



Charles Sturt
University

BACHELOR OF MEDICAL RADIATION SCIENCE

Clinical Practice Program

DIAGNOSTIC RADIOGRAPHY RESIDENCY

Handbook 2025

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Bachelor of Medical Radiation Science Residency Handbook 2025

The Bachelor of Medical Radiation Science Residency Handbook is published as a reference for use by students and clinical educators and should be read in conjunction with the **MRS455 Diagnostic Radiography Residency** subject outline.

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1. Introduction

The **Bachelor of Medical Radiation Science (Diagnostic Radiography)** is a four (4) year full time degree conducted at the Wagga Wagga and Port Macquarie Campuses of Charles Sturt University. The degree is delivered through the School of Dentistry and Medical Sciences, in the Faculty of Science and Health.

The Clinical Practice Program theoretical and assessment components are linked with three (3) individual subjects over the four (4) year duration of the course. In the final year the subject **MRS455 Diagnostic Radiography Residency** completes the detailed development of clinical skills that underpin professional practice in both the public and private setting. This subject finalises the student's practical training and requirements for registration with the [Australian Health Practitioner Regulation Agency](#) (Ahpra). In this subject, students complete supervised medical radiation science practice experiences in their chosen specialisation across two placement blocks for a total of **33 weeks**. Practicum experience provides students with the opportunity to further refine their clinical skills; demonstrate clinical reasoning and problem-solving skills; begin to work independently; build on their team and communication skills; build cultural competence; demonstrate sound radiation safety practices and demonstrate high levels of professional behaviour. Students will also develop and consolidate critical evaluation and reflective practice skills.

This subject is undertaken entirely in the clinical environment (except for written assessment tasks, which must be done outside of clinical hours). The subject is designed to ensure that students are able to demonstrate the revised [Medical Radiation Practice Board of Australia](#) (MRPBA) [Professional capabilities for medical radiation practice](#) that came into effect on 1 March 2020. These are the capabilities required to become a Medical Radiation Science practitioner registered with Ahpra.

At the completion of the two residency blocks, students will have undertaken a total of 53 weeks of supervised clinical practice. Literature reveals that true competence is not related to time spent, but rather capabilities achieved¹. It is believed that within these 53 weeks, students will have had the opportunity to attain all capabilities required.

¹ ^Lejonqvist, G-B., Eriksson, K., & Meretoja, R. (2012). Evidence of clinical competence. *Scandinavian Journal of Caring Sciences*, 26(2), 340-348. <https://doi.org/10.1111/j.1471-6712.2011.00939.x>

1.2 Objectives for Medical Radiation Science Residency

The clinical program is integral to the Bachelor of Medical Radiation Science at Charles Sturt and is designed to allow students to experience a large variety of clinical settings and learning that has been obtained across the first three years of the course. The Residency is designed to allow students to consolidate this knowledge and further develop these skills in a supported environment, and to facilitate the development of the graduate attributes required of a work-ready practitioner.

Upon successful completion of the Residency and this subject, students should:

- explain and implement professional practice with specific reference to applying anatomy, physiology and pathology, applying the principles of physics and instrumentation, utilising patient information management systems, determining appropriate procedures, patient assessment and due diligence, deliver appropriate care, and manage / manipulate 3D datasets;
- describe and apply principles of practice in diagnostic radiography, with specific reference to implementing fluoroscopy in a range of settings, explaining the principles and clinical applications of angiography and interventional techniques, and explaining the principles of mammographic imaging within the clinical context;
- describe and apply the principles of radiation safety and risk management with specific reference to safe radiation practice, protecting/enhancing patient safety, ensuring safe operation of equipment, maintain safety of self and others and safely managing radiation and radioactivity
- explain and apply the principles of evidence-based practice and professional learning with specific reference to critical and reflective thinking to resolve clinical challenges and identifying professional learning needs / life-long learning;
- demonstrate communication and collaboration skills with specific reference to clear, sensitive, effective and culturally appropriate communication to support culturally safe environments, and collaborating with other health practitioners;
- identify, explain and implement non-discriminatory, professional and ethical conduct with specific reference to practising in an ethical, professional and legal manner, providing appropriate care, assuming accountability and responsibility, and patient advocacy;
- manage and adapt to limitations and restrictions in the use of techniques and devices for reproducibility of procedures concerning patient condition and presentation;
- ascertain the suitability and application of a proposed medical radiation examination/treatment, to recognise when an alternative pathway may be more appropriate, and make suitable recommendations to other members of the healthcare team;
- recognise near misses and their consequences, adverse events, and relevant contributing factors, and report on these in a timely and appropriate manner;
- prepare patients and delivery systems for fluoroscopy and angiography examinations, including positioning patient for best diagnostic outcomes, checking for contrast contraindications, and loading delivery devices using aseptic technique

- apply knowledge of medical equipment and prostheses used in the angiography and operating theatre setting, collaborating in the design of fluoroscopy and angiography protocols;
- recognise the need for appropriate decisions about the care of patients before, during, and after the examination/treatment; and
- understand the processes of peer assessment, standard setting, mentorship, and developmental support to other members of the healthcare team.

