

MEDICAL RADIATION PRACTITIONERS  
- MANAGING RISK TO THE PUBLIC

MEDICAL RADIATION  
PRACTICE REGULATION  
AT WORK IN AUSTRALIA,  
2013/14

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Regulating medical radiation practitioners in the  
National Registration and Accreditation Scheme



Medical Radiation Practice  
Board of Australia | AHPRA



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# About this report

For the first time this year, the Medical Radiation Practice Board of Australia is publishing this profile of its work in regulating medical radiation practice in the National Registration and Accreditation Scheme during 2013/14.

The report aims to provide a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest.

As ever, this year the National Board has worked in close partnership with the Australian Health Practitioners Regulation Agency (AHPRA) to bring out the best of the National Scheme for all Australians.

The data in this report are drawn from data published in the 2013/14 annual report of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these national data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories. In future years, we will provide more detailed analysis to deepen our understanding of trends.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with the [2013/14 annual report of AHPRA and the National Boards](#).

# Message from the Chair, Medical Radiation Practice Board of Australia

This year marked the second year of national registration of medical radiation practitioners and as a Board we have continued to focus on developing an efficient, effective national scheme of registration and accreditation of medical radiation practitioners that provides for the safety of the public.

Over the next 12 months the National Scheme is being reviewed. This review offers an opportunity to reflect on the significant benefits that the National Scheme has brought to the regulation of health practitioners and to the communities they serve. It is also an opportunity to consider how we might improve, both individually as a National Board and collectively as a national registration and accreditation scheme.

It is appropriate that the efficiency and cost effectiveness of the scheme be scrutinised, particularly as the cost of our operations is funded through registrant fees, and not funded through government. As a regulator, there is an inherent difficulty in placing a value on the protection of the public. However, our goal is not necessarily to show value for money, but a value in the services we provide.

I would like to touch on one of the particular benefits of the National Scheme: the opportunity to work with other National Boards in the development of a number of codes, guidelines and policies has been challenging, but brings together a tremendous wealth of knowledge and expertise on any given issue.

While there are differences in the practice of each profession, it is our common link as regulators of health practitioners that binds us together. So at this time I would like to acknowledge and thank the other 13 National Boards for their commitment to working constructively to find the common ground.

2014 marked the conclusion of Board member appointments on the inaugural Board. I must thank all members of the Medical Radiation Practice Board of Australia and its committees for their contributions, support, dedication and joint sense of purpose. Mrs Liz Benson, Ms Susan Baldwin, Mr Kar Giam and Mr Chris Pilkington finished their appointments to the Board and I thank them for their excellent work and

support during their tenure. Ms Rosie Yeo, Ms Robyn Hopcroft, Ms Marcia Fleet, Mr Mark Marcenko and Mr Christopher Hicks were reappointed by Ministers for further terms.

The Board welcomed the appointments of community members Ms Mary Edwards and Professor Stephan Millett. The Board also welcomed Ms Belinda Evans, Mr Roger Weckert and Mr Travis Pearson as practitioner members.

I would like to recognise the efforts of a wide range of people who assist the Board in delivering national regulation for medical radiation practitioners. I congratulate our significant partner in the scheme, the Medical Radiation Practice Accreditation Committee, for the sterling job it has performed in the last 18 months. The input provided by medical radiation practice professional associations, government agencies and many other stakeholders has been invaluable to our policy and regulatory work. I also acknowledge the critical support provided by AHPRA as the scheme administrator, and particularly the invaluable and tireless work of the Board support staff Adam Reinhard, Helen Tierney and Akemi Pham-Vu. The Board looks forward to working more closely with AHPRA to continue improving registrant and consumer experience through our close partnership with AHPRA in 2015.



Neil Hicks  
Chair, Medical Radiation Practice  
Board of Australia

# Message from the AHPRA Chair and CEO

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, competent and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards. This is the work of the National Boards, with the support of AHPRA.

It has been a year of consolidation and improvement across the National Scheme. We have had three main areas of focus during the year: improving the experience of all involved in the notifications process; measuring and improving our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

Over the past four years there has been a consistent increase in the number of notifications we receive. This trend appears well established and consistent across Australia, and in line with the experience of overseas regulators. Managing this increase in volume poses considerable challenges for the National Boards and AHPRA. We need to make sure our people and our systems are well equipped to deal with current challenges while we plan for future demands.

