



## 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>	Elderene Brostrom
<b>Organisation Name:</b>	The Townsville Cancer Centre, Radiation Therapy, Townsville Hospital and Health Service, Queensland Health

## 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>
Medical Radiation Practitioner is a broad term. Radiation Therapists utilise diagnostic equipment as part of their practice to verify and deliver targeted Radiation treatment. Diagnostic equipment includes Cone beam CT, kV imaging and CT Scanning for planning and in the not-to-distant future – MR. Protocols will differ to those utilised by our Diagnostic colleagues
<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>
<p>There are significant concerns regarding <b>Domain 1; Key capability 9</b> “Perform magnetic resonance imaging (MRI)” in view of the imminent implementation of the MR-linac (MRL) in multiple radiation oncology departments across Australia.</p> <p>Overall, the enabling components are focused on diagnostic imaging only, with limited suitability to the acquisition and image-guidance use of MR in the radiation therapy treatment setting.</p> <p>Specifically:</p> <ul style="list-style-type: none"><li>d. Current treatment image-guidance MR protocols within the MR are vendor-mandated</li><li>e. As MR protocols are mandated, modifications cannot be made, apart from selecting a different pre-set exam card</li><li>f. There will be no post-processing techniques performed by the RTs with the MRL</li></ul>

<b>5. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?</b>
As per Q4, current wording of <b>Domain 1; Key capability 9</b> is not appropriate for the MRL.
<b>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?</b>
<b>7. Are there implementation issues the National Board should be aware of?</b>
As previously mentioned, the imminent implementation of the MRL technology in Australia does not align with the suggested MR capabilities for radiation therapists; particularly as the use and application of MR-guidance will vary significantly to that of our diagnostic colleagues.
<b>8. Do you have any other general feedback or comments on the proposed draft revised professional capabilities?</b>

