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 names
Queensland Health Medical Imaging (Radiography) Clinical Educators from: Metro North Hospital and Health Service Metro South Hospital and Health Service Childrens Health Queensland Cairns and Hinterland Hospital and Health Service Townsville Hospital and Health Service
Contact information Please include the contact person's name, position and email address
Katrina O'Keefe Radiographer Advanced Clinical Educator

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 These submissions will not be published on the website or elsewhere.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

No. Some areas need clarification:

Domain 1.1.b & f. "Continually assess the patient's capacity to receive care, including factors or conditions that may affect the patient's behaviour and/or capacity to provide informed consent and undergo the procedure, and **triage patients** when needed."

"…triage patients according to their clinical presentation."

Triaging of patients is not clear in this statement. In our opinion, this should refer to triaging of imaging/treatment order or priority using information handed over from referrers, rather than MRPs making clinical decisions about which patients are in more serious or urgent condition. In the case that the patients are showing signs of deterioration, that would be considered differently.

Domain 1.9. – Apply knowledge of safe and effective use of medicines.

This is a very broad description and may need more specific information split into the different profession specific domains to be more effective and suitably applied. Example, management of contrast medium in radiography is very different to management of pharmaceuticals in Nuc Med.

The domains also need to allow for expanded scope for radiographers where they have undergone appropriate additional training and credentialing.

Further clarification is needed on applying knowledge of the safe and effective use of various types of medicines, to enable educators to effectively support staff education and understanding in this area.

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

Yes.

Domain 1.10 Perform CT Imaging. – MOVE to same section as MRI/US/Mammo/Angio

Though CT imaging is common to all MRS professions, it is not routine practice for all practitioners. For example, there are radiographers who completed their studies prior to the introduction of the MRPBA capabilities and their roles do not include CT practice now. This domain should be moved to the section containing MRI, Ultrasound etc. so that it can be applied to relevant practitioners and not all by default. Keeping it in the main body of the domain would mean that all existing radiographers and other practitioners would need to be unnecessarily upskilled to be able to perform CT to the appropriate standard when it is not their usual role or required by their employer. There are also facilities that don't have CT at all (rural/remote settings), and this requirement would prove challenging/disadvantageous. Keeping CT in Domain 1.10 would require universities to spend more time focussing on CT rather than routine radiography and fluoroscopy. 'On the job' training in CT is usually still required for upskilling radiographers in local departmental CT procedures and requirements, so it is not a beneficial use of undergraduate training time beyond what is currently included in courses.

Domain 1 – MRI/ Ultrasound/ Mammographic Imaging – Add the following points:

Add to the opening statement: These modalities may require further training or qualifications and may not be a baseline skill for practice.

Page 28-29 – Key capability 3 - Mammography

Add point: Have understanding/knowledge to assist in image-based guidance for mammographic procedures including hookwires and biopsies etc.

Domain 1A.1.e: Suggested revision: “Perform image post-processing techniques, while understanding and adhering to legal requirements for physical/lead marker use where relevant.

Domain 2.4: Professional and Ethical Practitioner:
Add point: Recognise Health Practitioner’s responsibility in Child protection and surrounding identification and reporting of child abuse.

Domain 3.1.a “Engage in culturally appropriate, safe, empathetic, and sensitive communication that facilitates trust and the building of respectful relationships with

• Aboriginal and Torres Strait Islander Peoples and

• people from culturally and linguistically diverse backgrounds”

Our feedback is that the opening sentence could be amended to read, “Engage in culturally appropriate, safe, empathetic, and sensitive communication that facilitates trust and the building of respectful relationships with ***all patients, particularly****:…”*

This change recognises that the same respect and courtesy should be shown to all patients regardless of race, religion, background etc. but acknowledges that MRPs need to be particularly mindful of other cultures and backgrounds that they may be less familiar with.

Domain 4.3. Remove points b and e, with the rationale that these two statements are more aligned with experienced/advanced clinical educator skill set and not applicable to minimum capabilities of MRPs.

Point a: add a statement around escalation of learning needs with relevant senior or clinical educator of that area.

Point d: add statement about escalation to relevant senior or clinical educator of that area.

Domain 4.4. “Engage in peer development and mentorship”.

