

## Response template for providing feedback to public consultation – draft revised professional capabilities for medical radiation practice

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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](mailto: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:

<b>Name:</b>	Kristie Matthews, on behalf of Radiation Therapy Operations Committee
<b>Organisation Name:</b>	Peter MacCallum Cancer Centre

## Your responses to the preliminary consultation questions

<p><b>1. Does any content need to be added to any of the documents?</b></p>
<p>See comments in other sections</p>
<p><b>2. Does any content need to be amended or removed from any of the documents?</b></p>
<p>In general, 'radiation therapy' and 'radiotherapy' used interchangeably throughout the document. Would suggest either for consistency</p>
<p><b>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?</b></p>
<p>Domain 1C: capability 4 – Although operation of imaging equipment has been included here, notably absent is the application of the review of the image, in respect to making an assessment of the image and adjusting the patient's treatment delivery accordingly. We would propose an additional enabling component to reflect appropriate actioning of verification imaging for a range of treatment techniques.</p>
<p><b>4. Do the enabling components sufficiently describe the essential and measurable characteristics of threshold professional capability that are necessary for safe and competent practice?</b></p>
<p>Domain 2: capability 2 – Although cultural competence is an important facet of effective care, the enabling descriptors do not specify how this is operationally managed within a health service, in regards to providing training to staff around this feature (as although standard within current MRP degrees, this is only a recent addition) and assessing staff compliance. We recognise the strategy behind this capability is still evolving, and would welcome additional resources to enable effective delivery within the service.</p>
<p><b>5. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?</b></p>
<p>Domain 1: capability 2g): "made available to appropriate persons" – open to interpretation as to if this includes external health care professionals not from within the current treating hospital.</p> <p>Domain 1: capability 3c) &amp; 3d): each of these enabling components specific to radiation therapy practices, and yet situated in generic MRP domain. Would suggest wording may be more generic around recognising use of different modalities, and radiation therapy related descriptors included in specific radiation therapy domain.</p> <p>Domain 1: capability 5e) "communicate these to the patient/client" – this does not explicitly imply communication should also be provided to the prescribing practitioner, decisions of this nature should be consultative.</p> <p>Domain 1: capability 5f): "gaining informed consent" – does not always fall to the MRP to gain consent, as consent often occurs during the initial consult with the medical practitioner. Ensuring informed consent might be more representative of broader practice</p> <p>Domain 1: capability 7): "the patient/client and their family/carers should also be informed" – this is not necessarily the responsibility of the radiation therapist, often the medical practitioner performs this activity. Although essential, this statement is unclear about who actions this</p>

Domain 1: capability 10): Ultrasound imaging is used by radiation therapists for discrete activities, such as scanning bladder volume prior to prostate radiation therapy, and during some brachytherapy procedures. The enabling components c, d, and e provide a higher expectation than that required for the task being performed.

**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?**

We feel resources associated with cultural competence would be a welcome addition across the jurisdiction to help health services deliver capability 2 within domain 2.

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

We feel uncertain about operational implementation of capabilities associated with optional ultrasound activities (capability 10, domain 1); responding to the deteriorating patient (capability 7, domain 1); and cultural competence (capability 2, domain 2). Further elaboration provided earlier, and in point 8.

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

- We are uncertain about the operational issues associated with optional capabilities within Domain 1 around MRI and Ultrasound. Within our service, ultrasound is used by some staff to determine bladder volume prior to prostate radiation therapy treatment, and during brachytherapy delivery, however not all staff apply these skills. We are unclear how we as a service manage expectations of capability within this domain, also if radiation therapists engaging in using ultrasound for discrete clinical activities are required to nominate this on their annual registration.
- It is unclear how optional capabilities 9 and 10 in domain 1 are going to be managed by the board in regards to annual registration.
- We are uncertain about the operational issues associated with responding to the deteriorating patient. In particular, those items listed within the consultation paper around recognising physiological signs are not necessarily within the standard skill set of the radiation therapist given the structure of the working environment – this role generally falls to the radiation therapy nurses. Although we acknowledge the intention of capability 7 in domain 1, operationally we would require clarification of training expectations of the general radiation therapist in being capable in those areas listed in the consultation paper. Clarification that stipulates whether we are required to be capable of recognising a deteriorating patient, and soliciting appropriate assistance, as opposed to acting on the intervention ourselves, would significantly benefit our interpretation of capability 7.
- Although we welcome clarification around cultural competence, we are uncertain about the expectations associated with providing training to staff, as indicated in earlier sections.