Medical Radiation Practice Board Ahpra

Public consultation

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Frequently Asked Questions

Introduction

These Frequently Asked Questions (FAQ's) aim to assist readers of the public consultation paper on updated Professional capabilities for medical radiation practice (*Professional capabilities*).

The FAQ's provide context for the future operation of updated Professional capabilities.

Application of the Professional capabilities

The Professional capabilities for medical radiation practice **only apply** to registered medical radiation practitioners. They do not apply to other regulated health professions. They do not apply to individuals who are not registered including those individuals who may be unregistered but practising in areas such as MRI or ultrasound. It is also important to acknowledge that the title of 'sonographer' is not a protected title in the National Scheme.

Working in teams

As a member of a multiprofessional or interprofessional team, medical radiation practitioners will be the expert in diagnostic radiography, radiation therapy and nuclear medicine practice. Other health professions will be expert in their professional fields noting that on many occasions the skills, knowledge and expertise of team members will overlap. Good functioning teams require each practitioner to listen, to engage, to support, to lead and enable others to lead elements of the teams' work.

Students and Education Providers

Are education programs required to cover specialised modalities like MRI, ultrasound, mammography, and angiography?

No, inclusion of these modalities is not a mandatory requirement for accreditation or approval of the program. While these services are valuable areas of healthcare and closely associated with medical radiation practice several considerations apply:

- Differences in service offering: Not all clinical sites or health services offer access to these modalities.
- Not all practice is regulated: Some individuals delivering services in these areas may not be registered medical radiation practitioners.

Requiring education providers to deliver and assess learning outcomes in all these areas may:

- extend the length of programs which has flow on effects for the workforce pipeline, and
- further strain already limited clinical placement resources

Education providers, who are informed by local course advisory committees, are best placed to understand the needs of health services and practices in their catchment area.

The Professional capabilities provide clarity for registered practitioners about safe professional practice, while allowing education providers a degree of flexibility in their curriculum.

Must students demonstrate all Professional Capabilities by the time they graduate?

Yes. Accreditation standards require education providers to develop programs of study with learning outcomes that are designed to meet or demonstrate the key capabilities and enabling components of the Professional capabilities for the relevant division of registration. For a program to be accredited, the education providers and their programs must demonstrate that students and graduates are taught and assessed against the learning outcomes.

Accreditation of the program provides assurance to the National Board that graduates are appropriately qualified for registration and safe to commence practice.

Are graduates expected to meet Domain 6: Leader and Steward capabilities?

Yes.

The capabilities described in Domain 6 are as relevant for graduates as they are for team leaders, managers or directors.

Leadership is conceptualised not as a position but as a **set of behaviours and responsibilities**

Medical radiation practitioners, including graduates should be able to:

- collaborate within multidisciplinary teams
- lead, and enable others to lead
- advocate for patient-centred care
- support and initiate improvements in areas such as:
    - cultural safety
    - sustainable healthcare practices
    - resource stewardship

Examples

Cultural safety and culturally competent care, for example, was first described a minimum key capability in 2020. Graduates over the last few years arguably have a more in-depth understanding of cultural safety and culturally competent practice than those who completed programs prior to 2020*. Graduates, therefore, are often well positioned to identify and initiate enhancements to systems and lead or support changes that support improved culturally safe care.

In another example, managing the impact of climate change and the sustainability of the health system requires all individuals to contribute. One area that medical radiation practitioners can contribute to is the use or overuse of health resources within medical radiation practice. Over-investigation using medical imaging is a well-known problem. In these circumstances the medical radiation practitioner will need to lead and facilitate discussions with the team and with the patient about appropriate care and use of resources.

*(*It is recognised that registered medical radiation practitioners have undertaken professional development activities designed to meet capabilities for culturally safe care).*

Are graduates expected to provide Basic Life Support?

Yes.

All registered medical radiation practitioners, including new graduates, must be capable of recognising and responding to life-threatening clinical deterioration.

