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:	Nainaben Dhana
Organisation Name:	Austin Health

Your responses to the preliminary consultation questions

1. Does any content need to be added to any of the documents?
Domain 1. 9 and 10 . Perform MRI and US – is it possible to add : where relevant to practice. Also for RT's MRI imaging will be relevant for verification and treatment purposes rather than diagnosis. Will the Board recommend any accredited programs that need to be completed for those MRP's that will be specialised in these capabilities?

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

Wording as per above
 	
Domain 1 C – Radiation Therapist
 	
    3. In the enabling components
 	
        a. Treatment plans – can we include MR planning (this is an emerging area in RT)

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?
Yes they do. The addition of the Optional key capabilities and enabling components to Domain 1 encompasses the changes in the varying MR practices and is valued by myself as a long time professional.

4. Do the enabling components sufficiently describe the essential and measurable characteristics of threshold professional capability that are necessary for safe and competent practice?
The descriptors such as apply knowledge, use systems, perform tasks are all enablers that need to demonstrated and are measurable, highlighting being able to do rather than just have knowledge of.

5. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?
I believe that is more clarity in the language used.
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?
No
7. Are there implementation issues the National Board should be aware of?
Ensuring that the Education providers of accredited programs od study and those still undergoing accreditation have strategies in place to ensure that current enrolled students will demonstrate these capabilities when the capabilities are implemented. Providing education to MRP supervisors and practitioners to ensure consistency in evaluating the enablers in learners. MRP's need to ensure realistic expectations of students in programs of study and ensure that they understand that these are threshold capabilities to get started as a graduate practitioner and that new MRP's will be building on these skills through experiential learning. Basic Life Support training varies across organisation and meeting these capabilities may pose significant challenges to organisations or practices
8. Do you have any other general feedback or comments on the proposed draft revised professional capabilities?

Having attended the MRP conference in Sydney , the consultation workshop in Melbourne and the webinar I have felt the consultation process has been better advertised and more inclusive of the broader MRP community. A big thank you to the Board, all the MRPs and staff who have revised these capabilities.