



australian diagnostic imaging association

ADIA Office
71B Grosvenor Street
South Yarra Victoria 3141
T (03) 9026 1518
F (03) 9026 1519
www.adia.asn.au

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Mr Mark Marcenko
Chair
Medical Radiation Practice Board of Australia
GPO Box 9958
Melbourne VIC 3001
Delivered via email: medicalradiationconsultation@ahpra.gov.au

Dear Mr Marcenko

Feedback on Draft revised professional capabilities for medical radiation practice

The Australian Diagnostic Imaging Association (ADIA) is grateful for the opportunity to provide feedback on the Draft revised professional capabilities. Our members employ more than four thousand medical radiation practitioners in all states and territories.

ADIA represents radiology practices throughout Australia, both in the community and in hospitals. It promotes the ongoing development of quality accreditation standards and appropriate funding to ensure that all Australians have affordable access to quality radiology services. This supports radiology's central role in the diagnosis, treatment and management of a broad range of conditions in every branch of medicine.

ADIA has two broad concerns about the draft professional capabilities:

1. The capabilities appear to be designed around modes of practice in large hospital settings, and do not reflect quality practice in community practices, where the majority of radiology services in Australia are provided.
2. Most medical radiation practitioners would need to undertake substantial additional training to meet all of the proposed capabilities.

Our comments on specific draft capabilities are below:

Capabilities relating to recognising and responding to deteriorating patients

Domain 1, Key capability 7, Enabling component a requires practitioners to: 'Recognise and respond in an appropriate and timely way to a patient's/client's deteriorating condition'.

The consultation paper describes the Board's expectations of a medical radiation practitioner (page 6):

Medical radiation practitioners are expected to be able to respond to a deteriorating patient and:

- *make a reasonable assessment of a patients' physiological status*
- *understand and interpret abnormal vital signs, observations and other abnormal physiological parameters*
- *initiate appropriate early interventions for patients who are deteriorating*
- *respond with life-sustaining measures (basic life support) in the event of severe or rapid deterioration, pending the arrival of emergency assistance, and*
- *communicate information about clinical deterioration in a structured and effective way to the attending medical officer or team, to clinicians providing emergency assistance and to patients, families and carers.*

At a minimum, medical radiation practitioners must be able to interpret and identify abnormalities with the following physiological parameters:

- *respiratory rate*
- *oxygen saturation*
- *heart rate*
- *blood pressure*
- *temperature, and*
- *level of consciousness.*

ADIA's understanding is that medical radiation practitioner undergraduate programs do not include extensive training to identify and interpret abnormalities in physiological parameters. It would therefore be unreasonable to expect an undergraduate-trained medical radiation practitioner to be able to interpret abnormalities in physiological parameters.

In addition, the majority of radiology examinations are performed in community-based practices, where patients tend to be 'the walking well'. It is unreasonable to expect radiographers in these practice settings to interpret abnormalities in physiological parameters as, in practice, they are not required to make such observations. In practices where such observations may be necessary (for example, where interventional procedures are performed), a supervising radiologist is in attendance.

Beyond basic CPR, the expectation for a medical radiation practitioner to initiate appropriate early interventions for patients who are deteriorating is unreasonable and potentially unsafe.

Capabilities relating to conveying information when urgent and unexpected findings are identified

Domain 1, Key capability 7, Enabling component c requires practitioners to: 'Take appropriate and timely action, to ensure the immediate management of the patient/client when any urgent and/or unexpected findings are identified'.

The Board expects practitioners to be cognisant that:

- *Taking appropriate and timely action is a key responsibility when a medical radiation practitioner identifies medically significant findings on an image. Information must be conveyed verbally or in writing, in line with relevant guidelines. Medical radiation practitioners must ensure information is conveyed to, and understood by, the appropriate persons who may include the requesting practitioner or other practitioners, for the immediate and appropriate management of the patient/client. The patient/client and their family/carers should also be informed. Communication between health practitioners about the clinical status of a patient should be recorded.*
- *Identifying urgent and unexpected findings includes recognising and applying knowledge of normal from abnormal imaging appearances and relating appearances to the patient/client's clinical history.*

ADIA does not support this capability requirement, which could unfairly expose medical radiation practitioners to negligence litigation.

It is not the core role of medical radiation practitioners to interpret abnormalities and convey unexpected findings to requesting clinicians. Medical radiation practitioners receive only limited training in understanding imaging, and limited training in identifying medically significant findings. The findings of the radiographer may vary substantially from the final interpretation and report prepared by a radiologist.

Medical radiation practitioners also receive minimal training in the immediate and appropriate management of the patient. Expecting medical imaging practitioners to communicate this level of detail to patients/families is not practical.

Ideally, radiologists communicate significant findings to the treating clinician(s) where immediate intervention will benefit their treatment. Radiologists are experts at interpretation of abnormalities and unexpected findings, and are the appropriate professionals to advise on immediate follow-up action.

ADIA suggests that the capability is amended to read:

"When a medical radiation practitioner suspects an urgent and/or unexpected finding, they should report this to the supervising radiologist, who is responsible for interpreting the examination and communicating with treating clinicians(s).

Where a radiologist is not immediately available and there is a real or perceived risk to the patient's life or long-term healthcaere, the medical radiation practitioner is expected to convey this information to the treating clinician(s), and advise that as soon as practicable, they consult with the radiologist to obtain the final report."

Capabilities relating to nuclear medicine technologists

Domain 1B, Key capability 1, Enabling component a requires nuclear medicine technologists to: *'Perform the elution and quality of the radioisotope generator'*.

ADIA notes that not all nuclear medicine departments use a radioisotope generator.

The Board should consider limiting this requirement to situations where this task is required in the nuclear medicine technologist's place of work. ADIA suggests that the capability is amended to read "Perform the elution and quality control of the radioisotope generator as necessary."

ADIA has reviewed feedback on the draft capabilities from the Royal Australian and New Zealand College of Radiologists (RANZCR). We support RANZCR's view on the roles of radiologists and radiographers in medical radiation practice, and the appropriate scope of practice for radiographers.

We would welcome the opportunity to discuss our feedback in further detail. [REDACTED]

Kind regards,

Chris Kane
CEO