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## Chair's message

Welcome to the second newsletter for 2017 from the Medical Radiation Practice Board of Australia (the Board).

In this edition we feature several articles resulting from the Board's consideration of the responses to our Workforce Innovation Survey, which was conducted during a renewal period. The survey looked at issues relating to scope of practice, and in particular advanced or extended practice.

The response to the survey was fantastic, with some 13,000 registered practitioners contributing their thoughts and views.

The Board would like to thank all of those medical radiation practitioners who completed the survey and acknowledge their contribution to regulation of the profession.

A key finding of the survey was that scope of practice, and indeed advanced practice,

is not viewed by the profession in a common or universal way. Also some of the minimum capabilities for practice, as published in the Professional capabilities for medical radiation practice, were mistakenly identified as advanced or extended practice.

Many respondents were unaware that identifying significant pathology and alerting appropriate health practitioners was a minimum requirement of safe, independent practice. Similarly, practitioners were not aware that they need to be able to recognise and respond to a deteriorating patient.

Each of these findings and the Board's expectations in these areas of practice are covered in this newsletter.

I'm also pleased to highlight that this edition's profile features Patrick Eastgate, a diagnostic radiographer and the President of the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT).

Patrick exemplifies a practitioner who has successfully evolved his scope of practice over time. Patrick has kindly agreed to share some of his story so others in the profession can learn from how he developed his skills and knowledge to successfully evolve his scope of practice.

Vital to evolving one's scope of practice is a commitment to continuing professional development (CPD). In this edition we highlight the annual requirements but also provide an opportunity for you to give feedback on our CPD resources and tools. We'd like to know if you think the CPD log template could be made better or even if you find some content of the CPD tip sheet confusing.

Also, look out for the second article in our series of short information pieces raising important considerations in medical radiation practice. This one focuses on handwashing, which is important in the provision of good, quality healthcare no matter what your profession.

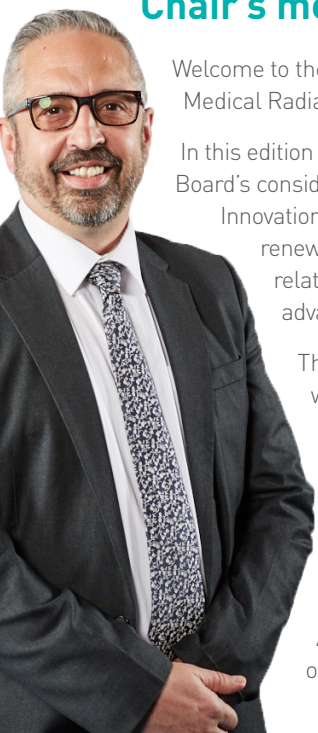
### Mark Marcenko

Chair, Medical Radiation Practice Board of Australia

## View of advanced practice not universal among profession, survey finds

Medical radiation practitioners have differing views of advanced or extended practice, according to one of the key findings of the Board's Workforce Innovation Survey.

Responses indicate that scope of practice, and indeed advanced practice, is not viewed by the profession in a common or universal way. The Board also notes that a number of survey respondents mistakenly identified elements of the Professional capabilities for medical radiation practice, which are the minimum capabilities for practice, as advanced or extended practice.



Respondents were also unaware that identifying significant pathology and alerting appropriate health practitioners was a minimum requirement for safe, independent practice. Similarly, respondents were not aware that they need to be able to recognise and respond to a deteriorating patient. Both of these issues will be covered in more detail later in this newsletter.

The *Professional capabilities for medical radiation practice* describe the Board's minimum expectations of registered medical radiation practitioners. The Board recognises that over time your scope of practice may change and that you may engage in specialised or focused areas of practice. However, the professional capabilities represent the minimum requirements for practice.

Graduates of approved programs of study, overseas-trained practitioners and those undertaking supervised practice are expected to meet the professional capabilities before being granted general registration. For those holding general registration, even if your scope is more focused, it is expected that you are able to meet the professional capabilities for medical radiation practice.

If you are thinking about changing your scope of practice the Board suggests that you consider how your qualifications and/or skills may need to evolve to ensure that you practise safely. Consider if you need further formal education and/or clinical training, noting that continuing professional development (CPD) can be a valuable tool in expanding your skills and knowledge.

