

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
Greenslopes Private Hospital
Contact information
Please include the contact person's name, position and email address
Kelly Wilson-Stewart, 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 These submissions will not be published on the website or elsewhere.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 does reflect some aspects of independent and contemporary medical radiation practice; however, many of the proposed changes exceed what is reasonable to expect from a graduate medical imaging professional, and in some domains, even from an experienced medical imaging practitioner. The draft document does not appropriately 'describe minimum requirements for safe professional practice in the medical radiation practice profession' and should not be adopted. This document does not, as claimed 'describe capability at the level of a beginning practitioner'. The primary role of a new graduate is to apply medical imaging theory in practice, observe and learn from others, and develop the essential skills needed to deliver appropriate imaging and patient care in a clinical environment. They should not be expected or required to be experts in any aspect of the medical imaging field, including the requirement to teach, assess or lead. The expectations presented in the draft capabilities statement go beyond what a new graduate should possess, often surpassing the standards expected of seasoned medical imaging professionals as well. The document mandates that every item listed be taught and evaluated within the undergraduate curriculum, and I struggle to see how this could be realistically accomplished, even with an extension of one or two years for the program. The impact analysis provided in the executive summary greatly underestimates the effects of implementing the proposed capabilities on current and future students, practicing medical imaging professionals, and educators. The potential risks associated with approving these changes far outweigh any possible benefits. For these reasons, I cannot support the implementation of this proposal in its current form, as the demands placed on students, university and clinical educators, and medical radiation professionals are both unrealistic and unattainable.
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.
<u>Remove</u> 1.3c - Manage and integrate health data across different health information systems, recognising the interdependencies that may exist between them. 2.1m - Promote and enable the health literacy of patients, their families and carers. <i>*this is an unreasonable expectation for new graduates. Even for experienced practitioners this action would only appropriate in certain scenarios, so should not be mandated.</i> 3.3a - Use appropriate skills, training, strategies, and knowledge to effectively mentor, supervise and delegate tasks to assistants, students, and other supervised workers. 3.3b - Proactively recognise opportunities to educate assistants, students, and other supervised workers in the delivery of efficient, effective, and safe person-centred care. 3.3c - Deliver timely feedback (verbal and written) to assistants, students, supervised workers and relevant others, including education providers, on their performance. 3.3d - Engage with assistants, students, and other supervised workers to support their professional development, including engaging with self- directed learning and critical reflection. For students, this may include supporting their work readiness, in preparation for

entering the workforce.

4.2d - Plan and implement steps to address professional learning and development needs and proactively recognise opportunities to educate self and peers.

4.3b – Understand and apply the principles of cognitive skill development and adult learning principles in planning and delivering learning and assessment.

4.3c - Understand competence, performance and different types of assessment.

4.3d - Identify issues for learners who need support

4.3e - Understand challenges and strategies for group learning

4.3f - Understand the role and the attributes of an effective clinical educator

4.3g - Deliver effective clinical teaching and assessment aligned to learning outcomes

4.3h - Provide effective feedback and critique to encourage reflection, learning and growth

4.4a - Actively seek and engage in opportunities to mentor and support peer development

4.4b - Share knowledge, experiences and learnings with other practitioners involved in patient care to enhance health outcomes.

4.4c - Identify and support opportunities for interprofessional education

4.4d - Where relevant, participate in the teaching, learning and assessment of students, medical radiation practice assistants, and other supervised staff in the clinical setting.

4.4e - Where relevant, use appropriate development or mentoring strategies to support students, other medical radiation practitioners, medical radiation practice assistants, and other health practitioners in the clinical setting.

** New graduates should not be tasked with mentoring, training, educating, supervising, or delegating until they have gained enough clinical experience and confidence. These skills are largely influenced by an individual's personality, and requiring all new graduates to take on these roles could harm both them and those they are expected to mentor. While medical imaging professionals may be motivated to enhance their understanding of educational theory and its application, this falls outside their primary scope of practice. One does not need to possess teaching skills to deliver excellent imaging and patient care. This requirement should be removed from the capabilities document.*

6.1b - Apply the principles of quality improvement to contribute to improving systems of patient care.

6.1c - Use and apply health informatics to improve the quality of patient care and to optimise patient safety.

6.1d - Apply the principles of interprofessional practice to support patient centred care.

6.1e - Contribute to a collective decision-making culture that promotes patient safety.

6.2a - Understand and maintain awareness of the strategic goals, plans and needs of the local, state and national health systems.

