
Advanced Practice for the Australian Medical Radiation Professions

Background report and suggested processes and pathways for
implementation of IPAT recommendations

Advanced practice Advisory panel

18.7.2013

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Australian Institute of Radiography Advanced Practice Advisory Panel

Advanced Practice For The Australian Medical Radiation Professions

Executive Summary

There have been numerous reports and key documents relating to Advanced Practice over the past decade with the results culminating in The Inter Professional Advisory Team (IPAT) report, released in 2012. The IPAT report was based on consultation and collaboration with key stakeholders and concluded with a list of thirteen (13) recommendations, the key recommendation being:

In order to enhance high quality service provision to patients, assist workforce flexibility, recognise growing technological complexity within radiation imaging and therapy, improve practitioner satisfaction, provide further for career advancement within the disciplines, and promote practitioner retention within the workforce, a status of Advanced Practitioner on an Australia-wide basis should be formally created for radiographers and radiation therapists (IPAT 2012, p. 59)

This document provides justification for the AIR's consideration of Advanced Practice and the production of the IPAT report, and considers the contemporary evidence leading to proposals to the Board of the AIR for processes to realize IPAT recommendations 1 through 10.

Whilst there is scope for consideration of recommendations 11 through 13 contained within the document, it is recognised that these recommendations will require further discussion and consideration, therefore these have not been fully developed herein.

APAP Recommendations:

- 1) That the AIR create a special category of accreditation, that of the Advanced Practitioner.
- 2) That the AIR recognize Advanced Practice roles based on wholly clinical considerations (p13)
- 3) That the AIR recognize only Advanced Practice roles that are defined by clinical need and supported by workplaces appropriately with suitable resources and professional mentorship (p13)
- 4) That AIR Advanced Practitioners will fulfill all expectations for the AIR Accredited Practitioner and, in addition, will clearly demonstrate expertise across seven dimensions of advanced practice. (p13)
- 5) That the AIR adopt three pathways to recognition as an AIR Advanced Practitioner , those pathways being:
 - a) Masters by coursework pathway (p18)
 - b) Master of Philosophy/Doctorate pathway (p19)
 - c) Champion pathway NB. This pathway to be open for a limited period only.(p20)
- 6) That the PAEB of the AIR assess all applications for Advanced Practitioner accreditation according to specifications as detailed in pages 16-18 and 23-25 of the attached report

Terminology

The terminology surrounding concepts of advanced practice is confusing and has occupied a significant proportion of the debate during all discussions of this topic in various forums. For the purpose of this document the following terminology and definitions have been adopted:

Role: The job of a radiographer or radiation therapist.

Core roles: Those roles requiring medical radiation science specific expertise.

Scope of practice: *'...defines the major areas of responsibility and application of knowledge, judgement, functions and skills within the profession'* (AIR 2005,p4).

Role expansion: *'...any enlargement of the... role within the boundaries of...education, theory and practice...'* (Magennis, Slaven &Cunningham 1999, p.320)

Role Extension: *'...Carrying out of tasks not included in the normal training of registration...'*(Wright 1995, p.26)

Advanced practice: Occurs when a practitioner is regularly performing beyond the core practice boundaries of the profession on a regular basis with appropriate availability of resources, educational underpinning and professional mentorship.

Clinical: A role will be considered clinical where a direct impact on patient care is delivered as a result of the work performed.

Advanced Practice for the Australian Medical Radiation Professions

Part 1: Considering the evidence

Terminology

Prior to exploring the literature on the practice of radiation therapists and radiographers in Australia, it was necessary to clarify the terminology used in reference to professional practice in the fields of radiation therapy and radiography. The phrase “scope of practice” is defined in different ways within the literature. The definition in current usage in the Australian Institute of Radiography (AIR) documentation does not necessarily reflect contemporary lines of thinking in health or education, however, “scope of practice” is an all-encompassing term and will be adopted as a working definition for the purposes of this discussion paper:

Scope of Practice defines the major areas of responsibility and application of knowledge, judgement, functions and skills within the profession (AIR 2005, p.4)

There are many terms used in relation to the practice of professionals including core and non-core roles, role development, role expansion, role extension, advanced practice, competency and positions. The term ‘role’ is used in this discussion paper to describe the job of a Radiographer or Radiation Therapist in Australia, because roles encompass both a functionalistic view, and the expectations and responsibilities placed on individuals (Armstrong 2003; Parsons 1951). According to the seminal author, Parson (1951), the term ‘role’ can be defined as what an individual does and the expectations placed on an individual given their social status or position. Any role will incorporate a number of tasks, which are the specific processes required to fulfil the role. Therefore, a role will be used as a broader idea and will have an outcome, whereas a task will be a specific process or part of a process to complete a role. In Haas’ (1956) classic paper on roles and positions within organisations, roles and tasks with a similar or common purpose were described as collectively making up a position. For the meaningful application of a role it is necessary to encompass it within a defined position (Haas 1956).

In an AIR submission to the Radiation Oncology Inquiry (ROI), core tasks were defined as tasks that could only be performed by a radiation therapist or that could not proceed without a radiation therapist (AIR 2001). Therefore, core roles in this discussion paper are defined as needing radiation therapy or radiography specific expertise and are autonomous, where no supervision was needed. For example, a core radiation therapy role is delivering a prescribed dose of radiation over a course of treatment; a core radiography role is obtaining diagnostic medical images in an acute care setting. Non-core tasks could be carried out by radiographers or radiation therapists, but may also be designated to other staff members in the radiology or radiation therapy department (AIR 2001). Therefore, non-core roles in this discussion paper include any practice outside radiography or radiation therapy specific roles (for example, cleaning, organising appointments). Cox, Halkett and Anderson (2009) also used the

terms core and non-core in a study conducted on research priorities in radiation therapy, providing further support for the use of these terms in this discussion paper.

Roles and tasks can be measured in terms of their complexity. A basic role is a relatively simple one that follows specific instructions or is protocol based (prescriptive), whereas an advanced role is more complex and involves exercising judgement or discretion to complete the work (Fine & Cronshaw 1999). The current roles of radiographers and radiation therapists are categorised into core and non-core roles as defined above, and the non-core roles in this discussion paper are further divided according to complexity (basic or advanced). Advanced non-core roles are beyond the current professional entry education level of radiographers and radiation therapists and require further postgraduate education in order to be carried out properly. Basic non-core roles are viewed as relatively simple tasks that can potentially be carried out by other personnel.

Role expansion and role extension are two terms commonly used when discussing professional practice, but their meanings are distinctly different (White & McKay 2004). Role expansion is ‘...any enlargement of the...role within the boundaries of...education, theory and practice...’ (Magennis, Slevin & Cunningham 1999, p.32), whereas role extension is ‘...carrying out of tasks not included in the normal training of registration...’ (Wright 1995, p.26) so that one professional may take up a role traditionally carried out by another healthcare professional (Magennis, Slevin & Cunningham 1999). Therefore, role expansion and extension could extend the scope of practice of radiographers and radiation therapists. Role expansion could take a number of forms, such as the introduction of ‘...new technology offering an opportunity to broaden, adapt or build on traditional radiation therapist roles...’ (White & McKay 2004, p.219). A further example of possible role expansion could be through the introduction of Intensity Modulated Radiation Therapy (IMRT), which will change the planning of patient treatment and the treatment itself; in the case of radiography, role expansion could include radiographer image interpretation in the form of ‘commenting’ in the Emergency Department. However, ‘...role extension would involve development into an area previously regarded as the domain of another healthcare profession...’ (White & McKay 2004, p.219). For example, radiation therapist led review clinics or Electronic Portal Image (EPI) reviews (Rybovic et al. 2007; Rybovic, Banati & Cox 2008), traditionally the domain of radiation oncologists, or in medical imaging, radiographer inserted PICC lines.

