Public Consultation Response: Professional Capabilities for Medical Radiation Practitioners

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Organisation

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Background

I am a Diagnostic Radiographer with 20 years of experience in the healthcare sector. My current role is as an organisational coach (leadership coach) and facilitator in supporting healthcare leaders and professionals, primarily within the Victorian Health System.

My career in radiography is working in Public and Private Radiography and working as a CT Educator and Trainer for an equipment manufacturer and within the university system.

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1. Is the content of the updated Professional Capabilities clear and reflective of autonomous and contemporary medical radiation practice?

Yes, particularly with the inclusion of the new Leadership domain, the capabilities better reflect the complexities of Medical Radiation practice and what is needed to serve the workforce today and also into the future. Whether this is now in this capability framework or in the future, it could be further enhanced by making the leadership development arc more explicit. Eg. By integrating the leadership language and expectations across all domains — not just reserving it for Domain 6.

I do appreciate the significance of the move of CT from a being a specialised modality to a key capability of practice across all the domains of Medical Radiation Practice. I will comment in later questions around the opportunity this presents.

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2. Is there any content that needs to be changed, removed, or added in the updated Professional Capabilities?

The inclusion of a dedicated and well-developed Leadership domain is an important and commendable advancement. It signals the profession's evolving maturity and recognises that leadership is a shared professional responsibility (even across the student cohort) and not just a managerial function.

That said, there are opportunities to deepen its impact:

- Introduce a developmental lens. Leadership development is not one-size-fits-all. Many professionals begin to explore their leadership identity around 10–15 years into practice.

The domain could be strengthened by explicitly recognising the evolving nature of leadership capability over the career lifecycle.

- Emphasise leadership as identity work. The current capabilities speak well to action and accountability. To stretch the profession further, consider anchoring these capabilities in professional identity formation — helping practitioners reflect on *who they are* as leaders, not just *what they do*. This has further impact when we reflect on where we want the profession to be in Australia in 10-15 years' time. We will progress our profession in not just the work that needs to be done outside of Medical Radiation Practice, but how we collaborate across the various professional, clinical and education entities.
- Make room for leadership practice through coaching and relational dynamics. While there is mention of communication and collaboration, there is room to further emphasise:
    - Coaching skills
    - Giving and receiving feedback
    - Enabling others to lead (this is mentioned in the FAQ document but could encompass both within and outside of the Medical Radiation practice team)

      These are vital leadership behaviours that promote cultural change and psychological safety in teams.
- Ensure integration across domains. As per my previous comment in question 1, Leadership should not sit only in one domain. Greater integration across the framework would reinforce that leadership is woven into every facet of practice.

Overall, this domain provides a strong platform. With a deeper emphasis on leadership as a mindset, identity, and collective practice, it could become a cornerstone of transformation in medical radiation practice.

In relation to 10. Perform CT imaging (in Domain 1), there is the potential to add 1 more component to this professional capability.

My suggestion is 'Demonstrate a deeper understanding of CT Concepts that can translate to better decision making (by the Medical Radiation Practitioner) and improving patient outcomes'.

Whilst I recognise that the above could be encompassed in 'Apply appropriate imaging parameters for the patient presentation' and 'Perform and evaluate contrast and non-contrast CT examinations of the body and, where appropriate, modify them to consider patient presentation and clinical indications', these two statement don't encompass the inter-relationship between key CT parameters and CT concepts and their relationship back to better decision making by the Medical Radiation Practitioner and improving patient outcomes by ensuring the CT examination meets the clinical question being asked in their imaging journey.

In CT being common across all the domains of Medical Radiation Practice, it is even more important in my opinion that a deeper understanding of CT concepts and their inter-relationship are embedded within the workforce, to ensure that the minimum capability demonstrated across the streams and across Australia are meeting the expectations of our patients. CT will continue to be worked on by

the Medical Radiation Practitioners as a specialised modality, and we need to leverage this strength and advanced practice that is provided (for the most common procedures such as body imaging for oncology) and how this flows down to enhance the minimum capabilities across the sector.

I would be happy to provide further detail of the above and what this looks like in practice if this is an area the board would like to explore further for the 'Perform CT Imaging' domain after the initial consultation.

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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?

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4. Would the updated Professional Capabilities result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples?

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5. Would the updated Professional Capabilities result in any potential negative or unintended effects for medical radiation practitioners?

Not inherently — in fact, the broader framing of leadership as everyone's responsibility is a cultural leap forward. That said, it may create discomfort or resistance if not accompanied by appropriate support structures, particularly outside of the university and student setting (where this will have the opportunity to be woven into the curriculum and as a key capability of Medical Radiation Practitioners). For example, practitioners may need access to coaching, mentoring, and leadership development programs to confidently enact these capabilities.

Without this, there's a risk the expectations are aspirational but unattainable — especially for those who have not previously seen themselves as "leaders." This reinforces the importance of investment in leadership development across career stages.

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6. Are there any other potential regulatory impacts the MRPBA should consider?

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7. The draft Low Value care Statement 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). Is there any content that needs to be changed, removed or added to the Low Value Care statement? Are there any potential negative or unintended affects that might arise?

The Low Value Care statement is a positive step. However, it could be enhanced by explicitly connecting low-value care avoidance with leadership behaviours — such as speaking up, advocating for patients, demonstrating value of Medical Radiation Practitioners opinion with a wider healthcare team with the patient at the centre and challenging outdated practices. Positioning these as capabilities of everyday leadership ensures practitioners feel both empowered and responsible to act.

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?

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

The updated Professional Capabilities provide a timely opportunity to reimagine what it means to be a practitioner. I encourage the Board to embrace this moment not only to update practice standards but to catalyse cultural change — by embedding leadership, professional identity, and systems thinking at the heart of what it means to be capable and a Medical Radiation Practitioner in 2025 and onwards.

Whilst I appreciate some of my feedback may fall outside the remit and role of the Board, the Board still plays an important influencer role for the profession and may be able to leverage existing key partnerships to bring these capabilities to life.

To support this, I propose the development of a national leadership capability framework for medical radiation practitioners, co-created with educators and health system leaders. This could guide both curriculum and professional development investment, ensuring sustained capability across the career spectrum. There are also existing allied health frameworks that could be leveraged to support this important work.

In Summary

The profession is ready to stretch. By framing capability as more than competence — and leadership as core practice — we not only create a more adaptive and collaborative workforce, but we enable them to lead our profession forward and progress the identity of what it means to be a Medical Radiation Practitioner.