At the completion of the Residency, the MRPBA professional capabilities must be demonstrated to a satisfactory level (at expected standard or above), to enable the student to graduate as a registered medical radiation science practitioner. The professional capabilities are organized into five Domains that cover capabilities common to all divisions of medical radiation practice and three sub-domains related to the different divisions of medical radiation practice. Each Domain consists of corresponding key capabilities and enabling components. The Domains consist of key capabilities that are thematically arranged and describe the essential characteristics of a competent registered medical radiation practitioner in Australia and include:

Domain 1: Medical radiation practitioner

This domain covers the knowledge, skills and attributes a medical radiation practitioner needs to practise independently and provide safe, high quality, patient/client-centred care. Key capabilities in this domain are common to all three divisions of the register of medical radiation practitioners.

Domain 1A: Diagnostic radiographer

This domain covers the additional knowledge, skills and attributes a diagnostic radiographer needs to practise independently. Diagnostic radiographers are responsible for the outcome of the diagnostic imaging examination, for patient/client care before, during and after the examination, and for the timely authorised distribution of medical images to allow for consultation with other health practitioners. Diagnostic radiographers produce high-quality medical images and perform diagnostic procedures using ionising radiation, often in a team setting of health practitioners.

Domain 2: Professional and ethical practitioner

This domain covers medical radiation practitioners' responsibility and commitment to the health and wellbeing of individual patients/clients and to the community through professional and ethical practice in the current medico-legal framework, high personal standards of behaviour, maintenance of personal health, and accountability to the profession and the public. It also addresses their responsibility for ensuring that patient/client confidentiality and privacy is maintained at all times, while recognising the potential role as a patient/client advocate. Key capabilities in this domain are common to all three divisions of the register of medical radiation practitioners.

Domain 3: Communicator and collaborator

This domain covers medical radiation practitioners' responsibility to communicate clearly, effectively and appropriately with patients/clients and their families or carers. It also addresses their responsibility to work effectively with other health practitioners to provide safe, high quality,

evidence-informed patient/client-centred care. Key capabilities in this domain are common to all three divisions of the register of medical radiation practitioners.

Domain 4: Evidence-informed practitioner

This domain covers medical radiation practitioners' responsibility to engage in evidence-informed practice and to critically monitor their actions through a range of reflective processes. It also addresses their responsibility for identifying, planning and implementing their ongoing professional learning needs. Key capabilities in this domain are common to all three divisions of the register of medical radiation practitioners.

Domain 5: Radiation safety and risk manager

This domain covers medical radiation practitioners' responsibility to protect patients/clients, others and the environment from harm and unnecessary exposure to radiation. Medical radiation practitioners are directly responsible for managing and responding to the risks in both healthcare and medical radiation practice. This includes radiation dose to patients/clients. It also addresses their responsibility for providing safe, effective and high-quality professional services, to ensure the safety of patients/clients and other service users. Key capabilities in this domain are common to all three divisions of the register of medical radiation practitioners.

[MRPBA professional capabilities](#)

Key capabilities – what registered medical radiation practitioners must be able to do

The key capabilities describe the key features of safe and competent practice in a range of contexts and situations of varied complexity and uncertainty. During any one procedure or treatment, practitioners are expected to demonstrate key capabilities from various domains. This recognises that competent professional practice is more than a sum of each discrete part and needs an ability to draw on and integrate the breadth of capabilities to support overall performance.

Enabling components – evidence of the key capabilities for general registration as a medical radiation practitioner

The enabling components describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the practice setting. Medical radiation practitioners must be able to demonstrate all enabling components for all key capabilities for safe and competent practice. This includes applying, adapting, and synthesising new knowledge from experience to continually improve performance. The enabling components include different ways of demonstrating capability:

- Apply knowledge / principles of: indicates a practitioner is expected to apply detailed knowledge in the practice setting.
- Understand: indicates a practitioner is expected to apply broad knowledge and understanding of information for safe practice, however, may not need to understand or interpret detailed information or may not need to use their knowledge and understanding to perform certain procedures.
- Performance e.g. 'perform', 'identify', 'respond' and/or 'operate': are used for the majority of enabling components – these are abilities needed in the practice setting.

Explanatory notes follow some enabling components for clarification and additional information. Where a note includes a list of items, e.g. of legal responsibilities or equipment, the wording used indicates when some or all the listed items are needed:

- If a note states 'must include', all items on the list are needed.
- If a note states 'may include', all items on the list are not needed, any item on the list may be demonstrated.
- If a note states 'but is/are not limited to', additional items to those listed may be demonstrated to enable flexibility and innovation.
- If there is no note, all items listed in the enabling component and/or capability statement are needed.

