

Medical radiation practice regulation at work in Australia

2014/15

Regulating medical radiation practitioners in the
National Registration and Accreditation Scheme

Managing risk to the public

Regulating medical
radiation practitioners

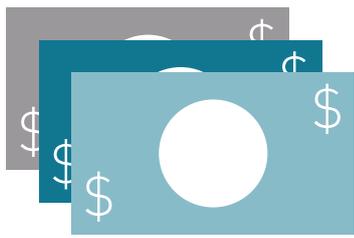


Medical Radiation Practice
Board of Australia

AHPRA

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Medical Radiation Practice Board in 2014/15
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Highlights



Registration fees reduced by \$45, the third year in a row there has been a reduction

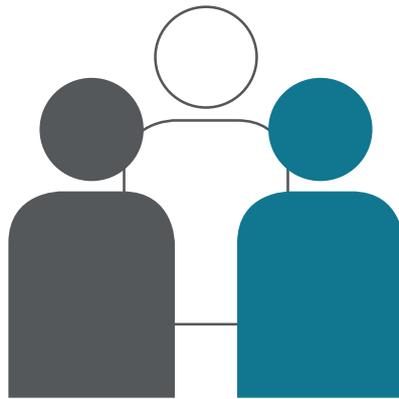
Around 400 experienced medical radiation practitioners providing supervision and guidance to junior members of the profession

Supervisor training held in Brisbane, Melbourne and Sydney



14,866

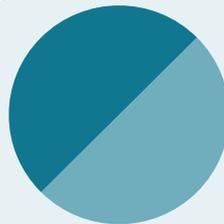
medical radiation practitioners in Australia on 30 June 2015



August 2014 audit showed a **94%** level of compliance with standards for the profession

3.33% increase in number of registered medical radiation practitioners compared to 2013/14

48% of medical radiation practitioners aged under 35



33% of medical radiation practitioners based in New South Wales, **25%** based in Victoria

31 notifications received about medical radiation practitioners – **21** were lodged outside New South Wales

77% of medical radiation practitioners hold registration as a diagnostic radiographer and **16%** as a radiation therapist

58% of closed notifications in 2014/15 (excluding New South Wales) were closed following an investigation

Four cases of immediate action during the year

53% of closed notifications in 2014/15 (excluding New South Wales) led to no further action



535 medical radiation practitioners under active monitoring – 97% in relation to suitability/eligibility

About this report

This report provides a profession-specific view of the Medical Radiation Practice Board of Australia's work to manage risk to the public and regulate the profession in the public interest.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

The data in this report are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these 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.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2014/15 [annual report](#) of AHPRA and the National Boards.

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Message from the Chair, Medical Radiation Practice Board of Australia

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

The efficiency and effectiveness measures put in place by the Medical Radiation Practice Board of Australia (the Board) in 2013/14 allowed us to reduce registration fees for a third year in succession.

This year has seen the successful implementation of a supervised practice scheme – over 550 supervised practitioners and around 400 experienced medical radiation practitioners are providing supervision and guidance to junior members of the profession.

Registered medical radiation practitioners were audited in August 2014 and again in May 2015. The results of the August 2014 audit showed a 94% level of compliance with standards for the profession.

We conducted a workforce survey as part of registration renewal last year. The initial analysis of the results shows that the medical radiation profession is receptive to a broader scope of practice that includes advanced practice. We will now consider whether regulatory arrangements that protect the public are necessary to enable a fuller scope of practice.

The Board met with a range of stakeholders this year, including practitioners, radiation licensing authorities, professional associations and the Medical Radiation Technologists Board of New Zealand. We also conducted a number of webinars that allowed practitioners and interested stakeholders to join in discussions about national regulation of the medical radiation practice profession.

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, including the Medical Radiation Practice Accreditation Committee, medical radiation practice professional associations and government agencies. I also acknowledge the critical support provided by AHPRA as the scheme administrator, and particularly the work of the Board support staff Adam Reinhard, Helen Tierney and Akemi Pham-Vu.



Neil Hicks
Chair, Medical Radiation Practice Board of Australia

Message from the Agency Management Committee Chair and the AHPRA CEO

The National Boards, with the support of AHPRA, maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The National Boards have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Major outcomes/achievements 2014/15

Supervised practice

In April 2014, Ministerial Council approved the Board's supervised practice registration standard. The supervised practice registration standard and guidelines ensure practitioners meet the requirements of registration and are capable of safe, independent practice. The standard applies to a wide range of practitioners, including provisional registrants, limited registrants and those practitioners returning to practice. The scheme is administered through the Western Australia AHPRA office.