We have developed and implemented a set of key performance indicators (KPIs) for the timeliness of notifications management. This work followed our strengthening last year of nationally consistent systems and processes in notifications management. More information on our approach to KPIs is detailed in the 2013/14 annual report of AHPRA and the National Boards. Developing and then applying these KPIs has had a significant impact on our management of notifications. We can see more clearly where the pressure points in our systems are, and as a result are able to target our efforts and resources to address them.

We now set international benchmarks for online registration renewals, matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data that can be used for planning purposes. Such data reflect the importance of the workforce objectives of our work. The accuracy, completeness and accessibility of the national registers is at the heart of our work.

One of the significant events of the year was the inquiry by the Legal and Social Issues Legislation Committee of the Victorian Parliament into the performance of AHPRA. The committee handed down

its findings in March 2014 and we welcomed its call for increased transparency, accountability and reporting to parliament.

This year AHPRA and National Boards have worked closely with the newly appointed health ombudsman in Queensland to make sure the new complaints management system there is effective and efficient when it takes effect on 1 July 2014. At that time, there will be two different co-regulatory models for notifications within the National Scheme. This will establish three different models of health complaints management in Australia, all underpinned by the same set of nationally consistent professional standards for practitioners, with information feeding into the national registers. We are committed to making these models work, but recognise the challenges they may pose for national consistency in decision-making.

After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison, it is still a relatively young organisation. We are not complacent and continue to identify and act on opportunities to improve the performance of the National Scheme in partnership with National Boards.



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

# Major outcomes and achievements 2013/14

## Supervised practice

In April 2014, Ministerial Council approved the Board's supervised practice registration standard. This marked the end of a significant period of wide-ranging consultation with stakeholders, and also marked the beginning of the Board taking a direct role in the management of supervised practice.

The supervised practice registration standard and guidelines ensure practitioners meet the requirements of registration and are capable of safe, independent practice. The standard will apply to a wide range of practitioners, including provisional registrants, limited registrants and those practitioners returning to practice.

## Meeting with the New Zealand Board

In May 2014, the Board met with the Medical Radiation Technologists Board of New Zealand. This was the first meeting of both Boards and discussions addressed a number of common interests, including investigating the assessment of overseas-qualified practitioners; competency and practice standards; expanded areas of practice; and advanced practice. The two Boards agreed that the meeting was a helpful starting point for future discussions and collaboration.

While in New Zealand, the Board also attended the inaugural conference hosted by New Zealand health regulators. The Board heard keynote speaker Harry Cayton, CEO of the Professional Standards Authority (Health Regulators UK), present on how health regulators might be better regulators.

## Reduction in registration fees

For the second year in a row, the Board reduced its registration and application fees. The Board has committed itself to a conservative approach in relation to fee-setting. This approach ensures that the Board has sufficient reserves to deal with extraordinary costs, but also enables the Board to provide additional capability that supports good practice and the safety of the public.

The National Law requires that a National Board is constituted by members from each state and territory, and for this reason there are costs related to holding Board meetings. To address this cost, the Board received advice from governance experts to assist us in making the most of our meeting time.

This year's reduction has been possible because of a lower expenditure on regulatory projects and efficiency gains related to board and committee meetings, balanced against an increase in the cost of regulatory operations.

## Principles of decision-making

Like many other National Boards, the principles for decision-making provide a clear, constant framework in which all boards make decisions that affect registered health practitioners, health consumers and the broader public.

These principles establish a risk-based approach to regulation and this is a philosophy that the Board wholeheartedly endorses.

## Registration standards and guidelines

The following standards and guidelines were approved in 2013/14:

- Supervised practice registration standard (*new*)
- Supervised practice guidelines
- Provisional registration guidelines.

## Stakeholder engagement, professional standards

The Board is committed to connecting with stakeholders, and in particular practitioners, to ensure that they understand their responsibilities as registered health practitioners. In the last year, the Board has visited a number of states and territories to conduct information sessions in metropolitan, regional and rural areas of Australia. The response from registered practitioners has been overwhelmingly positive and the Board thanks them for taking the time to attend these important events. The Board has had the opportunity to hear the questions and concerns of registered practitioners and has been able to provide, in most cases, information or a commitment to respond.

In addition to meeting with registered practitioners, the Board has met with professional associations,

unions, employers and employer associations, education providers, international regulators, other state and territory regulators and governments.

In the coming year, the Board will continue to communicate and engage with stakeholders. In addition to meetings and information sessions, the Board will look to utilise more efficient means of communication, including the enhancement of existing online resources and creating targeted information to assist registered practitioners.

