Investigating Australian Radiation Therapists’ Responses to Fitness to Practise Scenarios

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Introduction

- National Australian health professions regulation
  - Australian Health Practitioner Regulation Agency
    - Medical Radiation Practice Board of Australia

- Fitness to practise (FTP) recognised as one criterion for regulatory purposes

- Universities need to ensure graduates;
  - are FTP
  - understand how FTP relates to registration
Introduction

- Our work: 3 key classifications in determinants of FTP\textsuperscript{1,2}

1. Impairment
2. Competence
3. Values/Ethics

BUT: Confusion amongst radiation therapists (RT’s) about FTP it’s relationship to day to day practice
Aims

1. Investigate RT’s descriptions of how they would respond to FTP dilemmas

2. Ascertain how often RT’s had experienced similar dilemmas

3. Determine satisfaction with training to deal with FTP dilemmas
Methods

- **Design:** Mixed-methods
- **Population:** Australian RTs: Convenience sample
- **Recruitment:** Email with survey link
  - Professional Body membership
  - Clinical centres
  - Flyers at National conference
- **Data collection:** Anonymous on-line survey
- **Pilot Outcomes:** Response format → Open ended
  - Completion time → 20 mins
  - Question (Q) Interpretation → Q Changes
Methods
Survey design

- Part 1: Demographic information
- Part 2: FTP dilemma scenarios
  - Scenario creation
    - 7 RTs from focus groups
    - 19 authentic FTP dilemmas scenarios
  - Scenario validation
    - 3 experts reviewed content + appropriateness
    - 8 scenarios chosen
- Participants allocated into one of 2 groups (Survey 1 or 2)
Methods

FTP dilemmas + classifications

Survey 1

S1 Alcohol impairment (I)

S2 Repeated mistakes (C)

S3 Inaccurate set up (C)

S4 Identity disclosure (V/E)

Survey 2

S5 Physical impairment (I)

S6 Dosimetry dilemma (C)

S7 Recency of practice (C)

S8 Bullying threats (V/E)
Methods

- **Qualitative data analysis**
  - Informed by Grounded Theory
  - Coding + thematic analysis
  - Data split + spliced
  - 2nd independent check

- **Quantitative data analysis**
  - Descriptive statistics
  - Analysis of relationships:
    - Chi-square
    - Fisher’s Exact tests
Findings and Discussion

- 180 participants
  - Gp1 = 109 participants
  - Gp2 = 71 participants

- 720 responses to the 8 scenarios

- Key themes:
  
  Practitioner as informant
    i. External whistle-blowing
    ii. Internal reporting
Findings and Discussion

External whistle-blowing

Table 1. Frequency of reporting external whistle-blowing

<table>
<thead>
<tr>
<th>External whistle-blowing</th>
<th>FTP Dilemma</th>
<th>Response frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report to Registration Board</td>
<td>S1 (I) Alcohol intoxication</td>
<td>2/109</td>
</tr>
<tr>
<td></td>
<td>S2 (C) Repeated mistakes</td>
<td>1/109</td>
</tr>
<tr>
<td></td>
<td>S4 (V/E) Disclosure</td>
<td>2/109</td>
</tr>
<tr>
<td>Report to Police</td>
<td>S8 (V/E) Bullying</td>
<td>6/71</td>
</tr>
</tbody>
</table>

- RT’s professional obligation to notify registration board of sub-optimal practice\(^3\)
Findings and Discussion

External whistle-blowing

- Intoxication identified as a reason for mandatory notification by MRPBA\(^3\) and highlighted as a key determinant of FTP\(^4\)
- Only 2 RTs suggested this would be a notifiable issue – but only if the intoxication was repeated

“If this was a one-off occurrence I would not take any further action but if this happened regularly I would tell my line manager and report the RT concerned to the Registration board”

“If proper action was not taken and/or the event was repeated after counselling, I would report to AHPRA”
Findings and Discussion

Table 2. Satisfaction with level of training

<table>
<thead>
<tr>
<th>FTP Dilemma</th>
<th>Not satisfied (1)</th>
<th>Somewhat satisfied (2)</th>
<th>Unsure (3)</th>
<th>Satisfied (4)</th>
<th>Very satisfied (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intoxication</td>
<td>35/108 (32%)</td>
<td>26/108 (24%)</td>
<td>27/108 (25%)</td>
<td>16/108 (15%)</td>
<td>4/108 (4%)</td>
</tr>
<tr>
<td>Repeated mistakes</td>
<td>20/105 (19%)</td>
<td>23/105 (22%)</td>
<td>15/105 (14%)</td>
<td>42/105 (40%)</td>
<td>5/105 (5%)</td>
</tr>
<tr>
<td>Celebrity disclosure</td>
<td>16/108 (15%)</td>
<td>13/108 (12%)</td>
<td>15/108 (14%)</td>
<td>48/108 (45%)</td>
<td>15/108 (14%)</td>
</tr>
<tr>
<td>Bullying</td>
<td>4/69 (6%)</td>
<td>8/69 (12%)</td>
<td>10/69 (14%)</td>
<td>29/69 (42%)</td>
<td>18/69 (26%)</td>
</tr>
</tbody>
</table>

- If RT’s satisfied with training, why don’t they report?
- Are they getting appropriate training and not using it?
## Findings and Discussion

### Table 3. Frequency of experiencing similar dilemmas

<table>
<thead>
<tr>
<th>FTP Dilemma</th>
<th>Never (1)</th>
<th>Rarely (2)</th>
<th>Unsure (3)</th>
<th>Sometimes (4)</th>
<th>Often (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intoxication</td>
<td>74/109 (68%)</td>
<td>31/109 (28%)</td>
<td>0</td>
<td>4/109 (4%)</td>
<td>0</td>
</tr>
<tr>
<td>Repeated mistakes</td>
<td>3/109 (33%)</td>
<td>36/107 (34%)</td>
<td>0</td>
<td>52/107 (49%)</td>
<td>16/107 (15%)</td>
</tr>
<tr>
<td>Celebrity disclosure</td>
<td>80/108 (74%)</td>
<td>24/108 (22%)</td>
<td>1/108 (1%)</td>
<td>3/108 (3%)</td>
<td>0</td>
</tr>
<tr>
<td>Bullying</td>
<td>56/70 (80%)</td>
<td>9/70 (13%)</td>
<td>0</td>
<td>5/70 (7%)</td>
<td>0</td>
</tr>
</tbody>
</table>
Findings and Discussion

Why don’t people report?

- Half U.K healthcare professionals detecting incompetence inhibited about reporting it\(^5\)
- Whistleblowers suffer from being labelled vindictive informers\(^6\)

“Having experienced bullying in the workplace, I no longer choose to participate in workplace gossip…or anything other than professional interactions. This incident has nothing to do with me. I hope that the bullied RT reports the incident but I can't afford to become involved and potentially a target (again)”
Conclusion

▪ Implications for Universities:
  – Ensure FTP in curriculum
  – Innovative/engaging delivery methods for FTP learning

▪ Implications for Practitioners:
  – Education on FTP
  – Exercising reporting mechanisms

▪ Implications for Registration Board:
  – Innovative education strategies
Limitations

- Responses: What RT’s say they would do, not what they might actually do!

Recommendations

Further investigation of:

- Demographic differences
- Reasons why RT’s do not whistle-blow
- Social media FTP dilemmas
- University curricula
References


4 Spencer J. *Medical Education and Training; from theory to delivery*. New York: Oxford University Press; 2009