Role development is a term that includes both role extension and expansion (The College of Radiographers (CoR) 2003) and is used as a general term to define any change in practice in this discussion. However, advanced practice is aligned with role extension, along with advanced non-core roles, meaning further postgraduate education would be necessary to support these roles. The term advanced practice is therefore used throughout this study rather than role extension, to avoid confusing the terms extension and expansion.

The term competency also arises in the literature when investigating professional practice. ‘Competency is the ability to perform tasks and duties to the standard expected in employment’ (Australian Nursing Federation 2005,

p.11). The AIR has specific Competency Based Standards, albeit that they are currently under review. For the purpose of this study, a competent radiation therapist or radiographer is capable of undertaking core radiation therapy or radiography roles respectively.

Reasons for Role Development

Change in the radiography and radiation therapy professions has been evident internationally since the 1980s. The majority of literature emerged from the UK in 2000, where a combination of clinical, professional, epidemiological, cultural, political and education changes in health service provision (CoR 2002) resulted in a concerted effort to clarify and consolidate career pathways and the scope of practice for radiographers and radiation therapists (Colyer 2000; Spalding 2003). Woodford (2006) identified the one key reason for development as a critical staff shortage. Other reasons for change were

The National Health Service (NHS) and Community Care Act 1990; the Patient's Charter recognising patients' rights; a structural shift away from market-led towards more integrated systems of health care; the establishment of primary care groups; systems of clinical governance; new measures for the registration of professionals; and the promotion of life-long learning (Colyer, cited in Yelder, Sinclair & Murphy 2008, p.5).

In Canada, the reasons underlying developments were:

- A shortage of radiation therapists in Canada that was associated with higher than average attrition and burnout rates, where expanding the career structure was thought to improve job satisfaction and reduce attrition.
- The shortage of radiation oncologists, that promoted the need for a more flexible workforce, where radiation therapists could provide some of the services traditionally undertaken by radiation oncologists (Bolderston et al. 2005, p.156).

The Radiography Skills Mix Project from the Department of Health (2003) in the UK was implemented to address critical radiography workforce issues including:

- Shortage of radiologists, oncologists and radiographers
- Expansion and improvement of cancer services
- Radiographer career development pathways
- Staff retention & aging workforce
- Demand for diagnostic services

In New Zealand, research into role development indicated that a career structure was necessary (Wilson 2004; Tubb 2003 cited in Yelder, Sinclair & Murphy 2008) to ‘...encourage and reward role development, increase job satisfaction, and therefore recruitment and retention’ (Yelder, Sinclair & Murphy 2008, p.20). As stated by Yelder in a report from the New Zealand Institute of Medical Radiation Technology (NZIMRT) working party,

...given the chronic short-staffing in both medical imaging and radiation therapy in New Zealand, any incentive for attracting and retaining staff needs to be seriously considered (Yelder, Sinclair & Murphy 2008, p.20).

Emphasis in the international literature was placed on striving to provide a patient centred service (Cancer Service Collaborative 2001; CoR 2002; Yelder, Sinclair & Murphy 2008; Bolderston et al. 2005). This approach has been claimed to improve outcomes and the experience of care for patients in the treatment of cancer (Cancer Service Collaborative 2001). In the joint document from the Royal College of Radiologists and The Society and College of Radiographers ‘Team working in clinical imaging’ (2012) the importance of a multidisciplinary team approach to service delivery is essential in the evolving healthcare environment. It notes the benefits of teamwork for the patient experience including shorter waiting times, less visits, choice, dignity, privacy, equity and increased safety.

For improvements in job satisfaction, professional recognition, role development and career advancement, professionals interested in development and change are necessary (Herzberg 2005; Tubb 2003 & Hay 2004 cited in Yelder, Sinclair & Murphy, 2008; Yelder, Sinclair & Murphy, 2008). Ricote (2009) indicated that some advanced practice radiographers and radiation therapists in the UK would like to move to Australia, however, they were reluctant due to the lack of advanced practice opportunities. Ricote (2009) also noted that Australian medical radiation technologists (radiographers and radiation therapists) working in the UK shared the same reluctance to return to Australia. Clearly defined, structured and documented development of the scope of practice and career pathways have been suggested as a means of improving staff retention, staff satisfaction, increased productivity and better patient care in the medical radiation profession (Peterson 1995; Pinette 2004). Therefore, this discussion focuses on accurately reflecting the current practice of radiographers and radiation therapists in Australia, and on the anticipated future practice to assist in positive development for the profession.

Role Development in Medical Radiation

The Future Directions Working Party (FDWP) was a steering committee developed in 2002 by the AIR to research future professional practice for radiation therapy and radiography in Australia (AIR 2002). While the findings of this working party had little impact on the profession, it was the first step for the profession in looking towards the future. The FDWP presented a report to the AIR in 2004. The report highlighted disparity in opinions within Australian Institute of Radiography Advanced Practice Advisory Panel

the profession about future direction, as well as suggesting some development roles for radiographers and radiation therapists. The report also identified that radiation therapy and radiography needed education changes, along with greater collaboration and cooperation with stakeholders.

The AIR established the Professional Advancement Working Party (PAWP) in 2005 to develop the work of the FDWP (Badawy 2005, pers. comm. 30th May). The PAWP had more specific aims than the FDWP, including:

- Clarifying the terms role extension and role expansion for the profession;
- Identifying appropriate career structures for role development and evaluating the feasibility across public and private health care systems;
- Investigating educational requirements to support role development; and
- Investigating roles outside the current AIR job description and acknowledging the radiographer and radiation therapist role in multidisciplinary teams (PAWP 2006, p18).

In April 2006, PAWP developed a report on radiography and radiation therapy advanced practice in Australia with an associated career structure. The report supported the need for acknowledgment of the current competencies of accredited radiation therapists. It also emphasised the need for role development and clear career pathways supported by a career structure (PAWP 2006), following the recommendations from the ROI (Baume 2002). While the report stated it was based on an extensive literature review and discussions with professionals, it provided no details of the number of professionals who provided data and the literature review was based on only 19 references.

The proposed career structure in the report had three levels of practitioners, from accredited practitioner to consultant practitioner (PAWP 2006). The accredited practitioner was the equivalent of the current base grade radiation therapist or radiographer. Within this level generalised specialisation was included, which was determined by departments and only required standard Continuing Professional Development (CPD) or in house training (PAWP 2006). The proposed advanced practitioner position involved role extension, demonstrating expertise, clinical autonomy and advanced skills, with additional education required to achieve this level of practice (PAWP 2006). The proposed consultant practitioner role involved advanced practitioners performing further role extension, with radiographers and radiation therapists demonstrating clinical leadership and clinical autonomy, with significant increases in education and clinical requirements (PAWP 2006). The structure also included an Intern Level (or Professional Development Year) with details of minimum qualifications to work in the field, along with provisional accreditation from the AIR. This addition yielded a four level career structure (PAWP 2006).