In this WIL residency, the curriculum and assessment (and MRPBA capabilities) are specifically aligned with the following key NSQHS standards ([NSQHS standards](#)):

- Standard 8 Recognising and responding to acute deterioration
- Standard 6 Medication safety
- Standard 7 Communicating for safety

The WPL residency also requires operation within a framework of and, thus, familiarity with, the application of all NSQHS standards:

1. Clinical Governance	<ul style="list-style-type: none"> • Instrumentation quality control and quality improvement • Risk management • Incident reporting (incl near miss) • Evidence based care • Privacy of health records • Cultural awareness • Cultural safety
2. Preventing and Controlling Infection	<ul style="list-style-type: none"> • Precautions • Hand hygiene • Aseptic technique • Invasive medical devices • Clean environment • Workforce immunisation
3. Comprehensive Care	<ul style="list-style-type: none"> • Collaboration and teamwork • Interprofessional learning • Indigenous cultural competence
4. Blood Management	<ul style="list-style-type: none"> • Quality improvement • Handling patient's blood • Documentation • Administration
5. Partnering with Consumers	<ul style="list-style-type: none"> • Patient rights • Informed consent • Health literacy
6. Medication Safety	<ul style="list-style-type: none"> • Governance • Documentation • Adverse reactions • Continuity of medicines • Safe storage
7. Communicating for Safety	<ul style="list-style-type: none"> • Patient identification • Clinical handover • Critical information (communication and documentation)
8. Recognising and Responding to Acute Deterioration	<ul style="list-style-type: none"> • Recognising • Responding • Escalating care

1.3 Clinical Requirements

Work integrated learning (WIL) is an assessable component of this subject, and it is necessary for students to attend and be deemed capable in the workplace learning component in order to pass the subject.

Preparation for work integrated learning

To be eligible to undertake work integrated learning, students must complete and submit all pre-placement documentation and requirements. Please note it is a student's responsibility to ensure that they are compliant with all mandatory WIL requirements. These pre-placement requirements are in place to ensure the safety of students, supervisors, the University and the community. They are a requirement of both the University and other external regulatory bodies.

Clinical uniform, as per the Charles Sturt University guidelines, is to be worn on placement.

Once the allocation of placement/s has occurred, amendments to placements are not permitted unless extenuating circumstances or misadventure arise. Students should liaise with the subject coordination and submit relevant special consideration documentation with supporting evidence of foreseeable changed circumstances. Sites will be contacted regarding the same should the need arise.

Costs and funding support for attending workplace learning:

The costs for attending WIL are solely the student's responsibility. Students should expect to pay for accommodation at the placement site, travel to and from the placement site, as well as food and living expenses. A number of students will have scholarship to assist in meeting the costs of attending placement.

Clinical requirements:

You will undertake two WPL blocks in this subject, 4A and 4B. These are known as the "Clinical Residency" and consist of a *minimum* of 165 days (approximately 1200 hours of placement across a five-day week, with 7-hour working day minimum, excluding breaks). Students are to work nine (9) days/fortnight. This allows for one day/fortnight (17 study days total) to reflect on their clinical learning and complete written assessments. Study days must be taken in consultation with the clinical supervisor and must be taken once per fortnight and not accrued for an alternate purpose.

- 4A is 18 weeks in length (Minimum 90 days, approximately 650 hours), including 9 study days, less public holidays as per your State and Territory
- 4B is 15 weeks in length (Minimum 75 days, approximately 550 hours), including 8 study days, less public holidays as per your State and Territory

Clinical residency offers an opportunity for authentic learning in the clinical environment. In addition to assessment and professional content, this subject incorporates clinical capability certification and portfolio development.

For more information on Work Integrated Learning, see: [WIL information](#)

Please note that timesheet compliance is calculated taking into account the total number of days on placement, not the total number of hours alone.

Workplace learning special consideration requests

If students suffer misadventure or are affected by extenuating circumstances which prevent them from meeting acceptable standards or deadlines, including undertaking WIL placements at the time or place allocated, they may apply for Special Consideration. Circumstances that fit misadventure and extenuating circumstances are clearly outlined in the [Assessment Flexibility Procedure](#). If a student's circumstances fit misadventure and/or extenuating circumstances, they should discuss their circumstances with the subject coordinator in the first instance and lodge a Special Consideration request online as early as practicable. Students should note that a successful Special Consideration request that allows for a change of the geographical location or placement dates without failing the subject does not guarantee that an alternative placement will be able to be sourced within the original time frame. The provision of alternate placements is dependent on placement availability and, therefore, may delay course progression and, ultimately graduation.

Rosters

Students are expected to comply with the roster placement sites arranged in a consultative process with the student, or which is normal practice for all members of the clinical institution. Students are not allowed to predetermine or alter their work roster without prior consultation *and* agreement from both the Clinical Educator and Academic Clinical Coordinator.