As an individual's practice evolves, the Board expects that practitioners:

- recognise and work within their limits of their competence and scope of practice which may change over time
- ensure that they maintain adequate knowledge and skills to provide safe and effective care, and
- when moving into a new area of practice, ensure that they have sufficient training and/or qualifications to achieve competency in that area.

More than a third of survey respondents were interested in expanding their practice to benefit patients but identified barriers such as few education opportunities, rigidity of professional role responsibilities and funding constraints. Most identified that education and professional development would significantly increase the opportunities for a practitioner to advance or extend their practice.

One medical radiation practitioner who has successfully evolved his scope of practice over time is diagnostic radiographer Patrick Eastgate, who is also President of the [Australian Society of Medical Imaging and Radiation Therapy \(ASMIRT\)](#). Patrick has been a leading figure in the area of developing scope of practice. Read more about Patrick in this newsletter's practitioner profile.

## Practitioner profile – diagnostic radiographer Patrick Eastgate

### Improving patient safety an important motivation for personal development

Being courageous is the first step to advancing or extending one's practice, according to diagnostic radiographer Patrick Eastgate.

While Patrick, who is based in Queensland, doesn't consider himself to be an 'advanced practitioner', he has always held an interest in advanced/extended practice.

'You have to be courageous and willing to push the boundaries to better your patients' experience and safety,' he said.

'As radiographers we are our own worst barrier when it comes to advancing ourselves and we need to take responsibility for our own training and education with a view to developing our scope of practice.

'If you are singularly focused by a desire to improve patient safety and outcomes and are willing to give of yourself, then you will advance your practice.'

Patrick's interest in advanced/extended practice was sparked soon after he graduated and travelled to the United Kingdom. While there, he was able to witness firsthand the work of advanced practitioners who were highly trained, skilled and were having a significant effect on patients in the National Health Service (NHS).

'It wasn't just reporting radiographers, but radiographers who were able to complete a full examination independently,' Patrick said.

'An example of this was a radiographer who did the whole intravenous pyelogram (IVP) – injecting, deciding on appropriate images and then reporting the study. I saw similar with Barium studies and breast imaging.'

Continuing professional development (CPD) was a natural consequence of wanting to advance or extend one's practice, as well as being a registration requirement, Patrick said.

'CPD is not just about turning up to listen and observe. It's about actively participating through presenting proffered papers, publishing, workshops and offering your time to the development of the profession,' he said.

Patrick, who has a Master's degree in image interpretation, has also done numerous courses in image interpretation, and developed education and training in this field.

'I've also been fortunate to be trained in inserting PICC lines in a radiographer/nurse-led PICC Team which has culminated in my authoring a training program for an HHS on PICC insertions.

'I see inserting PICCs as extended scope and this doesn't make a clinician an advanced practitioner on its own.'

Having strong mentors to provide guidance and support helped Patrick achieve what he has to date and they were particularly important during challenging times of self-extension and assessment.

'Having world-leading clinicians to use as benchmarks of what I could achieve made a huge difference for me,' he said.

'When I started my Master's degree in image interpretation I was lucky enough to do so alongside a friend and colleague but I also had huge support from work colleagues in the UK, including radiologists.'

Patrick conceded that finding adequate training and resources in the area of advanced/extended practice can be difficult in Australia and may not always lead to a change in a practitioner's scope of practice.

'While I've completed an Australian-based Master's degree in image interpretation, it hasn't allowed for me to change my practice despite my increased skill set which is frustrating,' he said.

'However, I feel fortunate to have been able to learn a lot and to have had the support of colleagues from the UK where they seem to have a more integrated system of education and training for the profession in terms of extending scope.

'I think things are improving in Australia and in my role as President of ASMIRT I am keen to see the profession take responsibility for its own training and education to enable a broader scope of practice and to more effectively contribute to access to services and improving the patient experience.



Patrick Eastgate, diagnostic radiographer

## Alerting others when identifying unexpected or significant findings

In recent years there have been several coronial matters<sup>1</sup> where it was identified that if a medical radiation practitioner had alerted another health practitioner to a significant or unexpected finding this could have had a significant and positive impact on the overall system of patient care.

Medical radiation practitioners are an integral part of the healthcare system and contribute to ensuring that the system meets the needs and requirements of individual patients. This means that the profession has an important role to play in the continuity of a patient's care.

