

like to present this submission, in confidence and for your consideration.

I have reviewed the document, Draft Accreditation Standards: Medical radiation practice. My submission is that, with the exception of Standard 2.10:

1, No further content needs to be added.

2, No content needs to be amended.

3, I am unable to foresee any potential unintended consequences of the current wording used.

4, The proposed revised accreditation standards, associated criteria, expected information and explanatory notes indicate clearly what is required for education providers to demonstrate they are producing safe and competent graduates.

5, Education providers should be able to provide the evidence (and expected information) required to meet the proposed criteria, provided that education providers are given sufficient time to do so.

6, I have no other general feedback or comments on the proposed revised standards, other than that pertaining to Standard 2.10.

Criteria 2.0 states that "The education provider appoints academic staff at an appropriate level to manage and lead the program."

AHPRA should consider adding and specifying that the individual appointed to lead a Medical Radiations academic program should have a PhD qualification (in the discipline or related discipline) and have a minimum of 10 years clinical experience (this should ensure that the individual has a well-rounded clinical experience and knowledge, and has also established suitable and relevant industry contacts).

Justification for this is that:

- Medical radiations has matured as a profession (clinically and academically) that such requirements have been achieved by individuals and would provide credibility (amongst clinical stake holders to the education provider, amongst other education providers, amongst the public, amongst students and potential students and amongst other interested and relevant stake holders and/or parties).

- The requirement of a PhD (as an academic qualification in a medical radiation discipline or related discipline) will ensure that the program leader has the utmost understanding of academic and research demands of students across the full spectrum of programs (Undergraduate, Honours, Masters and PhD). This will allow them to facilitate the development of programs beyond Undergraduate level and also foster research to Honours, Masters and PhD levels.

- The requirement for a minimum of 10 years clinical experience (ideally across a range of clinical sites/contexts) will ensure that the program leader has well-rounded and advanced

clinical knowledge, as practiced locally and in Australia. This will ensure that input into curriculum design and content will be clinically relevant and also help ensure that undergraduate students can synthesise knowledge and integrate into the clinical centres to which they are rostered to. It will also provide credibility (and assurance) to clinical stakeholders.

- Further justification is that a number of universities across Australia are recognising these issues and are advertising academic roles with these requirements (PhD qualification, minimum 10 years clinical experience). Recent advertisements for academic roles (especially senior or leadership roles) have asked for PhD and for a minimum of 10 years clinical experience (and time spent working in a research institute that performs medical imaging is not considered a suitable substitute for the variety of examinations and patient types encountered in conventional/traditional clinical experience). I have attached copies of recent position advertisements that demonstrate this.
  - The advertisement for a Senior Lecturer position in Medical Imaging at RMIT asks for applicants to have a PhD qualification or a minimum of 10 years clinical experience (if there is no PhD qualification).
  - The advertisement for a Lecturer position in Medical Imaging at CSU states that experience using diagnostic/medical imaging in a research facility/institute will not be considered a substitute for clinical experience.