In absence of a standard rostering system for qualified staff in a clinical institution and in the interest of Work Health and Safety and fair work practices, the University recommends that the following regulations should be adhered to:

- The ordinary hours of work for Medical Radiation Scientists, exclusive of meals, shall not exceed an average 35 hours per week in each roster cycle, unless that is the normal working practice of the allocated department;
- There should be a minimum break of eight (8) hours between rostered shifts;
- The period of time designated as a meal break is not to be less than 30 minutes or exceed one hour;
- Students *must not* work any more than seven (7) days in succession without days off unless it is part of normal departmental rostering practice;
- Students must consult with their subject coordinator if their working hours are outside of the normal working hours (i.e. 7 – 8 hours shift);
- In agreement with the clinical educator or supervisor, students may on occasion work longer hours to, for example, observe a specific procedure.

Public Holidays*

Public holidays do not have to be worked. If students choose to work these days (with the permission of the clinical institution) they may take a day off in lieu of working the public holiday. The University acknowledges that the number of public holidays differs in each State and Territory and that this difference will be accommodated with respect to the total number of days completed per placement.

Absence from placement (Sick leave or other leave)

Student attendance at the designated clinical institution for the required period is compulsory. Students must attain a satisfactory degree of experience in the clinical setting as prescribed by the number and structure of clinical session weeks conducted in the course. Replicating workplace conditions (pro rata) students are eligible for **five days** of sick leave per placement block. Please note that leave days cannot be accrued across 4A and 4B but rather pertain to *each* placement block as below.

For an absence of two or more consecutive days a medical certificate or other appropriate documentation covering the whole period of absence must be provided and uploaded to InPlace. Other absence from clinical placement may be approved where circumstances that fit misadventure and extenuating circumstances as clearly outlined in the [Assessment Flexibility Procedure](#) under Special Consideration.

* If a student is absent for more than five (5) days in total (either sequentially or discretely) during a placement they will be required to complete this lost time regardless of the reason for the same even if Special Consideration has been granted (Special consideration does not exempt students from completing the minimum required days for their State or Territory as outlined below).

Students are required to liaise with the subject coordinator to discuss the missed placement time and put in place a personalized plan for meeting the requisite placement time as soon as possible. The student assessment and progress to date on the residency will be considered when the clinical coordinator develops the plan after discussion with the clinical supervisor. Missed days must be made up as whole days and not through accumulation of partial hours.

On occasion, there will be learning opportunities outside the clinical department that are aligned with the scope of practice and capability development. For example, attending a professional conference provides learning and development against the MRPBA capabilities. It would be appropriate that these professional development days contribute to the 165 days if they are clearly aligned with the student's development of MRPBA capabilities and where prior approval from the subject coordinator has been sought and provided. Any absence from clinical placement must be approved and documented.

TLDs and Clinical Placement

Personal dosimeters (radiation monitors or TLDs) are issued to students by the University and remain the property of Charles Sturt. Under State Government regulations and Charles Sturt policy all students potentially exposed to radiation during their studies, including clinical placement and practical work, must wear their radiation monitor (TLD). It is the students' responsibility to ensure the TLD is:

- worn at all times;
- stored and maintained appropriately;
- returned on time after clinical placement (a late charge will be incurred);
- reported immediately to the Subject Coordinator in the first instance if damaged or lost, and an incident report lodged with the University Radiation Safety Committee (RSC).

If students attend clinical placement without a TLD for any reason, even if it has been lost or misplaced, the clinical centre is instructed by the University to refuse the students placement until such time as the TLD is found, or the student has received a replacement.

A clinical centre may loan the student a temporary TLD, however, they are under no obligation to do so, and it is acknowledged that not every department will have access to a temporary TLD. If one is provided, the clinical center must also be able to provide Charles Sturt with a radiation dose reading for the time period for which the student was wearing the TLD. An [incident report](#) must also be lodged by the student with the University RSC regarding the same.

1.4 Computed Tomography (CT) Requirements

CT is part of the scope of practice of a radiographer. It is increasingly being incorporated early into radiography training, and CT skills form a significant part of the MRPBA capabilities document:

Domain 1A: Diagnostic Radiographer (extract)

Key capabilities – <i>What registered medical radiation practitioners must be able to do</i>	Enabling components – <i>Evidence of this capability for general registration as a medical radiation practitioner</i>
<p>3. Perform computed tomography (CT) imaging.</p> <p><i>*Dependent on clinical experience, this competency may be achieved and evidenced prior to 4th year.</i></p>	<p>Operate CT systems safely and effectively.</p> <p>Apply appropriate imaging parameters for the patient/client presentation.</p> <p>Adjust relative radiation dose levels based on the range of patient/client presentations.</p> <p>Collaborate in the design and evaluation of CT protocols.</p> <p>Perform and evaluate contrast and non-contrast CT examinations of the body and, when appropriate, modify them to consider patient/client presentation and clinical indications.</p> <p>Process data image sets, including multi-planar reformats and volume imaging.</p>

Accordingly, medical imaging students will be required to demonstrate these capabilities in order to graduate from the course. If a student has not previously evidenced this capability and is not able to access CT in the 4A placement block, they will be allocated to a centre with greater CT access for the 4B placement to meet the specified requirements in full, or a temporary secondment to another site with this capability arranged.

