist of:

- at least 2 general registrants nominated by the bodies the Minister considers represent the interests of registrants;
- one general registrant nominated by the governing bodies of the educational institutions established in the state; and
- at least one general registrant nominated by the Minister.

In addition to these requirements, the Board must consist of at least seven but not more than 11 members and a majority of the members must be registrant members. To establish the Board the Minister sought nominations from the Institute, the ANZSNM and the educational institutions. The Institute forwarded a list of 10 names from both the public and private sectors and both regional and urban centres. ANZSNM provided three nominees, one of whom was from a regional centre and three nominees were provided by the educational institutions.

The Governor-in-Council appointed two Radiographers, two Radiation Therapists, one Nuclear Medicine Technologist and one educationalist. In addition, two public members and a lawyer member were also appointed under section 15 of the Act.

The term of appointment for Board members is four years. It is important to recognize that once a registrant is appointed to the Board they have a legislative responsibility to act independently, impartially and in the public interest (section 12 of the Act). This means they cannot represent the interests of any particular individual, group or professional association.

Why is it Necessary to Pay Two Registration Fees to be Registered in a Second Profession Administered by the One Board?

The Board considered this issue at its June and July meetings and determined to seek approval from the Minister for Health of a proposal to waive the second and/or third registration fee. Should the Minister approve this proposal an amendment to the Act and regulation will be required. The Board will provide an update on this matter once it receives advice of the Minister's decision.

The Institute and ANZSNM are also making representations to the Minister on this issue.

What are the Benefits of Registration?

Primarily the Government recognizes that a Board constituted by a majority of registrant members is best placed to establish, monitor and continually develop the standards of practice of the profession. It is a model of co-regulation directed toward:

- protection of the public by ensuring health care is delivered by registrants in a professional, safe and competent way;
- upholding the standards of practice within the profession by ensuring that the standards of education, conduct and practice are maintained; and
- maintaining public confidence in the profession.

Clearly registration recognizes the importance of the professions by protecting the title(s) and regulating who can use the title(s). In this way, consumers can clearly identify those professionals who have been assessed as able to provide health care in a safe and competent way.

Additionally, there is an economic impact flowing from protection of title as registration ensures that the number of practitioners is restricted to only those with suitable qualifications who engage in continuing professional development and who maintain their professional standards. The effect of this is on the demand and supply of the professions.

VERY IMPORTANT NOTICE:

To ensure an application is approved by the Board under the transitional arrangements, it is imperative that correctly completed applications and the appropriate fees be received at the Office well before 11 November 2002.

To enable your application to be processed prior to this date the Board requests that your completed application is received by the Office by 30 September 2002.

A copy of the following Acts and Regulations are available on the Queensland Government Website at www.qld.gov.au/legislation:

Medical Radiation Technologists Registration Act 2001
Medical Radiation Technologists Registration Regulation 2002
Health Practitioners (Professional Standards) Act 1999

The Office of Health Practitioner Registration Boards website can be viewed at:
www.healthregboards.qld.gov.au

Prepared by the Medical Radiation Technologists Board of Queensland in collaboration with the Chairman of the Australian Institute of Radiography (Queensland Branch) and the Office of Health Practitioner Registration Boards.