6.2b - Understand, support and lead improvements in models of care, performance and culture.

6.2c - Understand and lead efforts to address the health impacts of climate change.

6.2d - Understand and lead the responsible use of health system resources to support optimal patient care.

6.2e - Collaborate with other health practitioners to facilitate change and enhance health systems and health outcomes. Enhancements should be grounded in principles of co-design with patients and communities

6.3a - Communicate with clarity and compassion, addressing difficult topics while maintaining relationships and self-regulation.

6.3b - Accountable for decisions, navigates conflict, sets direction, allocates resources, and delegates effectively.

6.3c - Adapt to change and navigate uncertainty with confidence

6.3d - Balance competing priorities, assesses and mitigates risks while making principled, ethical decisions under pressure.

6.3e - Align micro and macro perspectives, translates high-level strategy into actionable impact for teams and stakeholders.

6.3f - Expand influence beyond local team to drive broader organisational and system-wide impact.

Change

Requires rewording

1.2b- Apply knowledge of the scientific explanations underpinning disease and injuries affecting the human body to enable delivery of safe, high-quality examinations, treatments, and screenings.

**this sentence doesn't make sense*

1.5g - Advocate for the safe and justified use of emerging technology to promote safe and high-quality patient care

**if the technology is 'emerging' there may not be appropriate evidence for a new graduate to evaluate. The capability would be acceptable without the term emerging.*

1.6c - Operate equipment and apply knowledge of physics and laboratory procedures relevant to practice

** what does 'laboratory procedures' refer to?*

2.1c - Provide accurate information to patients and their families/carers about their care and implement appropriate methods for obtaining, and facilitating the withdrawal of, informed consent.

** should be reworded to - Provide accurate information to patients and, where appropriate or requested, their families/carers about their care and implement appropriate methods for obtaining, and facilitating the withdrawal of, informed consent.*

2.1e - Involve patients and their families or carers in all aspects of their care and associated decision-making.

** Should be reworded to – When appropriate, involve patients and, if requested, their families or caregivers in the decision-making process concerning their care.*

3.1h - Recognise patients for whom English may not be a first language, and make provisions to use qualified language interpreters, cultural interpreters, or cultural care coordinators to facilitate effective communication where needed.

**not all patients who English is not their first language will require or desire an interpreter and may be offended by this assumption. This statement needs to be reworded to with 'where appropriate'.*

5.4d - Manage the environmental risks of manufactured radiation and radioactivity.

** what does manage environmental risks mean? Are you referring to shielding?*

5.4d - Identify, confirm, and implement methods of radiation management.

**what does 'confirm' mean? Is it related it to legislation?*

Revise using clearer definitions and language specifically related to medical imaging - health data & digital health systems

**The current definitions and statements are too vague, making the scope of the capabilities statement excessively broad for effective teaching or assessment. They need to include terminology that specifically relates to the data and systems used in medical imaging.*

1.3c - Manage and integrate health data across different health information systems, recognising the interdependencies that may exist between them.

1.4c - Apply knowledge of confidentiality, ethics, and legal requirements to responsibly collect, store, link, and access health data from multiple sources, including patient-generated data.

1.4d - Evaluate the benefits, limitations, and risks associated with integrating data from multiple health data sources to maintain data integrity, security, and compliance while supporting safe and effective healthcare delivery.

1.5h - Uses digital health systems in partnership with patients to aid culturally and personally appropriate, informed decision making.

1.5g - Support health literacy for users of digital health systems, tools and services.

Revise using clearer definitions and language specifically related to medical imaging – medicines, scheduled medicines, authorised pathways, reactions, risk

**Medical imaging graduates should only be required to understand and be assessed on the risks associated with the imaging method (e.g. radiation) and 'medications' that a graduate radiographer will be administering (i.e. contrast agents).*

1.9a - Understand the regulation of medicines and scheduled medicines in Australia and the authorisations pathways for use by health practitioners.

1.9b - Apply the principles of safe and effective use of medicines to practice.

1.9c - Recognise the risks, precautions (including known side effects) and contraindications

for the use of medicines.

1.9d - Apply knowledge of pharmacokinetics, pharmacodynamics and the potential range of reactions to medicines.