This requirement places a burden on universities to engage undergraduate students in mentoring relationships. We think a note to state “relevant to level of experience” or “understanding of the principles of” would help clarify the level of learning required. So far, we have seen a reduction in clinical placement in order to meet this capability, which could have flow on effects for students meeting clinical capability by the end of the degree.

Domain 6.1.d “Apply the principles of interprofessional practice to support patient centred care.”

Please provide an explanatory note about what the principles of interprofessional practice are. This is not clear.

Domain 6.2.c “Understand and lead efforts to address the health impacts of climate change.”

Suggest re-wording this statement. This should not be a minimum capability requirement of every MRP. This is a broader, high level, responsibility of healthcare providers and businesses, not individual MRPs. Could change it to “Understand and contribute to efforts to address health impacts of climate change.”

Domain 6.3.d:
Add point: Recognise potential bullying and escalate via appropriate local channels.

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.

Maintaining new standards and upskilling MRPs to meet the capabilities may result in unintended consequences of longer wait times for access to care/imaging.

Emphasis on Aboriginal and Torres Strait Islander patients may lead to incorrect perception of inequality from other minority groups.

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.

No.

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

Yes.

For undergraduate students to meet some of the proposed capabilities by the time of registration, universities will either need to extend degree lengths or reduce clinical placement opportunity to be able to meet them. We have made suggestions in this response document for what we think could be removed/reduced to lessen the burden while maintaining an appropriate standard. From our perspective as clinical educators, it is becoming increasingly difficult for students to reach the minimum skill level while on placement due to decreases in placement times that have already occurred. Further reduction could exacerbate a skills shortage in newly qualified radiographers, which adversely affects MRPs, patients and health services that are required to upskill all new staff.

Some of the new capabilities may also make it challenging for overseas MRPs to meet Australian registration standards, which may impact our workforce by preventing emigration to Australia.

Domain 1.h. "All registered medical radiation practitioners must be trained and current in basic life support techniques that includes cardiopulmonary resuscitation (CPR), using automatic external defibrillator (AED) and management of anaphylaxis."

Though we agree with this statement in principle, we have concerns around it being written as a minimum standard of practice. For example, in some workplaces, it is difficult to remain current without even a small period of training lapse. Our concern is that if a practitioner falls even 1 day out of date with their CPR training, that they could be reported to AHPRA/MRPBA for not meeting minimum capabilities. If this is the intended seriousness of this statement, then it should stay as it is drafted.

There could also be unintended medico-legal effects for MRPs administering adrenaline etc in emergencies. Insurance and scope documentation needs to be further clarified before introduction of this capability.

Domain 1.9.e. There could be medico-legal effects/risks for MRPs administering adrenaline etc in emergencies. Insurance and scope documentation needs to be further clarified before introduction of this capability. MRPs are not included in the drugs and poisons act.

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

Yes.

Domain 1.9 – Apply knowledge of safe and effective use of medicines. This is a very broad description, and may need to be limited to medicines in the use of medical imaging examinations?

Further clarification is needed on applying knowledge of the safe and effective use of various types of medicines, to enable educators to effectively support staff education and understanding in this area.

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?

A)

Dot point two in the Executive Summary should be revised to state: 'unnecessary health services, which may include diagnostic imaging.' Diagnostic imaging is often essential, particularly in trauma settings, and the current statement is overly broad and lacks sufficient context.

Under ethical decision making (page 2), any determination that an examination constitutes 'low-value care' should be made collaboratively between the MRP and a radiologist (or other medical personnel) where no radiologist is available) and documented in the patient's medical record. Radiographers have the ability to highlight evidence/best-practice but are not placed to refuse scans/imaging on behalf of the patient.

B)

The low-value care statement, being reliant on the individual interpretation, skills, and experience of MRPs, introduces a risk that MRPs may independently make decisions to reduce imaging, potentially resulting in delayed or denied care in clinically urgent or necessary situations, particularly in locations without on-site radiologist support. For example, a newly graduated MRP working in a regional setting without access to a clear, evidence-based decision-making framework may face challenges in safely applying the statement. Larger organisations would need to develop and implement formal policies to support the consistent and safe application of the low-value care statement.

Overall, the absence of reference to consultations with radiologists should be addressed and incorporated into the low-value care document.

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.

The proposed changes to deteriorating patients and administration of medications will be a large body of work. This would take a minimum of a year post notification of the exact changes required.

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

It's currently unclear from the document whether onus for maintaining these capabilities rests with employers or individuals in some instances.