

Health Professionals (ACT Medical Radiation Scientists Board Standards Statements) Approval 2009 (No 1)

Notifiable instrument NI2009–425

made under the

Health Professionals Regulation 2004, Section 134 (Standard's Statement)

1. Name of instrument

This instrument is the *Health Professionals (ACT Medical Radiation Scientists Board Standards Statements) Approval 2009 (No 1)*.

2. Commencement

This instrument commences on the day after notification.

3. Standards Statements

In accordance with Section 134 (3) of the *Health Professionals Regulation 2004* the ACT Medical Radiation Scientists Board has approved the following Standards Statements.

Christopher Hicks
President
3 September 2009

ACT MEDICAL RADIATION SCIENTISTS BOARD

STANDARDS STATEMENTS

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Standards Statements issued by the ACT Medical Radiation Scientists Board are designed to raise awareness of the standard of practice required from a registered medical radiation scientists to be competent to practise, or to help the practitioner improve his or her suitability to practise. The information contained in these statements is to be used as a guideline for medical radiation scientists to follow and reflects the interpretation of the *Health Professionals Act 2004* by the Board. Non-adherence or breach of the statements may be grounds for a finding of a breach of the Act.

Disclaimer

In the case of any conflict or discrepancy between this document and legislation, the legislation prevails.

PREFACE

The ACT Medical Radiation Scientists Board has developed a number of standards statements to guide practitioners on professional, legal and ethical issues. The Board believes that these standards reflect the high standards of care expected of practitioners in the ACT. The legislation governing practice in the Territory is the *Health Professionals Act 2004*. In the case of any conflict or discrepancy between the standards statements and Act, the Act prevails.

The Board intends to review the standards statements regularly and add new policy statements as they are developed.

Comments about the policies would be welcomed and should be directed to the Board's Executive Officer.

Members of the Board hope you will find these statements useful.

ACT MEDICAL RADIATION SCIENTISTS BOARD

STANDARDS STATEMENT

1. Standards of Practice for ACT Allied Health Professionals

1. The Board endorses the Standards of Practice for Allied Health Professionals ACT Health September 2004 published in May 2005 – Publication No 05/0471 (2000). Medical Radiation Scientists are required to comply with the standards of practice included in that publication.
2. The Board endorses the Australian Institute of Radiography, Guidelines for Professional Conduct for Radiographers, Radiation Therapists (July 2007).
3. The Board endorses the Australian Institute of Radiography, Code of Ethics (November 2002).
4. The Board endorses the Australian and New Zealand Society of Nuclear Medicine guidelines on Code of Practice 2008.
5. The Board endorses the ANZSNM guidelines for the administration of diagnostic and therapeutic radio pharmaceuticals.
6. The Board endorses the ANZSNM Continuing Professional Development program for Nuclear Medicine Technologists/Scientists.
7. Prescribed qualifications required by the Board for registration in the ACT are made under the Health Professionals Regulation 2004, Schedule 15, Section 15.5, 15.6 and 15.7.

ACT MEDICAL RADIATION SCIENTISTS BOARD

STANDARDS STATEMENT

2. Competency Standards for Medical Radiation Scientists (MRS)

1. Medical Radiation Scientists (MRS) must be competent to provide the services that they offer. A MRS must not practise in an area in which he or she is not competent to practise unless under the supervision of a MRS with competence to practise in this area.
2. The Board endorses the Competency Standards of the Australian Institute of Radiography (AIR) Competency Based Standards for the Accredited Practitioners and Australian and New Zealand Society of Nuclear Medicine (ANZSNM).
3. A MRS must provide evidence that he or she is competent to provide the services that he or she offers when applying for registration or for renewal of registration. A person may declare that he or she is competent if the person has appropriate qualifications, has recency of practice and has complied with the Board's standards statement on continuing professional development.
5. Registrants who have not practised in the last three years may be required to demonstrate to the satisfaction of the Board that they have maintained competencies during the period in order to be registered. The Board may require a period of supervised practice and/or a refresher course to be completed. Persons who have not practised for five years will have to complete a period of supervised practice and a refresher course (AIR or ANZSNM – Resumption of Professional Practice Program) to the Board's satisfaction before registration will be granted, as per the Health Professionals Regulation 2004, Schedule 15, Section 15.8 (3).
6. The Board may require applicants to complete, to the satisfaction of the Board, training courses and/or supervised practice determined by the Board before approving applications for renewal of registration or re-registration.
7. A person who wishes to change their registration from 'non-practising' to 'practising' will need to satisfy the Board that he or she is competent to practise. If the person satisfies the Board's recency of practice and continuing professional development requirements then the change will be approved. In other instances, the Board may require a period of supervised practice and/or a refresher course.
8. A person with overseas MRS qualifications approved by AIR or ANZSNM, who is not registered in an Australian jurisdiction and who applies for registration as a MRS in the ACT, must complete a minimum of four weeks of supervised practice to receive approval. This is to ensure familiarisation with local legislation and practice to meet competency standards for registered MRS.

