



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:	Russell Booth
Organisation Name:	Victorian Society of Nuclear Medicine Technologists

Your responses to the preliminary consultation questions

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

Threshold professional capability is an excellent concept for registration of graduates. However, the VSNMT has concerns regarding assessment in the clinical scenario. Assessment will require universities and clinical sites to be clear about assessment processes and the responsibilities of supervising clinical staff. In our view assessment will need further clarification and resourcing.

The VSNMT has concerns around the requirements for continuing registration of practitioners

The following paragraph from the draft document has raised some 'in principle' concerns from our members.

Purpose of the medical radiation practice professional capabilities

*The professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as a diagnostic radiographer, a nuclear medicine technologist or a radiation therapist in Australia. **They describe the threshold level of professional capability required for both initial and continuing registration.***

The VSNMT supports the proposition that new graduates are required to demonstrate capability in all of the Domains. However there are concerns that demonstrating capability in all the domains will be an ongoing requirement for continuing registration. Technologists that have practised for some time would not necessarily be able to comply with this requirement, hence there are concerns about maintaining registration.

Many technologists quite properly structure their CPD to undertake a practice- specific learning strategy. This would not necessarily include for example PET, CT or use of the therapeutic radionuclides. Our members are aware of and adhere to the code of conduct document by 'recognising and working within the limits of a practitioner's competence and scope of practice'. In addition, if required to move to a new area of practice a technologist must undertake sufficient training to achieve competence in that area.

Further in the preamble the draft in the paragraph addressing 'maintenance of professional capability' the practitioner is required to **"maintain at least the threshold level of professional capability in all areas relevant to their practice and maintain the currency of their skills and knowledge through continuing professional development"**. In this preamble, does practice refer to a generic nuclear medicine practitioner or an individuals specific skillset required to perform in their workplace?

How will 'maintenance of capability' be evaluated and by who? The VSNMT would suggest a clear statement clarifying the requirement for continuing registration.

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

Evidence based practice requires critical evaluation of the integrity, reliability and applicability of guidelines related research and the literature. How does a practitioner demonstrate threshold capability in this area?

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, the VSNMT considers the key capabilities are suitable.

4. Do the enabling components sufficiently describe the essential and measurable characteristics of threshold professional capability that are necessary for safe and competent practice?

With regard to Domain 1B – Nuclear Medicine Technologists

The enabling components summarise the essential professional capabilities effectively and they are measurable both in undergraduate programs and in the clinical setting. However, as per our previous observations, are all components required of currently registered practitioners.

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

Domain 1 - Key Capability 7

The VSNMT would support the need for medical radiation practitioners to recognise and respond to a patient's deteriorating condition. However, the practical complexities around complying with this capability would present challenges in many settings. The National Consensus Statement applies to all health care settings ranging from large tertiary centres to small community, rural and corporate practices. Large centres will have the essential elements in place to respond. However, in many facilities where medical radiation services are delivered will not have an escalation process in place and may not have the appropriate medical and nursing support.

Further, complying with this capability will require additional education for current practitioners. The VSNMT believe the Board should work with the profession to facilitate this. The Board would also need to work with the management of some imaging practices to make them aware of their responsibilities in this area.

The VSNMT also has concerns with the requirement that technologists identify urgent and unexpected findings. This capability needs clarification. The VSNMT would be concerned that in the worst case scenario a technologist could be held professionally liable for not identifying a

particular pathology. Requiring practitioners to identify pathologies and alert other health care professionals could potentially put patients at risk. In other jurisdictions interpreting examinations requires significant additional training. The VSNMT would also recommend the definition of 'urgent or unexpected' findings should be referenced to a recognised guideline (such as the RCR, ESP or Canadian guideline).

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?

Domain 1 – Key Capability 2

There have been queries around potential conflicts between organisational policies and legislative responsibilities. Adhering to organisational policies is a requirement for employment. There are potential conflicts with some organisational policies in regard to distributing patient reports which would not adhere to Health Privacy Principles.

Domain 1 – Key Capability 4

The VSNMT is concerned that this does not align with the ARPANSA Code of Practice No: 14. "Radiation Protection in the Medical Applications of Ionising Radiation". 3.1.3. We agree with the general thrust of the capability however it needs to be rewritten to incorporate the requirements for Justification and the overseeing role of the Radiation Medical Practitioner.

Domain 1 – Key Capability 8

The VSNMT is confident that practicing technologists would have the capabilities required by this section in relation to radiopharmaceuticals and radionuclides. However many of the Medication Safety Standard requirements would reflect organisational policies outside the control of individual practitioners. The VSNMT has concerns about the use of other pharmaceuticals in some imaging tests. We would suggest that before technologists administer such pharmaceuticals these practices are authorised by the radiation medical practitioner responsible for the conduct of the test.

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

The VSNMT believes that the capabilities are relevant and appropriate however we would request that the Board work with the profession to ensure the nuclear medicine community is supported in updating their skills and knowledge base where necessary when renewing registration.

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

Domain 1 – Key Capability 9 & 10

The VSNMT fully supports nuclear medicine technologists performing MRI and Ultrasound providing they are appropriately credentialed. MRI, in particular, is being introduced into practice on PET-MRI systems and operational /clinical expertise is essential.

Domain 1B – Nuclear Medicine Technologist

The VSNMT supports this Domain; however we refer to our comments above in relation to the capabilities required for ongoing registration. We would also recommend that the terms ‘dose’ and ‘administered activity’ be used correctly.

Domain 2 – Key capability 2

The VSNMT fully supports the Boards position however most practicing technologists would not have had undergraduate teaching in this area. We would suggest the Board provide the profession with the opportunity to update their knowledge base particularly around cultural safety and appropriate behaviour.

Medical radiation practice professional capabilities and practice in computed tomography

As the Board would be aware the VSNMT have long recognised the role of CT in our workplace and the need for nuclear medicine technologists to safely and competently perform diagnostic CT. to this end, we developed a CT course in 2011. Since that time the course has been reviewed and updated annually with a complete restructure in 2016. During this time the number and complexity of CT studies performed in nuclear medicine has increased substantially. As technology and work practices evolve the obligation is on the profession to ensure all nuclear medicine technologists performing diagnostic CT are competent, aware of the radiation safety and with demonstrated and assessed clinical exposure during their training.

The VSNMT would recommend the Board ensure that no nuclear medicine technologist performs CT without the requisite training and that training courses can demonstrate graduates can safely and competently perform diagnostic CT.