Medical Radiation Practice Board of Australia

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:	Belinda Mulholland (President)
Organisation Name:	New South Wales Society of Nuclear Medicine Scientists: The NSWSNMS has 195 members predominately in the Sydney Metropolitan area.

Your responses to the preliminary consultation questions

1. Does any content need to be added to any of the documents?

Domain 1B: Nuclear Medicine Technologist
Key Capabilities: 2-Perform Diagnostic Imaging
Other capabilities that should be added to this section as further points are:

- ***"Perform quality control on the imaging equipment, both gamma camera and CT components and assess for suitability for patient/client use."***
- ***"Perform a BMD (Bone Mineral Densitometry) Dexa scan where these are performed, including positioning the patient/client for the best diagnostic outcome."***

2. Does any content need to be amended or removed from any of the documents?

See the following suggested amendments to Domain 1B.

Domain 1B: Nuclear Medicine Technologist

Key Capabilities: 2 – Perform Diagnostic Imaging

a. "*Use standard nuclear medicine planar projections appropriate for the patient's/client's body area being examined*."
We feel the words ***planar projections*** are outdated and should be replaced with the current terminology ***imaging procedures***.

c. "*Perform SPECT/CT and PET/CT studies, including positioning the patient/client for the best diagnostic outcome.*"
Most Nuclear Medicine Departments whether they are in public hospitals or private practices will have at least one gamma camera that has the SPECT/CT capability. There are however only about 16 PET/CT centres in NSW, thus it is not possible for all NSW registered technologists to have the capability to ***"perform"*** this procedure as part of the registration. The wording of point c greatly disadvantages those technologists that do not currently work in a facility that contains a PET/CT or have access to a PET/CT. This includes those technologists that have not had any formal training in PET/CT due to this technology not being available whilst acquiring their qualifications.
Point c should be reworded to state – "*Perform SPECT/CT and **or** PET/CT studies **where these are performed**, including positioning the patient/client for the best diagnostic outcome."*

Key Capabilities: 3 – Perform nuclear medicine radioisotope examinations and therapies

Whilst all registered technologists are required to have training and gain practical competency in radioisotope therapies as part of their formal qualification. Not all nuclear medicine departments, especially private practices would perform therapies

as part of their services. Once again this disadvantages those NSW registered technologists that do no currently work in a practice that provides this service.

This key capability should be reworded to state – ***"Perform nuclear medicine radioisotope examinations and therapies when necessary."***

Key Capabilities: 5 – Perform computed tomography (CT) imaging

All of the enabling components for this section are exactly the same as the key capability 2 for Domain 1A: Diagnostic radiographer and yet their key capability is worded "*Perform diagnostic computed tomography (CT) imaging."*

This key capability should clearly state whether it is for ***diagnostic or low dose CT.*** If it is for low dose CT then point e. referring to contrast should be removed as these are not performed in low dose CT examinations in nuclear medicine which are performed only for attenuation correction and localisation.

Not all nuclear medicine departments that have a diagnostic CT perform contrast CT examinations thus point e. should state *"Perform and evaluate* ***non-contrast and or contrast*** *CT examinations of the body* ***where these are performed*** *and, when appropriate, modify them to consider patient/client presentation and clinical indications."*

In reference to the statement below the enabling components sub-sections - *"Contrast CT examinations can be performed by nuclear medicine technologists who are qualified to do so."* This statement suggests that not all technologists are qualified to perform contrast CT examinations and thus contradicts with point e. which states that technologists must be capable to "***perform and evaluate contrast and non-contrast CT examinations of the body"***.

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?

Generally Yes, however please refer to suggested amendments in the previous questions.

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

Generally Yes, however please refer to suggested amendments in the previous questions.

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

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?

As there are only about 16 PET/CT centres in NSW, it is not possible for all NSW registered technologists to have the capability to ***"perform"*** this procedure as part of the registration. The wording of point c greatly disadvantages those technologists that do not currently work in a facility that contains a PET/CT or have access to a PET/CT.

If this capability is a requirement as part of our registration there are implications for the workforce that do not have access to this technology and preferentially have disadvantages to regional and rural areas.

7. Are there implementation issues the National Board should be aware of?
There is no clear statement of how it is proposed that technologists provide the evidence of these capabilities for general registration as a medical radiation practitioner. What evidence is required as proof to satisfy the registration board. Is this a matter of providing certification of formal training in the key capabilities or a letter from the Chief Technologist or Director of the Nuclear Medicine Department?
8. Do you have any other general feedback or comments on the proposed draft revised professional capabilities?
Consideration should be made into how often the professional capabilities should be reviewed due to changes in technology e.g. every 5 years.