ACT MEDICAL RADIATION SCIENTISTS BOARD

STANDARDS STATEMENT

3. Professional Practice Standards

Policy statement by the MRS board (ACT) regarding the operation of hybrid systems (eg. SPECT/CT and PET/CT imaging) by registered Medical Radiation Scientists.

1. Where a new procedure or technique is implemented within the practice of medical radiation science, the board has determined that registered medical radiation scientists will be deemed capable of also performing this procedure or technique, where appropriate training, onsite instruction, professional development or tertiary education has been provided.
2. A registered medical radiation scientist, who operates a hybrid system (two different modalities over two different medical radiation science disciplines) in line with their current duties and professional responsibilities, will not be required to seek additional registration from the board, nor will they have conditions, limitations or restrictions applied to their registration.
3. However, in the event that a diagnostic CT procedure is needed to be performed using a hybrid (eg. SPECT/CT or PET/CT installation), the Board requires that the procedure be performed by a registered and appropriately qualified and trained medical radiation practitioner.

ACT MEDICAL RADIATION SCIENTISTS BOARD

STANDARDS STATEMENT

4. Continuing Professional Development

1. The purposes of Continuing Professional Development (CPD) are to ensure that medical radiation scientists maintain a commitment to education that promotes high professional standards to enhance public safety.
2. The Board endorses the Continuing Professional Development information for Health Profession Boards published by ACT Health in May 2005 – Publication No 05/0471 (2000).
3. The Board will recognise a compliance with a CPD program that meets the requirements of AIR or ANZSNM that is relevant to the health professional's practice.
4. Medical radiation scientists who do not undertake a CPD program from a professional association will be required to complete CPD in the area of practice in keeping with AIR or ANZSNM guidelines.

Lifelong Learning Commitment

5. Given the rapidly changing nature of medical radiation science including new therapies, it is essential that all registered medical radiation scientists remain competent to practise. It is difficult for this competence to be maintained unless there is a continued commitment to continuing medical radiation science education, and this commitment should continue throughout a professional life.

Evidence Requirements of CPD

6. All registered medical radiations scientists will maintain evidence of their CPD. All CPD activities should be relevant to professional practice and/or with the scope of proposed new technologies and techniques. All medical radiation scientists should keep detailed records of ongoing CPD. Upon renewal of registration, the Board may request information about the applicant's CPD undertaken during the registration period. Retired medical radiation scientists registered as non-practising will be exempt from requirements of CPD.

ACT MEDICAL RADIATION SCIENTISTS BOARD

STANDARDS STATEMENT

5. Fair Handling of Information

1. Medical radiation scientists are required to comply with the provisions of the *Health Records (Privacy and Access) Act 1997*(ACT) and the *Privacy Act 1988* (Commonwealth). This legislation prescribes how an individual's information is to be handled by a health provider. The Health Services Commissioner can provide advice on the provision of access to records by persons.

