



# **Draft revised professional capabilities for medical radiation practice**

## **ASUM response**

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# Draft revised professional capabilities for medical radiation practice

## ASUM Response

We welcome the opportunity for this consultation process to provide our submission with regards to professional capabilities for medical radiation practice. We intend to share some of our knowledge and insights regarding the professional practice as it relates to those performing ultrasound examinations for diagnostic purpose.

### 1. Background

The Australasian Society for Ultrasound in Medicine (ASUM) is the premier multidisciplinary society advancing the clinical practice of diagnostic medical ultrasound for the highest standards of patient care.

Diagnostic ultrasound is one of the most rapidly expanding branches of medicine. Technological developments permit higher resolution images to be obtained with smaller transducers and equipment. Software upgrades and the introduction of artificial intelligence to assist in diagnosis is evolving at a fast pace. As a result, ultrasound is now used to examine virtually every part of the body.

The primary role of ASUM is to assist in the dissemination of scientific information, to provide education and to set standards of practice in this continually developing specialty. ASUM has been involved in sonographer and sonologist training and education since the late 1970's and continues to ensure benchmarks are set and met for the highest standards of patient care.

Several of the royal colleges include diagnostic ultrasound in their own area of interest, but only ASUM provides regular education in diagnostic ultrasound across all disciplines. ASUM has over 3,500 members, 9 full-time staff, 6 part-time staff members and hundreds of member volunteer positions on various committees.

We would note that our comments relate to those performing ultrasound examinations only. We recognise that *sonographers* are not currently regulated under National Law and the capabilities relate to practice as a medical radiation practitioner. It is the intention of ASUM to provide feedback to the Medical Radiation Practice Board of Australia (MRPBA) as to ultrasound practice as we have witnessed in this setting and overall ensuring the highest standards of patient care in the context of the consultation paper.

## 2. Overall

The proposed changes as documented in this paper are welcomed and we commend the work that has been undertaken to update the capabilities with such a great deal of development in technology and practice. ASUM recognises the board have considered the practice of ultrasound as an additional skill that requires appropriate qualifications to ensure patient safety in the practice of this service.

Medical education and practice have both developed and ASUM supports the view that it is no longer acceptable to judge performance based on practical skills alone. While these skills are essential, it is important to consider ongoing development and life skills required for the best patient outcome.

ASUM has provided training for sonographers in both Australia and New Zealand for several decades. While we acknowledge the differing legislative requirements for these roles, we strongly support the alignment for practice, where possible, to ensure Trans-Tasman practice.

## 3. Requested feedback

### i. Information provided within the consultation paper

Information provided was adequate as to the background and purpose of the review process to ensure patient safety.

### ii. Fact sheet information

The nature of information for clinical supervisors and education providers is clear and concise, referencing the professional capabilities.

Threshold requirements for professional capabilities have been well documented.

## 4. Specific Questions

### i. Does any content need to be added to any of the documents?

#### Cultural Competence

ASUM supports the descriptions given for culture and competence. We acknowledge and support the need for awareness of cultural competence and health outcomes for the Aboriginal and Torres Strait Islander people as stated below.

Medical radiation practitioners in Australia require a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other determinants of health in Aboriginal and Torres Strait Islander communities.

There was some concern that the opportunity to highlight the need for cultural competence across 'all' cultures should be further highlighted or emphasised, rather than 'work effectively across various cultures'. We would hope that while those working in healthcare would adhere to this naturally, it could be stated as non-negotiable to ensure all patients receive the healthcare required with the sensitivity expected.

The Code of Conduct for Doctors (Medical Board of Australia, 2014) requires doctors to perform in a culturally safe and sensitive way (Section 3.7). Doctors are expected to be sensitive towards all cultural needs of different communities, including Aboriginal and Torres Strait Islander Australians, and those from culturally and linguistically diverse backgrounds. According to the Australian Human Rights Commission (Australian Human Rights Commission), the latter group is coming from more than 270 countries (or ancestries). Therefore, we recommend the cultural competence of radiologists to include safe and sensitive practice towards all communities. Additional trainings should be provided to help radiologists to understand the needs of all different people groups.

