

# TERMS OF REFERENCE ACPSEM AHPRA REGISTRATION TASK GROUP

Introduction	2
Principles	2
Challenges	2
Primary Deliverable	2
Terms of Reference	3
Timeline and Deliverables	4
Membership	4
Appointment to the Task Group	4
Conflict of Interest	4
Meeting Frequency	5

### Introduction

After extensive member consultation throughout 2020, the ACPSEM Board on 26th October 2020 directed that a detailed position paper be prepared in support of the case for AHPRA registration for Australian Medical Physicists.

The Board acknowledged questions raised during the consultation about title and scope of practice and also recognised the need to be clear about the implications for those currently not registered, particularly those sitting outside the ROMP and DIMP areas of practice.

This is still a preliminary step, that is, the Board has not yet formally adopted the position that registration be pursued but this decision signals conclusions drawn from consultation with members.

Please also note that this remains an internal matter (to the ACPSEM) and that AHPRA will not be approached until the college is clear it can make a patient safety-centric case for registration, likely to meet stringent threshold requirements.

Of interest a successful application must garner the support of all 9 Australian Chief Allied Health officers and all 9 Health Ministers. This is a high bar.

## Principles

The formation and work of this task group will rest on the following principles:

- 1. That there is an alignment of member views that mandatory registration is in the professions' best interests and the full development of a supporting position is attainable.
- 2. Board agreement that the generic protected title "medical physicist" similar to the umbrella for all clinicians of "medical practitioner" and (the proposed) "sonographer", would provide sufficient future proofing, enabling the college to refine existing and develop additional pathways to registration as they emerge, with all leading to registration as a medical physicist.
- 3. Recognition that a successful case for AHPRA registration will rest on being able to adequately describe the risks to patients of existing arrangements (including how patient safety will be improved) and the assertion by members that drawing this direct link to patient care can be achieved.

## Challenges

Attention is drawn to principle 3 above. This is not about emphasising the importance and impact of the work of the physicist now, but rather the additional benefits/risk reduction to patients and the health system of registering medical physicists into the future. The success of the ACPSEM's self-regulating certification and registration programs in supporting safe and efficient practice, means that the bar is set high because the need is to demonstrate additional merit and value.

Consideration of 3 will also require sufficient reference to the specific role of the physicist in patient care, including notions of patient contact. This differs from state to state and settings but nevertheless the broadest applicable scope of practice requires referencing.

## Primary Deliverable

The primary deliverable of this task group is the development and approval of a Position Paper in support of seeking AHPRA registration for Australian medical physicists (the Position Paper).

## Terms of Reference

The role of the Task Group in developing the Position Paper is to:

- 1. Consider and approve the work of subgroups setting milestone tasks for these groups which enable completion of the position paper by 31 May 2021. The task subgroups identified are:
  - a. Risk and Patient Safety Analysis and Case Studies (Patient Safety) i
  - b. Protected Title development (Protected Title)
  - c. Grand-parenting of unregistered (Australian and overseas -trained) physicists

It is expected that the life of subgroups will vary in length and each subgroup will develop an action plan for approval by the Task Group Executive.

It is envisaged that the Position Paper will be written based on the editorial leadership of the Executive and the work of these three subgroups, but input from and instruction to other working and task groups will be required to round out and inform the Position Paper.

- 2. Request that:
  - a. The ACPSEM Scope of Practice Working Group, a group set up to enable multiple projects across the work of the College, to assist the work of the Task Group by ensuring that their work aids the development of the AHPRA Registration position for radiology, nuclear medicine and radiation oncology medical physicists by defining the broadest possible scopes of practice based on both the surveyed work of members and consideration of likely future changes to scopes of practice.
  - b. The ACPSEM Alternative Pathway, Particle Therapy and MR Linac Working Groups provides the Task Group with advice to ensure any proposed scope of practice is as broad as possible and is informed by likely future changes.
  - c. The CEO and TEAP Coordination Team provide an assessment of the extent to which current certification (TEAP) and registration (assessment of experienced candidates) requirements and procedures are likely to meet AHPRA requirements (in their current form post CTG reviews) noting that the case for AHPRA registration related to achieving program(s) certification will be based on demonstrating the efficacy of TEAP programs and assessment of experienced candidate processes.
- 3. Be guided by the advice of the CEO and the external consultant engaged to assist the development of the Position Paper, mindful of the eventual need to garner the support of 9 Chief Allied Health officers and 9 Health Ministers.
- 4. Report to the ACPSEM Board on an agreed basis (as arranged by the ACPSEM President and Task Group Chair).
- 5. Take further direction from the ACPSEM Board regarding:
  - a. The appropriate (to the profession) approach to grandparenting for Australian medical physicists who are not on the QMPS (a Board member will chair this subgroup).
- 6. Make recommendations to the ACPSEM Board regarding the update of the December 2018 Position Statement "The Role of Physicists, Scientists and Engineers in Medicine, in Australasia".

# Timeline and Deliverables

The work of the Executive and its subgroups should be timed to deliver a draft Position Paper to the ACPSEM Board by **31 May 2021.** 

An interim report should be provided **by 28 February 2021** discussing matters pertinent to the development of a PR and communications plan to engage external stakeholders.

### Membership

The task group will have a hierarchical structure consisting of:

- 1. An executive:
- 2. 3 subtask groups of up to 4 people

The sub task groups will work as directed by the executive to contribute to the development of the Position Paper

The Chair will be appointed by the ACPSEM Board.

The Task Group Executive will consist of 7 persons:

- ACPSEM Board Members (x2)
- PSB Member (x1)
- Members appointed via an EOI process (x2)
- External Expert Advisor
- ACPSEM CEO (as advisor)

**The Task Subgroups** shall consist of up to four members from among whom a Chair is appointed for recommending and reporting to the Task Group Executive.

## Appointment to the Task Group

The Task Group Executive and subgroup members will be appointed by the ACPSEM Board.

The Executive will be appointed based on required representation (see above) and 2 positions determined via an EOI process.

Subgroups will be appointed from among those who volunteered to contribute to the AHPRA 2.0 paper and subsequent task groups, noting that the Board may also "round out" the membership of these groups if gaps in background and experience are noted.

#### Conflict of Interest

It is assumed ALL task group members have a material personal interest in the matter of AHPRA registration, unless a member informs the secretary otherwise. This interest is assumed to include impacts on their future ability to work and earn as a medial physicist and cost of maintaining registration.

# Meeting Frequency

Meetings of the Executive should be held no less than monthly beginning in December 2020

ACPSEM staff will assist in the scheduling of workshops and meetings for each subgroup as determined by each group and approved in each plan.

<sup>&</sup>lt;sup>i</sup> ASA report that 40 case studies have been reviewed and used in support of the sonographer submission.