ACT MEDICAL RADIATION SCIENTIST BOARD

STANDARDS STATEMENT

6. Maintenance of Medical Radiation Scientist Records

General

1. The Medical Radiation Scientists Board is responsible for the maintenance of professional standards of the medical radiation scientist profession in the ACT.
2. This paper takes into consideration the provisions of the *Health Records (Privacy and Access) Act 1997* (Health Records Act).
3. Record keeping will be guided by the relevant publications of The Royal Australian and New Zealand College of Radiologists - Standards of Practice for Diagnostic and Interventional Radiology Version 9.0.
4. In relation to the content of medical radiation scientist records, the following should apply:
 - (a) The record should be legible.
 - (b) The record should contain sufficient information to allow another medical radiation scientist to carry on the management of the patient.
 - (c) The record should contain accurate statements of fact or statements of clinical judgement and should be contemporaneous with the patient consultation.
 - (d) Any changes to paper records should be initialled and changes should be made in such a way as to make the previous entry visible. Computerised records must be established in such a way that, for every entry to the record, there is a record of when the entry was made, by whom and when changes were made.
 - (e) The medical radiation scientist record should not contain terms or comments that are derogatory or emotive.
 - (f) Abbreviations or 'short hand' expressions should be recognisable and comprehensible within the context of the patient's care.

ACT MEDICAL RADIATION SCIENTIST BOARD

STANDARDS STATEMENT

7. Professional Development Year (PDY)

1. The PDY is designed to ensure that the graduate practitioner develops the necessary confidence, skills and understanding of the Accredited Practitioner role. Hence it is expected that the PDY will be exposed to controlled introduction of those elements which lead to independent practice.
2. The ACT Medical Radiation Scientists Board endorses the PDY guidelines of AIR and/or ANZSNM.
3. A person holding unconditional registration in the same professional category as the student must supervise the PDY appropriately.
4. Supervision of a person undergoing their Professional Development Year must be undertaken by a person holding unconditional registration in the same professional category.
5. During the initial 24 weeks, a practitioner undergoing a Professional Development Year must be under the direct supervision of a person holding unconditional registration.
6. At the successful completion of supervisory assessment at 24 weeks, and with employer approval, the practitioner under doing the PDY may have the following elements added to their work schedule:

Diagnostic Medical Imaging:

- (a) Responsibility for a specific area, room or case load
- (b) Shifts (where multiple qualified staff are rostered), and,

Nuclear Medicine and Radiation Therapy:

- (a) Responsibility for a case load,
- (b) Shifts (where multiple qualified staff are rostered)

These elements, which develop independent practice, may be undertaken without immediate supervision, but with access to supervision at all times. It is expected that this supervision would be available on-site, where support, inquiry and review are available as required. It would be expected that ongoing mentoring would occur during these periods. (Australian Institute of Radiography, "Professional Development Year", http://www.air.asn.au/html/s02_article/article_view.asp?id=310&nav_cat_id=244&nav_top_id=95, 1/4/09)

ACT MEDICAL RADIATION SCIENTIST BOARD

STANDARDS STATEMENT

8. Professional Indemnity Insurance

1. A medical radiation scientist must maintain a policy of professional indemnity insurance and provide evidence of the policy when required by the board.
2. However, this does not apply to a medical radiation scientist if the medical radiation scientist —
 - (a) is covered by professional indemnity insurance other than insurance maintained by the medical radiation scientist; and
 - (b) only practises medical radiation science that is covered by that professional indemnity insurance.

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STANDARDS STATEMENT

9. Inappropriate Behaviour

1. Members of the public have an expectation that they will receive health care in a safe environment. As such, the professional relationship between a patient (client/consumer) and a medical radiation scientist is one where the health of the patient is to be of paramount concern. To maintain confidence in the medical radiation scientist profession, as well as in an individual medical radiation scientist, it is important that an appropriate professional relationship between a medical radiation scientist and a patient is maintained.

Recognised professional standards

2. The Board approves as a Standards Statement:

Keeping Children and Young People Safe 2006 ACT Department of Disability, Housing and Community Services.

Professional boundaries

3. A medical radiation scientist has the responsibility to maintain professional boundaries with a patient at all times. In the professional relationship the medical radiation scientist can be seen to have unequalled power compared to the patient as the patient is seeking assistance and guidance.

Guiding principles

4. The guiding principles for a medical radiation scientist in a professional relationship with a patient include:
 - (a) no exploitation of a patient, and
 - (b) no abuse of the medical radiation scientist's powers.

Inappropriate behaviour in the professional/patient relationships

5. The Act, Regulation, Standards Statements and Board Policies are crucial in defining inappropriate behaviour. Inappropriate behaviour by a medical radiation scientist include (but are not limited to):
 - (a) bullying,
 - (b) criminal behaviour,
 - (c) dishonesty,
 - (d) exploitation of a person,
 - (e) harassment,
 - (f) sexual misconduct, and
 - (g) unethical behaviour.

