

Stakeholder Details and Background details

CONFLICT OF INTEREST DECLARATION

I am Dr Sue Flanagan, and I am a medical practitioner who manages anaphylaxis in a radiology setting. I teach anaphylaxis management as a dedicated course and have done so since 2012. I am the clinical director of Simplicity Medical Training Pty Ltd, a provider of online, self-paced anaphylaxis training courses. Simplicity Medical Training has a course designed for the target audience of medical radiation practitioners (MRPs).

MY CLINICAL BACKGROUND

- I have performed cardiac stress testing from 1984 and continue today.
- From 1984 until 2012 I owned and was the medical director of a privately owned cardiac testing service.
- In 2002 I commissioned my own private hospital which I both operated and was the medical director of until 2012.
- Both of these positions gave me a strong understanding of regulatory requirements in medicine.
- I have worked in a radiology practice since 2012 performing cardiac stress testing for sestamibis. Due to my background in managing medical emergencies, I have been actively involved in the management of anaphylaxis within the radiology setting whenever I have been present.

MY MEDICAL TEACHING BACKGROUND

- I have taught basic CPR to doctors both specialists and general practitioners as well as allied health professionals since 1984.
- Since 2012, when I joined a radiology practice, I have taught anaphylaxis management as a dedicated course at the request of the radiologists of the practice.
- I have also taught anaphylaxis management to the MRPs of the practice, both in a formal tuition setting but also throughout the episodes of anaphylaxis as they have occurred, where the MRPs have assisted as support staff since 2012
- As well as teaching in person courses, I commenced teaching anaphylaxis diagnosis and management online through Simplicity Medical Training in November 2024.

SIMPLICITY MEDICAL TRAINING

- Provides self-paced online anaphylaxis management courses for a range of healthcare professionals.
- Realising the value of teaching each staff member not only the general principles of diagnosis and management of anaphylaxis, but also specific details that are relevant to their particular role, I offer my anaphylaxis education programme through a number of different courses with my support staff course being the one that is relevant to MRPs and this submission.
- I have actively sought the input and feedback of MRPs when constructing my dedicated support staff course.

- Common feedback that we have received is that MRPs want to know, and appreciate knowing, the processes behind anaphylaxis and the principles of management, even though they won't be the ones ultimately responsible for the management. It is my stance and experience that MRPs are capable of providing a considerable contribution to the effective management of anaphylaxis, beyond simply following the instructions of the managing physician. When it comes to anaphylaxis training, they should be empowered to do this.

SCOPE OF COMMENTS

Our comments in this submission will be limited to the topic of the diagnosis and management of anaphylaxis for MRPs and the role that they play.

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
Simplicity Medical Training Pty Ltd www.simplicitymedicaltraining.com
Contact information
Please include the contact person's name, position and email address
Dr Sue Flanagan, Medical Director sue.flanagan@simplicitymt.com

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.
We have no comment for this question. We will only comment on anaphylaxis management as that is our area of expertise.
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.
Yes. Australian Commission on Safety and Quality in Healthcare Acute Anaphylaxis Clinical Care Standard The Australian Commission on Safety and Quality in Health Care (ACSQHC) has published the Acute Management of Anaphylaxis Clinical Care Standard in 2021 as a response to preventable deaths from anaphylaxis, such as in the case of Peta Hickey. ACSQHC only releases a clinical care standard for “key areas of care where the need for quality improvement is greatest,” and anaphylaxis is one of only 20 such standards. ACSQHC has documented that the goal of the clinical care standard is “to embed best practice for anaphylaxis care in all health settings, Australia-wide,” and “to improve the recognition of anaphylaxis, and the provision of appropriate treatment and follow-up care.” We believe that this clinical care standard should be referred to explicitly as a requirement for anaphylaxis management with regards to Domain 1.1.h and the relevant explanatory notes. The clinical care standard applies to “radiology and imaging services,” and considers allied health practitioners under their definition of clinician to whom the standard applies making it already applicable to MRPs. It is also worth noting that the clinical care standard considers “students who provide health care under supervision” as clinicians. Unlike CPR where there are educational standards such as HLTAID010 (which has been referred to in the professional capabilities), anaphylaxis education does not have consistent learning outcomes between education providers. By aligning with the clinical care standard, this gives both medical radiation practitioners (MRPs) and education providers a minimum level of competence to use as a baseline for training to ensure the provision of best practice care. The clinical care standard quality statements “support... clinicians to make decisions about appropriate care”. Additionally, the “standard aligns with key principles that are the foundation for achieving safe, high-quality care including: person-centred care and shared decision making; informed consent; cultural safety for Aboriginal and Torres Strait Islander peoples”. These objectives align with a number of key capabilities within the updated professional capabilities. The clinical care standard uses the ASCIA guideline for Acute Management of Anaphylaxis as the evidence underpinning the standard and so incorporates peak body guidance. ASCIA have acknowledged the clinical care standard in their Acute Management of Anaphylaxis guideline and stated that their guideline is consistent with the clinical care standard (Acute Management of Anaphylaxis (2024), Appendix B, ASCIA). ASCIA resources have been referenced in the updated professional capabilities and the clinical care standard will work in conjunction with this addition without causing contradictory requirements.