There is no set time that students are required to be rostered into CT during their Residency. Charles Sturt does not believe that this is appropriate, as different students learn skills at widely varied rates. Thus, the recommended length of time required to gain the necessary competency in CT scanning will depend upon the individual student.

1.5 Faculty of Science, School of Dentistry and Medical Sciences Work Integrated Learning (WIL) Guidelines and Procedures

1.5.1 Introduction

This section contains guidelines for both students and clinical centres involved in clinical placement as part of the student's degree. Where necessary, the specific application of these guidelines to the Residency program will be referred to.

Students undertaking the Clinical Residency are expected to become familiar with the relevant policies and procedures of the clinical centre at which they are placed. A wide variety of clinical placements are utilised by the University. These take in both rural and metropolitan, and both public and private facilities. Charles Sturt recognises the dependence of its courses on these centres, and their continuing cooperation in accepting students for WIL placements. While students undertaking WIL placements are expected to behave as if employed by that particular organisation, they must remember that no organisation is obliged to host their placement, and as such, any breaches of University or professional codes of conduct will not be tolerated. Student performance that threatens patient or staff safety will also not be tolerated. Students are reminded that the way they conduct themselves reflects not only their own personal values, but also those of Charles Sturt.

Additionally, there are many documents to inform a good WPL program. Here are a few selected key documents:

[National Strategy on Work Integrated Learning in University Work Health and Safety Act 2011 \(Commonwealth\)](#)

A Charles Sturt University guide to WIL: <https://www.csu.edu.au/division/learning-teaching/strategic-projects/work-integrated-learning/about-work-integrated-learning-wil>

Fair Work Australia:

[Student Placements](#)

[Work Experience and Internships](#)

[WIL for students](#), this page provides information to students about what they need to know and do to better understand workplace learning and make the most of these learning experiences that bridge university and work.

1.5.2 Responsibilities of WIL Placement Stakeholders

Set out below are the individual responsibilities of the three major stakeholder groups regarding WIL placements. Each group should be aware of their responsibilities. These lists should be used as a reference for any disputed responsibilities.

Students must:

- Have successfully completed pre-requisite academic and clinical course content;
- Understand objectives of relevant WIL placement block;
- Attend all allocated shifts during placement;
- Provide a medical certificate or other relevant documentation for all absences of two or more consecutive days;
- Notify placement supervisor *and* clinical academic of absences *prior* to designated commencement of shift;
- Arrive for allocated shifts at least 10 minutes prior to start time, and stay until the shift is complete;
- Wear Charles Sturt University Medical Radiation Science clinical uniform, and comply with site policy on piercings, tattoos, makeup and jewellery. Shoulder length or longer hair must be tied back (regardless of gender);
- Demonstrate enthusiasm and interest in work at all times, and actively seek out opportunities to learn;
- Maintain confidentiality of patients, staff and peers at all times;
- Restrict practice to areas covered in academic course content
- Be fully cognisant of all university WPL placement policies, and policies of individual clinical centres;
- Abide by the [MRPBA Code of Conduct](#). The Code contains important standards for practitioner behaviour and confirms their duty to make the care of patients their first concern, to practice safely and effectively, and to maintain a high level of professional competence and conduct;
- Not, under any circumstances, work under the influence of illicit drugs or alcohol;
- Not request shift swaps based on external work requirements, or sporting or other social commitments;
- Students must comply with the internet and telephone usage policies of their employers. At the very least they must seek permission from the senior staff of their clinical centre regarding internet and telephone use.
- Under no circumstances must students use the internet or telephone for personal reasons (outside breaks). This applies to the use of personal devices such as smart phones and tablets during work time. These should not be kept on the student's person whilst working.

Placement supervisors must, without limitation to any obligations at law or under the relevant placement agreement:

- Familiarise themselves with the course and specific placement block objectives and requirements for all students attending placement;
- Understand the University's [Work-Integrated Learning Placement Delivery and Management Procedure](#)

This includes:

- Briefing students about safe work practice, and the unique requirements of the placement location;
- Student induction on the first day, including completion of an induction checklist;
- Facilitate the required learning opportunities for students under the prescribed level of supervision, ensuring a safe and supportive environment at all times;
- For NSW sites, show students where the appropriate general exemption is displayed;
- Be available for student guidance and direction when required;
- Set a positive example for students in all aspects of their work and professional behaviour;
- Adhere to professional and ethical conduct codes at all times;
- Be familiar with student assessment processes, and complete these without positive or negative bias;
- Reflect on the student placement experience provided, and implement any improvements whose introduction may benefit the student experience;
- Ensure shift work, including evenings, weekends, and public holidays is not in addition to normal rostered hours; ensure students are provided appropriate supervision;
- Ensure protection of patient and student rights at all times;
- Communicate and enact a plan with the University when the student is considered to be a safety risk to patients, staff, or themselves, or who do not have a sufficient level of knowledge to meet the objectives of the placement;
- Provide students with regular formal (formative and summative as per subject assessment) and informal feedback on their performance;
- Provide feedback to the university on the effectiveness of student preparation for WPL placement;
- Complete in a timely manner all assessment documentation associated with the placement and required within the subject.

