

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
Ramsay Health - Australia
Contact information
Please include the contact person's name, position and email address
Judith Scott
Radiographer

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 These submissions will not be published on the website or elsewhere.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.
This document incorporates and is reflective of some aspects of current medical radiation practices; however, many of the proposed changes go beyond what is realistically achievable for both new graduates and seasoned practitioners. The executive summary indicates the benefits of implementing these changes outweigh the risk. I completely disagree. As a result, I cannot support this proposal in its current form, as its demands on students and educators are unrealistic and unattainable. The document does not outline what should be the fundamental expectations for novice practitioners. It sets requirements well beyond the essential skills new graduates need to succeed in their roles. The primary function of a new graduate is to implement medical imaging theories in a practical setting, learn through observation, and cultivate the essential skills required to provide appropriate imaging and patient care within a clinical environment. They should not be required to have a theoretical knowledge or assessed practical skills in responsibilities like teaching and leadership. The document explicitly states that undergraduate programs will be required to teach and assess every aspect within the curriculum. This expectation is entirely unrealistic and unachievable, particularly concerning many of the capabilities outlined in Domain 6, even if the program duration were extended. I am aware that current students are deeply (and understandably) concerned about the potential extension of their courses, which would significantly affect their lives and finances. Additionally, prospective students may reconsider pursuing this field and opt for alternative undergraduate programs. I strongly oppose prolonging the time required to earn a medical imaging degree to accommodate these excessive and unreasonable recommendations. The draft's requirements often surpass reasonable expectations for experienced professionals. Even those in our field who have pursued additional postgraduate qualifications in education or leadership may still struggle to demonstrate that they meet all the so-called 'minimum' capabilities. While the explanation provided suggests that this evolution of graduate capabilities is intended to shape the future growth of our profession, I challenge the notion that such measures are necessary. Our profession continues to advance organically, driven by motivated and dedicated individuals who take on the responsibility of progressing our practice and mentoring the next generation. This ongoing evolution does not require imposing universal expectations on all practitioners. It should be entirely acceptable to excel as a radiographer without being held to these excessive standards, which I find unreasonable and even insulting. The executive summary suggests that the advantages of implementing these changes surpass the associated risks. I strongly disagree with this assessment. Consequently, I am unable to endorse this proposal in its present state, as it places unrealistic and unattainable demands on students, educators and current MI practitioners.
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.
All of the capabilities that expect the 'minimum skills' which include teaching, assessment, supervision, mentoring, and leadership should be removed. This mainly pertains to Domains 3, 4 and 6, but any reference beyond those should also be removed. Notes - How could anyone realistically teach or assess a student's ability to "align micro and macro perspectives" or "translate high-level strategy into actionable impact for teams and stakeholders"? This is completely irrelevant to a new graduate. In addition, the expectation that the entire profession must demonstrate how their practice aligns with this capability is completely unreasonable.

Also, the terminology in the newly proposed graduate capabilities requires revision. Broad terms such as health data, effective use of medicines, scheduled medicines, and systems encompass concepts that extend well beyond the scope of a radiographer's role in patient care. The definitions associated with these terms outline responsibilities that are not relevant to the practice of radiography. These terms should be refined to specifically relate to medical imaging services, ensuring that the minimum expected knowledge for graduates aligns with the core competencies required in the field.
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.
Yes – please see the responses below.
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.
If new graduates are expected to supervise, mentor, allocate resources, or lead without adequate clinical experience to make appropriate decision, the impact may affect not only Indigenous patients, but also affect patient care more broadly.
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.
I strongly believe that implementing this document will negatively impact the medical imaging community. The proposed amendments impose expectations of teaching and leadership on all practitioners, regardless of individual interest. I have no desire to engage in these roles, even hypothetically, and I resent being required to prove alignment with each capability statement. If existing practitioners are exempt, the document has no purpose. Conversely, if alignment is mandatory for everyone, resistance or outright rejection from current professionals is inevitable, which again, makes the document irrelevant. Moreover, I am deeply disappointed that the MRPBA no longer considers the expertise of highly experienced radiographers sufficient to meet minimum practice standards, leaving me feeling that my contributions and skills I bring to the role have been disregarded. I also feel that this will be detrimental to the current and future cohort of students. The expectations outlined in this document are unreasonable and should not be used as justification to increase the length of time to undertake an undergraduate degree in medical imaging. I also believe that dictating that new graduates must have demonstrated the theory and application of leadership and education may adversely affect those that they are 'leading' or 'educating', as they have insufficient experience to do this safely. It may result in harm to themselves, people that they are supervising, or patients.
6. Are there any other potential regulatory impacts the MRPBA should consider? If yes, please provide details.
I am concerned that some of the terminology and definitions in the proposed capabilities may have legal implications for medical imaging professionals, particularly regarding risk explanation, appropriate use, and the risks associated with scheduled medicines. The document should be directly aligned with the expectations for new graduates, which should be limited in this regard, and the wording of these capabilities and definitions should be revised accordingly.
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 *Professional capabilities for medical radiation practice* 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?

It's an absolute no. Expecting all current medical imaging practitioners to demonstrate alignment with the proposed capabilities within six months is completely unrealistic. Likewise, universities cannot feasibly redesign their curricula to accommodate these excessive expectations in such a short timeframe—developing and implementing program extensions will take years.

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

No, just don't implement the suggested changes.