



## 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>	Bachelor of Medical Radiation Science
<b>Organisation Name:</b>	University of South Australia

## Your responses to the preliminary consultation questions

1. Does any content need to be added to any of the documents?
<p>Pg8-12 Domain 1.1-Domain 1.9: add 'Expansion of Glossary of Terms'; APPLY KNOWLEDGE means the practitioner is expected to apply detailed knowledge in the practice setting.</p> <p>Pg9 Domain 1.3 – add 'Expansion of Glossary of Terms'; UNDERSTAND means the ability to apply a broad knowledge for safe practice, but may not be required to understand detailed knowledge, nor be required to have the knowledge to perform certain procedures.</p> <p>Pg16 Domain 1C.2.b - define the range of cancer sites and add other imaging modalities to this standard other than CT</p> <p>Pg16 Domain 1C.2.c - <b>evaluation</b> of MRI and PET images within a radiation therapy context is an important aspect that could be added to this standard</p> <p>Pg16 Domain 1C.3.c - the words '<b>Apply appropriate protocols</b>' added to the beginning of the standard for clarity. Would then read as follows:</p> <p style="padding-left: 40px;">Apply appropriate protocols to create clinically acceptable treatment plans.</p> <p>Pg16 Domain 1C.4.c – defining the range of techniques would add clarity to this statement</p>
2. Does any content need to be amended or removed from any of the documents?
<p>Pg7 Introduction: 'Medical radiation practice professional capabilities and practice in ultrasound' Is there a need for a similar statement relating to MRI and CT practice? It is understood that this document relates to general medical radiation science practice rather than specialised practice in each of these areas so a similar statement may be helpful to clarify.</p> <p>Pg9 Domain 1.3: Broaden the key capabilities statement: General understanding of the different methods of imaging and treatment ..”</p> <p style="padding-left: 40px;">Domain 1.3.a &amp; Domain 1.3.b – leave here</p> <p style="padding-left: 40px;">Domain 1.3.c &amp; Domain 1.3.d - should be removed (Radiation Therapy only)</p> <p style="padding-left: 40px;">Domain 1.3.e - should be removed (not entry level). Should this be in the Nuclear Medicine section?</p> <p style="padding-left: 40px;">Domain 1.3: Equipment – check wording (especially 'may' and 'must'). The general statement at the end covers all divisions of registration and therefore may be confusing. Currently the statement seems to be implying that all medical radiation practitioners understand all equipment for all divisions to a similar depth. It may be better considered under the individual division specific capabilities with a generic capability included in this standard but not to the depth implied in this statement. All divisions would then be expected to have a basic understanding of equipment with specialised knowledge in the individual division statements.</p> <p>Pg10 Domain 1.5.f – reword as currently it is not at a graduate level. The expectation is too high.</p>

Domain 1.6 remove entirely – this is part of Medical imaging technique (not a separate capability) and totally related and a double up of Domain1C.1 (RT)

Domain 1.7.b – amend “Apply quality criteria to assure image quality, evaluate medical images and identify \*IF\* any urgent and/or unexpected findings.”

Domain 1.7.d – amend; When is the end of the examination? Too open-ended nature of length of timing.

Pg11 Domain 1.7: ‘Taking appropriate and timely action ...’ – amend; change wording MRP should not refer to patient but to practitioner.

Pg11 Domain 1.7: ‘Taking appropriate and timely action ...’ – amend; ‘should be recorded’, tighten wording, to add ‘as per department protocol’.

Concern around conveying this information to the patient/client and their families. Is it meaning specific information or information of a more general nature?

Pg11 Domain 1.8: amend - What medicines? Be specific, ‘commonly used pharmaceuticals’ Does it mean anything used in the procedure? ‘In general use’ – in association with your division.

Pg11 Domain 1.8.d: amend - What medicines? See above

Pg12 Domain 1: ‘optional’ – clarity required. How optional? Could an explanation sit in an addendum?

Pg12 Domain 1.9: remove - *operate* and *perform* from all (ie 9 a), d), e) & f) These are not appropriate for entry level graduate practitioners and require specialised training/credentiaing

Pg12 Domain 1.10: remove - *operate* and *perform* from all (ie 10 a), d), e) & f) These are not appropriate for entry level graduate practitioners and require specialised training/credentiaing

Pg14 Key capabilities 2 and 3 might be better separated into perform diagnostic imaging and perform nuclear medicine radioisotope therapies. This will then allow for better clarity in the statements and though in practice it may not always be a separate procedure for clarity of explanation it may be of assistance to provide the separation. Currently some of the statements in 3 may be better placed or repeated in 2.

Pg21 Domain 3.1.h: amend - Informed consent NHMRC publication reference is out of date

Pg23 Domain 4: amend – ‘on going professional needs’; more clarity, is this about division of registration, or about division of practice? This should refer to the CPD document.

Pg23 Domain 4.2.a: amend – needs explanatory note and which CPD? Be specific (ie Dec 2015?)

**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?**

Pg16 Domain 1C.3 Perform treatment planning

This is a point of discussion as one (to date) large RT private provider is departing from rotation of staff through dosimetry. This may change the scope of practice for many RTs who will no longer be able to perform treatment planning and therefore not meet this capability. Perhaps this needs re-wording to *apply knowledge* instead of *perform*.

The draft statements are covering threshold capabilities as well as continuing registration. Covering both areas does make the document more complex. To allow for less complexity and not opening the documentation to interpretation as much, one document for threshold capabilities and another to address how the continuing registration will be gained. This second document could be a full statement or could be an addendum to this document but in either situation it would be clearly identified as requirements for continuing registration. Adopting this approach would allow for the optional capability sections relating to ultrasound and magnetic resonance imaging to be separated off and clearly identified as capabilities that require further or specialised study. Current location of these capabilities confuses the document and does not clearly identify these as specialisms within the division of registration rather than inclusions within the threshold capabilities.

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

**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?**

Pg8-9 Public consultation doc: 4. The Current Professional Capabilities include some duplication-dot point 5:  
“The revised professional capabilities clarify threshold requirements for MRI and U/S which are based on the requirements for MRI Technologists & sonographers in New Zealand respectively”

Why are we basing capabilities on New Zealand requirements, when we have our own professional bodies including ASMIRT and ASAR, who review, revise and redraft as required with adequate consultation within the Australian context?

**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?**

- Amend formatting for section 2 for ease of reading that within the capability statements including the Domain title/number at the top of each page would assist the reader.
- Amend formatting for section 2 so that for each Domain table: add a title/heading 'Expansion of Glossary of Terms', not in the column 'Enabling components' but across both columns. This would assist the reader.