The proposed career structure received negative reports from the Radiation Therapy Advisory Panel (RTAP 2006), stating that the case for advanced practitioners was based on little evidence and that there had been no examination of the different career structures already in place within the radiation therapy profession throughout

Australia. The depth of investigation was also questioned, emphasising the need for consultation with radiation therapy stakeholders, as the RTAP panel was not included in this process. The RTAP response criticised the PAWP report's justification for advanced practitioners. The PAWP report suggested that role expansion was not advanced practice, while RTAP believed it should be part of advanced practice. There were also concerns raised about the stipulations around educational requirements for advanced practice, as these were viewed as too strict for specialised areas of work, such as brachytherapy or stereotactic therapy. The PAWP report (2006) contradicted itself, suggesting in one section that the career structure should be adopted universally by all medical imaging and radiation therapy departments in Australia, and in another section stating that departments could choose not to have any advanced practitioner radiation therapists or radiographers. The national approach was centred around improving consistency across public practice, city and regional departments and avoiding an ad hoc centre-by-centre approach (PAWP 2006). While adaptability of a career structure is necessary, departments could choose not to have advanced practitioners, potentially limiting their recruitment and retention (RTAP 2006). Advanced practice for radiation therapists would not be supported for all radiation therapy departments in Australia – which could limit the development of radiation therapy practice. The inconsistencies and criticisms of the PAWP report did suggest further investigation was required. It also suggested that radiation therapists and radiographers in professional leadership positions were at this stage undecided about the best way forward for the profession.

The RTAP response also criticised the proposed career structure because it was based on nursing models and the UK radiation therapy career structures where little evidence existed at the time. As a result of the RTAP critical response the proposed career structure was not implemented and the AIR board of directors formed an Advanced Practice Working Group (APWG) which held its first meeting in September 2007. The group was formed to further the progress made by the PAWP. The APWG aimed to develop a model for advanced practice and define the characteristics of the advanced practice model in relation to current practice. The APWG had discussions with six UK advanced practitioners and focus groups were held with radiation therapists and radiographers around Australia in 2008 (APWG 2009). In May 2009, the APWG submitted a Discussion Paper to the AIR board titled, "A Model of Advanced Practice in Diagnostic Imaging and Radiation Therapy in Australia". Advanced practice was defined as a diagnostic radiographer or radiation therapist performing beyond the core practice boundaries of the profession on a regular basis (APWG 2009). The paper (APWG 2009) outlined key concepts and areas of practice for advanced practitioners. Proposed areas of advanced practice for radiography and radiation therapy are outlined in Table 1.

Table 1 Proposed Areas of Practice for Advanced Medical Radiation Practitioners (APWG 2009)

Radiography	Radiation Therapy
<ul style="list-style-type: none">- Clinical Specialist in Accident and Emergency Imaging,- Clinical Specialist in Fluoroscopic and Interventional Imaging,- Clinical Specialist in Ultrasound Imaging,- Clinical Specialist in Breast Imaging, and- Clinical Specialists in CT or MRI.	<ul style="list-style-type: none">- Clinical Specialist in Image Guided and Adaptive Radiotherapy;- Clinical Specialist in Breast Radiotherapy;- Clinical Specialist in Paediatric Radiotherapy;- Clinical Specialist in Palliative Radiotherapy;- Clinical Specialist in Radiotherapy Treatment Review; and- Clinical Specialist in Integrated Cancer Care.

There were no proposed advanced practitioner roles specifically in research or education. Although advanced practitioners were expected to contribute to developing evidence based material for the profession and they were to use current best practice, there was no specific radiographer or radiation therapist role for promoting or fostering a research or evidence based culture. The discussion paper (APWG 2009) resulted in an Inter-professional Practice Advisory Team (IPAT) and an Advanced Practice Advisory Panel (APAP) being formed to advise the AIR board on matters associated with practicing beyond the core boundaries for radiation therapists and radiographers in the future (APWG 2009).

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Part 2: Proposed AIR approach

In formalising advanced practice status for radiography and radiation therapy professionals in Australia, it is important to consider how Advanced Practitioners might integrate within the broader context of health care in Australia and internationally. There is little Australian empirical evidence to support the idea of advanced practitioners in radiography and radiation therapy, although there are numerous reports to suggest that a significant proportion of traditional physician's roles may be undertaken by another professional with no impact on the quality or safety of service provided (Rushforth et al. 2000; Caine et al. 2002; Bryant-Lukosius & DiCenso 2004; Nolan & Bradley 2008; Australia's Health Workforce Productivity Commission Research Report, 2005, 2007 Productivity Commission Report quoted in Towards a safe medical radiation workforce, Oct 2008, detailed review of funding for diagnostic imaging services discussion paper, January 2010.)

However, the evidence base and recent experience in Australia indicate that implementation of diverse Advanced Practitioner models in an ad hoc, localised manner will not be optimally effective and that a profession (systems) based approach will ensure patient care and safety at a national level. As the AIR is the peak professional body representing radiographers and radiation therapists in Australia, they are best placed to lead advanced practice initiatives to ensure excellence in patient care and safety while simultaneously promoting and facilitating quality professional advancement.

AIR Fellowship is currently the responsibility of the Fellowship Panel of the AIR. The most recent Fellowship Guidelines indicate that Fellows '*will have demonstrated an extensive knowledge of diagnostic imaging and/or radiation therapy*' (AIR, 2010, p.5). A comprehensive review of the Fellowship is beyond the scope of this discussion and beyond the scope of the APAP. In the absence of a clear definition from the Fellowship documentation, a current working distinction is made between the Advanced Practitioner, who possesses a high-degree of clinical expertise in a defined scope of advanced practice, and the Fellowship Practitioner, who possess an extensive knowledge of radiography or radiation therapy across a breadth of the scope of practice of the Accredited Practitioner.

