



Queensland

Health Legislation Amendment Regulation (No. 3) 2011

Explanatory Notes for SL 2011 No. 128

made under the

Health Act 1937

Medical Radiation Technologists Registration Act 2001

Public Health Act 2005

General outline

Short title

Health Legislation Amendment Regulation (No. 3) 2011.

Authorising law

Section 132(u) of the *Health Act 1937*, section 231 of the *Medical Radiation Technologists Registration Act 2001* and section 461 of the *Public Health Act 2005*.

Policy objectives and the reasons for them

The objectives of the amendments are to ensure the effective operation of the *Health Regulation 1996*, the *Medical Radiation Technologists Registration Regulation 2002* and the *Public Health Regulation 2006* to ensure they are accurate and consistent with current practices regarding the activities they regulate.

Documents available at a dispensary

The *Health Regulation 1996* currently prescribes items required to be available at a dispensary (defined as a place used by a pharmacist to dispense a drug or poison), including certain utensils, such as a refrigerator and funnel, and documents, such as a current copy of the *Health (Drugs and Poisons) Regulation 1996*. Other documents currently prescribed require updating to reflect changes in document names and references. In particular:

- the *Standard for the Uniform Scheduling of Drugs and Poisons* published by the Commonwealth is now called the *Standard for the Uniform Scheduling of Medicines and Poisons*;
- the register of medical practitioners and the register of dental practitioners need to reflect the transition on 1 July 2010 of all medical practitioners and dental practitioners to the National Registration and Accreditation Scheme for the Health Professions, and the requirement for those registers to now be kept under the *Health Practitioner Regulation National Law*, which appears as a schedule to the *Health Practitioner Regulation National Law Act 2009* (Qld);
- the roll of veterinary surgeons of Queensland is now a register kept under the *Veterinary Surgeons Act 1936*.

The amendments will ensure the list of documents required to be available at a dispensary are current and correct, to enable occupiers of a dispensary to meet their statutory obligations.

In addition, further references in the *Health Regulation 1996* to the *Standard for the Uniform Scheduling of Drugs and Poisons* are updated to reflect the new name of this Standard.

Prescribing qualifications for registration as a medical radiation technologist

Persons seeking registration in Queensland as a medical imaging technologist, nuclear medicine technologist or radiation therapist (collectively known as ‘medical radiation technologists’) must hold a qualification prescribed under regulation. The Medical Radiation Technologists Board of Queensland (the MRT Board) confers with educational institutions and accrediting institutions in relation to the education of persons in the practice of the medical radiation technologist profession. The MRT Board has advised that a new course has been

accredited and is a suitable qualification for registration. In addition, the Queensland University of Technology has separated and renamed a prescribed qualification, the Bachelor of Applied Science (Medical Radiation Technology) to create a separate degree for each of the disciplines of radiation therapy and medical imaging science.

The policy objectives of the amendments are to ensure that the schedule of qualifications for general registration as a medical radiation technologist reflect current accredited courses approved by the registration board as being suitable for registration, enabling persons who have completed those qualifications to seek registration in Queensland.

Time period to complete a supervised practice program

A function of the MRT Board is to develop training programs in the practice of the medical radiation technologist profession that are relevant to a person's eligibility for registration. Persons who are qualified for general registration in the medical radiation technology profession, but who do not have the relevant practical experience in the profession (probationary registrations) may only be registered by the MRT Board on the condition that they complete a supervised practice program.

The prescribed minimum period for completion of a supervised practice program is 48 weeks. It was intended that the prescribed period would allow a probationary registrant to take up to five days of sick leave or bereavement leave, and any public holidays during that period without it affecting the 48 week time period. However, the prescribed period has been interpreted as excluding any sick or bereavement leave or public holidays, effectively extending the 48 week time period.

The amendments will clarify the original policy intent by providing that the period for completion of a supervised practice program by a probationary medical radiation technologist registrant may include up to five days sick or bereavement leave and any public holidays falling within that period.

Competencies and requirements for a supervised practice program

The competencies and requirements for a supervised practice program for each of the medical radiation technology professions are prescribed in regulation. The requirements currently prescribed include competencies for the medical imaging technology profession, the medical imaging equipment to be available at a professional practice setting where the supervised practice program is undertaken, and the procedures to be carried out at the professional practice setting.