## Priorities for the coming year

### Development of an examination pathway

The National Law requires a National Board to ensure that there is a rigorous and responsive assessment of overseas-qualified practitioners. The development of an examination pathway provides a rigorous and responsive assessment, not only of overseas-qualified practitioners, but for a range of other practitioners where the Board seeks assurance that they are able to practise in a competent and ethical manner. The examination also allows flexibility for practitioners applying to be registered and provides the Board with a consistent benchmark upon which decisions can be made.

### Working with other regulatory authorities that impact on the medical radiation practitioner workforce

A number of National Boards and registered health practitioners must work within a complex framework of regulatory requirements that involves a number of different regulatory bodies. The Board is conscious of the effect that regulation can have on the mobility of registered medical radiation practitioners and the potential limits on their full scope of practice. The Board communicates regularly with other regulatory bodies relevant to medical radiation practitioners and students. The Board will begin to explore how it and other regulatory bodies can minimise the regulatory impact on registered practitioners, while maintaining the safety of the public.

## Board-specific registration and notifications data 2013/14

On 30 June 2014, there were 14,387 medical radiation practitioners registered in Australia, of which 46% were aged under 35. NSW is the state with the largest number of registered practitioners (4,812), followed by Victoria with 3,592 practitioners. In terms of the division of registration, there were 18 practitioners who held registration in more than one division. The majority of practitioners (11,121) hold registration as a diagnostic radiographer, 2,256 hold registration as a radiation therapist and a further 1,028 are registered to practise as a nuclear medicine technologist.

Nationally, 28 notifications were received about 0.2% of medical radiation practitioners, two more than the 26 notifications received in 2012/13. Fifteen of the 2013/14 notifications were lodged outside NSW and, of these, 13 were about diagnostic radiographers and two were about nuclear medicine technologists. Of the 17 notifications outside NSW that were closed during the year, 11 were closed after assessment, a further five were closed following investigation and one case closed following a health or performance assessment. In most cases (14), the Board determined that no further action was required or the case should be handled by the health complaints entity that had received the notification. The remaining cases resulted in a caution in two cases and conditions imposed in one case.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 119 of the 2013/14 annual report of AHPRA and the National Boards.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- the practitioner's registration was improperly obtained, or

- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their

registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was taken by the Board in one case in Victoria during the year, relating to a diagnostic radiographer. Integrated data for all professions including outcomes of immediate actions are published from page 146 in the 2013/14 annual report of AHPRA and the National Boards. More information about immediate action is published on our website under [Notifications](#).

Table 1: Registrant numbers at 30 June 2014

Medical Radiation Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	251	4,812	116	2,832	1,107	284	3,592	1,246	147	14,387	3.47%
2012/13	230	4,575	110	2,806	1,043	272	3,528	1,249	92	13,905	
% change from prior year	9.13%	5.18%	5.45%	0.93%	6.14%	4.41%	1.81%	-0.24%	59.78%		

\*Principal place of practice

Table 2: Registered practitioners by age

Medical Radiation Practitioner	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	1,220	2,990	2,455	1,746	1,560	1,146	1,116	1,130	681	271	63	8	1		14,387
2012/13	1,248	2,843	2,323	1,663	1,478	1,118	1,164	1,097	639	255	67	8	1	1	13,905

Table 3: Registrant numbers by division and state or territory

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
Diagnostic Radiographer	172	3,688	101	2,237	880	209	2,692	1,009	115	11,103
Diagnostic Radiographer and Nuclear Medicine Technologist			1	10	1	1	1	2		16
Diagnostic Radiographer and Radiation Therapist				1			1			2
Nuclear Medicine Technologist	19	409	4	134	72	19	288	63	4	1,012
Radiation Therapist	60	714	11	450	154	55	610	172	28	2,254
Total	251	4,812	116	2,832	1,107	284	3,592	1,246	147	14,387

\*Principal place of practice

Table 4: Notifications received by state or territory

Medical Radiation Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	1		5	1	1	6	1	15	13	28
2012/13	2		9	1		7	2	21	5	26

Table 5: Per cent of registrant base with notifications received by state or territory

Medical Radiation Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	0.4%		0.1%	0.1%	0.4%	0.1%	0.1%	0.1%	0.3%	0.2%
2012/13	0.9%		0.3%	0.1%		0.2%	0.2%	0.2%	0.1%	0.2%

Table 6: Notifications received by division and state or territory (excluding NSW)

Division	ACT	QLD	SA	TAS	VIC	WA	Total
Diagnostic Radiographer	1	3	1	1	6	1	13
Nuclear Medicine Technologist		2					2
<b>Total</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>15</b>

