



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:	Amy Brown
Organisation Name:	Townsville Cancer Centre

Your responses to the preliminary consultation questions

1. Does any content need to be added to any of the documents?
2. Does any content need to be amended or removed from any of the documents?
Amendments required to Domain 1; Key capability 9 and 10. See Question 4 response for further detail.
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?
4. Do the enabling components sufficiently describe the essential and measurable characteristics of threshold professional capability that are necessary for safe and competent practice?
<p>There are significant concerns regarding Domain 1; Key capability 9 “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">d. Current treatment image-guidance MR protocols within the MR are vendor-mandatede. As MR protocols are mandated, modifications cannot be made, apart from selecting a different pre-set exam cardf. There will be no post-processing techniques performed by the RTs with the MRL <p>Likewise, regarding Domain 1; Key capabilities 10 “Perform ultrasound imaging”, enabling components have limited suitability for US image-guidance (US-IGRT) in the radiation therapy treatment setting.</p> <p>Specifically:</p>

c. Not all is applicable to US image-guidance; where ultrasound is being utilised to detect organ motion during treatment delivery

5. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?

As per Q4, current wording of **Domain 1; Key capability 9** is not appropriate for the MRL; and Domain 1: Key capability 10 could be misconstrued for US-IGRT purposes.

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?

7. Are there implementation issues the National Board should be aware of?

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.

8. Do you have any other general feedback or comments on the proposed draft revised professional capabilities?