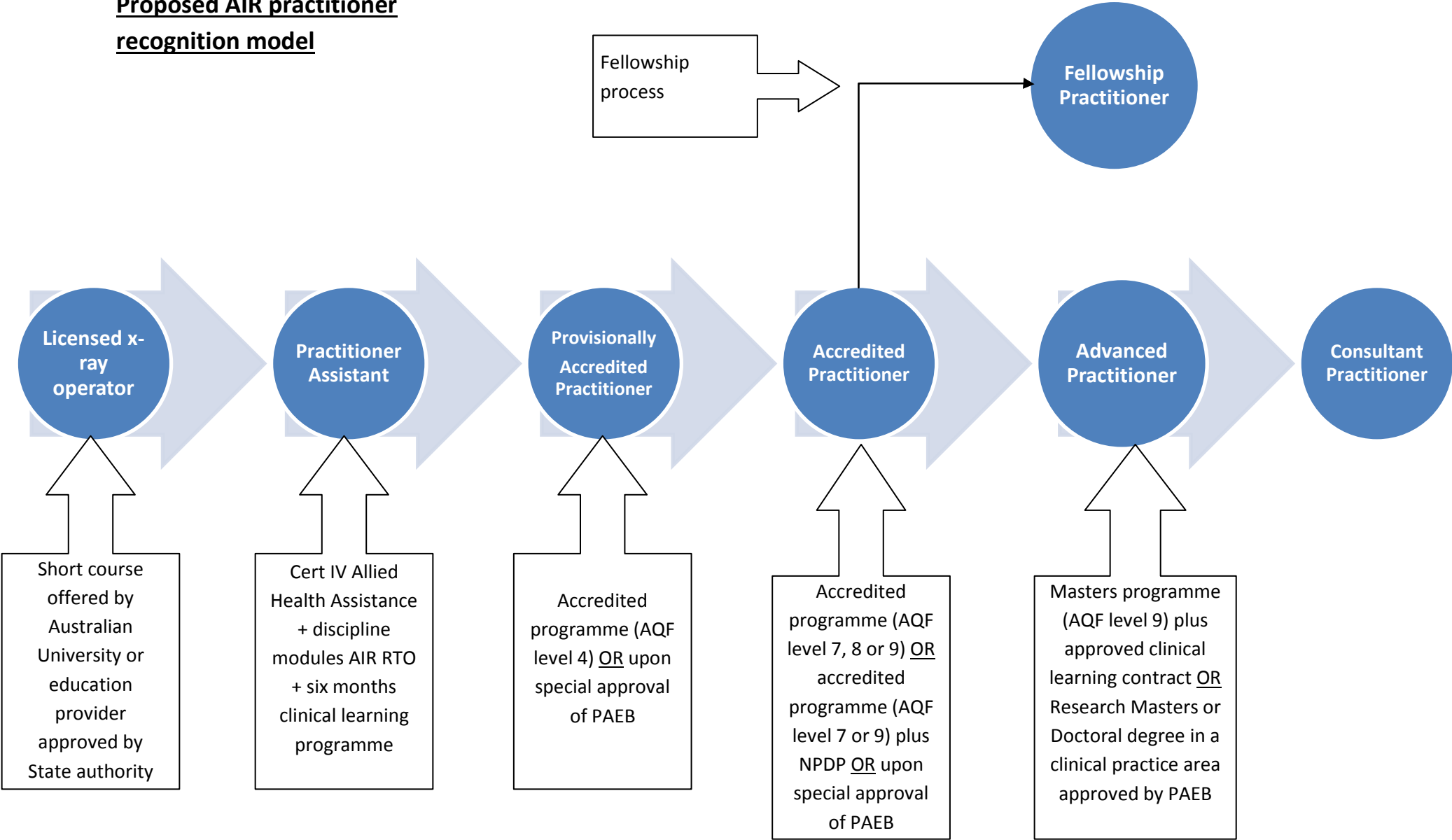
The main focus of the current review is to consider the Advanced Practitioner; however, it would be remiss to ignore personnel who support the roles and functions of the Accredited Practitioners, who form a significant proportion of the Advanced Practitioner's peers. To that end, licensed x-ray operators, practitioner assistants and Provisionally Accredited Practitioners are included within the proposed model. Descriptors associated with Provisionally Accredited Practitioners are published in documentation owned by the Professional Accreditation & Education Board of the AIR, including the Competency Based Standards for the Accredited Practitioner (2005). It

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should remain clear that requirements for licensed x-ray operators are determined by State-based entities, such as the Radiological Council of Western Australia and the South Australian Environmental Protection Agency .The AIR have no intention to attempt to influence these requirements, rather the licensed x-ray operator has been included in the model to indicate where APAP would see these roles fit within the spectrum of practitioners.. The practitioner assistant role is currently a focus of discussion and development in a number of Australian jurisdictions, and it seems prudent for the AIR to further explore a formal model for such roles.

The proposed model for advanced practice in Australia includes the capacity for progress beyond the level of Advanced Practitioner to Consultant Practitioner roles. However, there is currently sparse evidence for Consultant Practitioner roles, nor is there an impetus within the current medical radiation climate for their implementation. Due to the ever-changing health environment and to make provisions for the future, the current proposed model includes the Consultant Practitioner with the use of available evidence; however, further consideration of design, development and implementation when there is substantial impetus is a matter for future development.

Proposed AIR practitioner recognition model

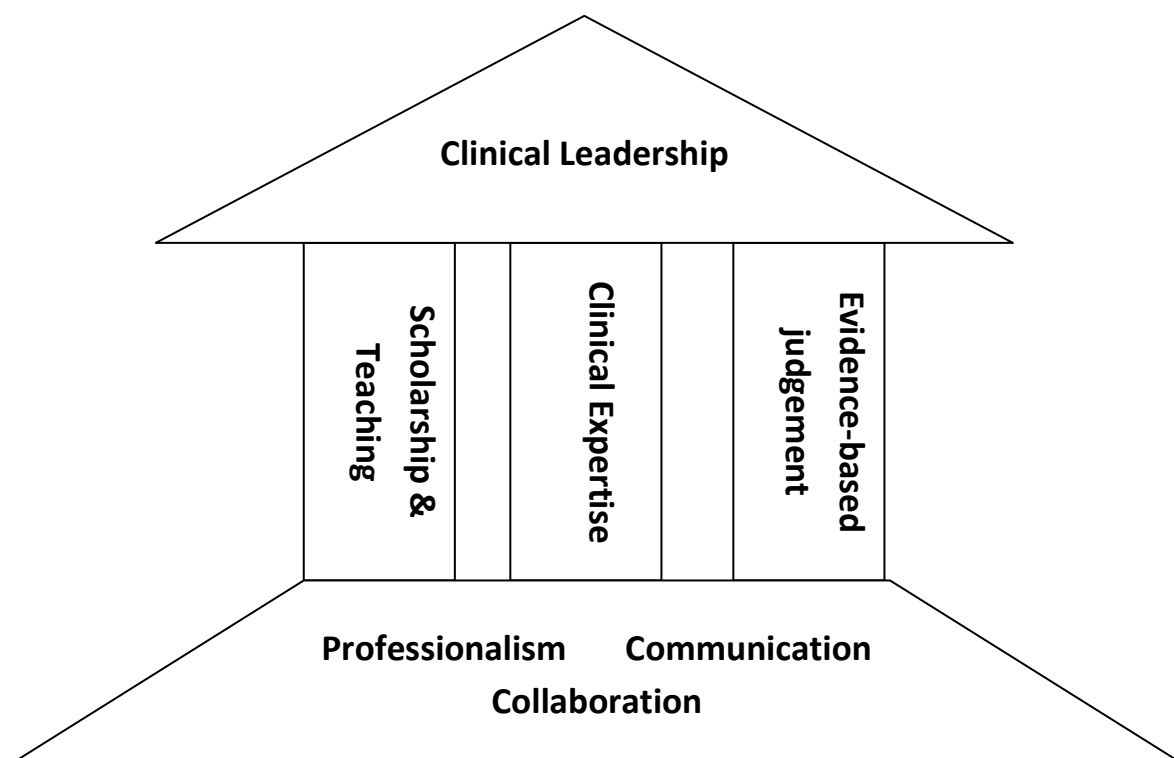


Advanced practice context

The Advanced Practitioner practices in an environment where local need defines the impetus for, and nature of, the advanced practice role. The clinical responsibilities of an advanced practice role are defined and designed to fulfil needs/gaps/skills transfer opportunities for expert practice identified in the individual's medical imaging or radiation therapy workplace. The responsibilities associated with the advanced practice role are clearly defined, described, formalised and documented in the individual's workplace. Advanced practice roles are supported with the necessary time, resources and recognition from local management to ensure that the Advanced Practitioner is able to fulfil their clinical responsibilities. The Advanced Practitioner is provided with a readily accessible Clinical Mentor in the workplace, who is an appropriate/relevant leader in the advanced scope of practice, often a Medical Specialist or Physics Specialist.

Characteristics an AIR Advanced Practitioner

The AIR Advanced Practitioner fulfils all aspects of the expectations for the AIR Accredited Practitioner. In addition, they must demonstrate expertise across seven dimensions of practice and are able to provide evidence of their advanced capability in each dimension. While the dimensions of practice are described individually, the Advanced Practitioner recognises their practice as holistic and is able to draw appropriately upon all aspects of their expertise to provide optimal, expert, contextual patient care.