Table 7: Immediate action cases by division and state or territory (excluding NSW)

Division	VIC	Total
Diagnostic Radiographer	1	1
<b>Total</b>	<b>1</b>	<b>1</b>

Table 8: Notifications closed by state or territory

Medical Radiation Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	2		6	2		5	2	17	11	28
2012/13	1		2			7		10	2	12

Table 9: Notifications closed by division and state or territory (excluding NSW)

Division	ACT	QLD	SA	VIC	WA	Total
Diagnostic Radiographer	1	6	2	5	2	16
Nuclear Medicine Technologist	1					1
<b>Total</b>	<b>2</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>17</b>

Table 10: Stage at closure for notifications closed by division (excluding NSW)

Division	Assessment	Health or performance assessment	Investigation	Total
Diagnostic Radiographer	10		5	16
Nuclear Medicine Technologist	1			1
<b>Total</b>	<b>11</b>	<b>1</b>	<b>5</b>	<b>17</b>

Table 11: Outcome at closure for notifications closed by division (excluding NSW)

Division	No further action	Health complaints entity to retain	Caution	Impose conditions	Total
Diagnostic Radiographer	12	2	1	1	16
Nuclear Medicine Technologist			1		1
<b>Total</b>	<b>12</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>17</b>

## Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration.

Types of restrictions being monitored include:

**Drug and alcohol screening** – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

**Health** – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

**Supervision** – restrictions that require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.

**Mentoring** – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

**Chaperoning** – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

**Audit** – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

**Assessment** – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

**Practice and employment** – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

**Education and upskilling** – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

**Character** – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

## Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

More detail about our approach to managing statutory offences is reported from page 119 of the 2013/14 annual report of AHPRA and the National Boards.

## Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration

must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 115 of the 2013/14 annual report of AHPRA and the National Boards.

## Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

## Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development (CPD)) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

## Five core registration standards for all 14 health professions regulated under the National Scheme

- Continuing professional development
- Criminal history
- English language skills
- Professional indemnity insurance arrangements
- Recency of practice.

The standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

## Our work on professional standards in 2013/14

In 2013/14, the National Boards (supported by AHPRA) reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), the common social media policy and the shared code of conduct. Revised documents came into effect in March 2014 and updates to the guidelines for advertising were published in May 2014.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

These changes aimed to support clear communication and understanding of National Board requirements by practitioners, the public and other stakeholders. The common guidelines explain the requirements of the National Law. The wording was refined and clarified to assist practitioners to understand their obligations and to communicate more clearly with other stakeholders. A scheduled four-week lead-time in 2014 gave practitioners and stakeholders time to become familiar with the new content and structure before the revised standards took effect in March 2014.

The National Boards' codes of conduct set out the Boards' expectations of each registered health practitioner. Revisions published in 2014 to the shared code clarify to practitioners what is expected of them.

During the year, the National Boards coordinated the review of the common criminal history registration standard and the largely common English language skills registration standards. To prepare, AHPRA commissioned research about English language skills in the regulatory context to inform the review.<sup>1</sup>

1 2013 Medical Radiation Practice Board of Australia public consultation: Review of criminal history registration standard and English language skills registration standard. Available at: [www.medicalradiationpracticeboard.gov.au/News/Past-Consultations.aspx](http://www.medicalradiationpracticeboard.gov.au/News/Past-Consultations.aspx)

The research was combined with National Boards' experience in administering their English language skills registration standards and was supplemented with further information, including discussions with other regulators and language test providers. National Boards consulted stakeholders through a single consultation paper and proposals for largely common standards. This work ensured that final recommendations to National Boards would be based on the best available evidence and address the objectives and guiding principles of the National Law.

Similarly, the National Boards for the first 10 professions to be regulated under the National Scheme and the Medical Radiation Practice Board of Australia reviewed their registration standards for recency of practice, CPD and professional indemnity insurance arrangements. AHPRA coordinated these reviews across professions. This enabled multi-profession research to be commissioned, and facilitated National Boards considering issues of consistency and examples of good practice across the professions in the National Scheme.

Several Boards have developed, and the Ministerial Council has approved, additional registration standards beyond the five essential standards required by the National Law. See Appendix 3 of the 2013/14 annual report of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2013/14.

## Common standards, codes and guidelines issued in 2013/14

- Revised *Guidelines for advertising* (March 2014, updated in May 2014)
- Revised *Guidelines for mandatory notifications* (March 2014)
- Revised *Code of conduct* shared by the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia.

