**Consultation questions**

1. Is the content of the updated *Professional capabilities* clear and reflective of autonomous and contemporary medical radiation practice?

   **No**, the Domain 1 Explanatory notes are not reflective of Radiographers practice, they are actually well outside our scope, detail provided below.

2. Is there any content that needs to be changed, removed or added in the updated *Professional capabilities?*

   **Yes,** Domain 1 Explanatory notes needs to be changed to say that if a MRP notices a significant deterioration in a patient's monitoring parameters that they should raise the alarm. The section on knowing normal range values and being able to identify abnormalities needs to be removed as we are not trained to do so, nor can we be, as it would require a nursing degree.

3. Would the updated *Professional capabilities* result in any potential negative or unintended effects for people requiring healthcare, including members of the community at risk of experiencing poorer health outcomes?

   **Yes.** It is worrying that some private providors might rely on Radiographer's to monitor patients when they should have full nursing support instead. This Professional Capabilities statement encourages this as it implies Radiographers are capable of monitoring.

4. Would the updated *Professional capabilities* result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples?. N/A

5. Would the updated *Professional capabilities* result in any potential negative or unintended effects for medical radiation practitioners?

   **Yes**, you have left us in difficult legal position where you have stated we should be able to interpret a patient's parameters, yet we have no training to do so. It requires a FULL 3 YEAR NURSING DEGREE in order to interpret patient parameters.

6. Do you have any other feedback on the updated *Professional capabilities*? YES, see below

**Domain 1: Explanatory Notes**
**Recognising and responding to a patient's deteriorating condition should be interpreted in the context of the Australian Commission on Safety and Quality in Healthcare's *National consensus statement: essential elements for recognising and responding to clinical deterioration* (National Consensus Statement) and the National Safety and Quality Health Service's (NSQHS) – Standard 8 Recognising and Responding to Acute Deterioration.**

From the draft Capabilities document:
"Medical radiation practitioners must be appropriately trained to support the Consensus Statement *and as part of this they must know normal range values be able to identify abnormalities with the following physiological parameters:*

*respiratory rate*
*oxygen saturation*
*heart rate*
*blood pressure*
*temperature, and level of consciousness"*

I have read the National Consensus Statement, and it does not state that MRP's should know normal range values, in fact those parameters are only mentioned in point 1.7, under the heading "*Monitoring plans* should include measurement of: "

Monitoring plans are a Medical decision, and are carried out by Nurses (and sometimes doctors). In no circumstances are MRP's involved in monitoring plans. Only fully qualified Registered Nurses (who have done at least a three year degree) are qualified to monitor a patient.

Furthermore the National Consensus statement specifies in "7.2 **All doctors, nurses and midwives** should be able to:
Systematically assess a patient
Understand and **interpret altered vital signs**, observations and other changes in physiological parameters
Integrate the information to support provisional and differential diagnoses…."

Note that Allied Health ARE NOT INCLUDED in this statement (other parts of the document apply to us but not this).

The MRPBA's new draft essentially states that we should be able to identify abnormal parameters, this is *interpretation of vital signs*.

I want to make it clear that this is not a case of radiographers requiring a bit more education or an In-service, this level of assessment and interpretation is *completely outside our scope*. It is in fact, at the level of a full nursing or medical degree, and even an EN (Enrolled Nurse) who has completed at least 18 months of nursing degree is *not qualified to interpret vital signs*. Furthermore, an EN is not qualified to receive clinical handover for any patient. As radiographers we receive dramatically less training than an EN in patient assessment (ie. only what is covered in Basic Life support). Again, this is *completely outside the scope of MRP's.*

For example, heart rate; some patients have a normal heart rate as low as 30bpm, whereas for others if they dropped to 30, we would be initiating a full code blue. We no longer even check if there is pulse in our BLS training, let alone check if the rate is appropriate.

This is the case for nearly all the parameters, and the point is that you cannot know, unless you have had clinical handover of the patient, what is normal for that particular patient, and at what level you would therefore initiate an alarm, this is done at a nursing (RN) and medical level. As radiographers we see many of our patients for a period of 5 minutes or less, you cannot possibly have full handover for every patient, *even if* we had done a full nursing degree to understand it.

Similarly we are not remotely trained to monitor respiratory rate, and there is a very wide range of 'normal'.

I want to be clear, that **IF** a radiographer happened to notice a significant drop/increase in one of these parameters, and thought that the patient was deteriorating, of course they should raise the alarm. But to state that a radiographer should *be able to identify an abnormal reading*, is an inappropriate level of assessment. Most worryingly it leaves us in a very dangerous position legally, where we could be liable if we did not notice one of those signs, despite not being trained to recognise them.

Regards, Angela Small.