Reporting

6. A medical radiation scientist who reasonably believes that another medical radiation scientist has engaged in inappropriate behaviour shall report the matter in writing to the Board. This is in addition to any requirements for reporting such matters to the police, Care and Protection Services or Community and Health Services Commissioner.
7. In the event that a medical radiation scientist is informed by a patient, that the patient may have been subject to inappropriate behaviour with another medical radiation scientist, then the informed medical radiation scientist has an obligation to encourage the patient to make a complaint to the Community and Health Services Commission or the Board.

ACT MEDICAL RADIATION SCIENTIST BOARD

STANDARDS STATEMENT

10. English Proficiency

1. A high level of English language proficiency is essential to enable Medical Radiation Scientists (MRS) in the Australian Capital Territory to effectively communicate with patients, and other health professionals, in both spoken and written modes.
2. Applicants for registration as a MRS must satisfy the Board that they have English language proficiency by provision of one of the following qualifications:
 - (a) A pass in Secondary School English undertaken at an Australian Secondary School at Year 12 level, or
 - (b) achievement of an overall band score of not less than 7 Academic in the International English Language Testing System (IELTS) within 2 years prior to applying for registration, or
 - (c) achievement of an overall minimum of level B result in the Australian Occupational English (OET) Test within 2 years prior to applying for registration, or
 - (d) an IELTS or OET qualification more than two years old may be accepted as evidence of present level of English language proficiency if accompanied by evidence that a candidate has actively maintained employment as a Medical Radiation Scientist in a country where English is the native or first language, or
 - (e) other evidence of competence in English language proficiency.

ACT MEDICAL RADIATION SCIENTIST BOARD

STANDARDS STATEMENT

11. Impaired Practitioners

General

1. The Medical Radiation Scientists Board is responsible for the administration of the provisions of the *Health Professionals Act 2004* (the Act) in relation to medical radiation scientists and the maintenance of the standard of the profession in the ACT. The Board's duties include administering to the rehabilitation needs of the mentally and/or physically impaired medical radiation scientist (practitioner) and in so doing protecting the public.
2. The Board prefers to assist the impaired medical radiation scientist to overcome any health problem or impairment well before any need for disciplinary action arises.

Aim

3. The aim of this standards statement is to detail the Board policy on the identification and rehabilitation of the impaired medical radiation scientist.
4. Protection of the public can often be achieved by allowing the medical radiation scientist, to continue to practise, subject to appropriate conditions being placed on practice whilst undergoing treatment. In this way, rehabilitation of the practitioner can occur and the public interest be served.

The Impaired Practitioner

5. Like the rest of the community, medical radiation scientists from time to time suffer physical and mental illnesses. Such illnesses or impairment can affect the performance of their duties and possibly endanger the public.
6. Impairments that particularly concern the Board are psychiatric conditions, dependence on alcohol or drugs, stress and a general decline in competence brought about by age or illness or both. Some of these impairments allow the medical radiation scientist to practise without detection and thereby possibly endanger the public. Continued practice without professional assistance means that it is probably only a matter of time before serious problems occur.
7. Experience has shown that early intervention often enables medical radiation scientists to continue practice whilst receiving treatment.

Legislation

8. The *Health Professionals Act 2004* and the *Health Professionals Regulation 2004* establish a health professions tribunal and authorise the Board to establish a personal assessment panel (PAP) to consider the conditions of registration of a registered medical radiation scientist whose ability to practise may be affected by his or her mental or physical health.

Notification to the Board

9. The Board relies upon being notified of an impaired medical radiation scientist by complaints, by the police/courts, by the environmental health section of the ACT Health Protection Service and by notification by family, the medical radiation scientist or treating medical practitioner or by hospitals/facilities where the medical radiation scientist is being treated.
10. Members of the profession have a professional responsibility to notify the Board of any impaired colleagues who come to their attention where the impairment hinders the ability to practise medical radiation science.

Performance Review

11. Once the Board becomes aware of the impaired medical radiation scientist, an initial review is undertaken by a personal assessment panel to ascertain the need for the medical radiation scientist to be further investigated as to the medical radiation scientist's suitability to practise.