## Common National Board consultations completed

- International criminal history checks (released 1 October 2013; closed 31 October 2013)
- Common registration standards (English language skills registration standards [except Aboriginal and Torres Strait Islander Health Practice Board] and criminal history) (released 25 October 2013; closed 23 December 2013).

## Stakeholder engagement

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and

employers. The needs and interests of these groups sometimes overlap and sometimes are profession- or jurisdiction-specific.

National Boards and AHPRA continue to work closely with all our many stakeholders. AHPRA's state and territory managers play an important role in fostering relationships with local stakeholders.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways.

Across the scheme, we have developed a stakeholder engagement framework to help us engage more effectively with our stakeholders and members of the community, to build confidence in the National Scheme and make it more accessible. We want to make it easier to interact with and to understand. The framework maps the network of relationships and stakeholders in the National Scheme and identifies how these should take effect and who is responsible for making them work.

Our approach to stakeholder engagement is shaped by a commitment to being proactive, transparent, accessible and accountable.

### Proactive

- Actively engage, inform and educate stakeholders
- Encourage stakeholders to provide feedback
- Listen to how we can engage more effectively with our stakeholders
- Support greater awareness of the scheme and its benefits

### Transparent

- Be clear about what we do
- Look for ways to improve
- Take a 'no surprises' approach to how we engage

### Accessible

- Actively develop a public voice and face of the scheme
- Make it easy to engage with us
- Speak and write plainly
- Be clear

### Accountable

- Report on what we do
- Be transparent and up front

## Stakeholder engagement across the National Scheme

AHPRA's Community Reference Group (CRG) continues to advise AHPRA and the National Boards on ways in which community understanding and involvement in our work can be strengthened. The Professions Reference Group (PRG) is made up of members of professional associations for practitioners registered in the National Scheme. It provides feedback, information and advice on strategies for building better knowledge from

within the professions about health practitioner regulation, and advising AHPRA on operational issues affecting the professions. The group includes national professional associations. It does not discuss individual registration or notifications matters.

We continue to work closely with governments, education providers and other agencies interested in or involved with health practitioner regulation. We have established partnerships, consistent with privacy law and confidentiality requirements, with a range of data partners such as Medicare Australia, the National eHealth Transition Authority (NEHTA) and Health Workforce Australia

We have established services for employers who employ registered health practitioners so they have access to our online services for bulk registration checks, and can check the registration status of their employees in real time. We work with education providers on student enrolments and, in most cases, through accreditation authorities or committees, to ensure high-quality education.

Routinely, AHPRA keeps governments informed about the National Scheme, seeks feedback and provides briefs on jurisdiction-specific issues.

## National Registration and Accreditation Scheme Review

In May 2014, Health Ministers published the terms of reference for the independent review of the National Registration and Accreditation Scheme. Mandated initially by the inter-government agreement that underpins the scheme, the review is focused on:

- identifying the achievements of the National Scheme against its objectives and guiding principles
- assessing the extent to which National Scheme meets its aims and objectives
- the operational performance of the National Scheme
- the National Law, including the impact of mandatory reporting provisions; the role of the Australian Health Workforce Advisory Council, advertising, and mechanisms for new professions entering the scheme; and
- the future sustainability of the National Scheme, with a specific focus on the addition of other professions in the scheme and funding arrangements for smaller regulated professions.

AHPRA and the National Boards have engaged thoughtfully with the review, which is being led by Mr Kim Snowball. It provides both an important opportunity to identify what is working well and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

# Members of the Medical Radiation Practice Board of Australia

- Mr Neil Hicks (Chair)
- Ms Susan Baldwin
- Ms Liz Benson
- Ms Mary Edwards (from 1 May 2014)
- Ms Marcia Fleet
- Mr Kar Giam
- Mrs Myrtle Green (until 31 July 2013)
- Mr Christopher Hicks
- Ms Robyn Hopcroft
- Mr Mark Marcenko
- Mr Christopher Pilkington
- Ms Tracy Vitucci
- Ms Rosemary (Rosie) Yeo

During 2013/14, the Board was supported by Executive Officer Mr Adam Reinhard.

More information about the work of the Board is available at: [www.medicalradiationpracticeboard.gov.au](http://www.medicalradiationpracticeboard.gov.au)



Australian Health Practitioner  
Regulation Agency

GPO Box 9958 in your capital city

[www.ahpra.gov.au](http://www.ahpra.gov.au)

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