Reduction in registration fees

For the third year in a row, the Board reduced its registration fee; this year by \$45.

This year's reduction has been possible because of increased efficiency, despite increasing costs in some areas of administration in the regulation of medical radiation practitioners under the National Scheme.

Registration standards and guidelines

The following standards and guidelines were approved in 2014/15:

- ▶ English language skills registration standard (*revised standard*)
- ▶ Criminal history registration standard (*revised standard*)

Stakeholder engagement

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 continued to communicate and engage with stakeholders. In addition to meetings and information sessions in the capital cities, the Board enhanced the existing online resources and created targeted information to assist registered practitioners, such as webinars and tip sheets. The Board also funded supervisor training in Brisbane, Melbourne and Sydney.

The Board continued to engage with the professional associations, including board member presentations and attendance at conferences.

The Medical Radiation Practice Accreditation Committee accredited six programs of study and the Board approved these programs of study.

Priorities for the coming year

One of the key priorities for 2015/16 will be public consultation on, and development of, a national examination for medical radiation practitioners where specific circumstances require a more detailed and objective assessment of a practitioner's capability to practise in the profession. It is expected that the first examination will be conducted in this time period.

The Board will be reviewing its registration standards for approval by Ministerial Council and working on a communications campaign and implementation of the revised standards, including the continuing professional development, criminal history, English language and professional indemnity insurance registration standards.

The Board will continue to seek opportunities to improve its efficiency and effectiveness in regulation, including having more registration standards in common with the other National Boards, and reducing the number of committees and number of face-to-face meetings, with the view to once more lowering the registration fee for practitioners.

Board-specific registration, notifications, and monitoring and compliance data 2014/15

Registration

On 30 June 2015, there were 14,866 medical radiation practitioners registered in Australia, of which 48% were aged under 35. New South Wales (NSW) is the state with the largest number of registered practitioners (4,957), followed by Victoria with 3,657 practitioners. In terms of the division of registration, there were 17 practitioners who held registration in more than one division. The majority of practitioners (11,496) hold registration as a diagnostic radiographer, 2,314 hold registration as a radiation therapist and a further 1,039 are registered to practice as a nuclear medicine technologist.

Notifications

Nationally, 31 notifications were received about 0.2% of medical radiation practitioners. Twenty-one of the 2014/15 notifications were lodged outside of NSW and, of these, 18 were about diagnostic radiographers, two were about radiation therapists and one was about a nuclear medicine technologist.

It is important to note that for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note also that Queensland became a co-regulatory jurisdiction on 1 July in 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland.

Of the 19 notifications outside of NSW that were closed during the year, seven were closed after assessment, a further 11 were closed following investigation and one case was closed following a tribunal hearing. In most cases (11), the Board determined that no further action was required or that the case should be handled by the health complaints entity that had received the notification. The remaining cases resulted in a caution (two cases) or reprimand (one case), and conditions were imposed in four cases.

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 four cases during the year; two relating to diagnostic radiographers, one relating to a nuclear medicine technologist and one relating to a radiation therapist. Integrated data for all professions, including outcomes of immediate actions are published from page 36 in the 2014/15 [annual report](#) of AHPRA and the National Boards. More information about immediate action is published on our website under [Notifications](#).

Monitoring and compliance

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

At 30 June 2015, there were 535 registrants under active monitoring, including 519 registrants being monitored in relation to suitability/eligibility. Practitioners are monitored for suitability/eligibility because they:

- ▶ do not hold an approved or substantially equivalent qualification in the profession
- ▶ lack the required competence in the English language
- ▶ do not meet the requirements for recency of practice, or
- ▶ do not fully meet the requirements of any other approved registration standard.

Table MR1: Registrant numbers at 30 June 2015										
Medical Radiation Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	255	4,957	109	2,938	1,142	301	3,657	1,300	207	14,866
2013/14	251	4,812	116	2,832	1,107	284	3,592	1,246	147	14,387
% change from prior year	1.59%	3.01%	-6.03%	3.74%	3.16%	5.99%	1.81%	4.33%	40.82%	3.33%

*Principal place of practice

Table MR2: 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 +	Total
2014/15	1,474	3,059	2,569	1,769	1,606	1,199	1,075	1,138	656	257	54	9	1	14,866
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

Table MR3: Registrant numbers by division and state or territory											
Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total 2014/15	Total 2013/14
Diagnostic Radiographer	173	3,783	97	2,330	920	222	2,747	1,059	165	11,496	11,103
Diagnostic Radiographer and Nuclear Medicine Technologist		1		10	1	1	1	1		15	16
Diagnostic Radiographer and Radiation Therapist				1			1			2	2
Nuclear Medicine Technologist	19	425	3	135	71	20	293	65	8	1,039	1,012
Radiation Therapist	63	748	9	462	150	58	615	175	34	2,314	2,254
Total 2014/15	255	4,957	109	2,938	1,142	301	3,657	1,300	207	14,866	
Total 2013/14	251	4,812	116	2,832	1,107	284	3,592	1,246	147		14,387