Personal Assessment Panel (PAP)

12. The Board may establish a personal assessment panel (PAP) as per the *Health Professionals Act 2004*, Part 2, Section 20 and refer a report to it if the report suggests that a practitioner's mental and/or physical health may be affecting the medical radiation scientist's ability to meet the required standard of practice or if the Board is satisfied that the medical radiation scientist may need to be rehabilitated.
13. It is at this stage that it is ascertained whether the medical radiation scientist is a danger to the public or not. If there is a potential danger to the public, the medical radiation scientist will become subject to formal consideration by the PAP. If there does not appear to be any danger to the public, consideration will be given to including the medical radiation scientist on the rehabilitation program.

Psychiatric Assessment

14. Where necessary, the treating medical practitioner will arrange for a psychiatric assessment. This is normally conducted by a psychiatrist of the choosing of the Board but will not limit the practitioner from attending a psychiatrist of his or her choice for any necessary psychiatric treatment whilst on the program. Following that assessment the treating general medical practitioner provides recommendations to the PAP of the Board, which will resolve which conditions (if any) are to be placed on the ongoing registration of the medical radiation scientist.

Discussion with the Medical Radiation Scientist

15. Once the PAP recommends conditions to be placed on the ongoing practice of the medical radiation scientist, the treating medical practitioner, on behalf of the Board, discusses them with the medical radiation scientist. A medical radiation scientist who does not discuss the matter with the treating medical practitioner, will then become subject to a formal PAP hearing and will not be permitted to enter the program.
16. If at any time during this early stage of the process the treating medical practitioner believes the medical radiation scientist might be a danger to himself or herself, then discussions with the medical radiation scientist cease and the Board is advised of the circumstances. Formal Board action would then commence.
17. As a result of the initial interview with the medical radiation scientist, an initial report is prepared by the treating medical practitioner for the PAP of the Board stating the background of the matter, the attitude of the medical radiation scientist and a recommendation regarding the suitability or otherwise of the medical radiation scientist for placement on the program.

Form of Undertaking

18. (a) The medical radiation scientist needs to agree in writing to the voluntary placement of conditions on his or her registration (see Attachments 1 to 4 for precedent conditions). Should the medical radiation scientist not do so, formal proceedings will commence.

(b) The medical radiation scientist needs to agree in writing to pay any costs incurred, as per paragraph 30.

Management of the Program

19. The program is closely managed by the PAP to ensure its objectives are achieved, but this is undertaken at arms length from the full Board.
20. The PAP acts as the conduit for information to and from the Board on the program.
21. To assist in the process of management of the program by the treating medical practitioner the following documents, are attached to this policy paper:
 - ACT Medical Radiation Scientists Board Protocol for Urinalysis (Attachment 5)
 - Brief Summary of the Procedure (Attachment 6)
 - Conduct of an Impairment Interview - Notes for treating medical practitioner (Attachment 7); and
 - Evaluation of Review Interview (Attachment 8)

Reports to the Board

22. The treating medical practitioner is to receive regular reports from every other treating physician and/or psychiatrist. The treating medical practitioner will advise the Board every two months of the progress of rehabilitation. These reports (see Attachment 8) summarise the progress of the patient and reports from treating specialists.
23. Board appointed psychiatrists will be requested to provide reports direct to the Board (through the PAP) at intervals determined by the Board, normally at the commencement of the rehabilitation program, then at three or six monthly intervals.
24. All reports provided to the Board on medical radiation scientists on the program will remain confidential to the personal assessment panel. The panel will provide only a précis of any report to the Board, not including any reference that can identify the medical radiation scientist.
25. In any statistical information collected, the identity of individual medical radiation scientists on the program is not used. Information that can identify medical radiation scientists will not be made available to the public or other members of the profession unless the Board decides that this should occur in the interests of protecting the public.

Urinalysis Protocols

26. Some impaired medical radiation scientists will need to undertake random urinalysis. The Board's protocol (see Attachment 5) addresses how the urinalysis samples are to be taken and assessed.
27. The conduct of the urinalysis program is the responsibility of the treating medical practitioner. Reports are to be passed to the Board through the personal assessment panel on a monthly basis indicating the success or otherwise of the urinalysis schedule.