From 1 July 2012, the regulation of medical radiation technologists will transfer to the National Registration and Accreditation Scheme for the Health Professions (the National Scheme). In preparation for this transition, the Australian Institute of Radiography (the national body for the profession) has introduced the National Professional Development Program (NPDP). The NPDP provides a national structured framework for graduates to undergo professional peer assessment of their competence in a supervised clinical environment.

All undergraduate studies in medical imaging technology in Australia include a course unit and a clinical practice component in computed tomography. Also, routine computed tomography is recognised in the NPDP as falling within the current scope of professional practice for medical imaging technologists.

Routine computed tomography is not currently prescribed as a competency to be demonstrated under the supervised practice program for a medical imaging technologist. In addition, a computed tomography scanner is not prescribed as required equipment, and the practice of ‘routine computed tomography’ is not prescribed as a procedure to be carried out, at a professional practice setting for medical imaging technologists.

The amendments will ensure that the competencies to be achieved by probationary medical imaging technologists in a supervised practice program are aligned with current professional practice and with the competencies prescribed in the NPDP.

Incorrect section and document references

A minor amendment will correct an incorrect section reference in the *Public Health Regulation 2005*.

Achievement of policy objectives

The amendments will achieve the policy objectives by:

- updating the names of some of the documents that must be available at a dispensary currently that are prescribed in the *Health Regulation 1996* to accurately reflect changes in names or document references, in particular:
 - the *Standard for the Uniform Scheduling of Medicines and Poisons*,

- the register of medical practitioners and the register of dental practitioners required to be kept under the *Health Practitioner Regulation National Law*, and
- the roll of veterinary surgeons of Queensland required to be kept under the *Veterinary Surgeons Act 1936*.
- updating all references throughout the *Health Regulation 1996* to the *Standard for the Uniform Scheduling of Drugs and Poisons*;
- prescribing a new qualification and amending an existing qualification for registration in Queensland as a medical radiation technologist to reflect the following courses:
 - Master of Diagnostic Radiography awarded by University of Sydney,
 - Bachelor of Medical Imaging Science awarded by the Queensland University of Technology, and
 - Bachelor of Radiation Therapy awarded by the Queensland University of Technology;
- clarifying that the minimum period of 48 weeks to undertake a supervised practice program includes five days or less of bereavement or sick leave taken during that period and any public holidays occurring during the period;
- ensuring that the competencies to be achieved in a supervised practice program for medical imaging technologists are aligned with current professional practice, and with the NPDP, by prescribing:
 - routine computed tomography’ as a demonstrated competency,
 - a computed tomography scanner as equipment that is required at the professional practice setting, and
 - computed tomography scanning as a diagnostic imaging examination which must be carried out at a professional practice setting; and
- updating an incorrect section reference in the *Public Health Regulation 2005*.

Consistency with policy objectives of authorising law

The amendments are consistent with the main objectives of the *Health Act 1937*, the *Medical Radiation Technologists Registration Act 2001* and the *Public Health Act 2005*.

Inconsistency with policy objectives of other legislation

The amendments are not inconsistent with the policy objectives of other Queensland legislation.

Alternative ways of achieving policy objectives

The authorising Acts set out the framework and authority for the amendments. There are no alternative means of achieving the policy objectives.

Benefits and costs of implementation

The amendments will not impose additional obligations on persons and will:

- clarify the statutory obligations of occupiers of dispensaries in relation to the items and documents they must ensure are available at the dispensary;
- enable graduates of the Master of Diagnostic Radiography (University of Sydney) who seek employment in Queensland to apply to the MRT Board for registration;
- ensure that graduates of the Bachelor of Medical Imaging Science and the Bachelor of Radiation Therapy courses offered by the Queensland University of Technology are able to continue to seek registration in Queensland as a medical radiation technologist;
- uphold the standards of practice within the medical radiation technology professions by incorporating technological advances in relation to computed tomography into professional supervised practice programs; and
- ensure the accuracy and currency of section and document references in the *Public Health Regulation 2005* and the *Health Regulation 1996*.

None of the amendments are expected to impose significant financial or other costs on the persons to which they apply.

The amendments to the *Medical Radiation Technologists Registration Regulation 2002*, in relation to routine computed tomography are not expected to apply additional burden on proprietors or occupiers of professional practice settings through requiring them to make available computed tomography equipment. Routine computed tomography falls within the current scope of professional practice of medical imaging technologists and all the clinical practices currently approved by the MRT Board as a suitable place to support the Supervised Practice Program either already have, or have access to, a computed tomography scanner.