#### Capabilities relating to ultrasound

Threshold requirements for ultrasound have been strengthened to ensure patient safety. While ASUM supports this addition, we would also recommend the need for an appropriate qualification or accreditation with the Australian Sonographers Accreditation Registry (ASAR) to offer a comprehensive service in ultrasound. Define practice as a sonographer according to ASAR accreditation. This includes both the process of qualification via completion of an accredited course as approved by the Australian Sonographers Accreditation Registry (Australasian Sonographers Accreditation Registry, 2019) or accreditation via the ASAR 'grandfather' clause. For qualifications outside Australia, accreditation assessment is approved by the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) for ASAR accreditation.

The NZMRTB clearly state the need for an accredited qualification. Our recommendation would address those who offer an ad hoc service and may not be aware they do not meet the standard unless a standard is clearly set. We note reference to a 'suitably trained and qualified for competent practice' is stated but ASUM would be concerned that for a medical radiation practitioner who has covered basic ultrasound physics in their training may mistake this as 'appropriately qualified'. ASUM would refer to the Statement on the Practice of Ultrasound by Sonographers (Australasian Society for Ultrasound in Medicine, 2014) (New Zealand Medical Radiation Technologists Board, 2018).

Future potential inclusion of sonographers within the MRPBA domain structure may require a separate domain to define capabilities for the provision of comprehensive practice as a sonographer, rather than an extension of the core domains as a medical radiation practitioner to better align with current practice.

For medical radiation practice where ultrasound is not a core competency, but rather an extension of their service, a standard or level of competence be defined. An example of this may include those practitioners utilising ultrasound for vascular access. This may be a limited standard or qualification for those wanting to utilise ultrasound, but not work as a sonographer, such as a 'Certificate in Allied Health Performed Ultrasound' (CAHPU) in vascular access. This could be gained by those qualified in cannulation to further extend their practice safely to utilise ultrasound to assist in performing cannulation for CT and MRI. An important element of this is infection prevention and cleaning protocols to further support patient safety, but often missed as an 'ad hoc' service (refer to section 4i below) This would help clearly define the standard for this service. With the influx of small portable devices across all areas of practice, this will assist in defining minimum standards and limitations, without reducing service.

ASUM recommends a clear definition for the scope of practice and training required relevant to clinical expertise for areas of limited service.

While ASUM accepts that the current capabilities apply to those registered as medical radiation practitioners we would recommend future development of a domain that is specific to practice as a *sonographer*. This could then encompass those working primarily as a sonographer, but also for future planning where the background is from nursing or other health related group (though practicing as a sonographer in roles such as vascular and cardiac services) or those now invested in an undergraduate program to gain their qualification.

#### Domain 5: Radiation safety and risk

Section 2 of this clause addresses '*Infection control risk management*'. ASUM would recommend the inclusion of approved infection prevention requirements for ultrasound practice specifically. While we note the key capability for patient/client safety including managing the risk of infection, the use of infection prevention measures is specific to ultrasound particularly for transducer covers and reprocessing ultrasound probes. ASUM are aware of several practices that continue to use products for cleaning which are not TGA approved or appropriate e.g. Milton is still being used in some practices for cleaning transvaginal transducers where a high-level disinfection is recommended. ASUM would recommend adding the reference to ASUM and ACIPC '*Guidelines for reprocessing ultrasound transducers* (ASUM and ACIPC, 2017)' to;

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

No recommendations for amendment or removal of content.

**iii. Do key capabilities sufficiently describe the threshold level of professional capabilities required to safely and competently practice?**

The optional key capabilities for performing ultrasound are well described for the purpose of this document. We would recommend the addition of appropriately assessed psychomotor skills (Nicholls, Sweet, & Hyett, 2014) required in the operation and performance of an ultrasound examination. This is a different skill set needed when compared to other forms of medical radiation practice and is more than applying skills in physics and anatomy to ensure the patient is examined appropriately and safely due to the high level of operator dependence in probe manipulation.

ASUM believes the requirements listed indicate the need for a qualification to ensure the standard for 'key capabilities' are met and therefore alignment with ASAR accreditation. (Australian Sonographers Accreditation Registry, 2018)

Medical radiation practitioners progressing in to new roles while maintaining MRPBA registration, has been briefly described such that it is clear that the minimum threshold is maintained for registration, and therefore safe practice purposes. We would note the potential for clarifying a term where they are potentially not in 'clinical practice' and utilising their knowledge in administrative, management or other skills where their knowledge is required, a guidelines to suggest that for those working outside of 5 years in clinical practice should consider a refresher or update on their clinical skills and technology changes as guided by the Australian Sonographers Accreditation Registry (ASAR). According to Allied Health Professions Australia (Allied Health Professions Australia, 2012), self-regulated professions are required to do additional trainings if they haven't practiced for 3 to 5 years. If absent from active practice for more than 5 years, relevant professionals are required to undertake a re-entry programme.