This includes:

- recognising signs such as abnormal respiratory rate, oxygen saturation, pulse, blood pressure, consciousness level, and temperature
- providing basic life support such as initiating **CPR and other first-response actions**, including using an automated external defibrillator (AED)
- promptly **managing anaphylaxis** including the use of adrenaline
- taking appropriate action until emergency assistance arrives

Are graduates expected to recognise and communicate urgent or unexpected findings?

Yes, but! See also the FAQ below on Supporting graduates and early career practitioners.

Graduates commence practice with limited clinical experience and limited exposure to the various states and guises in which disease or other pathological processes may present. Graduates and early career practitioners must also be aware of this limitation.

Where a graduate or early career practitioner identifies or suspects an urgent or unexpected finding they should consult with a more senior medical radiation practitioner in the first instance. If a senior practitioner is not available, the next step is to seek advice or guidance from a reporting practitioner if one is available or the referring practitioner.

It is important for all medical radiation practitioners to document critical information in the patient's healthcare record including the information shared with other health practitioners and/or members of the multidisciplinary team. This is essential for patient safety and supports subsequent communications and decisions about care.

The Professional capabilities do not impose an obligation on medical radiation practitioners to make specific diagnoses. The responsibility for making a definitive diagnosis lies with the reporting practitioner.

Are there Professional capabilities for research?

No, not explicitly, but research literacy is essential.

Medical radiation practitioners must be able to analyse, interpret and implement research evidence into practice.

Under **Domain 4 – Lifelong Learner**, practitioners are expected to:

- understand and apply evidence-based practice
- interpret current literature
- implement improvements based on research findings

While conducting original research is not a requirement, graduates should appreciate the role research plays in advancing the profession and enhancing patient outcomes.

What is the difference between capability and competency?

Yes. There are differences, importantly, a combination of both competence and capability is required. In terms of describing minimum thresholds, we use 'capability' intentionally to describe the potential of the medical radiation practitioner.

Key Differences:

- Competency is about 'doing'—specific skills that can be demonstrated, measured, and evaluated.
- Capability is about 'being'—how a person applies learning and adapts to new challenges.
- Competency is focussed on the known; meaning it applies to a particular skill or role.
- Capability is about potential; it focusses on growth, resilience, and adaptability.

Key Similarities:

- Both involve skills and knowledge essential for success in a professional or learning environment.

- Both contribute to overall effectiveness in work and life but serve different purposes.
- Both require continuous learning and development, though competencies focus on skill mastery, while capabilities emphasize adaptation and future learning.

Example

As part of meeting the learning outcomes of an accredited program of study, a student is assessed on their ability to safely perform a CT scan of the chest, abdomen, and pelvis using iodinated contrast media. Following the specific protocols of the placement site for patient preparation and scanning, the student is assessed as competent by the clinical educator in all aspects of patient care and imaging.

After graduation, the practitioner accepts a role at a public health facility where protocols for patient preparation, contrast administration, and scanning techniques differ from those used during their clinical placement. Drawing on their understanding of safe CT imaging practices, the graduate adapts to the new protocols. While gaining confidence, they actively seek guidance from more experienced medical radiation practitioners to ensure safe and effective practice.

Registered Practitioners and Employers

Do I need recency in all areas of the Professional Capabilities?

Not necessarily.

Recency of practice and the Professional Capabilities are related but distinct concepts.

- Practitioners often operate within a narrower scope than the full range described in the Professional capabilities.
- Meeting the Recency of Practice registration standard (e.g. 450 hours of practice within 3 years) in your current area of practice (e.g., CT) is sufficient.
- However, if you are resuming broader practice (e.g. returning to general / projection radiography) practitioners must make a reasonable assessment of their skills and knowledge ensuring it is sufficient to practice safely and effectively in line with the Code of Conduct and Professional Capabilities. In some cases, the practitioner may need to do further training or education to meet minimum Professional capabilities.

What if I do not meet some of the new Professional Capabilities?

