



Public consultation

18 February 2019

Draft revised professional capabilities for medical radiation practice

Introduction

The Medical Radiation Practice Board of Australia (the Board) is reviewing its *Professional capabilities for medical radiation practice* published in 2013. Professional capabilities describe the threshold level of professional capability required for general registration as a diagnostic radiographer, a nuclear medicine technologist or a radiation therapist in Australia.

About this public consultation

This public consultation enables the Board to test proposals and refine them before the final version of the capabilities document is approved and published in mid-2019. It follows a preliminary round of consultation with a limited group of stakeholders in September 2018.

Your feedback

The Board invites you to provide feedback on this **public consultation** on the *Draft revised professional capabilities for medical radiation practice* (the draft revised professional capabilities) and supporting fact sheets:

- *Fact sheet for education providers: Professional capabilities for medical radiation practice* and
- *Fact sheet for clinical supervisors: Professional capabilities for medical radiation practice*.

The Board will consider all feedback from this public consultation and feedback may be incorporated into the final draft of the revised capabilities.

Making a submission

You are invited to provide your comments and feedback by **midday 26 April 2019**, using one of the following options:

- complete the [Online Feedback to Consultation](#)
- or
- using the response template, email a written submission marked 'Feedback on Draft revised professional capabilities for medical radiation practice' to medicalradiationconsultation@ahpra.gov.au

Submissions sent by post should be addressed to the Executive Officer, Medical Radiation Practice Board of Australia, GPO Box 9958, Melbourne VIC 3001.

If you would like your feedback to be published on the Board's website after the public consultation, please ensure your submission is in Word format or equivalent.¹

The Online feedback to consultation, provided by Qualtrics, is an anonymous survey that does not record personal information other than broad demographic data. A high-level summary of the survey data will be published alongside other feedback after public consultation.

Publication of submissions

The Board will publish submissions at its discretion.

We generally publish submissions on our websites to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our websites, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally-identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board will accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested.

¹ You are welcome to supply a PDF file of your feedback in addition to the Word (or equivalent) file but we request that you supply a text or Word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as Word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx

Background

The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), established the Medical Radiation Practice Board of Australia (the Board) to begin national regulation of the profession from 1 July 2012. The Board has powers under the National Law to develop standards, codes and guidelines about the eligibility of individuals for registration in the medical radiation practice profession.

The Board first published professional capabilities in November 2013. These are the current professional capabilities and apply to entry-level medical radiation practitioners seeking to qualify for registration as a diagnostic radiographer, a nuclear medicine technologist, or a radiation therapist in Australia. Since the professional capabilities were published there have been changes and developments in technology, in practice, and in capability frameworks.

The Board must review the professional capabilities on a regular basis to ensure they are relevant for contemporary practice in the profession. In 2018, the Board commenced a review of the existing professional capabilities and developed the draft revised professional capabilities in this document. The draft revised professional capabilities reflect changes in the scope and role of medical radiation practitioners since 2013.

The Board is consulting about the content of the draft revised professional capabilities.

At the completion of public consultation, the Board will consider the feedback received, then finalise and publish the revised *Professional capabilities for medical radiation practice* (the revised professional capabilities).

Purpose and intended uses of the revised professional capabilities

The draft revised professional capabilities identify the minimum knowledge, skills and professional attributes needed to safely and competently practise as a diagnostic radiographer, a nuclear medicine technologist or a radiation therapist in Australia. They describe the minimum threshold level of professional capability required for both initial and continuing registration.

The Board will use the professional capabilities for medical radiation practice as a reference point of threshold competence when exercising its statutory functions, which includes:

- registration of individuals who completed an approved medical radiation practice program in Australia (see section headed 'Medical radiation practice professional capabilities and accreditation of medical radiation practice education programs in Australia' for more details)
- registration of individuals who are relying on medical radiation practice qualifications issued in other countries to qualify for general registration in Australia
- re-registration of individuals who were previously registered as a medical radiation practitioner in Australia, and
- evaluation of a registrant whose level of competence to practise may pose a risk of harm to the public, for example, if the Board receives a complaint or notification about that registrant.

The professional capabilities will also be used:

- by universities for the development of medical radiation practice curricula (learning and assessment)
- as part of the annual renewal of registration process. (For registered practitioners there are ongoing registration obligations through the [Recency of practice registration standard](#) that are underpinned by the professional capabilities), and
- to communicate to the public, consumers, employers, insurance companies and other stakeholders the standards they can expect from medical radiation practitioners.

Approach to developing the revised professional capabilities

The Board's approach to the revised professional capabilities was informed by:

- a review of recently published professional capabilities for other health professions within and outside of the National Registration and Accreditation Scheme (the National Scheme)
- recent work with the New Zealand Medical Radiation Technologists Board (NZMRTB) in aligning (to the extent possible) medical radiation practice in Australia and New Zealand, and
- a comprehensive review of the current *Professional capabilities for medical radiation practice*.

The Board considers the proposed approach as the most suitable option for the medical radiation practice profession at this time.