Expert Communication

Expert communication proficiency is essential for Advanced Practitioners to provide humane, high-quality care to patients and to work effectively with other health professionals. As an AIR Accredited Practitioner, the Advanced Practitioner possesses high level communication skills demonstrated in their ability to obtain information from, and convey information to colleagues, patients and their families. They will respond appropriately to patients' beliefs, concerns, and expectations about their illnesses and assess factors impacting on patients' health and well-being. Additionally, the Advanced Practitioner:

- Composes communications which convey specialised concepts in order to influence outcomes or decisions.
- Tailors communication style and delivery method to the level of the audience.
- Prepares and delivers confident and persuasive presentation of concepts.
- Knows the audience, and identifies and uses this knowledge to build strategies to influence outcomes.
- Organises forums to facilitate information sharing.
- Negotiates agreement on complex issues.

Internal and External Collaboration

Expert collaborative practice ensures high quality outcomes for patients. As an AIR Accredited Practitioner, the Advanced Practitioner engages in partnership with others who are appropriately involved in the care of individuals or specific groups of patients by collaborating effectively with patients and a multidisciplinary team of expert health professionals for provision of optimal patient care, education, and research. Additionally, the Advanced Practitioner:

- Works collaboratively to reduce organisational silos.
- Focuses upon establishing and maintaining productive relationships with key internal groups to ensure collaborative work practices.
- Develops a broad network of useful contacts both internally and externally.
- Pro-actively fosters productive two-way flow of ideas and concepts.

High level of Professionalism

Advanced Practitioners hold a unique societal role as professionals with a distinct body of advanced knowledge, skills, and attitudes dedicated to improving the health and well-being of others. As an AIR Accredited Practitioner, the Advanced Practitioner is committed to the highest standards of excellence in clinical care and ethical conduct, and to continually pursuing mastery of their discipline. Additionally, the Advanced Practitioner:

- Demonstrates uncompromising professional integrity, including honesty with, and high respect for, self, colleagues, patients and their carers, students and the profession.
- Actively guides and coaches other members of the multidisciplinary team to ensure ethical and safe practice outcomes.
- Develops, implements and evaluates plans to maintain advanced knowledge and skills to enable safe, optimal and organised patient care.
- Proactively consults and seeks feedback and uses criticism constructively to progress own professional development and learning.

Advanced Clinical Expertise

Advanced Practitioners possess mastery of a body of expert knowledge, skills and attitudes that enable provision of optimal, expert, contextual clinical care within the boundaries of their discipline and expertise. The Advanced Practitioner's care is characterised by contemporary, ethical, and cost-effective expert clinical practice. The characteristic of Clinical Expert is central to the Advanced Practitioner's function.

High Level of Scholarship and Teaching

Advanced Practitioners engage in a continuous pursuit of mastery of their domain of professional expertise. They recognise the need to be continually learning and improving, and model this for others. The Advanced Practitioner contributes to the appraisal, collection, dissemination and understanding of health care knowledge, and facilitates the education of colleagues, students, patients and others. Additionally, the Advanced Practitioner:

- Promotes a supportive learning culture within the clinical environment in which they work and, more broadly, amongst members of the profession.
- Proactively engages in teaching and learning activities which promote the education of self, colleagues, patients and carers, students and other members of the profession.
- Contributes to the advancement of the profession and other professionals through dissemination of knowledge at educational events and in professional publications.

Professional Judgement based on Evaluation of Evidence and Clinical Situation

Expert clinical decision making and professional judgement involves critical and reflexive analysis of the clinical situation, thorough analysis of relevant evidence available, and conscious deliberation prior to action. As an AIR Accredited Practitioner, the Advanced Practitioner possesses a sound understanding of research principles and is equipped to actively participate in collaborative, multidisciplinary research. Additionally, the Advanced Practitioner:

- Actively and consciously engages in critical reflection. Promotes the importance of research evidence in informing clinical practice.
- Promotes a research culture within the clinical environment in which they work and, more broadly, amongst members of the profession.
- Reads extensively and critically to remain informed of current knowledge and practice.
- Exercises clinical judgements based upon critical analysis of contemporary evidence and supports and guides others in their workplace in doing so.

Clinical Leadership

Leadership is a subtle process of mutual influence fusing thought, feeling, and action. It produces cooperative effort in the service of purposes embraced by both leader and led. (Bolman & Deal 2008, p.345)

Advanced Practitioners influence others to ensure co-operation and engagement that facilitates optimal patient care outcomes. Additionally, the Advanced Practitioner:

- Creates the vision and sets direction relating to their area of practice, mobilising others' efforts by ensuring they share a vision of what can be achieved in the future through the development and enactment of shared meaning
- Work with others, including building relationships with followers so that they can deliver performance beyond what they, their patients or the organisation expects
- Demonstrates personal qualities, including caring, establishing trust and instilling confidence in others so that they do what the leader requests

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Part 3: Attaining recognition as an AIR Advanced Practitioner

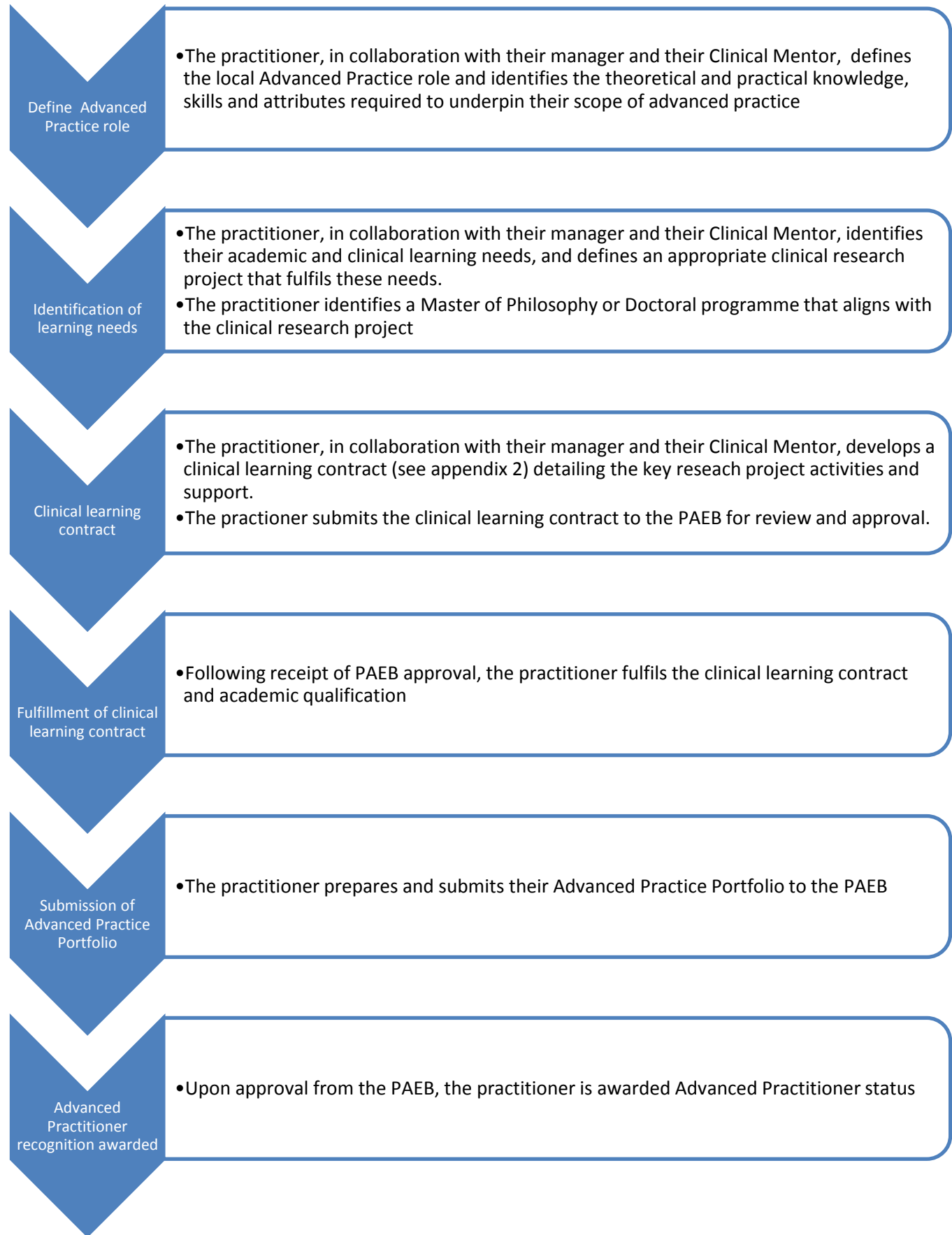
The AIR recognises three pathways for an AIR Accredited Practitioner to attain recognition as an Advanced Practitioner, specifically:

