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## Sharing limited licence radiography online course material across State boundaries

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### Introduction

Limited licence X-ray operator radiography occurs in rural and remote locations where there is no radiographer available where rural GPs, nurses and other health service personnel are trained and licensed to perform a limited range of plain X-ray examinations. The aim is to improve access to medical imaging services in smaller communities and to save patients having to travel. The role exists in all Australian States but it is governed on a State-by-State basis by different licensing authorities in each jurisdiction. Consequently, it is subject to different licensing conditions and is inclusive and exclusive of different occupational categories of X-ray operators and differing examination types.

Until recently, every State had a separate and unique limited licence radiography course; however, course providers in New South Wales (NSW) and Queensland have now collaborated to use the same basic radiography, online course material. The aim is to share knowledge and resources, reducing the need for duplication of course content, in spite of differences that exist between the two State's licence conditions, regulations and available support services.

### Methods

In 2016, an intellectual property agreement was signed between the University of Newcastle Department of Rural Health (UONDRH) in NSW and the Cunningham Centre, which is part of Darling Downs Health in Queensland. The two organisations deliver the relevant course in their own State, according to the needs of the health services and in accordance with the legislative requirements. Under the agreement, each agency has undertaken to share online course material previously developed by the UONDRH under a Rural Health Continuing Education (RHCE) Grant. That material is stored on a Moodle platform by the Cunningham Centre and accessible to limited licence radiography course participants in both States via their own unique login. To obtain a login, participants have to first register with the course provider and pay any necessary tuition fees.

### Results

In each State, the course is delivered over a period of about 10 weeks, depending on participants and educators' availability. While the course structure differs somewhat between States, the two course providers now share access to the same course modules, which are:

- Principles of Radiographic Imaging—Parts 1, 2 and 3;
- Radiobiology and Radiation Protection;
- Radiography of the Upper Limb—Parts 1 and 2;
- Radiography of the Lower Limb—Parts 1 and 2; and
- Radiography of the Chest

Both courses also include a mandatory face-to-face workshop and direct contact with a local radiographer, while the Queensland course also includes videoconference tutorials. All the modules include detailed and illustrated course content and the Upper Limb, Lower Limb and Chest modules include short videos that demonstrate positioning techniques. As well as the online modules, course participants also receive a Radiographic Positioning Manual in hardcopy, which is purpose-designed to be their radiography guide and companion in future practice, after they have obtained their limited X-ray licence.

## Discussion

The benefits of this collaboration have been substantial in creating the capacity to share knowledge, skills and abilities in the development of course material and, therefore, reducing duplication of effort. Also, if necessary, should teaching staff in one State be unavailable for short periods, it is possible for staff from the other State to provide online support for participants across the border in the other State.

The challenges have also been notable, the main issue being that the legislative differences mean participants begin the course with substantially different pre-existing levels of knowledge. Further, because different examination types are included on the licence in each State, there has been a need to dissect some of the content, particularly in the radiographic positioning components of the course, carefully delineating boundaries so participants are aware of what examinations will be included under their State's licence. For the educators, this has created challenges in developing of the course content, as have the nuances of professional practice in terms of imaging techniques. The opportunity, however, has been to learn from one another and sometimes being prepared to let go of preconceived notions about what is the right or wrong technique to use for certain examinations.

This collaboration has a number of interesting implications. It demonstrates that each jurisdiction does not have to duplicate educational resources unnecessarily and that sharing resources across State boundaries is a feasible solution, so long as differences are respected. This principle could apply in various fields of education, not just in medical imaging, and it highlights the potential for educational collaborations to lead the way in doing away with unproductive and potentially obstructive differences in State-based legislation. It is reminiscent of the Australia's railway gauge debacle, where in the early 1900s, because of different gauge railway tracks, passengers traveling from Brisbane to Perth would change trains six times at State borders. Australia still has three different railway gauges across the country, though a uniform gauge now links the State capitals. It is hard to imagine why it is not possible to have uniform legislation across Australia for limited licence X-ray operator radiography and a single, uniform curriculum.

## Conclusion

This highly productive collaboration has been marked by a strong sense of collegiality between the inter-State partner organisations. It is hoped that other educators in this field in other jurisdictions might consider the value of further collaborative arrangements in the future, with a view to reducing unnecessary variation in course content. That could lead the way to common legislation.

## Presenter

**Tony Smith** is a radiographer with many years' experience in public hospitals, private practices and the tertiary education sector. Since 2003, he has been employed at the University of Newcastle Department of Rural Health, initially in Tamworth and since 2012 in Taree, on the Mid-North Coast of NSW. He is the Academic Lead—Research in that Department, which supports students from various health professions on long-term and short-term rural placements. Research interests focus largely on rural health workforce issues, especially around the development of new models of interprofessional and collaborative practice, particularly in medical imaging. He has a long-term interest in the education and support of GPs and nurses who perform limited-licence radiography in rural and remote locations, where no radiographer is available.