Reviews

28. Conditions placed upon the practice of the medical radiation scientist will be regularly reviewed as the medical radiation scientist progresses through the program.
29. At least three reports from the treating medical practitioner (who is to consolidate reports any reports received from other physicians/psychiatrists) as well as two quarterly reports from the Board nominated psychiatrist need to be provided before the Board will consider any amendments to the conditions of registration. In general, the PAP will recommend variation of conditions in terms of less restriction but will not make them tighter without agreement of the medical radiation scientist or the holding of a hearing.

Costs of the Program

30. The costs associated with the program are those direct costs associated with medical examinations and the indirect costs associated with the administration of the program. The Board will pay for the initial medical examinations as well as for the periodic psychiatric examinations by the Board nominated psychiatrists. The Board will also meet the agreed costs of the reports prepared by the treating medical practitioner. All other treatment costs remain the responsibility of the impaired medical radiation scientist.

Disclaimer

31. In the case of any conflict or discrepancy between this document and the Act, the Act prevails.

**Attachment 1
to Standard Statement 14**

PRECEDENT CONDITIONS

Practitioners with Infectious Diseases and Related Health Problems

1. To adhere to the Medical Radiation Scientists Board's standards statement regarding infected medical radiation scientists.
2. To attend for treatment with Dr _____, at a frequency to be determined by the treating practitioners. To authorise Dr _____ to inform the Board of termination of treatment if there is a significant change in health status.
3. To attend for review by Dr _____, the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board.
4. To attend for review by Dr _____, the Board nominated immunologist, initially on six month basis at the expense of the Board.
5. The extent of duties to be guided by my health status and the advice of my medical attendants.
6. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

Optional Conditions

- To refrain from the practice of medical radiation science until reviewed by the Medical Radiation Scientists Board in three months (delete condition 6 and reduce time period in 3 & 4).
- To continue taking medication as prescribed by the treating physician(s)
- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.
- To seek Board approval prior to commencing practice/changes in the nature or place of practice.
- To work only in a supervised position approved by the Board.
- To undergo a neurological assessment by a Board-appointed neurologist as soon as possible with regular reviews at intervals to be determined by the neurologists.
- To undergo regular neurological assessments at times to be determined by the treating or Board nominated specialist.
- To advise the Board of any exacerbation of my infectious condition.

**Attachment 2
to Standard Statement 14**

PRECEDENT CONDITIONS

Practitioners with Psychiatric Problems

1. To attend for treatment by a psychiatrist of choice, at a frequency to be determined by the treating medical practitioner. To authorise the treating psychiatrist to inform the Board of termination of treatment or if there is a significant change in health status.
2. To attend for review by Dr _____, the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board.
3. Attend a review interview at the Board in twelve months unless reports from the Board nominated psychiatrist recommends an earlier review.
4. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

Optional Conditions

- To refrain from the practice of medical radiation science until reviewed by the Medical Radiation Scientists Board in three months (delete conditions 3 & 4 and reduce time period in 2).
- To continue taking medication as prescribed by the treating psychiatrist.
- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.
- To seek Board approval prior to commencing practice/changes in the nature or place of practice.
- To work only in a supervised position approved by the Board.

Attachment 3 to Standard Statement 14

PRECEDENT CONDITIONS

Practitioners with an Alcohol Problem

1. To totally abstain from alcohol.
2. That blood is taken for measurement of carbohydrate deficient transferring levels at monthly intervals and for liver function tests every three months. The results of all tests to be forwarded to the treating medical practitioner and Board nominated physician(s).
3. To contact the AA group and attend their meetings.
4. To attend for treatment by a psychiatrist/physician of choice, experienced in treatment of alcohol abuse, at a frequency to be determined by the treating medical practitioner. To authorise the treating psychiatrist/physician to inform the Board of termination of treatment or if there is a significant change in health status.
5. To attend for review by Dr _____, the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board.
6. Attend a review interview at the Boards professional assessment panel in twelve months unless reports from the Board nominated psychiatrist recommends an earlier review.
7. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

Optional Conditions

- To refrain from the practice of medical radiation science until reviewed by the Medical Radiation Scientists Board in three months (delete conditions 6 & 7 and reduce time period in 5).
- To continue taking medication as prescribed by the treating psychiatrist.
- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.
- To seek Board approval prior to commencing practice/changes in the nature or place of practice.
- To work only in a supervised position approved by the Board.