In addition, the requirement that probationary registrants are required to undertake routine computed tomography competencies is not considered to provide any additional burden. The amendment provides that the new competency requirements in relation to computed tomography do not apply to probationary registrants already enrolled in a supervised practice program. In any event, almost all probationary registrants already undertake this competency.

As routine computed tomography falls within the current scope of professional practice of medical imaging technologists, most of the clinical practices supporting the supervised practice program already provide routine computed tomography training. To overcome the possibility that some registrants enrolled to undertake their clinical training at public hospitals that may not have provided routine computed tomography training as part of the supervised practice program, the students have also enrolled in the NPDP thereby ensuring they receive the training at those hospitals.

The amendments will align the legislative requirements with current practice, to ensure that probationary registrants meet the required competency standards of the profession.

Consistency with fundamental legislative principles

The amendments are consistent with fundamental legislative principles.

Consultation

The Office of the Health Practitioner Registration Boards, on behalf of the MRT Board, was consulted on the amendments to the *Medical Radiation Technologists Registration Regulation 2002* and supports the amendments.

Notes on provisions

Part 1 Preliminary

Short Title

Clause 1 provides the short title of the regulation.

Part 2 Amendment of Health Regulation 1996

Regulation amended

Clause 2 specifies that Part 2 amends the *Health Regulation 1996*.

Amendment to s 153 (Definitions)

Clause 3 amends section 153 to update the definition of the *Standard for the Uniform Scheduling of Drugs and Poisons*, published by the Commonwealth, to reflect the new name for the Standard, the *Standard for the Uniform Scheduling of Medicines and Poisons*.

Amendment of s156 (labelling requirements generally)

Clause 4 amends section 156 to update the reference to the *Standard for the Uniform Scheduling of Drugs and Poisons* to reflect the new name for the Standard, the *Standard for the Uniform Scheduling of Medicines and Poisons*.

Amendment of sch 4 (Items to be provided)

Clause 5 amends Schedule 4 to update outdated references to or locations of documents. In particular:

- the reference to the *Standard for the Uniform Scheduling of Drugs and Poisons* to reflect the new name for the Standard, the *Standard for the Uniform Scheduling of Medicines and Poisons*;
- the register of medical practitioners and the register of dental practitioners to reflect the transition on 1 July 2010 of all medical practitioners and dental practitioners to the National Registration and Accreditation Scheme for the Health Professions, and the requirement for a register of medical practitioners and dental practitioners to now be kept under the *Health Practitioner Regulation National Law*, which appears as a schedule to the *Health Practitioner Regulation National Law Act 2009* (Qld);
- the roll of veterinary surgeons of Queensland to reflect that a register of veterinary surgeons is kept under the *Veterinary Surgeons Act 1936*.

Part 3 Amendment of Medical Radiation Technologists Registration Regulation 2002

Regulation amended

Clause 6 specifies that Part 3 amends the *Medical Radiation Technologists Registration Regulation 2002*.

Amendment to s 14 (Minimum period for completion of the supervised practice program—Act, s 61)

Clause 7 amends section 14 to provide that the prescribed minimum period for a probationary registrant to complete a supervised practice program includes up to five days sick or bereavement leave and any public holidays that occur during the period.

Amendment to s 19 (Competencies to be demonstrated for completion of supervised practice program—medical imaging technology—Act, s 61)

Clause 8 amends section 19 to include routine computed tomography as a competency that must be demonstrated by a probationary registrant in the medical imaging technology profession in order to complete the supervised practice program.

The amendment acknowledges that routine computed tomography now falls within the current scope of professional practice for medical imaging technologists, and aligns the competencies of the supervised practice program with the National Professional Development Program administered by the Australian Institute of Radiographers, the peak body for the medical radiation technology professions.

Amendment to s 24 (Equipment at professional practice setting—medical imaging technology)

Clause 9 amends section 24 to require an approved professional practice setting to have, or have access to, a computed tomography scanner. This will enable probationary registrants to complete the competencies of the supervised practice program by ensuring they have access to the required equipment needed to carry out medical imaging. Also, the reference to ‘general imaging’ has been changed to ‘medical imaging’ to reflect the inclusion of the practice of computed tomography which is not considered to be a general imaging procedure.