Similar to organisations like ASCIA and Australian Prescriber, ACSQHC have a number of resources and fact sheets that can support clinician awareness and understanding of anaphylaxis and the clinical care standard (<https://www.safetyandquality.gov.au/newsroom/media-and-communications-resources/media-professionals/our-campaigns/anaphylaxis-campaign>).

Based on our experience as an education provider, we have identified the ACSQHC clinical care standard as a resource that has limited awareness. Given the importance and need for improved anaphylaxis management and care, it is our belief that by listing this clinical care standard as a requirement for care, there will be a positive impact on patient safety in alignment with the aims of the updated professional capabilities. This will also have a beneficial impact on the quality of anaphylaxis training from education providers.

Level of Anaphylaxis Management Training

We have found that when it comes to anaphylaxis management training, many healthcare professionals, including MRPs, are not aware of the extent of their gaps in knowledge (they don't know what they don't know). One of the most common comments we receive as feedback is that healthcare professionals didn't realise how complex and subtle anaphylaxis can be. A potential concern with the current explanatory notes is that MRPs may interpret them to mean that the anaphylaxis management component of HLTAID010 is sufficient. HLTAID010 is a training for a general first aid level and is not sufficient for the role of healthcare professionals in a clinical setting. HLTAID010 does not teach to the clinical care standard or ASCIA guidelines and hence is not the appropriate level of training. Having a requirement for more comprehensive training and understanding is in line with the professional capability's objective of empowering MRPs to use their education and training to act with autonomy and to exercise clinical judgement.

In the context of a radiation practice, where there is an increased likelihood of encountering anaphylaxis, it is important for the safety of people requiring healthcare that MRPs, who typically act as the initial point of detection, can recognise anaphylaxis promptly, and this intention has been demonstrated by the proposed changes to the professional capabilities. Given that the mean time to death from anaphylaxis in a clinical setting is 5 minutes, MRPs need to have a stronger understanding than is offered by a first aid level of training.

We would like to change the explanatory notes to clarify the level of anaphylaxis management training required and we believe that the ASCIA guideline should be noted as the guideline that must be used to underpin anaphylaxis management and care. This will have the effect of improved consistency of training as education providers will be teaching to the same peak body guideline.

Our experience is that MRPs are not only capable of understanding the ASCIA guidelines but also find it beneficial to be aware of the processes behind anaphylaxis and the management methods, even if they are not the managing health professional. By understanding the management methods that may be employed, they find that anaphylaxis emergencies become less stressful and that they are able to better contribute to the management team. This has a positive impact to people requiring healthcare as well as to the MRPs themselves. We believe that this is a further reason to expect MRPs to have greater training than a general first aid level.

We believe that the updated professional capabilities should require MRPs to be trained in setting up equipment for advanced anaphylaxis management techniques that they may be required to assist with as a part of their supporting role, such as oxygen or IV fluids. Similarly, as MRPs will often be required to stock and maintain the emergency trollies, this should be a component of their training specified in the explanatory notes.

Currency of Anaphylaxis Management Training

The updated professional capabilities state that MRPs need to be trained and current in anaphylaxis management (Domain 1.1.h). There is no prescribed retraining frequency for anaphylaxis management that we can find for healthcare professionals. ASCIA have stated that they cannot provide a training frequency requirement, however they do say that every two years would be reasonable for schools and education. For schools, they also say to follow the requirements of regional legislation or guidelines; however, we have not been able to find such requirements for healthcare professionals. We believe it

would be a useful change to the updated professional capabilities to provide some guidance on the currency requirement of anaphylaxis management training in the explanatory notes. A consideration here is that, given the priority of the need for improvement from ACSQHC, and the higher level of training required, the training should be repeated more frequently than schools. Our recommendation would be that MRPs undergo training annually, or at least every two years, however consideration may be given to the shorter timeframe by the board depending on how severe it believes the training deficit to be.

