

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 Care
Contact information
Please include the contact person's name, position and email address
Delia Taite
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 These submissions will not be published on the website or elsewhere.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.
The document addresses some elements of modern medical radiation practice, but many proposed changes far exceed what is reasonable for both new and experienced professionals. It fails to outline essential requirements for safe practice and should not be adopted. It does not appropriately define the skills required of new graduates. New graduates should focus on applying theory, learning from others, and developing crucial imaging and patient care skills, rather than introducing the skills of education, assessment or leadership. The insistence on teaching and assessing every single capability within the undergraduate curriculum, even with program extension, is impractical, inappropriate and unnecessary. In addition, the draft's 'minimum' capabilities exceed those required of experienced professionals. The 'impact analysis' does not adequately consider the effects on students, current MI professionals, and educators, making the potential risks of implementing these changes far greater than any perceived benefits.
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.
There should be removal of multiple proposed changes in the graduate capabilities. Capabilities with any mention of the requirement that a new graduate possesses any theoretical or applied knowledge of how to educate (e.g. mentor, supervise, teach, provide feedback, assess) or lead (supervise, delegate, influence, lead) needs to be removed. This should not be a requirement of new graduates. It is unreasonable and extraneous to practice to include these items in an undergraduate degree that isn't directly related to education or leadership. Graduates have ample opportunity to undergo further professional development (should they wish to) in these areas once they have gained sufficient experience to be what they were trained to be – a health care professional that provides medical imaging services and appropriate patient care. No additional requirements should be imposed beyond this. I am also deeply concerned about some of the terminology used throughout, especially related to health & data systems, scheduled medicines, and the expectations around the explanation of risk. This needs to be articulated in a way which relates specifically to what a new graduate should be reasonably be expected to know, which is the effect of contrast agents, or risks of the imaging technology utilised.
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. Students should receive sufficient exposure to develop the skills necessary for delivering appropriate patient care as medical imaging professionals. However, expecting new graduates to take on teaching or leadership roles before gaining sufficient experience and knowledge in their field is unreasonable. Assigning responsibilities such as supervision, mentorship, resource allocation, or leadership too early may pose risks to graduates, mentees and the patients they serve. These roles should only be undertaken once graduates have acquired adequate clinical experience and feel confident in their abilities. At that point, they can pursue additional training if they choose to expand their expertise in these areas. The same reasoning applies to new graduates having a knowledge of, or assuming leadership roles.

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 above, the expectation that new graduates should supervise or lead in any capacity may have a detrimental effect on patients, including Aboriginal or Torres Strait Island patients.

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 revised capabilities statement will negatively affect current and future students, practitioners, and educators. I genuinely doubt that those responsible for drafting these new recommendations for graduate capabilities have fully considered the potential harm to the profession. The proposed changes are excessive and unreasonable.

I feel that this implementation of these proposed capabilities will have impacts as summarised as below.

- **Current students**
 - Current students are experiencing significant anxiety due to potential course duration extension.
 - Life decisions based on anticipated graduation timelines are being affected.
 - Concerns about increased financial burdens on students and their families.
 - Frustration over professional practice expectations extending beyond proficient radiographer standards.
 - Many students do not see the relevance of incorporating leadership and educational skills into the curriculum.
 - Upset over the prospect of mandatory role expansion beyond being an effective radiographer.
 - Extension of the course and inclusion of irrelevant content adversely affect motivation and engagement.
 - Resentment towards paying extra HECS fees for additional curriculum content.
- **Future students**
 - Likely extension of the undergraduate degree could deter prospective students from enrolling.
 - Extra time spent without earning a graduate salary impacts part-time work and living arrangements.
 - Increased HECS debt is a significant deterrent.
 - Longer study duration may lead genuinely interested students to explore other courses.
 - Requirement to exhibit advanced professional skills upon graduation may further deter prospective students.
 - MRPBA's intention to promote leadership skills could lead potential future leaders to pursue alternative career paths.
- **Current practitioners**
 - The draft capabilities document exceeds expectations for both graduates and experienced professionals.

○ Mandating leadership and educational responsibilities for all MR practitioners is inappropriate. ○ Practitioners excelling in imaging and patient care should not be deemed inadequate by MRPBA standards. ○ Medical imaging professionals should not be expected to possess a knowledge of educational theory or application. ○ Despite the MRPBA claims to the contrary, aligning current MRPs with the draft capabilities will require significant effort and cost. ○ Many MRPs may not engage with the document, unaware that "graduate capabilities" also apply to them. ○ Current MRPs may lack the proposed knowledge and skills, which will be seen as irrelevant to their practice, leading to resentment and dissatisfaction. ○ The situation could result in non-compliance or professionals leaving the field. ○ Domain 6 is not fit for purpose, and Domain 3 and 4 should be significantly rewritten. ● Clinical supervisors: ○ Unreasonable increase in assessment requirements for students. ○ Difficulty in assessing students' abilities to teach and lead improvements, as the capabilities are articulated. ○ Risk of reluctance among MR practitioners to take on supervisory roles, given the additional burden of assessing teaching and leadership skills. ● Educators: ○ Already full curriculum forced to include content irrelevant to the skills required by medical imaging graduates. ○ Belief that new graduates should not be expected to mentor, supervise, delegate, promote health literacy, lead improvements, address climate change impacts, or facilitate health system enhancements. This could lead to discontent in the educational community and potentially cause people to leave their roles in education. ○ Dissatisfaction with the MRPBA in regards to a realistic approach and expectation to undergraduate medical imaging education.	6. Are there any other potential regulatory impacts the MRPBA should consider? If yes, please provide details.
There should be consideration about the implications of using phrases or words such as 'physical and mental health' or confidence. This may have unexpected outcomes or impose restrictions on some members of our workforce.	
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 is entirely unreasonable to expect all current medical imaging practitioners to align with the proposed capabilities within just six months. Such a rapid transition disregards the complexities of professional development and the time required for practitioners to adapt to new standards. Many experienced professionals may struggle, and resist in meeting these expectations, not due to a lack of competence, but because the proposed capabilities extend beyond the essential requirements for safe and effective practice. Imposing this timeline risks widespread dissatisfaction, resistance, and potential attrition within the workforce.

Similarly, universities cannot realistically overhaul their curricula to integrate these excessive expectations within such a short timeframe. Curriculum development is a meticulous process that requires extensive planning, consultation, and resource allocation. Expanding programs to accommodate these changes would take years, not months, and would necessitate significant adjustments to course structures, faculty training, and accreditation requirements. The expectation that institutions can swiftly implement these modifications is impractical and fails to acknowledge the logistical challenges involved.

Beyond the logistical concerns, the proposed changes could have unintended consequences for students and educators. Extending degree programs would place additional financial burdens on students, delaying their entry into the workforce and increasing their HECS debt. Universities would also face challenges in securing the necessary faculty expertise and clinical placements to support the expanded curriculum. These disruptions could deter prospective students from pursuing medical imaging careers, ultimately affecting the sustainability of the profession.

In summary, the proposed timeline for implementation is unrealistic and unworkable. The profession requires thoughtful, well-paced changes that allow practitioners, educators, and students to adapt without undue pressure. A more measured approach is necessary to ensure that any updates to graduate capabilities support the long-term success of medical imaging professionals rather than creating unnecessary barriers.

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