**Attachment 4
to Standard Statement 14**

PRECEDENT CONDITIONS

Practitioners with a Drug Problem

1. Prohibited from dispensing S8 drugs.
2. Not self administer any Schedule 4 or Schedule 8 drugs or narcotic derivatives (this includes non-prescription compound analgesics and cold preparations unless ordered by his/her treating medical practitioner(s). Notify the Board nominated psychiatrist/physician of any instances of illness requiring the administration of medications described above.
3. To attend for random urinalysis in accordance with the Board's protocol.
4. To attend for treatment by a psychiatrist of choice, experienced in treatment of drug abuse, at a frequency to be determined by the treating doctor. To authorise the treating psychiatrist to inform the Board of termination of treatment or if there is a significant change in health status.
5. To attend for review by Dr _____, the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board. At six months, if appropriate, the Board nominated psychiatrist may recommend a change to random urinalysis for consideration by the Board.
6. Attend a review interview at the Board in twelve months unless reports from the Board nominated psychiatrist recommends an earlier review.
7. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

Optional Conditions

- To refrain from the practice of medical radiation science until reviewed by the Medical Radiation Scientists Board in three months (delete condition 7 and reduce time period in 6).
- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.
- To continue taking medication as prescribed by the treating psychiatrist.
- To seek Board approval prior to commencing practice/changes in the nature or place of practice.
- To work only in a supervised position approved by the Board.

**Attachment 5
to Standard Statement 14**

ACT MEDICAL RADIATION SCIENTISTS BOARD

Protocol for Urinalysis

General

1. The following is the protocol for the collection of urine samples from medical radiation scientists participating in the Medical Radiation Scientists Board's rehabilitation program as a result of self-administration of drugs.

Requirements

2. At commencement of urinalysis, the subject medical radiation scientist is to advise the Board of the name and location of the laboratory conducting the analysis and the type of supervision of the collection of specimens.
3. Urine specimens are to be collected under direct supervision or equivalent method of accurately verifying the origin of the specimen.
4. Drug screens are taken to include tests for Benzodiazepines, Barbiturates, Narcotics and Amphetamines. The request from completed by the referring practitioner must identify the matter as 'medico-legal' to ensure a repeat analysis is conducted when a positive result is detected.
5. Urinalysis results must be forwarded to the treating medical practitioner or, if so ordered, the Medical Radiation Scientists Board.
6. The Board nominated treating medical practitioner is responsible for notifying the Board personal assessment panel of any drugs detected in urine screens or any failure to attend for urinalysis.
7. Practitioners undertaking urinalysis are prohibited from self administering any Schedule 4 drugs or narcotic derivatives (this includes non-prescription compound analgesics and cold medical radiation science) unless ordered by the treating practitioner. The impaired practitioner is to notify the Board nominated psychiatrist of any instance of illness requiring the administration of medications described above.

Random Urinalysis

8. Random urinalysis means a minimum of fifteen screens in each consecutive period of six months. The time of random collection will be determined by either the treating practitioner, or in some cases the Medical Radiation Scientists Board Secretariat.
9. The subject practitioner is required to attend for urinalysis on the day that he or she is notified by either the treating practitioner or the Medical Radiation Scientists Board Secretariat, within eight hours of being so ordered.
10. The decision to cease random urinalysis can only be made by the Medical Radiation Scientists Board.

Changes in Routine

11. The impaired practitioner is required to notify the treating medical practitioner and the Board nominated psychiatrist (or the Medical Radiation Scientists Board where the medical radiation scientist is subject to random urinalysis) in advance of any proposed holidays. This information should indicate the date and duration of the proposed leave.

Breaches in Providing Urinalysis

12. Both a positive urine or a fail to attend and provide urine as required without a reasonable excuse are regarded by the Board as breaches.
13. A medical radiation scientist in breach of the urinalysis protocol will be required to attend his/her Board nominated psychiatrist for an assessment. The impaired practitioner will be responsible to pay for the cost of this assessment.
14. The Board nominated psychiatrist's assessment will be considered by the personal assessment panel of the Board. If the panel is of the opinion that sanctions should be imposed, then it is to refer the matter to the board for decision.

Attachment 6 to Standard Statement 14

BRIEF SUMMARY OF THE PROCEDURE

The Program

1. The Impaired Practitioner Rehabilitation Program is a non-disciplinary process. The program is designed to assist registered medical radiation scientists to deal with impairment while remaining in practice.