- Masters by Coursework pathway
- Master of Philosophy/Doctorate pathway
- Champion pathway

Masters by Coursework pathway



Master of Philosophy/Doctorate pathway



Champion pathway

Note that the Champion pathway will cease to be an option 18 months after launch, subsequently all practitioners must follow either the Masters by Coursework pathway or the Master of Philosophy/Doctorate pathway.

Submission of
Advanced Practice
Portfolio

- The practitioner prepares and submits their Advanced Practice Portfolio to the PAEB (see appendix 1 for portfolio template)

Advanced
Practitioner
recognition awarded

- Upon approval from the PAEB, the practitioner is awarded Advanced Practitioner status

Advanced Practice Portfolio

All applicants are required to prepare and submit an Advanced Practice Portfolio as evidence of their fulfilment of the requirements for AIR Advanced Practitioner status.

Overview of the Advanced Practice Portfolio

Section 1	Overview, nature and context of your Advanced Practice Position description from your workplace, clearly outlining your advanced scope of practice	Maximum 500 words Copy of position description
Section 2	Statements addressing each of the seven characteristics of the AIR Advanced Practitioner Documentary evidence supporting attainment of each of the seven characteristics of the AIR Advanced Practitioner	Maximum 500 words per characteristic, excluding citations and references Copies of supporting documentary evidence
Section 3	Your Curriculum Vitae	Maximum 8 pages

Explanation of your Advanced Practice Portfolio

SECTION 1: OVERVIEW, NATURE AND CONTEXT OF YOUR ADVANCED PRACTICE

Provide no more than 500 words outlining your Advanced Practice role, your responsibilities as an Advanced Practitioner and the context in which you practice. This section should demonstrate the rationale for your Advanced Practice role and how you contribute to patient care in an advanced setting. Your philosophy and values as an Advanced Practitioner should be clearly articulated, and should be evident in your responses to each of the characteristics in Section 2. It will support the review of your portfolio to include relevant references from the evidence base.

You must include a copy of the complete workplace position description for your Advanced Practice role, detailing your advanced scope of practice and any other relevant responsibilities or information.

SECTION 2: STATEMENTS AND EVIDENCE ADDRESSING EACH OF THE SEVEN CHARACTERISTICS OF THE AIR ADVANCED PRACTITIONER

The seven characteristics of the AIR Advanced Practitioner are outlined in Part 2 of this document. For each characteristic, there are four compulsory elements to be addressed in the Advanced Practice portfolio:

1. Provide an overview – What do you do that indicates you possess this characteristic? Why do you do it? What are the outcomes of what you do? How do you enhance patient care through this characteristic? Note that this is

not a statement of what Advanced Practitioners *should* do, rather it is your declaration of what actually occurs in your own Advance Practice.

2. Reflection on learning – How have you learned about and developed this characteristic? What were the key learning events along the way? Why did you approach your development in this way, and what have you learned from the way you approached it?

3. Continuing professional development plan – What further specific development have you identified for yourself with respect to maintaining and further refining this characteristic? What strategy/actions have you planned to achieve these development goals? How will you use this Advanced Practice characteristic to contribute to the development of others in your workplace?

4. Documentary evidence – Provide copies of the evidence that documents your success in achieving this characteristic. You should aim to provide the strongest possible evidence supporting your application for recognition as an AIR Advanced Practitioner, so take care to include evidence that is compelling and convincing and that relates directly to your Advanced Practice role. The following notes will guide you in selecting the documentary evidence for your submission.

Characteristic 1: Expert Communication

Documentary evidence may include (but is not limited to):

- certificates of formal training/education
- samples of works/materials you have developed and implemented
- workplace reviews or appraisals indicating advanced-level performance
- statements of recommendation from peers, manager and/or professional mentors

Characteristic 2: Internal and External Collaboration

Documentary evidence should include evidence of **both** internal and external collaboration. This evidence may include (but is not limited to):

- samples of works/materials/activities you have developed and implemented collaboratively
- statements of recommendation from peers, manager, professional mentors, or external collaborators and partners
- evidence of active contribution and participation in internal and/or external committees, working groups, panels or boards

Characteristic 3: High level of Professionalism

Documentary evidence may include (but is not limited to):

- samples of works/materials/activities you have developed and implemented to ensure ethical and safe outcomes, or to support colleagues in delivering same
- evidence of teaching activities you have developed and implemented to guide and coach others in delivering high quality patient care
- samples of your professional development plan, portfolio or journal that documents the development and maintenance of your advanced knowledge, skills and attributes

- statements of recommendation from peers, manager, professional mentors, students or academic partners
- workplace reviews or appraisals indicating advanced-level performance
- samples of your reflective writing that records critical evaluation of your own learning and development needs

Characteristic 4: Advanced Clinical Expertise

Documentary evidence: Applicants must include records of any postgraduate qualifications or fulfilled clinical learning contracts related to the specified area of Advanced Practice. Other documentary evidence may include (but is not limited to):

- statements of competency from manager and professional mentors attesting to advanced level proficiency in the specified area of Advanced Practice
- workplace reviews or appraisals indicating advanced-level performance
- formal workplace or external competency assessments demonstrating expert practice in the specified area

Characteristic 5: High Level of Scholarship and Teaching

Documentary evidence may include (but is not limited to):

- samples of works/materials/activities you have developed and implemented to promote the learning and development of your colleagues or others
- certificates of formal training/education
- evidence of teaching activities you have developed, implemented or proactively engaged in to promote the learning and development of your colleagues or others
- samples of your professional development plan, portfolio or journal that documents the development and maintenance of your advanced knowledge, skills and attributes
- samples of your reflective writing that records critical evaluation of your own learning and development needs
- evidence (including abstracts) of conference presentations you have made or workshops you have facilitated
- copies of published articles, posters or items you have authored

Characteristic 6: Professional Judgement based on Evaluation of Evidence and Clinical Situation

Documentary evidence may include (but is not limited to):

- samples of works/materials/activities you have developed and implemented to promote the the importance of evidence-informed practice to colleagues or others
- certificates of formal training/education
- evidence of your professional reading activities and associated critique
- samples of your reflective writing that records critical analysis of your own practice

- evidence of your research activities
- copies of published articles, posters or items you have authored
- statements of recommendation from peers, manager, professional mentors, or academic partners

Characteristic 7: Clinical Leadership

Documentary evidence may include (but is not limited to):

- certificates of formal training/education
- evidence of actions or activities you have developed and implemented that demonstrate your ability to motivate others, build relationships and lead at an expert level
- statements of recommendation from subordinates, peers, manager, professional mentors, or academic partners
- workplace reviews or appraisals indicating advanced-level performance
- workplace 360-degree reviews or similar that attest to your leadership performance
- samples of your reflective writing that records critical evaluation of your own leadership development and performance

SECTION 3: YOUR CURRICULUM VITAE

Include a relevant and selective Curriculum Vitae outlining your professional pathway and achievements to date.