The University must:

- Ensure communication with placement supervisors regarding placement requirements, responsibilities, identity of allocated students, assessment requirements, placement objectives, and other policies as required;
- Support clinical centres with all aspects of WPL placement, including relevant training, management of difficult or underperforming students, clarification of assessment requirements, and any other issues as they arise;

- Conduct student orientation prior to placement to ensure adequate preparation and compliance
- Promote and provide education to clinical supervisors and students regarding the University's [Work-Integrated Learning Placement Delivery and Management Procedure](#)

1.5.3 National student registration and reporting requirements

Under the [Health Practitioner Regulation National Law](#), all students enrolled in an approved program of study, or who are undertaking clinical training, must be registered as a student with their respective National Board and will remain registered for the duration of their study, or until they are no longer enrolled. Students must be registered in the interest of protecting the public's safety in much the same way that health practitioners must be registered. This enables National Boards to act on student impairment matters or when there is a conviction of a serious nature that may impact on public safety.

Students do not need to apply for registration and there are no fees for student registration. Under the National Law, the education provider is responsible for ensuring that all students enrolled in an approved program of study or who are undertaking a period of clinical training are registered with [Ahpra](#). Ahpra will request an update of all new and existing students enrolled in an approved program of study from education providers twice a year (in March and August).

The [Health Practitioner Regulation National Law](#) mandates that an education provider must notify that National Agency if the Provider reasonably believes that:

- (a) a student enrolled in a program of study provided by the provider has an impairment that, in the course of the student undertaking clinical training as part of the program of study, may place the public at substantial risk of harm; or
- (b) a student for whom the education provider has arranged clinical training has an impairment that, in the course of the student undertaking the clinical training, may place the public at substantial risk of harm;

An "impairment" is defined under the Health Practitioner Regulation National Law, as a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence), that detrimentally affects or is likely to detrimentally affect a registered health practitioner's capacity to safely practice the profession or a student's capacity to undertake clinical training. If health practitioners or students have a health impairment, National Boards may impose conditions on their registration to ensure that they are able to practice safely.

Therefore, Charles Sturt is obligated to register all students with their respective National Boards and advise [Ahpra](#) of any students that have impairments that may place the public at substantial risk of harm. Students who have impairments that may impact on public safety during periods of clinical training are required to disclose the nature of their impairment with appropriate Charles Sturt staff to allow reporting to Ahpra and implementation of accommodations as required.

Notification of student impairment to Ahpra is best approached as a collaborative effort between the student concerned and Charles Sturt staff. This collaborative approach also opens opportunities for the implementation of appropriate accommodations to ensure achievement of students' learning objectives while maintaining public safety throughout clinical placement experiences.

Please note that this is not a public register.

2. WIL Placement and Assessment

Progressing through the course, students are assessed against the relevant competency requirements for their specialisation in second and third year. This is a gateway for entry into fourth year, which allows the Residency to focus on the revised MRPBA Capabilities.

2.1 INPLACE

[InPlace](#) is a database used to track and manage workplace learning experiences. To meet the requirements of placement, students need to enter their time-sheet details into InPlace which must then be verified by the placement supervisor.

Students automatically gain access to InPlace by using their normal Charles Sturt username and password. Clinical educators will be provided a password and instructions on how to use InPlace as required.

Here are a couple of important facts about InPlace:

- The link to InPlace is: <https://myworkplacelearning.csu.edu.au/inplace/>
- There is help contained within the system, accessible by clicking on the Help icon
- The system is best used with Mozilla Firefox or Google Chrome– you may experience some issues if used with Internet Explorer

Students and clinical educators please note that Charles Sturt academics have no administration rights in InPlace and cannot assist with password or log in issues or other matters concerning working in InPlace. If you need any advice or support whilst using InPlace please contact: FOSH-WPL@csu.edu.au

2.2 Assessment of the Residency (PebblePad)

During the Residency, PebblePad will be used by your supervisors to complete both formative and summative assessments for the two placement blocks (4A and 4B). All assessments for the fourth year are made visible to supervisors before the start of the 4A placement and to students once completed and submitted by the supervisor.

- For 4A placement block, clinical supervisors will be asked to complete Formative Assessment Reports on the student at the 3-week, 9-week, 15-week, and a Summative Assessment Report at the end of 4A placement block (18-week).
- For 4B placement block, clinical supervisors will be asked to complete Formative Assessment Reports on the student at the 4-week, 9-week, and a Summative Assessment Report at the end of 4A placement block (15-week).

The formative assessment is a type of formalised feedback to the student on their performance. Students should seek informal feedback from their supervisor at any time during the Residency, in addition to formalised feedback. The electronic **Formative Assessment** forms for 4A and 4B on PebblePad look the same but have *different standards* that the student is measured against. These forms are mapped to the minimum standards that are expected for a Charles Sturt Medical Radiation Science student to progress from one level to the next (as are the assessment forms for every clinical block in the course).

