



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

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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](mailto: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:

<b>Name:</b>	Travis Pearson
<b>Organisation Name:</b>	

## Your responses to the preliminary consultation questions

<b>1. Does any content need to be added to any of the documents?</b>
<b>2. Does any content need to be amended or removed from any of the documents?</b>
Domain 1 capability 3 – Some modalities are equipment, some are modalities (maybe tidy up wording)
<b>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?</b>
<b>4. Do the enabling components sufficiently describe the essential and measurable characteristics of threshold professional capability that are necessary for safe and competent practice?</b>
It may be worth linking research back to the NHMRC for appropriate methods for undertaking research.

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

Domain 1 capability 5 a) consider “..capacity to provide informed consent and undergo the procedure”

Domain 1 capability 6) consider changing “immobilisation” to “position and stabilise” to avoid confusion over inappropriate use of restraint being supported.

Domain 1 B – capability 2 – include SPECT (separate to SPECT/CT)

**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?**

In relation to specific U/S, CT and MRI capabilities:

1. Is there thus an implication post graduate courses will now need accreditation?
2. Is there an implication Registered Practitioners who are not MRP’s will be required to meet these same capabilities for the same scope of practice. For example a Medical Officer, Nurse or Physiotherapist implementing ultrasound in their practice?

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

Could the MRI, CT and Ultrasound capabilities be placed in a common section of the capabilities, ie not separated out for each to save duplication of the same intention. Ie use the technology for their scope?

Note there are growing numbers of Practitioners from each Division who are expanding their scope across these common modalities. Not including them as generic may create real or perceived barriers to workforce capability development.

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

All capabilities must be available for Australian University training, overseas qualified practitioners seeking registration in Australia and experienced Practitioners already practicing so they can meet these needs. Specifically this is sociocultural (ATSI, ethics, research, consent capabilities)