



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:	Jodie Long, Chief Executive Officer
Organisation Name:	Australasian Sonographers Association

Your responses to the preliminary consultation questions

1. Does any content need to be added to any of the documents?
<p><i>Domain 1: Medical Radiation Practitioner – Item 10. Perform ultrasound imaging</i></p> <p>With the inclusion of an ultrasound scope of practice in these capabilities the Australasian Sonographers Association (ASA) strongly recommends that the draft capabilities recognise the Australian Sonographer Accreditation Registry (ASAR) as the entity that set the minimum education and capabilities for a health professional to provide comprehensive medical diagnostic ultrasound examinations as a sonographer.</p> <p>This could be as a note to 'Domain 1. Item 10' or included in the preamble to the capabilities. For example, under the heading of "<i>Medical radiation professional capabilities and practice in ultrasound</i>" on page seven [7] of the draft capabilities.</p>
2. Does any content need to be amended or removed from any of the documents?
<p>The ASA recommends that the MRPBA amend the description of Domain 1 – Item 10 to:</p> <p style="padding-left: 40px;">"Perform medical ultrasound imaging".</p> <p>Due to technological advancements of recent years, ultrasound used for biological examination is used in a variety of non-medical settings. This includes veterinary ultrasound and commercial non-medical ultrasound, such as businesses that provide pregnancy scans for aesthetic and keepsake, rather than medical, reasons.</p> <p>The ASA recommends inclusion of 'medical' to this title and any other reference to 'ultrasound scope of practice' to avoid confusion and potential unintended consequences for the MRPBA.</p>
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?
<p>The ASA has concern that <i>Domain 1: Medical Radiation Practitioner – Item 10. Perform ultrasound imaging</i> does not sufficiently describe the 'threshold requirements for safe and competent practice' where a registered medical radiation practitioner is providing comprehensive medical diagnostic ultrasound examinations as an ASAR accredited sonographer.</p> <p>There is also some concern that these high-level capability statements do not provide a sufficient platform to measure a complaint against a registered medical radiation practitioner in their provision of comprehensive medical diagnostic ultrasound examinations.</p>
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 ASA considers there are some gaps/deficiency around the enabling components specific to the ultrasound scope of practice. For example, use of clean/sterile gel, equipment cleaning, probe covers, etc... are essential and measurable characteristics to assure patient safety for an ultrasound scope of practice.

The only area of the capability statements that touch on infection control is *Domain 5: Radiation safety and risk manager – 2. Protect and enhance client/patient safety, item d*. This requires the health professional to 'identify and manage risk'; rather than actual adhere to routine equipment cleaning requirements and standard precautions and organisational protocols for infection control when using ultrasound equipment on patients.

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

The ASA is not aware of any potential unintended consequences associated with the use of language, other than covered in above or below.

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?

The ASA estimates that less than one-third of Australian accredited medical sonographers maintain their registration as a medical radiation practitioner. Currently, for the other two thirds, the only avenue to lodge complaints against these sonographers is by patients contacting their state health complaints commission or equivalent.

The ASA recommended that the MRPBA establish described referral pathways with state and territory health complaints commissioners, or equivalent for efficient transitioning of complaints made the MRPBA about ultrasound examinations provided by health professionals who are not registered medical radiation practitioners.

The ASA also recommends producing education materials for workplaces and patients to inform them of the different complaints handling processes for different sonographers to avoid potential patient distress, both in complaints handling at the workplace and also to manage patients' expectations when they contact the MRPBA.

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

The ASA is concerned that this change does not uphold the principle of protecting the public by assuring Australians' access to safe and quality ultrasound services.

For example, where a complaint is raised against a sonographer who is also a registered medical radiation practitioner. Under the proposed model, if a complaint is raised with the MRPBA about the sonographer and the sonographer voluntarily relinquishes their MRPBA registration, the MRPBA loses its powers to investigate the complaint. This situation is not in the best interest of the complainant of public safety.

Additionally, the preliminary course of study completed by sonographers is increasingly not radiography, and many sonographers who are qualified radiographers do not maintain their registration. Based on ASA industry data less than one-third of Australian sonographers maintain registration as a medical radiation practitioner with the MRPBA.

There is also increasing evidence that the radiographer-sonographer professional is largely a public sector employment arrangement; with more than two-thirds of the workforce in private practice, most of whom are singularly a sonographer.

If it hasn't already been done, the ASA recommends the MRPBA undertake a regulatory assessment to ensure that this change doesn't impact sonographers employed under state government awards that are also maintaining their registration as a medical radiation practitioner.

Thirdly, the MRPBA needs to clarify for industry and registered practitioner the impact this has on recency of practice requirements. The current advice from the MRPBA is that:

“Ultrasound may form part of practice in the profession. Practitioners who are eligible and apply for registration or apply to renew their registration, whose primarily practise in the area of ultrasound, may meet the requirements of the recency of practice standard.”

With the inclusion Domain 1: Item 10, can medical radiation practitioners now maintain their registration with MRPBA if they are **ONLY** providing ultrasound services, either as an accredited medical sonographer or in some other capacity?

If yes, then can sonographers with lapsed registration as a medical radiation practitioner now reapply for registration using only their hours of ultrasound practice to meet the recency of practice criteria for registration with the MRPBA?

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

With this work, the ASA recommends that the MRPBA consider an organisation name change to reflect better the regulation of health professionals providing magnetic resonance and ultrasound imaging services, or at the very least the umbrella term the Board uses to refer to the registered practitioners.

In New Zealand, the equivalent regulatory board has begun using the umbrella term of Medical Imaging and Radiation Therapy (MIRT) profession/als.

National regulation of sonographers in Australia

The ASA recognises that all of the issues and concerns raised above would be resolved if all Australian sonographers became regulated under the National Registration and Accreditation Scheme (NRAS). This would best be achieved by including sonographer to the professions regulated by the MRPBA, as a protected title with a described scope of practice.

For the past few years, the ASA has worked with key industry organisations to garner the support of the whole of the Australian diagnostic imaging industry for the sonographer profession to be nationally regulated under the NRAS, through the MRPBA.

In September 2018, the COAG Health Council released its *AHMAC information on regulatory assessment criteria and process for adding new professions to the National Registration and Accreditation Scheme for the health professions*. Since then a working group composed of ASA, the ASAR, the Australasian Society for Ultrasound in Medicine and a senior profession

representative, have been developing the application to the COAG Health Council for the sonographer profession to be nationally regulated under the NRAS, through the MRPBA.

Preliminary meetings with state and federal parliamentarians have indicated bilateral government support for this model of regulation of Australian sonographers.

With the preparation of the application to the COAG Health Council significantly progressed, we expect the case and rationale for sonographers to be nationally regulated under the NRAS, through the MRPBA, to be made available to all Australian governments early in the second half of 2019.

The ASA request that the MRPBA recognise this work and support this approach to the regulation of sonographers which would establish a nationally consistent approach to protect Australians' accessing comprehensive medical diagnostic imaging services.