3. Should a single Health Professionals Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions? Estimated cost saving $11m pa.

No. Option 1 is not the best option for Medical Radiation Professionals as detailed in the answer to Q4 below.

4. Alternatively, should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service? Estimated cost saving $7.4m pa.

The TSIG agrees that option 2 with the use of common regulatory mechanisms is in the best interests of the Medical Radiation Professionals. At present we are a small specialty area under the Medical Radiations umbrella. Being represented by a single board would result in representation from the Radiography point of view. Our registration board is unique in that 3 distinct professions are covered by a single board, and as such all 3 groups need adequate representation, not just from the majority stakeholder. Standardising some of the tasks such as registration fees and complaints is as the process for handling these would be similar and would result in significant cost savings.

5. Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?

Yes, wherever it is possible to lower fees these should be passed onto the registrants. Boards should run cost neutral.

10. Should the co-regulatory approach in Queensland, where complaints are managed by an independent commissioner, be adopted across all States and Territories?

Option 1 does not seem feasible unless all states and Territory regulatory bodies are on board with adopting only the National model. Therefore option 2 would assist in having a single point entry for notifications. Essential for open communication channels to exist between the National board and the state regulatory bodies for proper and timely management of all matters.

Option 3 will not increase confidence in the AHPRA and would undermine the work that has already been undertaken.

11. Should there be a single entry point for complaints and notifications in each State and Territory?

There should be a single system of notifications and AHPRA should work with local regulatory bodies to ensure this occurs. This simplifies things from a practitioners point of view and should create greater adherence to notification procedures through less ambiguity.
12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

Yes, All Medical Radiation Professionals should be able to expect that complaints and notifications be handled within an expected timeframe regardless of their state.

13. Is there sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes? If not, how can this be improved?

Not sure of the transparency for notifiers regarding the process and outcomes of disciplinary action. It is important that notifiers and public feel that the process is progressing and that they are being heard. Helps maintain confidence in AHPRA as a governing body.

14. Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?

Yes. This may help in meeting expected times for dispute resolution and the lifting of restrictions placed on a practitioner. Would reduce costs due to less handling required for some matters. Not all matters would be suitable for this pathway.

15. At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?

Removal of adverse findings and interventions would need to be assessed on an individual basis. Guidelines need to be set for these to be removed. Unfortunately, the biggest restraint for these guidelines is the sheer number of different findings and intervention combinations that may be possible. Guidelines would need continual revision and updating, which would lead to increased costs. If basic guidelines for removal could be set for known adverse findings, then this would be a good start.

16. Are the legislative provisions on advertising working effectively or do they require change?

In the context of Medical Imaging, a large number of patients are under the impression they are only able to use the services advertised on their referrals or the service they are directed by their referrer. It appears advertising regulations are ineffective in preserving a patients right to the knowledge that they have an option in seeking a service. However, some referrals have disclaimers about the referral being valid at any service on some private referrals. It is questionable whether AHPRA can control this. Medical Radiation practitioners have not been seen by the TSIG to be advertising their services independently. This is most probably due to the nature of the profession working for organisations and under Medical Practitioners.
Option 2 may be the best option in regards to advertising with providing greater clarity to practitioners and consumers regarding advertising of services etc. This would enable the public to remain protected and not be misled by testimonials.

19. **Should the mandatory notification provisions be revised to reflect the exemptions included in the Western Australia and Queensland legislation covering health practitioners under active treatment?**

Yes. Provides greater clarity to differences based on individual state and territory legislation.

22. **To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health practitioner skills and competencies to address changes in technology, models of care and changing health needs?**

Future skills and competencies are constantly being reviewed to address changes in technology and skill sets within the Medical Radiation Practitioners. The role of the accreditation committee

23. **What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?**

For Medical Radiation Practitioners there is already a course approval process and an accreditation committee set up to ensure graduates meet the minimum standards set by the board. Unsure of the process for other boards in relation to this question.

24. **Should the appointment of Chairperson of a National Board be on the basis of merit?**

Yes.