Revise using clearer definitions and language specifically related to medical imaging – risks, treatment and informed consent

** Medical imaging graduates should only be required to understand and be assessed on the risks, outcomes and consent associated with the imaging method*

3.1g - Explain the purpose, risks, and benefits of the proposed examination/treatment, and obtain informed consent to proceed. Continually communicate with the patient to ensure ongoing consent throughout the examination/treatment.

**Should be reworded to - Explain the purpose, risks, and benefits of the proposed medical imaging examination, and obtain informed consent related to the medical imaging component before proceeding. Continually communicate with the patient to ensure ongoing consent throughout the medical imaging examination.*

6.1c - Use and apply health informatics to improve the quality of patient care and to optimise patient safety.

6.1d - Contribute to a collective decision-making culture that promotes patient safety.

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.

There is a possibility that a new graduate, while tasked with "addressing difficult topics," "setting direction," "allocating resources and delegating," "balancing competing priorities," and "assessing risk," could make poor decisions regarding the provision of imaging services to patients. These responsibilities should be grounded in the appropriate levels of clinical experience and should not be expected of new graduates. Furthermore, if a new graduate is required to supervise and assess in a clinical setting without sufficient experience to navigate the challenges that may arise when treating patients from diverse backgrounds, their advice could potentially result in harm to the patient.

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.

The expectations outlined for new graduates in the draft document are unreasonable. A new graduate should not be responsible for advocating, delegating, setting direction, or allocating resources. Although they may possess theoretical knowledge about culturally appropriate care and patient advocacy, effectively applying this knowledge in a clinical setting is supported by insights gained through experience and guidance from those with extensive experience in working with diverse patient populations. While it is appropriate for a new graduate to apply the principles of culturally safe care, expecting them to assume greater responsibilities without sufficient experience may result in adverse outcomes for Indigenous patients.

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

If this draft capabilities statement is implemented in its current form it will, without doubt, have a detrimental effect on current students, future students, educational institutions, practicing medical imaging professional (especially clinical supervisors) and employers. This contradicts the stated goal of ensuring sustainability in the medical radiation workforce. I also believe that its impact will be significantly greater than what is suggested in the executive summary, with the risks to the profession far outweighing any benefit.

Current students - I can confirm that this document is already causing significant anxiety among current students. Several individuals have expressed their concerns to me. Students have made important life decisions based on their anticipated graduation timeline and are understandably worried about the potential extension of their course duration. Knowing that an accredited program requires teaching and assessing every individual point within each domain, they are in a state of panic about the possibility that the proposed inclusions could add an additional year or more to their undergraduate studies. This has serious implications for their futures, including increased financial burdens on them and their families. They have voiced frustration over the MRPBA's imposition of professional practice expectations that extend beyond what constitutes a proficient radiographer. Many do not see the relevance or value in incorporating leadership and educational skills into the undergraduate curriculum. They believe that once they have gained sufficient clinical experience and have become competent and confident in their abilities, they may wish to pursue opportunities to expand their roles beyond performing imaging examinations, but they are upset by the prospect of this being mandatory. They have also stated that the extension of the course and the inclusion of content they view as irrelevant to their roles as newly qualified radiographers will adversely affect their motivation and engagement with the curriculum. Additionally, they have indicated that they will resent having to pay extra HECS fees for these inclusions in the curriculum.

Future students – The likely extension of the undergraduate degree could deter prospective students from enrolling in a medical imaging program. Future applicants will consider the extra time spent without earning a graduate salary, its implications for part-time work and living arrangements, as well as the increased HECS debt. Even those who are genuinely interested in a medical imaging career might explore other courses due to the longer study duration. Moreover, for those who take time to review the MRPBA's graduate capabilities document, the requirement to exhibit advanced professional skills upon graduation may act as a further deterrent. It is ironic that the MRPBA's intention to promote leadership skills within the profession could lead potential future leaders to pursue alternative career paths.

Current practitioners - The draft capabilities document not only extends well beyond what should be expected of medical imaging graduates but also represents an overreach for experienced professionals. While the profession does require individuals who advocate for and lead advancement, and deliver educational programs, it is inappropriate to mandate that all MR practitioners assume leadership of educational responsibilities. It is disheartening to suggest that practitioners who excel in providing high-quality imaging and patient care, while supporting their colleagues who are motivated to take on leadership or teaching roles, fall short of the MRPBA's capabilities. Not everyone can or should act as a catalyst for change. Additionally, medical imaging professionals should not be expected to possess the proposed knowledge of educational theory and its practical application.