Amendment to s 25 (Procedures carried out at professional practice setting—medical imaging technology)

Clause 10 amends section 25(1) by inserting routine computed tomography as an example of a diagnostic imaging examination procedure that must be carried out by a probationary registrant of the medical imaging technology profession during the supervised practice program. As the amendment to section 25(1) inserts routine computed tomography as a diagnostic imaging examination procedure, it has been removed from section 25(2) as a diagnostic imaging examination for which the probationary registrant is only required to observe and assist with. A consequential amendment is then made to renumber subsections to reflect the insertion of routine computed tomography as a procedure in section 25(1).

Insertion of new pt 6

Clause 11 inserts a new Part 6 to provide for transitional provisions for the amendments to the Regulation. The transitional provisions clarify the interpretation of the legislation for those provisional registrants already enrolled in a supervised practice program at the time of commencement of new Part 6.

New section 62 provides for relevant definitions for the new part and defines the term ‘commencement’ as meaning the commencement date for Part 6.

New section 63 provides for transitional arrangements relating to the inclusion of up to five days sick and bereavement leave and any public holidays in the calculation of the minimum period for completion of the supervised practice program. The clause provides that, for probationary registrants already enrolled in a supervised practice program at the time of commencement of Part 6, the minimum period of their supervised practice program includes up to five days sick or bereavement leave and any public holidays occurring during their program. In effect, the transitional provision applies the new requirements to existing probationary registrants to ensure they receive the benefit of the amendments.

New section 64 provides for transitional arrangements relating to the competencies to be demonstrated for completion of a supervised practice program. The clause provides that, for probationary registrants already enrolled in a supervised practice program at the time of commencement of Part 6, the new competency requirements in relation to computed tomography do not apply to those registrants. However, despite computed tomography not currently being prescribed as a competency for completion of a supervised practice program, most probationary registrants already undertake this competency. As routine computed tomography falls within the current scope of professional practice of medical imaging technologists, most of the clinical practices supporting the supervised practice program already provide routine computed tomography training. To overcome the possibility that some registrants currently enrolled to undertake their clinical training at public hospitals that may not have provided routine computed tomography training as part of the supervised practice program, those students have also enrolled in the NPDP thereby ensuring they receive the training at those hospitals. In effect, the inclusion of computed tomography as a competency for a supervised practice program will align the legislation with current practice and ensure that all

future probationary registrants have the full raft of competencies required to meet the standards of the profession.

Amendment of sch 1 (Qualifications for general registration)

Clause 12 amends Schedule 1 to insert the name of a newly accredited qualification, the Master of Diagnostic Radiography awarded by the University of Sydney, which has been approved by the MRT Board as being suitable for general registration in the medical imaging technology profession.

Schedule 1 is also amended to insert two new names for an existing qualification. Currently the degree of Bachelor of Applied Science (Medical Radiation Technology), awarded by the Queensland University of Technology, is prescribed as a qualification in Part 1 of Schedule 1 (for medical radiation technology) and in Part 3 of Schedule 1 (for radiation therapy). The Queensland University of Technology has changed the name of the degree to give it two separate names so that the degree certificate makes it clear to which of the two professional disciplines the degree relates. The amendment inserts the Bachelor of Medical Imaging Science into Schedule 1, Part 1 and Bachelor of Radiation Therapy into Schedule 1, Part 3. The existing course name will remain in Schedule 1 as it remains recognised as a prescribed qualification for former graduates of the program.

Amendment of sch 4 (Dictionary)

Clause 13 amends Schedule 4 by inserting new definitions for the terms ‘commencement’ and ‘routine computed tomography’ to support the amendments in relation to routine computed tomography in clauses 7 to 11.

The definition for ‘commencement’ refers the reader to the definition prescribed in new section 62 of the Regulation (see clause 11). The definition of ‘routine computed tomography’ aligns with the definition used in the National Professional Development Program administered by the Australian Institute of Radiographers, the peak body for the medical radiation technology professions.

Part 4 **Amendment of Public Health Regulation 2005**

Regulation amended

Clause 14 specifies that Part 4 amends the *Public Health Regulation 2005*.

Amendment of s 2A (Purpose and application of div 1)

Clause 15 amends an incorrect section reference in section 2A to refer to section 11(1)(b)(viii) of the *Public Health Act 2005*.

ENDNOTES

- 1 Laid before the Legislative Assembly on . . .
- 2 The administering agency is the Department of Health.

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