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
Western Health Medical Imaging Education Team
Contact information Please include the contact person's name, position and email address
Adam Steward, Tutor Radiographer Jessica Watson, Lead Clinical Educator Ryan Shaw, Grade 2 Radiographer (Education)

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 These submissions will not be published on the website or elsewhere.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 *Professional capabilities* clear and reflective of autonomous and contemporary medical radiation practice? If no, please explain why.

With the exception of the comments listed in this response, we feel that the draft updated professional capabilities for medical radiation practitioners are clear and reflective of autonomous and contemporary medical radiation practice.

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

We have concern with the inclusion of CT as a key capability and do not think that it should be listed as a key capability for all MRPs. As a diagnostic radiographer, the complexity and requirement for further training post qualification in this area negates it from being included as base level credentialing. Rather, we believe it should be listed in the same section as MRI, US etc. It is unlikely that clinical departments would expect base level radiographers to perform comprehensive CT examinations as is listed, but rather to have developed a base knowledge and some experience at undertaking very simple examinations. We see CT as a specialist modality, with a complex post graduate training program required to meet local capability/credentialing and feel that the inclusion of this as a base expectation in the capabilities undermines the complex nature of the modality. Further, the use and instrumentation of CT varies across the spectrum of medical radiation sciences, making this far too complex as a standard key capability, and rendering the capability itself as open to interpretation.

We **strongly recommend** altering the terms "may include, but are not limited to" to "must include, but are not limited to" in the explanatory notes for "Projection radiography examinations", "Range of settings for radiography examinations", "Range of settings for fluoroscopy", "Knowledge of equipment geometry for fluoroscopy", "Knowledge radiation dose delivery for fluoroscopy" and "Delivery systems for fluoroscopy" at domain 1A. In the "explanatory notes" for the "draft updated professional capabilities for medical radiation practitioners", the term "may include, but are not limited to" suggests that only one of the prescribed indicators is expected for demonstration, when we strongly believe that all listed traits should be expected as a minimum requirement. Capability 1A essentially describe the absolute base knowledge and traits of the broader medical imaging profession and the skills for performance for general radiographic and fluoroscopic practice. The MRPBA do not register radiographers with restriction and as such any allowance for some, but not all practices expected of a base level radiographer place the public at risk. As an example of this, a radiographer need only demonstrate capability for imaging a patient in a private practice setting to meet the capabilities having never imaged an inpatient or emergency patient, or paediatric patient which requires more complexity and encompasses greater risk, urgency and need for accuracy. All imaging departments would, we expect, hold a minimum expectation for capability across all listed areas of practice, even if not provided at said clinic. As such we feel it negligent to allow the term "may include, but not limited to" in place of "must include, but not limited to" in the explanatory notes at all sections of Domain 1A.

We further believe that "mammography" should be removed from being listed as one of the "projection radiographic examinations" under the Domain 1A explanatory notes, as well as a "screening mammographic facility" listed under the "range of settings for radiography examinations". We like the concept of including mammography as separate capabilities in Domain 1 as this reflects clinical practice, where further specific training is provided to up-skill a radiographer to practice as a mammographer. The inclusion of "mammography" and "screening mammographic facility" at Domain 1A, undermines and confuses the value of the previous specialist capabilities listed at Domain 1.

Domain 4.3g specifically deals with the supervision, teaching and assessment of learners, which would obviously include students. The domain goes a long way to reference all the nuances for teaching and learning but does not elaborate on assessment against preset expectations for development. We feel that there needs some reference to emphasise our professional responsibility to accurately assess students and other learners against capability benchmarks, expectations and/or rubrics. As domain 6 goes on to extol the values of leadership and stewardship for the profession, appropriate assessment

goes to the integrity of our profession and ensures safe, competent practice. Assessment is not only a learning tool but a gatekeeping process that protects patients, supports the professional development of learners, and maintains the quality of future workforce entrants. This accountability should be clearly reflected in the capability to reinforce the critical role of being the assessor in professional standards.

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? If yes, please explain why.

As listed in our response at question 2 above, allowing the terms “may include, but not limited to” for the specific descriptors of tasks/enablers in the explanatory notes for Domain 1A may lead to large variance in the capability of professionals and potentially lead to detrimental patient outcomes. These detrimental outcomes include wide variation in patient care, safety and diagnostic yield and certainly have the potential to open the public to risk of adverse practices from professionals ill-equipped to meet the base capabilities expected by the profession.

4. Would the updated *Professional capabilities* result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? If yes, please explain why.

Not that we are aware of, however, we acknowledge that this is beyond our scope or expertise.

5. Would the updated *Professional capabilities* result in any potential negative or unintended effects for medical radiation practitioners? If yes, please explain why.

The inclusion of CT as a key capability for all medical radiation professionals will have significant impact on training models and place further undue pressure on clinical centres to meet elements required for training and experience. It is also likely to require extended periods of specialist clinical placement for students beyond that currently provided, placing impact to current university curricula. Anecdotally, most departments will have in-house post-graduate specific training programs for CT. Placing this as a key capability will heavily burden departments to expedite facilitation of staff training and then require facilitation for student placement. We would suggest this is somewhat unfeasible in the current climate and the likelihood is that either graduates just won’t be able to meet the capabilities, or that professionals will have a very loose interpretation of the capabilities applied. It will place a further burden on an already stretched workforce.

6. Are there any other potential regulatory impacts the MRPBA should consider? If yes, please provide details.

The current Victorian enterprise agreement directly contradicts and undermines Domain 3.3, 4.3d, g and h, and 4.4 d and e with regards to entry level staff teaching, educating or providing feedback to students. This limits Victorian medical radiation professionals from complying with the capabilities and may impact the ability for appropriate development of Victorian professionals within the scope of these domains. However, as educators, we support the inclusion of these “enabling components” and believe that they are suitable and beneficial capabilities that should remain listed in this document.

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?

We support the addition of the low value healthcare clause and do not necessarily see anything that requires change. However, without appropriate support, MRPs could be exposed to inappropriate repercussions for those individuals that act to reject requests and the implementation of this statement will require support of external healthcare stakeholders, such as the RANZCR, departments of health and health executives. The statement under “challenges in reducing low value care” is very accurate and apt. As an initiative this is statement is vital, as a strategy, it requires investment and buy-in by all healthcare stakeholders and we feel this statement is a good initial step down this path.

8. If updated *Professional capabilities for medical radiation practice* where 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?
Yes, we feel that this is clinically possible for the profession. We do feel that the changes to CT capabilities may impact such lead times to be enacted. Education providers may not be able to meet this deadline with the addition of domain 6 and potentially the changes to the capabilities for CT, which may require further specific clinical placement.
9. Do you have any other feedback on the updated *Professional capabilities*?
We are mostly very satisfied and complementary of the updated capabilities. The addition of Domain 1.1 is welcomed, and we agree that the capabilities should lead with this content as it is essential yet often overlooked.