The executive summary claims that aligning current MRPs with the draft capabilities will require minimal effort and cost; I dispute this assertion. While I have encouraged my clinical colleagues to respond to the draft capabilities document, I am concerned that the average MRP may not engage with it, as they might not realise that the "graduate capabilities" also pertain to them. Many current MRPs may lack the knowledge or skills aligned with the proposed capabilities and could feel resentful if they are informed that their current competencies are no longer acceptable to the MRPBA. Even with decades of experience, active involvement in the profession, and multiple postgraduate qualifications, I find that I do not meet several capabilities outlined in Domain 6. This situation could foster dissatisfaction and non-compliance or, alternatively, lead individuals to leave the profession altogether. Therefore, I believe this poses a risk to both the integrity and application of the capabilities document as well as to the sustainability of the workforce. Consequently, I propose that Domain 6 is not fit for purpose and that Domain 4 should be significantly rewritten and simplified.

Clinical supervisors – Clinical supervisors fulfill a challenging yet crucial role in assisting medical imaging students in applying foundational knowledge and theory to practice. This responsibility is in addition to their clinical duties. Along with supervision and mentoring, they are expected to provide ongoing assessments and feedback. The proposed changes to new graduate capabilities will lead to a significant increase in the skills that students must be assessed on. I am unsure how a clinical supervisor is able to assess a student's ability to

'Collaborate with other health practitioners to facilitate change and enhance health systems and health outcomes. Enhancements should be grounded in principles of co-design with patients and communities',

Similarly, they will need to verify that students can “*understand, support, and lead improvements in models of care, performance, and culture.*”

It is an entirely unreasonable expectation for clinical supervisors or clinical sites to create opportunities for students to “co-design with communities.” There is a real risk that MR practitioners will be reluctant to take on the role of clinical supervisor if the suggested changes are implemented. Additionally, clinical sites may determine that hosting students is no longer feasible.

Educators – As someone involved in the design and delivery of undergraduate medical imaging programs, I am acutely aware of the time and effort required to create teaching resources and assessments that align clearly with the MRPBA capabilities. Over many years, I have observed the curriculum becoming increasingly overcrowded.

The growing expectations for graduate knowledge have, at times, led to sacrifices in the time allocated for students to truly understand and apply foundational concepts. While this can be frustrating as an educator, I am willing to accept it if I can justify why the skills being taught are essential for students to safely and effectively perform as medical imaging professionals. However, as previously mentioned, many of the capabilities outlined in the draft document extend well beyond what is necessary for a new graduate to fulfill their role. After discussing this with my university colleagues, I find that I am not alone in my confusion regarding why new graduates are expected to mentor, supervise, delegate, promote health literacy for patients and their families, lead improvements in models of care, address the health impacts of climate change, and facilitate changes that enhance health systems and outcomes.

As an educator, my responsibilities include understanding and applying the principles of cognitive skill development and adult learning in planning and delivering learning and assessments, as well as comprehending competence, performance, and different assessment types. It is also my role to understand the challenges and strategies for group learning and to deliver effective clinical teaching and assessments aligned with learning outcomes. It should be the responsibility of students and new graduates to be the beneficiary of my understanding of learning and teaching principles. Should they choose to enhance their knowledge in these areas, they can do so voluntarily. However, with two decades of experience in medical imaging undergraduate education, I can assert with conviction that the suggested skill mix in the draft capabilities document is unreasonable, unrealistic, and unachievable.

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

The terminology employed throughout various sections of the draft capabilities document, especially regarding medications and risk disclosures, raises concerns that the broadness of the statements may leave an MR practitioner, especially a new graduate, legally vulnerable in the event of an incident.

Another potential capability of concern in a legal sense is the following

Manage own personal mental and physical health to ensure fitness to practise safely at all times, including recognising the impact of stress and fatigue on physical and mental health

Is there a possibility that a fatigued MRP making an error could face heightened liability due to the terminology used?

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?

Yes – please see below feedback

Definition of Low Value Care

- have minimal or no proven effectiveness.
- provide little added benefit relative to their cost.

**Unless an imaging professional has undertaken a literature review, or has performed research in the examination, a determination made by a MRP may be subjective.*

- do not change clinical outcomes

**‘clinical outcomes’ – does not reflect potential quality of life treatments*

Ethical foundation of medical radiation practice

- Autonomy: Medical radiation practitioners must respect the patient’s right to make informed decisions about their care. This involves providing comprehensive information about the risks and benefits of proposed interventions.