The Board's published [Professional capabilities for medical radiation practice](#) requires that **all** medical radiation practitioners 'apply knowledge of responsibilities for conveying information when significant findings are identified'.<sup>2</sup>

Responsibilities for conveying information may include protocols or instructions about verbal or written communication and record keeping.

Identifying significant findings includes recognising and applying knowledge of normal and abnormal imaging appearances and relating appearances to the patient/client's clinical history.

The professional capabilities impose an obligation on registered practitioners to bring to the attention of (alert) those health practitioners charged with the care of a patient, where there are significant or unexpected findings. The [guidance document](#) for accreditation assessment of programs of study describes the imaging appearances a graduate practitioner must be able to identify.

For example, a graduate of a Board-approved program of study who is registered as a diagnostic radiographer must be able to identify the imaging appearance of:

- acute dislocations
- soft tissue signs of occult fractures
- fractures around the spine, hip and pelvis
- alignment of cervical spine and associated soft tissue signs
- foreign bodies in head, neck chest and abdomen, particularly in the paediatric patient
- pneumothorax (spontaneous and tension), pneumomediastinum
- malpositioning of important chest tubes and lines, and
- abdominal pathologies.

They must also be able to identify computed tomography findings such as:

- acute brain haemorrhage

<sup>1</sup> Coroner's inquests into the death of Summer Alice Steer (Qld) and the death of Verna Therese Hamilton (Vic.)

<sup>2</sup> Domain 5: Deliver patient/client care appropriate to their division of registration.

- signs of subarachnoid haemorrhage versus subdural haemorrhage
- skull fracture
- signs of subacute stroke
- space occupying lesion in the brain
- pulmonary embolus
- dissecting aortic aneurysm, and
- ureteric calculi.

Communication between health practitioners about the clinical status of a patient should be recorded. The shared [Code of conduct](#), which is common to most National Boards, requires that registered practitioners maintain clear and accurate health records, noting that the purpose of the patient health record is to facilitate the continuity of care. Where a medical radiation practitioner alerts another health practitioner, depending on the circumstances, the alert should be made in the most expeditious manner, which may include verbal communication. A record of that alert should be entered into the patient health record as soon as practicable.

In most cases the appropriate place to record an alert is the patient health record. However, some employers or health services may have specific requirements for recording an alert by medical radiation practitioners.

The Board reminds all medical radiation practitioners that identifying significant pathology and alerting appropriate health practitioners is a minimum capability necessary for safe, independent practice.

## Practitioners have a professional obligation to recognise and respond to the deteriorating patient

Medical radiation practitioners are integral to and work as part of the system of healthcare. As a medical radiation practitioner, part of your duty of care extends to recognising and responding to patients whose physiological condition starts to deteriorate.

The [Professional capabilities for medical radiation practice](#) require that registered practitioners:

- b) *Identify and respond to a patient's deteriorating condition, or inability to undergo a procedure or treatment, consistent with duty of care and statutory requirements*

*(Domain 5: Practice in medical radiation sciences – Subdomain 3: Delivering patient care).*

A number of respondents to the Board's Workforce Innovation Survey were not aware of this professional obligation which was a topic of discussion at professional association meetings recently attended by the Board. The Australian Commission on Safety and Quality in Healthcare has released guidelines for recognising and responding to a deteriorating patient. It describes the Australian approach to recognising and

responding to clinical deterioration in acute care in two key documents. These are the [National Consensus Statement: Essential elements for recognising and responding to clinical deterioration](#) (the Consensus Statement) and [National Safety and Quality Health Service \(NSQHS\) Standard 9](#).

The way in which a medical radiation practitioner meets this obligation will often depend upon a number of factors. However, as a general rule registered medical radiation practitioners should be able to:

- systematically assess a patient
- understand and interpret abnormal vital signs, observations and other abnormal physiological parameters
- initiate appropriate early interventions for patients who are deteriorating (in some cases this may be limited to alerting the emergency team)
- respond with life-sustaining measures in the event of severe or rapid deterioration, pending the arrival of emergency assistance, and
- communicate information about clinical deterioration in a structured and effective way to the attending medical officer or team.

Generally, your employer will have a prescribed policy or method for managing patients whose physiological condition may be deteriorating. If you have not already familiarised yourself with these requirements you should do so now.

All medical radiation practitioners should consider the currency of their skills and in particular their ability to provide basic life support, which is an inherent requirement in being able to recognise and respond to the deteriorating patient.

