Medical Radiation Practice Board of Australia

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:	Adrian Celati
Organisation Name:	Cancer Care Services, Royal Brisbane & Women's Hospital

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?

FROM DRAFT REVISED PROFESSIONAL CAPABILITES FOR MRP's DOC: Key Capabilities and Enabling Components

INFORMED CONSENT

Domain 2: Professional & Ethical Practitioner (Pages 18-20 of Draft Revised Prof Capabilities)

Consent: "Provide relevant information to patient/client and implement appropriate methods to obtain informed consent." (Pg. 18)

vs

Domain 3: Communicator & Collaborator (Pages 21-22 of Draft Revised Prof. Capabilities)

h) Obtain and document informed consent, explaining the purpose, risks and benefits of the procedures examination / treatment (pg. 21)

Definition of informed consent (bottom pg. 21. Referenced to NHMRS Guidelines for Medical Practitioners in providing information to patients)**- this document has been rescinded as it is now out of date so why reference it?**

- **Public consultation doc (Page 6): Capabilities relating to the Deteriorating Patient**
  - **"communicating information about clinical deterioration…….providing emergency assistance and to patients, carers and families".**
    - Relaying even limited information about clinical deterioration to **patients, carers and family,** is beyond our scope of practice. We do not always have access to full patient history (as it may not be directly related to current treatment). How then are we expected to provide the above, when we may not have full knowledge of co-morbidities or advanced health directives, at the time of clinical deterioration?

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?

FROM DRAFT REVISED PROFESSIONAL CAPABILITES FOR MRP's DOC: Key Capabilities and Enabling Components

Some key capability statements are quite generic, potentially allowing a lot of room for individual interpretation, for example:

Domain 1, part 8, page 11: "Apply knowledge of safe and effective use of medicines to practice."

- What constitutes medicines?
- How will the public understand "medicines" if we are unclear?

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

No, it does not, particularly related to deteriorating patient which has specific criteria identified in the public consultation document

FROM PUBLIC CONSULTATION OF REVISED PROF. CAPABILITIES DOC: page. 6:

- **"MRP's must be able to interpret and identify abnormalities with the following physiological parameters: resp. rate; oxygen sats., heart rate, BP, Temp., LOC.":**

FROM DRAFT REVISED PROFESSIONAL CAPABILITES FOR MRP's Doc:

- Only directed to National consensus statement. This document's intended audience is **'clinicians and managers responsible for the development, implementation and review of recognition and response systems…**' as opposed to practising radiation professionals. In this way it encompasses all clinical staff within large tertiary referrals centres to small district and community hospitals. This document will therefore refer to doctors, nurses, allied health and other specialist health practitioners in a broad overarching way that does not identify or account for the different capabilities and scope across each of these specific practitioners. It is obvious that no single practitioner should be accountable therefore for the entirety of the consensus statement, rather this is a guide to assist managers to ensure they have the correct mix and breath of scope within their wider clinical staff to adequately manage the deteriorating patient. It is an inadequate document to base the entirety of the enabling component for this key capability, as it does not recognise the specific scope of a medical radiation practitioner within the wider clinical picture.

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

FROM DRAFT REVISED PROFESSIONAL CAPABILITES FOR MRP's DOC: Domain 1, part 8 page 11.

Wording is non-specific and generic, without clarifying measurable details, for example "**Safely and effectively deliver medicine to patients/clients in accordance wit procedures**

This template and the related questions posed are highly confusing in the wording used. Questions posed are not clear or concise, making it difficult to address concerns in the relevant areas.

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?

- **Public consultation doc (Page 9): 4. The Current Professional Capabilities include some duplication- dot point 5:**
  - ***"The revised professional capabilities clarify threshold requirements for MRI and U/S which are based on the requirements for MRI Technologists & sonographers in New Zealand respectively"***
  - Why are we basing capabilities on New Zealand requirements, when we have our own professional bodies including ASMIRT and ASAR, who review, revise and redraft as required with adequate consultation?

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

FROM PUBLIC CONSULTATION OF REVISED PROF. CAPABILITIES DOC.

9. **Optional key capabilities relating to MRI & US: (Page 12 of Draft Revised Prof Capabilities)**

- **"MRP's must be able to interpret and identify abnormalities with the following physiological parameters: resp. rate; oxygen sats., heart rate, BP, Temp., LOC.":**
  - How is this training rolled out to qualified RT's to meet specific physiological parameters mentioned above? (On the assumption that students will be trained within the Undergrad curricula!)
  - Whose responsibility is it to cover the cost of staff accessing specific training?
  - Who will run training workshops/courses/seminars/ webinars etc. to ensure staff are trained?
    - Where/ how will training be accessed?
  - What timeframe will this be implemented over, or is it with immediate effect?
  - How will you measure compliance with this?

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

FROM DRAFT REVISED PROFESSIONAL CAPABILITES FOR MRP's Doc: Key Capabilities and Enabling Components:

(Pages 9-10 of Draft Revised Prof Capabilities)

3. c., d & e: How can a practitioner confidently use/ understand MRI- based simulation if it is an optional non-mandatory component of training/ there is no post-grad education requirements/availability?

5. e: Communicating contraindications/limitations of a prescribed procedure to patient/client is beyond the current scope of practice- this should be communicated to the prescribing physician, who will then relay this to the patient.

5. f: Current scope would not require an MRP to perform a patient assessment or MR intervention to suit patient/client **choice**.

9. **Optional key capabilities relating to MRI & US: (Page 12 of Draft Revised Prof Capabilities)**

- How can knowledge, skills and attributes be optional for MRPs who have these modalities specifically within their role, yet Key Capabilities within Domain 2, 3 c, d& e (as above) require ALL MRP's to understand MRI-based simulation and it's use? - this is a contradiction of requirements!

Domain 1C: Radiation Therapy (Pages 16-17 of Draft Revised Prof Capabilities)

2.c. Relates to points above where MRI is an optional key capability, yet RT's are required to apply knowledge of the use of MRI & PET in sim images.

FROM PUBLIC CONSULTATION OF REVISED PROF. CAPABILITIES DOC.

Linking into the previous: 9. **Optional key capabilities relating to MRI & US: (Page 12 of Draft Revised Prof Capabilities)**

- **Public consultation doc (Page 3)** wherein Universities will use Professional Capabilities for the development pf MRP Curricula.
    - If MRI and US are 'Optional', this could potentially result in University courses not including this into their curricula.
        - This then relates back to previous point of: How can a practitioner confidently use/ understand MRI- based simulation if it is an optional component of training/ there is no post-grad education requirement/availability?

NOTES BY A DRY RELATING TO DOCUMENTS FOR CONSULTATION:

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