#### **iv. Do enabling components sufficiently describe the essential and measurable characteristics of threshold professional capability?**

Key capabilities for Domain 1: Medical radiation practitioners are well defined and enabling components provide clarity as to the expectation of knowledge and skills for the highest standards of patient care.

Within Domain 1, section 10 describes 'Performing ultrasound imaging'. Recommended changes would include;

Section f: '*Document the real-time examination and evaluate findings.*' ASUM would recommend this be extended to read '*Document the real-time examination, evaluate findings and provide a written report or worksheet to provide an accurate and timely impression of the findings.*' The written report or worksheet is a key component of an ultrasound examination to inform the final report or assist with patient management. The dynamic nature and limited aperture of the representative captured images of the ultrasound examination is difficult to capture in still images alone.

ASUM would also recommend those offering the extended service of ultrasound must be accredited via ASAR registered on the Australian Sonographers Accreditation Registry to ensure minimum standards for safe service provision.

For those performing limited service such as vascular access for cannulation, the professional capabilities state appropriate qualifications/training to ensure this is performed safely. Limitations to the provision of service would be helpful to define appropriate use at this level.

**v. Is the language clear and appropriate?**

The language used to describe the key capabilities and enabling components is clear and appropriate.

**vi. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the Board should be aware of, if these capabilities are adopted?**

ASUM remains concerned about the potential division between service for those registered with both MRPBA and ASAR. Due to the purpose of each of these groups, a loophole remains that would allow a medical radiation practitioner to be removed from the MRPBA in line with legislation and code of conduct requirements, however they could continue to be registered with ASAR and work as a sonographer provided their fee is paid and continued professional development is maintained. This is a concern for patient safety and professional standards for both organisations.

ASUM would recommend a clear statement to set expectation for those providing ultrasound service as a sonographer or limited practice in sonography as to the jurisdiction and requirements for both MRPBA and ASAR. In particular, clarification on the requirements as a medical radiation practitioner practicing as a qualified sonographer, as to whether there is a requirement to be registered with both MRPBA and ASAR to perform both functions. Many public hospitals are aiming to employ those with dual qualifications to support service delivery while meeting budgetary constraints for the department.

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

Domain 1, section 4: Confirm the procedure according to clinical indicators well describes the need for critical thinking for the best patient outcome. While ASUM supports this approach, we would note that many referrers or practices are hesitant to allow a Medical Radiation Practitioner to make these changes to the examination and will often depend on experience or the practitioner. This may require protocols for workflow to showcase some of these practices, or supportive documentation of best practice.

**viii. General feedback?**

With the emerging use of ultrasound examinations across all specialties of Medical Radiation Practice, ASUM supports the capabilities as described for use within all domains of practice.

Communication and collaboration capabilities have been well described and focussed on patient care.

Recommendation for documentation of decisions as evidence would be encouraged. While this is considered essential in the practice of medicine, both to protect the patient and practitioner, professionals other than medical practice often do not consider this in their daily decision making.

Infection prevention in relation to ultrasound to be included within the general components followed for all examinations.

### **Summary of recommendations**

Strengthen cultural competence to ensure inclusion of all while still addressing the need to highlight requirements for Aboriginal and Torres Strait Islanders for improved health outcomes

Inclusion and recognition of ASAR accreditation for sonographers

Definition of ultrasound provision for limited service

Infection prevention recommendations for patient safety in the provision of ultrasound

Guideline for relevant currency of practice for those progressing their career beyond clinical practice

Additional enabling components for performing ultrasound as described above

Continue to develop a structure to close the loophole between those dual qualified and streamline the regulation governing both MRPBA and ASAR.

## **5. Conclusion**

ASUM congratulates the Medical Radiation Practice Board on a comprehensive and thoughtful document for professional capabilities in practice.

ASUM has provided recommendations for your consideration for all service provision of ultrasound to ensure patient safety. We would welcome further discussion as required.

## 6. References

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