Queensland



Explanatory Notes for SL 2002 No. 98

Medical Radiation Technologists Registration Act 2001

MEDICAL RADIATION TECHNOLOGISTS REGISTRATION REGULATION 2002

Short Title

Medical Radiation Technologists Registration Regulation 2002.

Authorising law

Details are contained in the regulatory impact statement.

Policy objectives

Details are contained in the regulatory impact statement.

How policy objectives will be achieved

Details are contained in the regulatory impact statement.

Consistency with authorising law

Details are contained in the regulatory impact statement.

Options and alternatives

Details are contained in the regulatory impact statement.

Cost-benefit analysis

Details are contained in the regulatory impact statement.

Fundamental legislative principles

Details are contained in the regulatory impact statement.

Consultation

In accordance with the requirements of the *Statutory Instruments Act* 1992, a Regulatory Impact Statement (RIS) was prepared and released for public comment in December 2001. An advertisement about the availability of the RIS was placed in the Courier-Mail, the major daily newspaper available in Queensland. Direct advice about the publication of the RIS was also provided to approximately 140 key stakeholders and interested parties, including individuals, professional associations, educational institutions, and providers of medical radiation technology services. In addition, the RIS was available on the Internet as part of Queensland Health's website.

About a dozen written responses to the RIS were received. However, the key industry associations responded to the RIS on behalf of their members. Significant issues raised in response to the RIS included the following—

• Queensland Treasury requested that a review of the proposed fee levels be undertaken prior to finalising the *Medical Radiation Technologists Registration Regulation 2002* (the proposed regulation), to ensure that they are set at an adequate level from the commencement of the legislation. Queensland Treasury expressed the view that the proposed fee levels may no longer be adequate, given factors such as rises in the Consumer Price Index since the review was undertaken, and unforeseen issues that were not taken into account in the original assessment conducted in May 1999.

Further consultation about the proposed fee levels was undertaken with the Office of Health Practitioner Registration Boards. The Office prepared a revised notional budget for the Medical Radiation Technologists Board of Queensland. On the basis of this revised notional budget, detailed discussions were held with the Office about the new Board's expected financial situation, and the fees that would be required to support its operation.

 Further consultations were held with key stakeholders, the Australian Institute of Radiography and the Australian and New Zealand Society of Nuclear Medicine, in their capacity as the

- peak professional associations representing medical radiation technologists, regarding the supervised practice program requirements of the proposed regulation.
- Some respondents raised concerns about the costs for medical radiation technologists of being licensed under the *Radiation Safety Act 1999* and registered under the *Medical Radiation Technologists Registration Act 2001*. These concerns were also raised during the development of the *Medical Radiation Technologists Registration Act 2001*. It should be noted that under the Enterprise Bargaining Agreement IV, medical radiation technologists employed in the public sector can apply to have their radiation licensing costs reimbursed by Queensland Health. In addition, while medical radiation technologists will have to be registered if they wish to use a restricted title, depending on their area of work, not all medical radiation technologists will need to be licensed under the *Radiation Safety Act 1999*.
- A few respondents expressed concern that the proposed maximum time of two years for completion of the supervised practice program by probationary registrants was too short. However, the *Medical Radiation Technologists Registration Act* 2001 provides the Medical Radiation Technologists Board of Queensland with a discretionary power to extend the time by one year for individual probationary registrants in certain circumstances. Therefore, it was not necessary to amend the proposed regulation.
- One respondent suggested that the proposed regulation does not go far enough in fulfilling its objective of improving the general safety of persons associated with medical radiation technology services. The respondent recommended that the proposed regulation should include practice restrictions for general registrants. However this is beyond the scope and objectives of the *Medical Radiation Technologists Registration Act 2001* and could not be accommodated in the proposed regulation.

Results of consultation

Stakeholders generally responded favourably to the proposals being put forward as part of the RIS process. Results of the consultation process are as follows—

Medical Radiation Technologists Registration Regulation 2002

- As a consequence of consultations about the financial status of the Medical Radiation Technologists Board of Queensland, it has been necessary to amend the annual registration fee and the restoration fee to be prescribed in the proposed regulation. The proposed annual registration fee will now be set at \$220. The proposed restoration fee is to be set at \$295.
- It was not appropriate for the proposed regulation to address stakeholders' concern about the costs of being licensed under the *Radiation Safety Act 1999* and registered under the *Medical Radiation Technologists Registration Act 2001*. However, the Australian Institute of Radiography and the Australian and New Zealand Society of Nuclear Medicine (ie. peak professional associations representing medical radiation technologists) have been advised that the Medical Radiation Technologists Board of Queensland could examine this issue in the future.

ENDNOTES

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

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