At the end of each Residency block, supervisors are asked to complete in PebblePad an extensive **End of Placement Summative Assessment** of the student's performance over the Session. This assessment is in the same format as the formative assessments but is mapped directly to the capabilities required of a graduate Medical Radiation Science practitioner for the appropriate specialisation. These capabilities are set and mapped by MRPBA and are thus more comprehensive than the formative assessment. It is acknowledged that at the end of Session 1 and the 4A placement, the student may not have had opportunity to be rostered in every area to develop every capability on the assessment form. However, at the end of Session 2, all students must have achieved at least "at expected standard" in each category for all capabilities in Session 2, in order to have reached the standard required of a graduate practitioner. This is a minimum requirement for professional registration.

Please note: It is the student's responsibility to ensure that the Assessment Report is completed on or before the due date. Students are to report to their clinical educator and request that the relevant Assessment Report in InPlace is completed on or by the due date. Any issue with finalising this assessment on time *must* be communicated to the Subject Coordinator in writing *and* before the due date.

3. WIL Placement Policy Rules and Responsibilities

Charles Sturt has policies in place to govern the management of its WIL program and these are applicable to the Medical Radiation Science discipline. These policies should be read and understood by all stakeholders in the WIL process. They are applicable to all levels of the WIL program, including the clinical residency. In addition to the [Work-Integrated Learning Placement Delivery and Management Procedure](#) WIL Placement has the following Discipline rules and responsibilities:

3.1 WIL Placement Uniform

Student undertaking WIL in Years 1-4 must always wear the approved Charles Sturt Medical Radiation Science clinical uniform. Uniform requirements may be found in the Course Induction Booklet. This uniform is designed to conform to government requirements, be appropriate for patient care requirements, minimising the chance of cross-infection, safety for students and patients, and professional appearance.

3.2 Accidents/injuries occurring on WIL placements

Despite the best efforts to provide a safe working environment, sometimes students are injured in the course of WIL. Staff and students at Charles Sturt are responsible for reporting all incidents relating to health, safety and wellbeing in the workplace to ensure that these events, where required, are investigated and action taken to prevent recurrence and reduce risk. All accidents, incidents, hazards and near misses must be reported within 24hrs or as soon as possible after the event. It is important that the following steps be taken in order to ensure that any incidents

can be investigated and where required action taken to prevent recurrence and reduce risk, and to minimise harm to the student.

Compliance with these steps and requirements is in the best interests of all students:

- The subject coordinator and lead clinical academic are notified as soon as possible;
- An Incident Form from the WPL site is completed, and a copy is made and forwarded to the subject coordinator and lead clinical academic;
- The incident needs to be [reported](#) to Charles Sturt University within 24 hours
- In the case of needle stick injuries or potential contamination by bodily fluids, all procedures are strictly followed as per the clinical centre's own policies;
- Students may be required to present their Medicare card at the time of treatment; hence this should be taken on placement at all times;
- Please refer to [Work-Integrated Learning Placement Delivery and Management Procedure](#) for further information
- Students should be aware of the scope of [Student Personal Accident insurance policy](#).

Other relevant documents may be found here: [Faculty of Science and Health Workplace Learning](#)

3.3 Equipment Damage

Where a student damages equipment at the placement site the appropriate site staff, Charles Sturt Subject Coordinator and Clinical Academic must be notified. Both department and CSU incident forms need to be completed. The incident needs to be [reported](#) to Charles Sturt University within 24 hours.

The relevant claim will be lodged with Charles Sturt insurance to investigate.

4. Additional Guidelines:

4.1 Workplace Health & Safety Site Induction Checklist

A Workplace Health and Safety checklist will be accessible in InPlace and is to be filled out on the first day of placement. It is mandatory to do this, so that students and Charles Sturt can be assured that students understand the principles of WHS, and how to apply them in the workplace to which they are allocated.

4.2 Patient Consent

Students are to be clearly identified as such, as it is the right of a patient to refuse to be examined by a student. All patients should be given the opportunity to request the services of a qualified practitioner. While it is the responsibility of clinical supervisors to deal with this issue, students must ensure patients know their status. Students undertaking the Clinical Residency must wear the Charles Sturt University clinical uniform and must wear university ID.

4.3 Procedure to be followed if repeat projections are required (Medical Imaging)

Students must not take repeat projections without first consulting the supervising radiographer. Positioning, exposure factors and other technical considerations must be checked by the qualified radiographer before a repeat exposure is made.

4.4 The correct patient - site- procedure process

It is mandatory for MRS professionals and students to ensure that patients are correctly identified, the site of examination is correctly identified, and the procedure to be carried out is correctly identified. This is a very serious issue, and all incidences of failure to follow the correct process **MUST** be reported to the clinical academic by the clinical supervisor. Repeat offences may lead to termination of the placement, and subsequent failure of the associated subject.

