

Attachment B: Public consultation response template

March 2025

Consultation questions on updated professional capabilities for medical radiation practitioners

The Medical Radiation Practice Board of Australia is conducting a confidential preliminary consultation on updated Professional capabilities for medical radiation practice. The Board invites your feedback on the proposed updated Professional capabilities using the questions below.

Please provide your feedback on the questions in a **Word** document (not PDF) by email to medicalradiationconsultation@ahpra.gov.au by **5pm (AEDST) Wednesday 28 May 2025**.

Stakeholder details

If you would like to include background information about your organisation, please do this in a separate word document (not PDF).

Organisation name
Queensland University of Technology
Contact information
Please include the contact person's name, position and email address
Julie Burbery
Discipline Lead Radiation Therapy

Publication of submissions

The Board publishes submissions at its discretion. We generally publish submissions on our website in the interests of transparency and to support informed discussion.

Please advise us if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission or would like us to treat all or part of it as confidential.

Response to consultation questions

Consultation questions for consideration Please provide your responses to any or all questions in the blank boxes below. If you would like to include your response in a separate word document, please provide this in word format only (not a PDF)
1. Is the content of the updated <i>Professional capabilities</i> clear and reflective of autonomous and contemporary medical radiation practice? If no, please explain why.
The inclusion of PCC in Domain 1: MRP is a good inclusion Domain 1C, see notes as needs updating Domain 6 will be difficult for graduates and many qualified practitioners to meet.
2. Is there any content that needs to be changed, removed or added in the updated <i>Professional capabilities</i>? If yes, please provide details.
Domain 1C: Explanatory notes- Treatment plans is the same as the 2020 document. This needs to be updated to reflect current practice, the removal of 2D plans and the inclusion of the wording forward and inverse planning. VMAT, SABR, SBRT are standard planning techniques. Radiation Therapy, proton therapy/particle therapy will be a significant contribution to technological advancements when available in Australia. It is not clear, how these Professional capabilities have been updated to address the inevitable introduction of particle therapy. Radiation Therapists will need have at least an entry level understanding of particle therapy. p.36- How can education providers introduce WIL assessments related to proton therapy when there are no proton therapy treatment facilities in Australia- this expectation is unachievable.
3. Would the updated <i>Professional capabilities</i> result in any potential negative or unintended effects for people requiring healthcare, including members of the community at risk of experiencing poorer health outcomes? If yes, please explain why.
No
4. Would the updated <i>Professional capabilities</i> result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? If yes, please explain why.
No

5. Would the updated <i>Professional capabilities</i> result in any potential negative or unintended effects for medical radiation practitioners? If yes, please explain why.
The word "Leader" in Domain 6 needs to be clarified.
6. Are there any other potential regulatory impacts the MRPBA should consider? If yes, please provide details.
No
7. The draft Low value care statement (Attachment A) has been developed to provide additional guidance for medical radiation practitioners and connects with the requirements of the Code of Conduct and the sustainability principles published by Australian Commission on Safety and Quality in Healthcare (ACSQHC) a. Is there any content that needs to be changed, removed or added to the Low value care statement? b. Are there any potential negative or unintended affects that might arise?
8. If updated <i>Professional capabilities for medical radiation practice</i> were to become effective from 1 January 2026 is this sufficient lead time for the profession, education providers and employers to adapt and implement the changes?
More requirements seem to have been added but nothing removed, it will be difficult to include these within the already bulging curriculum. Any new content included needs to be developed, scaffolded and taught within the program, this is not just about adding an assessment item. As a result, this is insufficient time for education providers to implement changes, any proposed Course changes need to go through University academic committees, this process can take up to 12 months. The proposed updated changes will require changes to Course content, Course Assessments and Course Mapping. These are significant items for University programs. Looking at p.18, is the expectation that the Accreditation Standards will be a replica of the proposed Professional Capabilities as Domain 6 will be problematic.
9. Do you have any other feedback on the updated <i>Professional capabilities</i> ?

How will these changes be managed/audited for registered practitioners, the Professional Capabilities are not just relevant for new graduates. I do note there is a reference under costs (p.11) that refers to the cost of existing practitioners to update their skills and knowledge to meet the updated Professional capabilities but no reference as to practitioner obligation.

Domain 4: Lifelong learner (p 43), seems a very outdated term, prefer the name: Evidence Informed Practitioner as it reflects greater professionalism.

- Domain 4: 3. Peer learning and development- most of this would be difficult to reflect in the Accreditation Stds (e.g. support learners, deliver teaching, provide assessment feedback) as this is not the core business for students in the program and some is not relevant to entry level practitioners. Students voluntarily act as peer leaders, but we cannot enforce this.
- Domain 3 & 4: There is a lot of mention of “**medical radiation practice assistants**” (assistant workforce), why are they listed separately to supervised practitioners. I am hoping we will not see these in the RT workforce, am a firm believer that RT can only be delivered by those who are deemed competent across the full scope of practice. Who is expected to train this assistant workforce?
- Domain 6: how can issues related family, sexual, domestic violence (p.36) be taught for an entry level graduate. How can any of Domain 6 be taught and assessed in an undergraduate curriculum.