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:	Sheryl Foster - Immediate Past President Kylie Walters – President Wendy Strugnell – Past President
Organisation Name:	Australia and New Zealand Chapter of the International Society for Magnetic Resonance Radiographers and Technologists (SMRT)

Your responses to the preliminary consultation questions

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

We do not believe so for the following reasons:
• Domain 1A outlines (quite briefly) only two Key Capabilities required by diagnostic radiographers in order to qualify for registration. This appears to be an unnecessary contraction in the description of the wide range of quite different diagnostic examinations performed by diagnostic radiographers and the concomitant skills required.
• The two Key Capabilities cover only diagnostic radiography examinations (in a range of settings) as well as CT imaging.
• There is merely a passing mention in Key Capability 1 of imaging examinations other than diagnostic radiography such as fluoroscopy, angiography and mammography. These examinations require additional skills and a broader knowledge base than has been acknowledged in this document.
• There is also only a brief mention of diagnostic examinations provided in a 'range of settings' such as :
  • Emergency departments
  • Operating theatre
  • Angiography suite
  • Mobile radiography
All four of these settings, whilst ostensibly just different parts of an imaging department where diagnostic examinations are performed, require quite different skill subsets. The professional capabilities of diagnostic radiographers covering all diagnostic examinations in this range of settings are not reflected in this document.
The lack of both descriptive breadth and depth in this section gives the impression of trivialising the professional capabilities of diagnostic radiographers, especially in comparison to those practitioners in the other two divisions, nuclear medicine technology and radiation therapy, the key capabilities of

both of these divisions numbering five compared to only two for diagnostic radiography.

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

We do not believe so for the following section:

- Domain 1 – Optional key capabilities and enabling components (evidence of this capability for general registration as a medical radiation practitioner)
  9. Perform magnetic resonance imaging

MRI is a specialist diagnostic imaging technique providing high resolution imaging in multiple planes and requiring a qualified radiologist for interpretation and reporting. Diagnostic radiographers and radiologists work closely together in the acquisition of appropriate images and the accurate reporting of these examinations for optimal patient outcomes. As one of a range of diagnostic imaging techniques, MR imaging is addressed in undergraduate diagnostic radiography programs. The physics of MRI as well as the instrumentation are very different to other imaging and medical radiation physics. Entry level diagnostic radiography practitioners have an opportunity for exposure to and basic training in the field of MRI, the equipment for which is almost universally overseen by radiologists in a diagnostic setting of either a hospital radiology department or private practice.

As such, it is a simplistic approach to include MRI in Domain 1 and subsequently to list enabling components common to all three divisions. We believe the characteristics of threshold professional capability necessary for safe and competent practice in MRI are not common across the three divisions but are necessarily the domain of the diagnostic radiography division for the reasons given above.

Further to these considerations, but perhaps more importantly, is the issue of patient and staff safety. The MRI environment is quite distinct from any other in which medical radiation services of any kind are offered. A culture of safe practice and safety screening for all is imperative. It is not too blunt to state that without appropriate safety training and an understanding of MRI physics, patients and staff may be in danger of injury or death even before an examination is undertaken. There are many reported cases of such injuries and deaths relating to poor safety practices by ill-trained or untrained staff with very little knowledge of the dangers posed by the MR environment, such as projectiles attracted to the main magnetic field striking patients or staff.

Other specific considerations relating to safety are the presence of implanted devices. Staff members with specific devices implanted who enter the magnet room may be adversely affected due to the device interacting with the main magnetic field. Patients with particular implants or devices who undergo a scan without being appropriately screened and specific scanning conditions met may be injured or killed. It is ultimately the responsibility of the radiologist to make the decision as to whether an MR examination may proceed safely but it is the work of the diagnostic radiographer in researching the type of device and determining whether any conditions are specified and whether they can be met that provides the basis for these decisions to be made.

These are not trivial issues and we believe that the many complexities around operating an MRI scanner diagnostically, safely and effectively, together with keeping patients and staff safe in the MRI environment, are most appropriately placed under the purview of the diagnostic radiography division and its strong and longstanding association with radiologists.

5. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?
In a healthcare setting where medical radiation services are accessed, it is appropriate for the person accessing these examinations to be referred to as a patient rather than a client. The term 'client' may be a suitable term for use in other healthcare settings, however it appears to be an unnecessary inclusion in this particular document.
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?
7. Are there implementation issues the National Board should be aware of?

8. Do you have any other general feedback or comments on the proposed draft revised professional capabilities?
We believe there is a strong argument for experienced MRI practitioners (as well as registered Ultrasound practitioners) to be known as specialist practitioners in their respective fields. There is a wealth of specialist technical knowledge relating to MR physics and parameter manipulation etc. (not specifically mentioned in this submission) that must be gained and practically implemented in order for a diagnostic radiographer to be able to perform at a high level in producing diagnostic images for many of the more complex MR examinations. In order to perform their roles to the highest levels and provide optimal patient examinations, many MRI practitioners have undertaken postgraduate studies in MRI. Our belief is that focused, high-quality education is critical in maintaining a well-trained and highly-competent professional workforce. The Australia and New Zealand Chapter of the International Society for Magnetic Resonance Radiographers and Technologists represents the largest group of MR radiographers in Australia and we would very much welcome any discourse from the Board with a view to furthering discussions around any aspects of the practice of MRI in Australia. We very much appreciate the opportunity to make this submission.