If you need to update your basic life support skills, contact your employer, professional association or industrial union for information on available training programs.

## Be ready to provide safe care



### Be ready to provide safe care

- ✓ **Be aware**  
Know the minimum requirements for safe practice
- ✓ **Be educated**  
Maintain adequate knowledge and skills to provide safe care
- ✓ **Be alert**  
You must be able to recognise clinically significant findings and alert the appropriate health practitioner
- ✓ **Be responsive**  
Recognise and respond to the deteriorating patient

## Professional development: essential to providing safe care

Practitioners are best placed to determine the most appropriate activities for their professional development, particularly if they are considering a change to their scope of practice.

The Board's continuing professional development (CPD) requirement plays a role in protecting the public by ensuring that registered medical radiation practitioners are up to date with best practice in the profession.

CPD can be a valuable tool in helping to expand your knowledge and skills and it is up to practitioners to plan their CPD activities based on self-assessment of their needs and interests. Reflecting on and writing down what you have learnt will help with deliberations about how you may want to evolve your practice in the future.

Medical radiation practitioners must complete 60 hours of CPD over a three-year period – with a least 10 hours in any one year. At least 35 hours of CPD must be substantive CPD activities which have significant intellectual or practical content that is relevant to your practice.

When the revised [Continuing professional development registration standard](#) was released in December 2015, the Board also [published some tools](#) to help practitioners manage and meet the mandatory CPD requirements. These included:

- a tip sheet to stay on top of your CPD
- an infographic showing the requirements, and
- a logbook template to record CPD activities.

The Board hopes you have found these resources helpful. We are always open to receiving feedback from practitioners if you have suggestions on how they could be improved. You can email your feedback to [mrpba@ahpra.gov.au](mailto:mrpba@ahpra.gov.au)

Finally, remember to store your CPD records safely for four years and if you are randomly selected for audit, there is a tip sheet to help prepare you for [audit](#) requirements.

## Hand hygiene matters

The Chair of the Medical Radiation Practice Board of Australia, Mark Marcenko works as Chief Nuclear Medicine Technologist at the Royal Hobart Hospital. Recently Mark and the staff and students of the department attended a training session focused on hand hygiene and its importance in providing safe and effective care for patients.

The training session sparked some lively discussion around the importance of hand hygiene not just for registered health practitioners, but also for those students undertaking clinical training.

The following article was prepared with the assistance of the Australian Commission on Safety and Quality in Health Care.

Healthcare-associated infections (HAI) affect hundreds of millions of hospitalised patients worldwide annually and

are of major concern in healthcare.<sup>1</sup> The incidence of HAI in Australia has been estimated at 5%.<sup>2</sup> Healthcare-associated infections impose significant burden on individuals who experience reduced quality of life outcomes,<sup>3</sup> increased risk of mortality<sup>4</sup> and longer durations of hospital stay.<sup>5</sup>

Hand hygiene is an important infection prevention strategy: improving hand hygiene among healthcare workers is the single most effective intervention to reduce risk of healthcare-associated infections in Australian hospitals.<sup>6,7</sup> While improving hand hygiene practice seems intuitive, achieving sustained change to clinical practice can be difficult. The acute healthcare environment is busy and complex; other priorities may reduce good hand hygiene.

### The National Hand Hygiene Initiative

In 2008, the Australian Commission on Safety and Quality in Health Care commissioned Hand Hygiene Australia to implement the National Hand Hygiene Initiative, based on the World Health Organisation (WHO) *5 Moments* initiative, across all Australian hospitals. The initiative is multi-faceted and includes promoting the use of alcohol-based hand rub; improving knowledge about infection control through education about hand hygiene and alcohol-based hand rub; monitoring hand hygiene compliance; and measuring infection rates.

Hand hygiene compliance rates and hand hygiene compliance audits have been conducted in 521 hospitals, both public and private, across Australia. Hand Hygiene Australia publishes a [national data set](#) showing overall levels of hand hygiene compliance for health professions across Australia. Allied health practitioners demonstrate a good level of compliance, with students close behind, but there is room for improvement.

A key factor to increasing compliance rates is the use of alcohol-based hand rubs which can be placed at the point of care for use. Most hospitals across Australia have now placed these products throughout their facilities for easy access. When these are not available, medical radiation practitioners are urged to request that hand hygiene products are made readily accessible.

