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
The Royal Australian and New Zealand College of Radiologists (RANZCR)
Contact information Please include the contact person's name, position and email address
Melissa Doyle General Manager, Policy, Advocacy and Standards

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 These submissions will not be published on the website or elsewhere.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.

The revised Professional Capabilities are structured clearly and reflect many important updates in practice, however, RANZCR maintains reservations regarding the framing of these capabilities as "minimum registration requirements."

We note that while the document is presented as a statement of professional capabilities, the use of terms such as “minimum registration requirements” effectively gives it the character of a formal standard. Regardless of how it is titled, describing something as a minimum requirement carries the same weight and function as a standard. We encourage the Board to be clear and transparent about this.

We also believe the updated Professional Capabilities would benefit from stronger recognition of the distinct and complementary roles within the medical imaging team. Clarity around the boundaries of professional autonomy is critical to maintaining safe, collaborative, and team-based models of care — particularly where radiologists have legal, clinical, and diagnostic responsibility for imaging services.

NB. RANZCR’s comments are specific to radiologists; however, we recognise that in certain contexts, the term “radiologist” could be interchangeable with another medical practitioner.

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

Yes. The section on communication of urgent or unexpected findings requires clarification. As outlined in our previous submission (September 2019), the appropriate escalation pathway must always prioritise consultation with the clinical radiologist. The language in the draft remains ambiguous, using phrases such as "may include" or "in some cases"—terms which dilute responsibility and risk misinterpretation.

We strongly recommend including explicit language to reflect that:

- The clinical radiologist is the appropriate first point of contact.
- Medical Radiation Practitioners should only communicate urgent findings to referrers when a radiologist is genuinely unavailable.
- The formal report remains the gold standard of communication.

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.

The wording of this question is somewhat guiding and holds a relatively narrow focus, which could limit the breadth of genuine stakeholder input

One area that warrants greater clarity is the responsibility for communicating findings in both the regular imaging setting and when communicating urgent and unexpected findings. The current language could be interpreted in ways that shift this responsibility without appropriate safeguards. It is essential that any communication of findings occurs within clearly defined clinical pathways that prioritise escalation to the radiologist wherever possible. Without this, there is a risk of inconsistency in how findings are managed, which may lead to confusion, delays in appropriate care, or miscommunication between health professionals, these risks may affect any patient in any setting.

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.

As noted in our response to Question 3, the lack of clarity around responsibilities for communication of findings has the potential to introduce risks to patient care.

That said, we support the inclusion of capabilities relating to cultural safety and recognise their importance in improving healthcare experiences and outcomes for Aboriginal and Torres Strait Islander Peoples. The emphasis on cultural competence, culturally safe practice, and respectful communication is appropriate and welcomed.

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

Yes. The current draft places medical radiation practitioners at risk of being expected—or pressured—to act beyond their scope of training. Without clear parameters, the inclusion of certain interpretive or decision-making capabilities may expose practitioners to medico-legal liability and workplace conflicts.

The Professional Capabilities should reinforce the importance of clearly defined responsibilities within the imaging team to ensure safe, consistent patient care. Practitioners must be supported to work within their scope and training, with structured pathways for collaboration and decision-making. In diagnostic imaging, this should reflect the central role of the radiologist, who carries ultimate responsibility for interpretation and clinical direction.

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

Yes. As noted in our previous submissions, we encourage the Board to ensure that the Professional Capabilities are not interpreted as expanding scope of practice outside appropriate regulatory processes. Clarity on this point will help avoid misalignment with other frameworks and ensure the document remains consistent with the Board's role under the National Law.

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 are supportive of efforts to reduce low value care and improve the appropriateness of imaging. This is a shared responsibility across the health system and an important step toward delivering high-quality, sustainable care. However, low value care can be addressed in many ways and should not be viewed through a narrow lens. One effective strategy is the implementation of Clinical Decision Support (CDS) tools at the point of referral. These tools assist referring practitioners in selecting the most appropriate imaging test based on clinical indication and have been shown to reduce unnecessary imaging and improve patient outcomes.

a. Is there any content that needs to be changed, removed or added to the Low Value Care statement?
The statement would benefit from greater clarity around how concerns about imaging referrals should be managed in practice. If a medical radiation practitioner has concerns about the appropriateness of a referral, there should be a clear expectation that these are escalated to the radiologist. Medical Radiation Practitioners and other non-medical imaging staff do not have the clinical training or legal authority (as per Health Insurance Act) to override or decline a referral made by a medical practitioner.

In addition, we note that Section 16B(7) of the Health Insurance Act 1973 defines a diagnostic imaging request as a referral from one medical practitioner to another. The Statement should be reviewed to ensure it does not unintentionally conflict with this statutory definition or imply a role for medical radiation practitioners that sits outside the existing legislative framework.

b. Are there any potential negative or unintended effects that might arise?
Yes. Without clear guidance on appropriate escalation and the limits of clinical responsibility, there is a risk that medical radiation practitioners may feel unsure of their role or act outside their intended scope. This could lead to variation in practice, delayed care, or unnecessary professional and legal risk for individual practitioners.

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?

No feedback

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

Yes. We appreciate the work involved in updating the Professional Capabilities, however, we remain concerned that the document is being positioned in a way that goes beyond its intended purpose. Referring to the capabilities as “minimum registration requirements” effectively reframes them as enforceable standards. This approach risks misrepresenting the role of the document. Regardless of terminology, this language conveys regulatory authority and may lead to confusion about what is required versus what is aspirational. We encourage the Board to more clearly articulate the intended function of the document and ensure it aligns with the broader regulatory framework.

We also found that the consultation format limited the opportunity to provide holistic or system-level feedback. The highly structured nature of the questions made it difficult to address issues that cut across sections — including role clarity, clinical governance, and legal consistency. In future consultations, we encourage the Board to include space for open-ended responses that allow for more nuanced and constructive input.