FACULTY OF HEALTH



Friday 7th October 2011

Medical Radiation Practice Board of Australia **AHPRA**

Re: Consultation of Draft Standards

Dear MRPBA members,

Thank you for the opportunity to provide comment on the draft standards.

The first item I would like to raise for your consideration is the draft registration standard: Professional Indemnity Insurance (PII). In the unfortunate circumstance that a member of the public suffers an adverse outcome due to the practitioner it is important that medial radiation practitioners have appropriate insurance to provide cover for any potential liability. In the case where Nuclear Medicine practioners are using and administering radiopharmaceuticals (radioactive substances) every day this does carry some potential risk of an adverse outcome to members of the public. While the risk is small it may be categorised into two broad categories, short term risk of adverse outcome & long term risk of adverse outcome. The short term risks may be a reaction to the radiopharmaceutical and a long term risk may be a radiation induced biological effect which may not manifest for many years if not decades following the administration of the radiopharmaceutical or the Nuclear Medicine practitioner may have failed to correctly determine the pregnancy status of a female patient leading to an ongoing potential liability for the child when it is subsequently born.

In consideration of the potential long duration between the patient procedure and potential liability with significant costs for the potential medical care required. I recommend the MRPBA set the minimum public indemnity insurance at \$10 million dollars with a continuous run-off.

The key consideration is to ensure a member of the public who has need to claim against the public indemnity insurance has access to sufficient financial resources to provide the care required. While \$10 million dollars is a significant sum today in 10 – 20 years time this figure will have significantly less real value due to inflation. Equally, the member of the public is not protected if they discover the policy they are claiming against has expired because it only had 10 years run-off.

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The other item I would like to raise for your consideration is the draft registration standard: Grand parenting and general registration eligibility standard. It is critical that general registration standards facilitate what is already common place in practice. The use of CT in Nuclear Medicine practice is now very common and may have been described 5 years ago as extended practice but this is no longer the case, as hybrid CT due to scope creep has become a normal everyday procedure.

I recommend the MRPBA adjust the draft standards to ensure recognition of courses of study (as differs to programs of study) that are provide education relevant to changes in practice.

A relevant case in the practice of Nuclear Medicine Science is the registration for hybrid CT. It is important that regulation leads practice to ensure the safety of the public. It does not serve any good for practice to progress ahead of regulation where an adverse incident may highlight the need to update standards. The ANZSNM currently recognises the following courses which provide education for the safe operation of hybrid CT.

- > The University of Newcastle Bachelor of Medical Radiation Science (Nuclear Medicine)
- > The University of Sydney CT safety course
- > HURSOG CT Safety for Nuclear Medicine
- ➤ Royal Melbourne Institute of Technology University CT safety course

The NSW Department of Environment and Climate Change (formerly Environmental Protection Agency) also has reviewed and granted approval to the University of Newcastle program, University of Sydney course & HURSOG course as suitable qualifications in order to issue an IA16 radiation licence for the purpose of a Nuclear Medicine Scientist/Technologist to operate hybrid CT.

I recommend the MRPBA correct the Schedule listing the "Qualifications considered adequate by the Medical Radiation Practice Board of Australia for the purposes of practising the profession". The schedule should show the Masters of Medical Radiation Science (Nuclear Medicine) offered by the University of Newcastle 1996 -**2006.** This program was accredited by the ANZSNM and also an approved qualification for registration within New Zealand. The Graduate Diploma Medical Radiation Science (Nuclear Medicine) which was nested within the Masters program is listed on the schedule.

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On a broader point, the MRPBA is aware the protected titles for the practice of Nuclear Medicine are "Nuclear Medicine Scientist and Nuclear Medicine Technologist". I request the MRPBA use the term "Nuclear Medicine Scientist/Technologist" in its documentation as a more inclusive term in place of Nuclear Medicine technologist. This would ensure the MRPBA is utilising current descriptors which are in step with the profession it regulates, just as the ANZSNM has reviewed its documentation to use professionally relevant language. The foundation for the transition between the titles is the continual improvement in practitioner education and the increasing complexity of the scientific and medical principles that underpin practice. Specifically, Nuclear Medicine practitioners study a degree or Master in Nuclear Medicine Science, they no longer study Nuclear Medicine Technology.

If you have any further questions, please do not hesitate to contact me.

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