



Response template for providing feedback to public consultation – draft revised professional capabilities for medical radiation practice

This response template is an optional way to provide your response to the public consultation paper for the **Draft revised professional capabilities for medical radiation practice**. Please provide your responses to any of the questions in the corresponding text boxes; you do not need to answer every question if you have no comment.

Making a submission

Please complete this response template and send to medicalradiationconsultation@ahpra.gov.au, using the subject line 'Feedback on draft revised professional capabilities for medical radiation practice'.

Submissions are due by midday on Friday 26 April 2019.

Stakeholder details

Please provide your details in the following table:

Name:	Kate Negus
Organisation Name:	Barwon Health, University Hospital Geelong

Your responses to the preliminary consultation questions

1. Does any content need to be added to any of the documents?
I think Domain 1 needs a section "1D" MRI Radiographer Many radiographers predominantly or only perform MRI so this needs to be a separate section, not an optional attachment to the diagnostic radiographer section
2. Does any content need to be amended or removed from any of the documents?

The optional MRI sections needs to be amended and included in a separate section.

3. Do the key capabilities sufficiently describe the threshold level of professional capability required to safely and competently practise as a medical radiation practitioner in a range of contexts and situations?

yes

4. Do the enabling components sufficiently describe the essential and measurable characteristics of threshold professional capability that are necessary for safe and competent practice?

No, in my opinion, the current wording of the optional MRI enabling components needs to be expanded to include all areas of MRI safety, specifically, the magnetic field, gradient field and RF field and how the MRI radiographer ensures patient, staff and visitor safety with respect to these aspects. MRI can be dangerous in the wrong hands and can cause death to people with certain implants. The safety wording should include how the MRI radiographer deals with patients with active and passive metal implants.

5. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?

Yes

no

6. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the National Board should be aware of, if these capabilities are adopted?

The MRI capabilities mention alignment with the New Zealand model. In New Zealand, one must have a post graduate degree to practise MRI. In Australia, no such requirement exists. Indeed, there is no recognised formal training required to practise MRI in Australia. While many MRI radiographers have post graduate qualifications, many do not. Introducing mandatory post graduate qualifications may have the effect of improving the education of those working in MRI. However, it is also very costly and may lead to staff shortages due to cost to implement.

7. Are there implementation issues the National Board should be aware of?

no

8. Do you have any other general feedback or comments on the proposed draft revised professional capabilities?

I'm not sure which MRI stakeholders were consulted for this draft. The ANZ SMRT (Austrian and New Zealand Society for MR Radiographers and technologists) has not been consulted. It is the main provider of MRI education in Australia. I'm assuming ASMIRT has been consulted, ASMIRT provides a very small amount of MRI education and has an MRI accreditation system which I do not believe is adequate, and I know it is not valued by the MRI community.