**This should be changed to ‘appropriate levels of information regarding risks related to the imaging being performed’. Risks regarding medications beyond contrast (e.g. Beta blockers, Marcaine, lignocaine, fentanyl, midazolam etc) need to be explained by the medical practitioner undertaking the examination as a component of seeking informed consent. The word comprehensive should be removed.*

- Justice: Medical radiation practitioners must use healthcare resources judiciously, ensuring that the distribution of these resources is equitable and that care is provided to those most in need. Additionally, the environmental impact of healthcare services must be considered as part of the justice principle

**This should be rephrased. As it currently worded, you could interpret our role as deciding on which patients are most ‘in need’ and that MRS professionals should ascertain who this is and re-allocate resources to them.*

It could be reworded similar to ‘MR practitioners should ensure that they use healthcare resources judiciously. This will contribute to increased availability of resources, and improve equitable access.

Ethical Decision-Making

- Medical radiation practitioners play a key role in educating patients, colleagues, and the healthcare community about avoiding low-value care and promoting best practices. They should advocate for practices that emphasize the delivery of high value care and contribute to a more sustainable and effective healthcare system (Kühlein et al. 2023).

**Should be reworded to state ‘Where appropriate, they should advocate...’*

Documentation

- ongoing management of the patient's health and safety

**We cannot anticipate future events or associated decisions. This should be reworded e.g. where appropriate, suggestions regarding the ongoing management of the patient's health and safety may be included.*

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?

No.

I foresee that a phased implementation will be necessary. Incorporating the proposed capabilities will require a significant redesign of the curriculum at each educational institution offering undergraduate medical imaging programs. This change will inevitably extend the time needed to teach and assess all the required capabilities, thereby lengthening the duration of the undergraduate course. It is both unfair and unethical to impose an extended study period on current students or to expect students and staff to condense this additional learning and assessment requirement into their already content-heavy units. Consequently, I predict that the earliest possible rollout of the new, extended curriculum would be in 2027. Furthermore, this would mean that both the current and new programs would need to be taught simultaneously until all students from the 2026 enrolment cohort graduate in 2030 or 2031.

The required changes will generate a significant amount of stress and additional workload for students, clinical sites, and educators alike. As highlighted throughout this submission, I strongly believe that implementing this draft document will be detrimental to students, medical imaging professionals and the profession as a whole.

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

I am an advocate of continued growth of the medical imaging profession and have attained the title of FASMIRT to attest to this. I have been witness to, advocate and participant in extending the medical imaging profession's scope of practice. I strongly believe that medical imaging professionals provide an invaluable resource within the healthcare industry and will continue to do so in ways that will expand and are unpredictable.

The national board priorities emphasise that "key capability descriptions reflect good contemporary practice." However, the proposed capabilities require students and new graduates to not only understand the theoretical aspects of medical imaging but also to take on teaching and leadership roles before they have had sufficient time to acquire clinical experience and develop the foundational skills essential for excelling in medical imaging and patient care, which should always be our top priority. I would much prefer a radiographer performing a lateral elbow x-ray on my two-year-old to have spent time learning about alternative positioning techniques rather than being compelled to focus on how to teach effectively in a group setting. I am confident that most patients, including vulnerable patient groups, would concur.

By requiring students and new graduates to master skills that do not directly pertain to patient care or imaging, you are effectively diluting the fundamental knowledge that a new graduate should be able to apply in a clinical environment. While students and graduates often have limited life experience, the proposed capabilities expect them to take on roles as educators and leaders. I recognise the importance of effective clinical supervision and the need for strong leaders and advocates within the profession to promote the ongoing growth and evolution of medical imaging professionals. However, this should not be the responsibility of graduates. Instead, they should spend their initial years focusing on developing and solidifying their medical imaging and patient care skills.

In addition to having unrealistic expectations of graduates, the proposed update in capabilities will be unable to be achieved by a vast majority of currently practicing medical radiation practitioners, as evidenced by none of my medical imaging colleagues, including myself meeting the requirements of the draft capabilities.

Some pertinent questions

- Are my colleagues competent and skilled radiographers? Yes.
- Do they provide effective and compassionate patient care? Yes.
- Are they effective mentors, despite no knowledge on the theory of effective mentorship? Yes.
- Do they perform well and contribute effectively within a team environment, despite no additional training regarding effective communication techniques? Yes.
- Do they speak up when they feel there is an issue that needs to be addressed? Yes.
- Do they need to drive organisational change to be considered a good radiographer? No.
- Do they need to enhance health care systems to be a good radiographer? No.
- Do they need to co-design healthcare enhancements grounded in principles of co-design with patients and communities? No.