Initial Consultation

2. The Board requires that any consultation or interview with the impaired practitioner be conducted in an informal manner.
3. You will be required to meet with a medical practitioner representing the Board. The board strongly suggests that you be accompanied by an adviser from your professional indemnity insurance provider. Attendance by supporting family members is also encouraged.
4. You will receive copies of all documentation considered by the Board in this matter.

Treating medical practitioner

5. Whilst the treating medical practitioner is undertaking a coordinating role on behalf of the Board in the management of the Program, he or she is more concerned with developing a regime in a consensual fashion that will assist in the treatment of your disability while allowing you to continue in practice. This is achieved by a process of discussion concerning the circumstances surrounding the medical radiation scientist and the negotiation of an appropriate outcome.
6. Such possible outcomes could be the institution of counselling measures or the agreed placement of conditions upon registration. The treating medical practitioner may also recommend other action by the Board as appropriate. In circumstances where no agreement is reached between yourself and the treating medical practitioner on an appropriate outcome, the matter will be referred to the Board for further consideration.

Report to the Board

7. At the conclusion of the consultation, the treating medical practitioner is to prepare a report for the personal assessment panel of the Board, which will consider the report. Any agreed conditions will be in force from that time. There are strict protocols in place concerning the confidentiality of proceedings and reports are only forwarded to those persons directly involved in your treatment and monitoring.

**Attachment 7
to Standard Statement 14**

CONDUCT OF AN IMPAIRMENT INTERVIEW

Notes for the Treating Medical Practitioner

Introduction

1. Introduce yourself and any other participants present.
2. Advise that the process is non-disciplinary and is designed to assist impaired practitioners to deal with impairment and remain in practice.
3. Possible outcomes of this consultation are counselling or agreement reached on the placement of conditions on registration or voluntary suspension for a specific period. You, as the treating medical practitioner, may also recommend other action to the board as appropriate.
4. We would envisage that counselling or agreed conditions as being the usual outcome.
5. As the treating medical practitioner I am required to report to the Board on the results of the consultation and agreed action.
6. There are strict protocols regarding the confidentiality of this consultation.
7. I have copies of a number of reports. I understand that you have received copies of these reports.
8. Commence the consultation.

General Discussion

Outcome

1. I am supposed to reach an agreement with you as to an approach to rehabilitation involving agreed conditions upon registration.
2. Do you have any thoughts about appropriate conditions?
3. Our experience has been that the following conditions have assisted practitioners with similar problems in the past. Would you like a few minutes to consider these?

Agreement on Recommendation

1. I am asking you to sign a copy of these agreed voluntary conditions.
2. I will now report to the Board that the recommended conditions agreed upon today is placed on your registration.

**Attachment 8
to Standard Statement 14**

ACT MEDICAL RADIATION SCIENTISTS BOARD

EVALUATION REPORT

Registrant: _____ Date: _____

Treating Practitioner: _____

PRACTITIONER'S EVALUATION

Attitude of Registrant

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. How did the registrant appear to you? | Inappropriate | Appropriate | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Does the registrant recognise the seriousness of his/her problem? | No | Ambivalent | Yes |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the registrant accept the role of the Medical Radiation Scientists Board in this matter? | No | Ambivalent | Yes |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Since the last Board review has there been a breach of conditions? | No | Yes | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. If yes, has the registrant acknowledged the breach? | No | Yes | N/A |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you think the registrant has the <u>support</u> of : | No | Some | Yes |
| Colleagues: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friends: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Outcome

7. Do you think the registrant has progressed since the last review?

Worse Better Stable

8. Identify the source of information that has been significant in determining the outcome of this review.

Please rate according to scale

Helpful

Unhelpful

Psych report

1____2____3____4____5

Presentation at this review

1____2____3____4____5

Improvements since last review,
based on the last report

1____2____3____4____5

Board briefing paper

1____2____3____4____5

Direct correspondence from the registrant

1____2____3____4____5

Other (please specify)_____

1____2____3____4____5

9. Have you recommended that conditions be altered as a result of this review?

No Some Yes

10. The next Board review will be held in ____ months.

11. Please provide any additional comments you believe might be relevant.