

## HEALTH SERVICES UNION RESPONSE TO MRPBA: PROFESSIONAL CAPABILITIES FOR MEDICAL RADIATION PRACTICE – 22 July 2013

The Health Services Union has concerns regarding the interpretation of competency and capability. This has considerable impact on the application of the domains outlined in this consultation paper.

With reference to the article cited in the Background information on page 3: Fraser, S and Greenhalgh, T (2001) '*Coping with complexity: educating for capability*', *British Medical Journal*, 323 (7316), 799-803. It is noted that these authors are misquoted. In the consultation paper it is stated: "competent practice in the profession is approached through *capabilities rather than competencies*". The inference from this is that *capabilities* supersede *competencies*. The actual quote from the article is: "Capability is **more than** competence" (Fraser and Greenhalgh, 2001 p. 799, our emphases). They go on to say that: "We must educate not merely for competence, but also for capability."

The Union is concerned that the key premise for this paper may be skewed by this lack of understanding of the core elements. These quoted authors and others have published a number of papers and books that offer more sophisticated analyses and research into complex practice-based learning. More recent and relevant scholarly work should be employed as the basis of this consultation paper.

It is also noted that there is repeated use of the term *the profession* (singular) throughout the document. There are three separate professions under the MRS banner and due recognition needs to be maintained: diagnostic radiography, nuclear medicine and radiation therapy.

### Domains

In general the Domains described are reasonable but require further development and there are some omissions. For example, the phrase: "*Demonstrate an understanding of....*" is inadequate in many of the domains. It should be a requirement that beginning practitioners be able to demonstrate the capability of being able to implement and perform procedures in a number of the domains.

Given this is a national document all jurisdictions and variations in courses and licensing requirements across different states need to be considered. There are several examples of inaccuracies that could be problematic if not addressed. For example, in Nuclear Medicine the implementing of CT is limited to PET/CT or SPECT/CT but this is not mentioned. In Radiation Therapy there is no domain which requires a Radiation Therapist to be able to actually treat a patient or



operate a linear accelerator. It is surprising that proton therapy is singled out given there is no proton therapy technology available in Australia currently, nor likely to become available in the near future.

### **Conclusion**

While considerable work has been undertaken to produce this consultation paper, there is much more that needs to be done to bring it up to the Union's requirements and acceptability. The transition from study and supervised practice to a qualified registered practitioner is a complex and significant change. If changes are to be made to this process it is important that they are done comprehensively, functionally and fairly. We recommend that an expert consultation group be convened and the Union would participate in this group.