Response template for providing feedback to public consultation – draft revised professional capabilities for medical radiation practice

This response template is an optional way to provide your response to the public consultation paper for the **Draft revised professional capabilities for medical radiation practice.** Please provide your responses to any of the questions in the corresponding text boxes; you do not need to answer every question if you have no comment.

Making a submission

Please complete this response template and send to medicalradiationconsultation@ahpra.gov.au, using the subject line '*Feedback on draft revised professional capabilities for medical radiation practice*'.

Submissions are due by midday on Friday 26 April 2019.

Stakeholder details

Please provide your details in the following table:

Name:	Philip Brough
Organisation Name:	Barwon Health

Your responses to the preliminary consultation questions

1. Does any content need to be added to any of the documents?
Refer to comments below
2. Does any content need to be amended or removed from any of the documents?
Refer to comments below
3. Do the key capabilities sufficiently describe the threshold level of professional capability required to safely and competently practise as a medical radiation practitioner in a range of contexts and situations?
Refer to comment below
4. Do the enabling components sufficiently describe the essential and measurable characteristics of threshold professional capability that are necessary for safe and competent practice?
Refer to comments below

5. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?

The use of the word 'Optional' for key capabilities and enabling components in MRI and Ultrasound is open to mis-interpretation. If a diagnostic radiographer (registered with MRPBA) practices in either MRI or Ultrasound then it is assumed that the key capabilities and enabling components actually do apply (i.e. they are not optional).

A potential issue that we would have in our department where a significant number of Sonographers are not registered with the MRPBA is that the consequence of including capabilities for Ultrasound, for example, is that for those Sonographers not registered with MRPBA (registered with ASAR) the so called optional key capabilities and enabling components would not apply. However, for those Radiographers practicing as Sonographers (registered with MRPBA) they would indeed apply.

6. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if these capabilities are adopted?

As indicated there are implications for Sonographers not registered with the MRPBA (quite different to those that are).

What about those doctors and nurses with limited radiation licences that operate x-ray equipment? How does the current proposed legislation protect the public and ensure that these operators are providing imaging services that are safe and meet the key capabilities outlined?

Ultrasound is now used widely by doctors and nurses (Point of Care Ultrasound - POCUS). If key capabilities are being added to cover Ultrasound for medical radiation practitioners then perhaps it should also apply to POCUS.

7. Are there implementation issues the National Board should be aware of?

As described above regarding the issue of Sonographers registered with ASAR only vs those registered with MRPBA (and ASAR).

8. Do you have any other general feedback or comments on the proposed draft revised professional capabilities?

On the whole I would support the changes proposed.

The increased emphasis on cultural sensitivity should apply to all cultures and religions (as it presently does). Whilst it is understood that there is a push to 'Close the Gap' in indigenous health in Australia there would be value in universities offering scholarships to enable people of an indigenous background to get into the health system and make real change and I believe that this is already occurring. Many health organisations are also requiring staff to complete mandatory training on Aboriginal cultural awareness.

The increased emphasis on notification of significant findings ('Taking appropriate and timely action' and 'Identifying urgent and unexpected findings') pushes the role of the radiographer into the area of recognising pathology and reporting. Some significant clinical diagnoses on CT, for example, may be quite subtle (basilar artery thrombosis, certain types of strokes, vascular leak etc) and it would not be the role of the radiographer to diagnose all of these significant findings confidently. On the other hand in Ultrasound the Sonographer actually writes a 'report template' in the form of a sonographer worksheet. The Sonographer would certainly be expected to recognise

a significant finding, however, there is complexity around who should be informed and when. For example, in obstetrics the Sonographer could be required to respond to any of the significant findings below – all of which require a different response:

- Fetal malformation (minor or major)
- Unexpected fetal death
- Short cervix
- Abnormal fetal Doppler results (umbilical artery or middle cerebral artery)
- Low lying placenta or other placental abnormality
- Ectopic pregnancy
- Ovarian torsion

The management of the patient following any of the above may include direct communication with the patient, the medical team or referral of the patient to their doctor or specialist. Medical radiation practioners would ensure that information is conveyed to, and understood by, the appropriate persons who may include the requesting practitioner or other practitioners, for the immediate and appropriate management of the patient/client. However, communication from the medical radiation practioner directly to the patient/client and their family/carers is not always advised or that straight forward and not always considered to be the role of the medical radiation practitioner. The patient/client and their family/carers should be managed appropriately by the medical radiation practitioner (but not necessarily informed of results as that for some situations may be considered to be the role of the treating doctor - e.g. cancer diagnosis and all the ramifications).

In the key capability section it is also stated that 'Information must be conveyed verbally or in writing, in line with relevant guidelines'. If a medical radiation practitioner is working in CT alongside or under the direct supervision of a radiologist there would be no requirement to verbally or in writing advise other medical staff of a significant finding. In this setting the radiographer and radiologist work as a team and it is the radiologist who would normally be required to communicate significant findings to the medical team. However, it is noted that the medical imaging practitioner is usually always the first health practitioner to view images and would have a responsibility to alert others (radiologist or medical staff) of a significant finding that was within their expected diagnostic reporting capability.