All students should be aware of the [NSW Health Policy](#) on this issue. Other states and territories will have similar policies which must be adhered to when working in those states and territories.

4.5 Imaging and Pregnancy

Students may be requested to provide documentation of estimated delivery date prior to, or during placement. A student who has given birth may undertake clinical placement following the end of the six (6) week period after the birth of the child, and earlier with the written approval and certified fitness for practice by a registered medical practitioner.

If a Clinical Supervisor has concerns about a pregnant student's fitness for practice while undertaking placement, please discuss the concerns with the Subject Coordinator. Certification of fitness for practice may be requested. The student may be asked to leave clinical placement until fitness for practice clearance is provided by a suitably qualified practitioner.

The [Professional capabilities for medical radiation practice](#) require medical radiation practitioners to be able to identify patients most at risk during examinations including pregnant women and the foetus. Students must follow the Policy of their facility and seek to ensure that any female of

childbearing age is not pregnant *prior* to imaging. Any unintentional irradiation of a foetus must be [reported](#) to Charles Sturt within 24 hours and to the relevant person at the site immediately.

Students should also familiarize themselves with the [CSU Radiation Management Plan](#).

4.6 Privacy/Patient Confidentiality/ Legislation and Academic Integrity

Patient data (including medical images and associated reports) contains personal information, and thus the privacy of patients and their families can be compromised if these are used inappropriately, and without the express consent of those involved. The Australian government has instituted binding privacy legislation to which all students and practitioners must adhere.

This legislation is enacted in NSW by the [Information and Privacy Commission](#) (IPC). Students should ensure that they look at the information on this website, and make sure that they understand their legal requirements when dealing with patient data.

Students should pay particular attention to this requirement in relation to:

- Assessment including case studies
- Material taken home
- Discussions with family, friends or other students
- Postings to social media including closed groups

Academic integrity is fundamental to effective learning, teaching and research. Academic integrity means acting with honesty, fairness and responsibility in learning, teaching and research.

The [Academic Integrity Policy](#) outlines cheating, collusion, contract cheating, plagiarism and referencing as types of breaches of academic integrity which under the [Student Misconduct Rule 2020](#) must be reported and may attract a penalty.

5. Professional Codes of Conduct and Ethical Behaviour

Students need to be aware of, familiar with, and adhere to the following professional codes and university policies that govern student conduct and behaviour:

- [MRPBA Code of Conduct](#)
- Charles Sturt [Student Charter](#)
- Policies that apply to students whilst on university premises and/or involved in any University activity (including work-integrated learning), including the [Charles Sturt University \(Student Misconduct\) Rule 2020](#)

It is expected that all students will always abide by these.

6. Supervisory Requirements During the Residency

Whilst undertaking the clinical residency, students must remember that they are not yet registered practitioners, and thus are *not* permitted to practice unsupervised. This means that students are not permitted to work shifts where no other qualified and registered staff are present in the department, in solo practices, or to participate in an on-call roster.

The level of supervision required by law and expected by Charles Sturt University may differ between jurisdictions. In NSW the Radiation Control Regulation 2013 currently requires that an undergraduate student undertaking course work or research that involves the use of regulated material must be subject to:

“Immediate supervision at all times while the person is using regulated material to which the approval relates during clinical experience in the course of training, and general supervision at all other times”, where “immediate supervision” means “supervision by a qualified person who is present at all times during, and is observing and directing, the use by the person being supervised of regulated material.”

These requirements may be subject to amendment from time to time by the relevant regulatory authority. Students allocated to clinical centres outside of NSW should adhere to the relevant state or territory regulations regarding supervision.

6.1 InPlace, PebblePad and Supervisors

University requirements are that students must maintain oversight of their InPlace and PebblePad site entries. The primary supervisor, or person/s responsible for the management of the Residency within the department, should be the primary validator of timesheets and assessments. The University does however acknowledge that in larger departments there may be more than one supervisor and can facilitate log on to InPlace and PebblePad as required.

It is the student's responsibility to ensure that assessment reports are completed on or before the due date. Students are to report to their clinical educator and request that the relevant Assessment Report be completed. Any issue with finalising this assessment on time should be communicated to the Subject Coordinator in writing and before the due date; it is understood that at times workload, illness or other leave may prevent the clinical educator meeting assessment deadlines and this will be duly taken into consideration.

The exception to this is the end of placement assessment and timesheet for the 4B placement. To ensure enough time to complete marking and administration of grades for graduation InPlace entries need to be finalised by COB: **Friday 26th September 2025**. Failure to populate and have validated the relevant sections of InPlace and PebblePad will delay marking and may prevent the student from attending their Graduation Ceremony.

Students or clinical educators who need support whilst using InPlace are encouraged to contact the Faculty of Science and Health Workplace Learning Team: [FOSH- WPL@csu.edu.au](mailto:FOSH-WPL@csu.edu.au) in the first instance not the academics.

7. Appendices