Online Anaphylaxis Training Options

We support the reference to ASCIA for their resources and training as they are the peak body and a free provider of anaphylaxis management training.

The current way the ASCIA resources and training are referenced in the updated professional capabilities may limit the courses that are considered by MRPs, as it may be read that ASCIA has the only suitable online training. We would like to add a statement in the explanatory notes that there are alternate organisations to ASCIA that can provide suitable online training as well. This will give MRPs a wider range of options to consider allowing them to choose the most appropriate training for their individual needs and circumstance. In addition to reduced options for MRPs to consider, there may be a potential negative commercial impact to training providers if the updated professional capabilities imply that only the ASCIA course is suitable to meet the training requirement. The ASCIA Acute Management of Anaphylaxis guideline should still be considered the gold standard management; we would simply like to note that the ASCIA training is not the only online anaphylaxis management training based on the ASCIA guidelines that is available. We do not expect any of these other organisations to be to be explicitly named and we acknowledge that there may be conflict of interest considerations with this recommendation.

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.

Yes

Training Currency Requirement

We would like to note that we fully support the introduction of anaphylaxis management into the professional capabilities in Domain 1.1.h, but we have a concern related to the currency requirement. The currency requirement of MRPs anaphylaxis training seems to be undefined. As discussed above, ASCIA does not have recommendations for healthcare professionals that we have been able to find but they do for schools and education. For schools they state that regional guidelines or legislation should be followed for determining the frequency of training but also acknowledge that two years is a reasonable frequency.

The lack of defined frequency will have three potential negative effects on people requiring healthcare.

The first potential negative effect is that MRPs may consider themselves to be current with their anaphylaxis management training when the updated professional capabilities are implemented, as this is at their discretion. This may mean that some MRPs do not conduct re-training in anaphylaxis management to become current. If this occurs, then the efficacy of this addition to the professional capabilities will not have the full intended effect, and thus, may pose a risk to people requiring healthcare.

The second potential negative effect is that this addition to the professional capabilities may cause MRPs to update their training in anaphylaxis management to meet the currency requirement, but then not undergo re-training to maintain currency. In this instance, the updated professional capabilities will have the intended effect initially, but not maintain it, which may pose a risk to people requiring healthcare.

The third potential negative effect is that if a requirement for periodic training is set for two years, then a percentage of MRPs may wait until the two-year mark to do this training and the desired upskilling will be delayed for two years.

Our recommendations are that:

1. An annual retraining requirement is added to the professional capabilities to clearly define what is necessary to maintain currency in training.
2. In the alternative of a two-year period being set, currency should be required from the time the updated professional capabilities are put into effect to avoid a potential delay in completing training.
3. An initial shorter grace period may be considered for MRPs to become current if they are not current when the updated professional capabilities take effect.
4. If this is considered outside the scope of the professional capabilities, we would like to strongly recommend that it is addressed by a different avenue, such as through MRPBA CPD requirements.

5. 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.

No

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

No

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

Clinical Care Standard

If incorporated, the Australian Commission on Safety and Quality in Health Care Acute Anaphylaxis Clinical Care Standard would potentially have regulatory impacts. By making it a requirement that MRPs manage anaphylaxis to this clinical care standard, they will be assisting their health service organisation in meeting the requirements of the National Safety and Quality Health Service Standards (Acute Anaphylaxis Clinical Care Standard Appendix D).

8. 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?
a. No b. No
9. 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? We believe that it should be enough time for MRPs to make themselves current in anaphylaxis management, however as outlined in our response to Question 3, a short grace period, such as six months, may be considered to give MRPs more time to meet this requirement. We believe that this is also sufficient time for education providers to update their training if required. With regards to employers and anaphylaxis,, they are already under the requirement to meet the ASCQSHC Acute Clinical care Standard and have been so since 2021 when it was instituted.
10. Do you have any other feedback on the updated <i>Professional capabilities</i>?
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