

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
Contact information
Please include the contact person's name, position and email address
Personal submission - Confidential
Permission to publish but without identifying details

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 These submissions will not be published on the website or elsewhere.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.
Consider briefly defining “contemporary medical radiation practice” to reinforce what is expected of MRPs in a modern healthcare context (e.g. use of evidence-based imaging pathways, patient-centred care)
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.
Given the growing use of AI-supported imaging tools, include a note on ensuring that automated recommendations are critically appraised, not blindly followed. Some wording could be slightly refined for conciseness or flow. For example, the phrase “care that is informed by the purpose, risks, and benefits” might read more smoothly as “care that is informed by the intended purpose, risks, and expected benefits”.
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.
If misinterpreted, there may be concern from patients that services could be withheld to save money rather than in their best interest.
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.
• The statement does not explicitly address Aboriginal and/or Torres Strait Islander health needs or how cultural considerations may influence perceptions of value or appropriateness of care. • Include a statement that acknowledges Aboriginal and Torres Strait Islander peoples and the importance of culturally safe, appropriate care, particularly in shared decision-making and resource allocation.

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.
• Risk of pressure from referrers or employers may increase tension if MRPs routinely challenge low value requests. • MRPs may feel isolated in upholding these standards.
6. Are there any other potential regulatory impacts the MRPBA should consider? If yes, please provide details.
Education providers will need to embed content on low value care, ethical decision-making, and sustainable practice into curricula. Consider whether there will be audit mechanisms or professional development expectations to assess and reinforce compliance with these expectations. Some organisations may need to update protocols to reflect the guidance—e.g., adding checks for recent imaging before duplicate scans.
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) - Is there any content that needs to be changed, removed or added to the Low value care statement? - Are there any potential negative or unintended affects that might arise?
- Consider including a summary or table outlining MRP responsibilities at the end—useful as a quick-reference guide. - Risk of misinterpretation as rationing. Risk of practitioners being exposed to conflict without organisational support. Provide encouragement for employers to provide training and governance to support implementation.
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?
Seems like a reasonable timeframe—provided: • Communication and engagement activities begin well in advance.

- Education providers receive targeted guidance on curriculum updates.
- Employers and peak bodies are engaged to support local policy and training development.

9. Do you have any other feedback on the updated *Professional capabilities*?

Is this document aimed at all MRP or just diagnostic? There are no references/examples in a radiation therapy context.

The use of examples is especially valuable—consider adding brief examples of “high value care” to balance the low-value ones.

A flowchart or decision aid could further support real-time decision-making.