The executive summary claims that the '*enabling component describes the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in education, simulated and practice settings.*' I would highlight that any capability that describes a skill that is personality-driven, is not 'measurable' and should be removed or reworded as 'to the best of your ability'. Even then, the measurable component is problematic for educators e.g., '*adapt to change and navigate uncertainty with confidence*', or '*communicate with clarity and compassion, address difficult topics, while maintaining relationships and self-regulation*'. While ignoring the obvious difficulties in designing teaching resources and assessing a student's ability to demonstrate this, it is inappropriate to dictate personality driven reactions to situations or scenarios.

It is also noted that terminology and phrasing is important for in regard to the design of teaching resources and assessments. For example, it would be almost impossible to design teaching and assessment activities for the following capability statements

- Align micro and macro perspectives, translates high-level strategy into actionable impact for teams and stakeholders.
- Expand influence beyond local team to drive broader organisational and system-wide impact.

The wording of the capabilities is crucial; it carries significant implications for educators, students, graduates, and currently practicing medical radiation practitioners. While I would argue that many of the updated proposed capabilities are not 'essential', the wording of several capabilities does not align with the 'measurable' component.

For instance, as presently articulated, the capabilities and related definitions concerning sustainability, resource use, and climate change would necessitate a dedicated unit to adequately cover what is defined and proposed. The MRPBA need to consider this when wording capabilities. It matters, and has real-world, and flow on effects. While it's appropriate for graduates to have an awareness of the impact of the health care industry on climate change, and their role in reducing the effect, should the capability be taught in one or two lectures, or are educators forced to dedicate an entire unit to cover and assess information included in the following definitions as proposed in the draft document?

- Addressing the health impacts of climate change Clinical care contributes more than half of the greenhouse gas emissions produced by health systems. Medical radiation practitioners should understand and apply frameworks that are designed to embed low-emissions models of care, including actions to improve care, minimise wasteful health care and involve patients in decisions about appropriate care
- The safe, sustainable and responsible use of use health resources. Minimising wasteful health care will not only reduce greenhouse gas emissions, but it will also contribute to improving patient care, decreasing harms from overdiagnosis and overtreatment, minimises the physical and mental health impacts of climate change, and prioritises care for people who need it the most.
- Medical radiation practitioners are required to use health resources responsibly and sustainably. This includes minimising waste, optimising resource allocation, using

evidence-based practices, and considering environmental, cultural safety and health equity impacts of health resource use and allocation.

I am also concerned about the caveats included in the draft document concerning the potential for '*updated guidance*' on family, sexual, and domestic violence as well as digital health, including AI. Given recent publications advocating for an AI curriculum (link provided below), this could influence the MRPBA's decisions and directions regarding graduate capabilities. It is crucial for current students to understand the use, benefits, and potential implications regarding patient anonymity and the diversity of data related to patient diversity. However, should the MRPBA choose to adopt the recommendations outlined in the document below, this would necessitate another redesign and potentially extend the duration of the undergraduate program further to what is currently proposed. I advocate for transparency and consultation in any decision-making related to modifications of the graduate capabilities documentation.

[Enhancing medical imaging education: integrating computing technologies, digital image processing and artificial intelligence - PubMed](#)

In conclusion, the proposed capabilities outlined for the medical imaging profession present significant risks that may undermine the core values of medical imaging and patient care. While I wholeheartedly support the evolution and growth of our profession, the expectation that new graduates and students assume leadership and teaching roles before they have gained adequate clinical experience is unreasonable and may present a risk to the patient. The proposed changes extend far beyond the essential skills required so that a new graduate, and the current medical imaging professionals that provide imaging services and safe and effective patient care

Moreover, the capabilities as currently proposed lack the necessary clarity and practicality required for their implementation in a real-world educational context. By using terminology such as 'confident', 'promote', 'advocate' or 'lead' that are difficult to measure and assess, creates barriers to effective education and assessment.

It is essential for the MRPBA to prioritise foundational clinical skills and patient care above all else. Attributes such as leadership, driving organisational change, or having a deep understanding of educational theory and application are not necessary for achieving this goal and should be excluded from expectations for the 'minimum knowledge, skills, and professional attributes required for safe and competent practice as a medical radiation professional.'