Format of your Advanced Practice portfolio

You should prepare your Advanced Practice portfolio using the template structure available at Appendix 1 and saved as a **single** Word or PDF electronic document. Submissions of 3MB or less may be emailed to the PAEB at paeb@air.asn.au. If your submissions file size exceeds 3MB, you should submit three copies of your application on CD, DVD or USB thumb drives.

You may choose to prepare and submit your Advanced Practice portfolio in an on-line, web-style format using a commercial e-portfolio product or your own on-line format. It is your responsibility to ensure that all the portfolio requirements are readily accessible and identifiable for the PAEB assessors. You must arrange appropriate access for the assessors, including provision of any relevant proprietary software for reading the e-portfolio.

Assessment of your Advanced Practice portfolio

Your Advanced Practice portfolio represents the formal mechanism to evaluate your application for recognition as an AIR Advanced Practitioner. As such, you should take care to ensure that your portfolio thoroughly reflects your achievements in the specified area of Advanced Practice and that you incorporate compelling and conclusive evidence that you satisfy the seven characteristics required of an AIR Advanced Practitioner.

Your portfolio will be reviewed by two independent, expert assessors nominated by the PAEB. The assessors will use their own expert judgement and experience to evaluate whether your portfolio presents a compelling case that you have achieved the knowledge, skills and attributes expected of an AIR Advanced Practitioner in a clearly defined area of practice. The following broad evaluation criteria will apply:

Australian Institute of Radiography Advanced Practice Advisory Panel

	Acceptable	Unacceptable	
Portfolio submission	All sections of the submission have been included in the stipulated format	One or more sections of the submission are missing or incomplete	The submission file is corrupted, damaged or otherwise inaccessible
SECTION 1			
	The overview statement comprehensively explains the Advanced Practice role, its rationale and how the role contributes to patient care. The applicant's philosophy and values as an Advanced Practitioner are clearly articulated.	The overview statement is missing or unclear for one or more of: role explanation, contribution to patient care, or applicant's philosophy or values.	
	The workplace position description reflects an appropriate advanced scope of practice	The workplace position description does not reflect an appropriate advanced scope of practice	No workplace position description is included
SECTION 2			
Characteristic 1	An overview, reflection on learning, professional development plan and documentary evidence have been included in the submission	One or more of the requirements for this characteristic are missing or incomplete	
	The overview, reflection on learning and professional development plan effectively communicate the applicant's possession of this characteristic	The overview, reflection on learning or professional development plan do not adequately communicate the applicant's possession of this characteristic	
	The documentary evidence provided convincingly confirms that the applicant possesses this characteristic	The documentary evidence provided is equivocal, weak or unclear in its relationship to this characteristic.	The documentary evidence is incomplete, illegible, missing or unable to be confirmed.
Characteristic 2	An overview, reflection on learning, professional development plan and documentary evidence have been included in the submission	One or more of the requirements for this characteristic are missing or incomplete	
	The overview, reflection on learning and professional development plan effectively communicate the applicant's possession of this characteristic	The overview, reflection on learning or professional development plan do not adequately communicate the applicant's possession of this characteristic	
	The documentary evidence provided convincingly confirms that the applicant possesses this characteristic	The documentary evidence provided is equivocal, weak or unclear in its relationship to this characteristic.	The documentary evidence is incomplete, illegible, missing or unable to be confirmed.
Characteristic 3	An overview, reflection on learning, professional development plan and documentary evidence have been included in the submission	One or more of the requirements for this characteristic are missing or incomplete	
	The overview, reflection on learning and professional development plan effectively communicate the applicant's possession of this characteristic	The overview, reflection on learning or professional development plan do not adequately communicate the applicant's possession of	

		this characteristic	
	The documentary evidence provided convincingly confirms that the applicant possesses this characteristic	The documentary evidence provided is equivocal, weak or unclear in its relationship to this characteristic.	The documentary evidence is incomplete, illegible, missing or unable to be confirmed.
Characteristic 4	An overview, reflection on learning, professional development plan and documentary evidence have been included in the submission	One or more of the requirements for this characteristic are missing or incomplete	
	The overview, reflection on learning and professional development plan effectively communicate the applicant's possession of this characteristic	The overview, reflection on learning or professional development plan do not adequately communicate the applicant's possession of this characteristic	
	The documentary evidence provided convincingly confirms that the applicant possesses this characteristic	The documentary evidence provided is equivocal, weak or unclear in its relationship to this characteristic.	The documentary evidence is incomplete, illegible, missing or unable to be confirmed.
Characteristic 5	An overview, reflection on learning, professional development plan and documentary evidence have been included in the submission	One or more of the requirements for this characteristic are missing or incomplete	
	The overview, reflection on learning and professional development plan effectively communicate the applicant's possession of this characteristic	The overview, reflection on learning or professional development plan do not adequately communicate the applicant's possession of this characteristic	
	The documentary evidence provided convincingly confirms that the applicant possesses this characteristic	The documentary evidence provided is equivocal, weak or unclear in its relationship to this characteristic.	The documentary evidence is incomplete, illegible, missing or unable to be confirmed.
Characteristic 6	An overview, reflection on learning, professional development plan and documentary evidence have been included in the submission	One or more of the requirements for this characteristic are missing or incomplete	
	The overview, reflection on learning and professional development plan effectively communicate the applicant's possession of this characteristic	The overview, reflection on learning or professional development plan do not adequately communicate the applicant's possession of this characteristic	
	The documentary evidence provided convincingly confirms that the applicant possesses this characteristic	The documentary evidence provided is equivocal, weak or unclear in its relationship to this characteristic.	The documentary evidence is incomplete, illegible, missing or unable to be confirmed.
Characteristic 7	An overview, reflection on learning, professional development plan and documentary evidence have been included in the submission	One or more of the requirements for this characteristic are missing or incomplete	
	The overview, reflection on learning and professional development plan effectively communicate the applicant's possession of this	The overview, reflection on learning or professional development plan do not adequately communicate	

	characteristic	the applicant's possession of this characteristic	
	The documentary evidence provided convincingly confirms that the applicant possesses this characteristic	The documentary evidence provided is equivocal, weak or unclear in its relationship to this characteristic.	The documentary evidence is incomplete, illegible, missing or unable to be confirmed.

Each expert assessor will provide one of the following recommendations to the PAEB:

Acceptable: All elements of the submission are considered acceptable and the evidence provided clearly confirms that the applicant possesses all characteristics of the AIR Advanced Practitioner

Not acceptable: One or more elements of the submission are considered unacceptable and/or the evidence provided does not clearly confirm that the applicant possesses all characteristics of the AIR Advanced Practitioner

Where the PAEB receives two recommendations of "Acceptable", the applicant will be deemed eligible for recognition as an AIR Advanced Practitioner.

Where the PAEB receives two recommendations of "Unacceptable", the application will be declined. The PAEB will provide the applicant with written feedback about the submission using the evaluation criteria schedule above. An applicant may redevelop and resubmit their Advanced Practice application at any time. The PAEB will not proceed with re-assessment of a substantially unchanged Advanced Practice application.