*Principal place of practice

Table MR4: Notifications received by state or territory										
Medical Radiation Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	2		7			10	2	21	10	31
2013/14	1		5	1	1	6	1	15	13	28

Table MR5: 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
2014/15	0.8%	0.0%	0.2%	0.0%	0.0%	0.3%	0.2%	0.2%	0.2%	0.2%
2013/14	0.4%	0.0%	0.1%	0.1%	0.4%	0.1%	0.1%	0.1%	0.3%	0.2%

Division	ACT	QLD	SA	TAS	VIC	WA	Total 2014/15	Total 2013/14
Diagnostic Radiographer	2	6			9	1	18	13
Nuclear Medicine Technologist		1					1	2
Radiation Therapist					1	1	2	
Total 2014/15	2	7	0	0	10	2	21	
Total 2013/14	1	5	1	1	6	1		15

Division	QLD	VIC	WA	Total 2014/15	Total 2013/14
Diagnostic Radiographer	1		1	2	1
Nuclear Medicine Technologist	1			1	
Radiation Therapist			1	1	
Total 2014/15	2	0	2	4	
Total 2013/14		1			1

Medical Radiation Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	3		5		1	9	1	19	12	31
2013/14	2		6	2		5	2	17	11	28

Division	ACT	QLD	SA	TAS	VIC	WA	Total 2014/15	Total 2013/14
Diagnostic Radiographer	3	4			1	8	17	16
Nuclear Medicine Technologist		1					1	1
Radiation Therapist						1	1	
Total 2014/15	3	5	0	1	9	1	19	
Total 2013/14	2	6	2		5	2		17

Division	Assessment	Health or performance assessment	Investigation	Tribunal hearing	Total 2014/15	Total 2013/14
Diagnostic Radiographer	7			9	17	16
Nuclear Medicine Technologist				1	1	1
Radiation Therapist				1	1	
Total 2014/15	7	0	11	1	19	
Total 2013/14	11	1	5			17

Table MR11: Notifications closed under the National Scheme, by division and outcome at closure (excluding NSW)							
Division	No further action	Health complaints entity to retain	Caution	Impose conditions	Reprimand	Total 2014/15	Total 2013/14
Diagnostic Radiographer	8	1	3	4	1	17	16
Nuclear Medicine Technologist	1					1	1
Radiation Therapist	1					1	
Total 2014/15	10	1	3	4	1	19	
Total 2013/14	12	2	2	1			17

Table MR12: Active monitoring cases at 30 June 2015, by state or territory (including NSW)					
Profession	Conduct	Health	Performance	Suitability / eligibility ¹	Total 2014/15
Medical Radiation Practitioner	2	9	5	519	535

Note:
1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

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, or after an appeal lodged with a tribunal. 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 allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

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.

Concerns raised about advertising during the year are reported on page 55 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

More detail about our approach to managing statutory offences is reported from page 54 of the 2014/15 [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 32 of the 2014/15 [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) 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.

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.

The standards, together with the code of conduct and guidelines developed by National Boards to provide guidance to the professions, bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and help inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. An approved registration standard, code or guideline may be used in disciplinary

proceedings as evidence of what constitutes appropriate professional conduct for the profession.

Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

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.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make important information easier to find, and included

new information for employers and practitioners as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the *Register of practitioners* search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA have strengthened partnerships with regulatory counterparts, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement; aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions); as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – such as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

Managing risk through improved international criminal history checks

In February 2015, a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the National Law, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks across the 14 health professions were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

Members of the Medical Radiation Practice Board of Australia in 2014/15

Mr Neil Hicks (Chair)
Ms Mary Edwards
Miss Belinda Evans
Ms Marcia Fleet
Mr Christopher Hicks
Ms Robyn Hopcroft
Mr Mark Marcenko
Professor Stephan Millett
Mr Travis Pearson
Ms Tracy Vitucci
Mr Roger Weckert
Ms Rosie Yeo

During 2014/15, the Board was supported by Executive Officer Mr Adam Reinhard, Policy Officer Helen Tierney and Board Support Officer Akemi Pham-Vu.

More information about the work of the Board is available at:
www.medicalradiationpracticeboard.gov.au

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www.ahpra.gov.au

Annual report and summaries online:

www.ahpra.gov.au/annualreport

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Thank you to all AHPRA contributors.

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