Registered practitioners have ongoing obligations through the Code of Conduct to:

- make a realistic assessment of own learning needs
- maintain and update knowledge, skills and competency in line with the Professional capabilities
- undertake appropriate training or qualifications before entering a new area

Practitioners should proactively prepare and complete necessary training before new requirements take effect.

For further information see the FAQ below on CPD and Professional capabilities.

How should I manage changes in my scope of practice?

Workplace roles and practice change, adapt and respond to a range of influences. It is expected that over time, your scope of practice will change

In changing to a more focused area of practice, your scope of practice can become limited to that area of practice i.e. your scope of practice may narrow.

It is therefore important that you:

a. recognise and work in the limits of your competence and scope of practice, which may change over time;
b. ensure that you maintain adequate knowledge and skills to provide safe and effective care; and
c. when moving into a new area of practice or resuming a broader scope of practice, you complete sufficient training and/or qualifications to achieve competency in that area.

Is CPD required across all areas of the Professional Capabilities?

No,

All medical radiation practitioners are responsible for maintaining contemporary skills and knowledge necessary for their area of practice and adjusting their practice accordingly.

It is important that medical radiation practitioners reflect on their current practice, assess and understand where changes may be occurring and take steps to ensure their knowledge supports safe practice.

While recency of practice maintains general competency, CPD addresses knowledge gaps due to:

- new research
- technological advances
- evolving practice and safety requirements

Do I need to meet the requirements for basic life support and anaphylaxis even though I don't practise clinically?

Yes. This is one of the capabilities that has a universal application.

Medical radiation practitioners as professionals not only have a role to care for patients, they also have a role in caring for the community. This means they have obligations to provide basic life support for a person who is not their patient, but needs their help to support life.

For example, consider a medical radiation practitioner working in policy. A work colleague, who is not the patient of the registered practitioner becomes acutely unwell after ingesting peanuts and shows signs of anaphylaxis. The registered medical radiation practitioner must know the signs and symptoms of anaphylaxis and first line treatment to provide the initial life-saving response.

In another example, a registered medical radiation practitioner working in education witnesses a student collapse. The student is not breathing and has no pulse. In this circumstance the registered practitioner has an obligation to recognise and respond to the person's acute deterioration and to call for help, implement cardiopulmonary resuscitation (CPR) and, if available, use an automatic defibrillator (AED) until more help arrives.

Supporting graduates and early career practitioners.

A newly graduated and registered medical radiation practitioner is expected to demonstrate foundational clinical knowledge, essential technical skills, and provide patient-centred care consistent with the ethical and professional standards described in the Professional capabilities for medical radiation practice and the Code of Conduct.

By the end of a their course of study a graduate has completed a significant amount of work-integrated learning (WIL), however graduates may require support to adjust to:

- local protocols
- unique workplace cultures
- practical workflow differences

How can employers support graduate transition?

The workplace, clinical educators and experienced practitioners play a critical enabling role in leading and supporting the transition of graduate practitioners by:

- providing structured orientation and induction

- providing advice and guidance
- offering mentorship and feedback
- encouraging open communication and continuous learning

A supportive organisational culture[1] helps graduates:

- build confidence
- integrate into teams effectively
- avoid delays in professional development

Why is structured support important?

Research[2] highlights that a robust induction program:

- Enhances patient safety and care quality
- Develops positive professional attitudes
- Reduces stress and burnout
- Improves staff retention and workplace morale

[1] Naylor S, Ferris C, Burton M. Exploring the transition from student to practitioner in diagnostic radiography. Radiography 2016;22(2):131e6. https://doi.org/10.1016/j.radi.2015.09.006.
[2] Bombelli L., Roletto A., Bonfitto G.R., Scaramelli E., Fasulo S.V., Catania D. Evaluation of the induction programme for newly qualified radiographers: A survey study (2024) Radiography, 30, pp. 143 - 148, DOI: 10.1016/j.radi.2024.11.016