Where the PAEB receives conflicting recommendations, the submission will be assessed by a third independent, expert assessor who will provide the ruling recommendation.

Advanced Practice for the Australian Medical Radiation Professions

Part 4: Proposed AIR action plan

The preceding sections of this discussion paper provide a basis for further consultation and debate about the development and implementation of AIR Advanced Practitioner recognition. To maintain momentum, the following action plan is provided.

Action	By whom?	By when?
Review of and feedback relating to this discussion paper	AIR Board of Directors	30 June 2013
Finalisation of this discussion paper based upon BoD's feedback	APAP	31 July 2013
Release of discussion paper to AIR members and other stakeholders (Commencement of consultation period)	AIR CEO	14 August 2013
Discussion paper available on AIR website and exec summary to be published in Spectrum with link to paper	AIR Operations Manager	14 August 2013 August edition of Spectrum
Focus groups, teleconferences, webinars, interviews, consultation with AIR expert panels and/or other pro-active consultation activities	APAP & AIR Board of Directors	31 October 2013
Draft of Advanced Practice policy presented to AIR Board of Directors	APAP	30 November 2013
Review of and feedback relating to draft Advanced Practice policy	AIR Board of Directors	31 Jan 2014
Finalisation of draft Advanced Practice policy	APAP	28 Feb 2014
Draft Advanced Practice policy released for final consultation (Commencement of final consultation)	AIR CEO	14 March 2014
Teleconferences, webinars,	APAP & AIR Board of Directors	14 April 2014

interviews, consultation with AIR expert panels and/or other proactive consultation activities		
Final draft of Advanced Practice Policy presented to AIR Board of Directors	APAP	28 April 2014
Approval of Advanced Practice Policy	AIR Board of Directors	30 May 2014
Release of Advanced Practice Policy to AIR website and via email to AIR members	AIR Operations Manager	30 June 2014
Close of Grandfathering pathway		31 December 2014

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APPENDIX 1 – ADVANCED PRACTICE PORTFOLIO TEMPLATE STRUCTURE

YOUR CONTACT DETAILS, INCLUDING:

- Your full name
- Your contact telephone number
- Your mailing address
- Your email address

SECTION 1

Overview, nature and context of your Advanced Practice (maximum 500 words)

Workplace position description appended at page

SECTION 2

CHARACTERISTIC 1: EXPERT COMMUNICATION

Statement including an overview, reflection on learning and continuing professional development plan (maximum 500 words)

Supporting documentary evidence appended at page(s).....

CHARACTERISTIC 2: INTERNAL AND EXTERNAL COLLABORATION

Statement including an overview, reflection on learning and continuing professional development plan (maximum 500 words)

Supporting documentary evidence appended at page(s).....

CHARACTERISTIC 3: HIGH LEVEL OF PROFESSIONALISM

Statement including an overview, reflection on learning and continuing professional development plan (maximum 500 words)

Supporting documentary evidence appended at page(s).....

CHARACTERISTIC 4: ADVANCED CLINICAL EXPERTISE

Statement including an overview, reflection on learning and continuing professional development plan (maximum 500 words)

Supporting documentary evidence appended at page(s).....
CHARACTERISTIC 5: HIGH LEVEL OF SCHOLARSHIP AND TEACHING
Statement including an overview, reflection on learning and continuing professional development plan (maximum 500 words)
Supporting documentary evidence appended at page(s).....
CHARACTERISTIC 6: PROFESSIONAL JUDGEMENT BASED ON EVALUATION OF EVIDENCE AND CLINICAL SITUATION
Statement including an overview, reflection on learning and continuing professional development plan (maximum 500 words)
Supporting documentary evidence appended at page(s).....
CHARACTERISTIC 7: CLINICAL LEADERSHIP
Statement including an overview, reflection on learning and continuing professional development plan (maximum 500 words)
Supporting documentary evidence appended at page(s).....

SECTION 3
Curriculum Vitae appended at pages

Appendix 2:

Guidelines for formulating an advanced practice clinical learning contract:

1. The clinical learning contract (CLC) must specify the key clinical responsibilities expected of the advanced practitioner within their individual department.
2. The CLC must also set out the learning activities to be undertaken in order to develop competency within those key clinical activities.
3. The CLC will specify the resources required, the time frame it is expected to complete the learning activities and how competency will be measured.
4. Methods of supervision, mentoring and assessment should be specified for each key clinical responsibility/competency. If these change with additional experience/competency, this should be detailed with expected timeframes for each method.
5. A record of regular progress reviews should be incorporated into the contract.
6. The contract **MUST** be approved by the candidate, the candidates mentor/clinical supervisor and the candidate's manager.
7. The contract must detail the qualifications of the clinical mentor/supervisor.

ADVANCED PRACTICE CLINICAL LEARNING CONTRACT

Advanced Practice candidate's name:

Contact email:

Candidate's manager's name:

Clinical mentor's name and qualifications:

Employing organisation:

Information for candidates:

- Complete sections 1-3 with your manager and clinical mentor and submit to the PAEB for approval
- Each time a progress review discussion occurs, ensure the record in section 4 is completed
- Section 5 should be completed once you have completed the agreed learning activities and been evaluated by your manager and clinical mentor as competent in all key clinical responsibilities
- The completed Advanced Practice Clinical Learning Contract (sections 1-5) should be included in your Advanced Practice Portfolio

Section 1 – PROPOSED ADVANCED PRACTICE RESPONSIBILITIES

Provide a brief synopsis of the proposed Advanced Practice role

Specify the proposed key clinical responsibilities of the Advanced Practice role

1.

2.

3.

4.

5.

SECTION 2 - Learning ACTION PLAN

For each key clinical responsibility, specify the candidate's learning needs and the proposed plan to address these needs.

Key clinical responsibility	Learning activities <i>Should include activities that develop theoretical knowledge, practical skills, professional attributes, or some combination of same</i>	Consider time, financial, technology/system and other resources required		Timeframe or anticipated completion date for learning activity	Measure or performance level that will indicate achievement
		Resource required	Is this resource to be supplied by candidate, employer or other?		
1					
2					
3					
4					
5					

Supervision and mentoring

For each key clinical responsibility, specify the agreed supervision arrangements. If it is expected that supervision will change over time or with context, provide an indication of the applicable timeframes or circumstances.

Key clinical responsibility	Direct (at-the-shoulder) supervision by clinical mentor	Indirect, on-site supervision by clinical mentor	Indirect supervision by telephone by clinical mentor	No supervision required / supervision not applicable	Other supervision arrangement (provide details)
1					
2					
3					
4					
5					

Formal review of progress

Specify the agreed timeframes for formal progress review discussion between the candidate, their manager and the clinical mentor. Formal reviews should occur regularly, and the minimum expectation is every three months. A written record of the review should be completed and retained by the candidate and the employing organisation.

SECTION 3 - Clinical Learning Contract acknowledgement

We have discussed this Advanced Practice Clinical Learning Contract and agree to the proposed arrangements

Advanced Practice Candidate _____ Date / /

Advanced Practice Candidate's Manager _____ Date / /

Clinical Mentor _____ Date / /

Approved by PAEB _____ **Date** / /

SECTION 4 - Record of formal reviews of progress

Date of progress review	Signature of AP candidate	Signature of AP candidate's manager	Signature of clinical mentor

SECTION 5 - FULFILLMENT of the Advanced Practice Clinical Learning Contract

We consider that the Advanced Practice Candidate is competently fulfilling the specified key clinical responsibilities

Advanced Practice Candidate's Manager _____

Date / /

Clinical Mentor _____

Date / /