Hand Hygiene Australia offers an online education package for hand hygiene. This is available via [www.hha.org.au](http://www.hha.org.au). The [online education package](#) provides basic information about hand hygiene and the *5 Moments* for hand hygiene, and assesses participants' understanding through a series of multi-choice questions. On successful completion of the online education packages, a certificate can be printed out as evidence of completion.

The Medical Radiation Practice Board of Australia encourages all registered medical radiation practitioners to improve their hand hygiene compliance and to complete the online education package.

### References

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3. Kopp BJ, Nix DE, Armstrong EP. Clinical and economic analysis of methicillin-susceptible and -resistant *Staphylococcus aureus* infections. *Ann Pharmacother* 2004;38:1377-82.
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5. World Health Organisation. World Alliance for Patient Safety: WHO guidelines on hand hygiene in health care, Global Patient Safety Challenge 2005-2006 'Cleaner care is safer care'. Geneva: WHO, 2006;33-101.
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## Interested in developing content for the national examination? Upcoming vacancies

The Board will soon begin recruiting stream leaders and content writers to assist with the development of content for the national examination.

If you are interested, keep a watch out for vacancies that are advertised on the homepage of the Board's [website](#).

You can also contact [Statutory Appointments](#) from your preferred email address, advising of interest in the upcoming roles.

## National Scheme news

### COAG Health Council meeting communiqué

The federal and state and territory health ministers met in Melbourne on 24 March 2017 at the [COAG Health Council](#) to discuss a range of national health issues. The meeting was chaired by the Victorian Minister for Health, the Hon. Jill Hennessy. AHPRA CEO Martin Fletcher attended the Australian Health Workforce Ministerial Council (the Ministerial Council) meeting which brings together all health ministers throughout Australia to provide oversight for the work of the National Scheme. AHPRA and National Boards provide a regular update to the Ministerial Council on our work.

This meeting had a particular focus on the progress of amendments to the National Law which, among other things, will pave the way for the registration of paramedics from 2018, and a call for expressions of interest and nominations for first appointments to the National Board before this. Ministers also discussed further amendments to the National Law to increase the penalties for people holding out as registered practitioners.

## Scheduled Medicines Expert Committee appointed

Late last year the Ministerial Council endorsed the AHMAC Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law (the Guidance).

The Guidance is published on the AHPRA website under [Ministerial directives and communiqués](#). It provides information for National Boards about the process for, and content of, an application to the Ministerial Council for approval of endorsement for scheduled medicines for a health profession under section 14 of the National Law.

Consistent with the Guidance, AHPRA has established a Scheduled Medicines Expert Committee (Expert Committee) whose role is to advise National Boards on the use of scheduled medicines generally, and on matters relevant to a National Board's proposal for a new scheduled medicines endorsement or an amendment to an existing scheduled medicines endorsement.

Following a call for applications, AHPRA is pleased to announce the following appointments to the Expert Committee:

- Professor Anne Tonkin, Chair
- Ms Vanessa Brotto, core member
- Dr Susan Hunt, core member
- Professor Lisa Nissen, core member
- Ms Sarah Spagnardi, core member

The Expert Committee is expected to hold its inaugural meeting later this year. Information about the Expert Committee, including the terms of reference, will be published on the AHPRA website shortly.

## Keep in touch with the Board

- Visit [www.medicalradiationpracticeboard.gov.au](http://www.medicalradiationpracticeboard.gov.au) for the mandatory registration standards, codes, guidelines and FAQ. Visiting the website regularly is the best way to stay in touch with news and updates from the Board.
- Lodge an enquiry form via the website by following the [Enquiries](#) link on every web page under *Contact us*.
- For registration enquiries, call 1300 419 495 (from within Australia) or +61 3 9275 9009 (for overseas callers).
- To update your contact details for important registration renewal emails and other Board updates, go to the AHPRA website: [Update contact details](#).
- Address mail correspondence to: Mark Marcenko, Chair, Medical Radiation Practice Board of Australia, GPO Box 9958, Melbourne, VIC 3001.

## Interested in Board vacancies?

From time to time vacancies are advertised on the AHPRA website and on the vacancies page of the Medical Radiation Practice Board's website. If you would like to receive notice of vacancies when they are advertised, please contact [Statutory Appointments](#) from your preferred email address, advising which professions or roles you are interested in.