Review of recently published professional capabilities for other health professions

The Board recognises that some other health professions have published professional capabilities that are informed by the [CanMEDS physician competency framework](#) that was developed by the Royal College of Physicians and Surgeons of Canada. The CanMEDS framework groups abilities thematically under seven practitioner roles: medical expert, communicator, collaborator, manager, health advocate, scholar, and professional. Using practitioner roles as domain titles emphasises that many of the capabilities required to practise are integral to the practitioner, not just the practice. CanMEDS emphasises that a competent physician integrates the abilities of all seven roles in their practice.

The CanMEDS framework also highlights the development of physician competence along a continuum and identifies both the competence necessary for practice and the ongoing development of competence throughout a physician's career. This approach is different to simply identifying the competence expected at entry to practice.

Although the structure of the CanMEDS framework is not directly reflected in the draft revised professional capabilities, some of the underlying principles of the CanMEDS framework have been adopted. These principles include using the practitioner role for the domain titles and moving the focus away from entry-level capabilities to the concept of threshold professional capability on a continuum. The revised professional capabilities will be relevant throughout a registered medical radiation practitioner's career and will describe the threshold professional capability required to obtain and maintain registration in Australia.

Work to align medical radiation practice in Australia and New Zealand

The Board and the New Zealand Medical Radiation Technologists Board (NZMRTB), through a memorandum of understanding, have been working together to align the arrangements for medical radiation practice in both countries. In 2017, the NZMRTB consulted upon and implemented the [Competence Standards for Medical Imaging and Radiation Therapy Practice in New Zealand](#) (scopes of practice). These scopes of practice establish minimum capability thresholds for medical radiation practice in New Zealand. While there are differences in the legislative arrangements for regulation of the professions in Australia and New Zealand, to the extent possible the Board and the NZMRTB are working towards establishing common language and descriptions for minimum competent practice/threshold professional capability.

Proposed changes to the current professional capabilities

The current professional capabilities developed in 2013 provide a strong foundation and achieved the following:

- A single platform for the description of nationally consistent, minimum requirements for practice in the medical radiation practice profession.
- Common elements of practice for diagnostic radiographers, nuclear medicine technologists and radiation therapists were identified, many of which are also common to other health practitioners. In addition, specific capabilities necessary for registration in each of the three divisions of medical radiation practice were identified.

- The concept of 'capability' was differentiated from a 'task list' arrangement of competency. By describing the practice in terms of capability, the Board recognised that this is the way the profession has operated for many years, and it simply needed to be described as such.

The Board proposes to maintain a similar structure in the draft revised professional capabilities, that is: five common domains that cover capabilities common to all divisions of medical radiation practice, and three 'sub-domains' within Domain 1 related specifically to each of the three divisions of medical radiation practice.

The Board is also keen to ensure that the revised professional capabilities continue to be informed by capability principles which recognise that practitioners must be capable of taking appropriate and effective action to formulate and solve problems in both familiar and unfamiliar, complex and changing settings, rather than just showing that they know how to, and can perform practice-related tasks in isolation.

The Board has and will continue to balance the following considerations in the review of the current professional capabilities:

1. Some current capabilities do not accurately describe the level of capability required for safe and competent practice.

Many of the current capabilities only require demonstration of knowledge and understanding, but safe and competent practice requires capability in the practice setting. For example, for current capability number three in Domain 1 – 'Use patient information management systems appropriately' – only requires demonstration of 'knowledge of patient information management systems', rather than the 'use' of the system in the practice setting. Many of the capabilities that require demonstration of knowledge or understanding are foundational abilities that are taught and assessed during a student's education in an approved medical radiation practice program. The level of capability for safe and competent practice requires practitioners to apply detailed knowledge and perform practice-related tasks in the practice setting (not in isolation). In other words, practitioners should be capable of 'doing' rather than simply 'knowing' and this will often be best demonstrated in the clinical education setting (which includes simulation)

- The Board seeks to address this issue by revising the language so that many of the key capabilities and enabling components require application of knowledge and performance of practice-related tasks in the practice setting, rather than just demonstration of knowledge and understanding.

Capabilities relating to ultrasound and MRI

The current professional capabilities Domain 5A (Practice in diagnostic radiography) includes capabilities for ultrasound and MRI. However, these capabilities are limited in nature, and only require a superficial level of understanding that is not sufficient for safe and competent practice.

- The Board seeks to address this issue by clarifying threshold requirements for safe and competent practice by including MRI and ultrasound as optional key capabilities and enabling components (see Domain 1). The proposed threshold requirements are informed by the NZMRTB practice statements for MRI technologists and sonographers respectively.
- The proposed capabilities for MRI and ultrasound apply only to those practitioners who are registered or are applying to be registered as a medical radiation practitioner. They do not apply to unregistered practitioners.

The arrangements for changing, expanding or returning to a more fulsome scope of practice in Australia are described within the [Code of Conduct](#) which is common across most regulated health professions in Australia. With the exception of the specific practice restrictions in the National Law and restrictions that exist in other legislation (e.g. scheduled medicines legislation), a registered medical radiation practitioner can practise in a range of areas of practice, as long as they are suitably trained and qualified for safe and competent practice in the relevant areas. These arrangements are premised on the understanding that registered practitioners understand the limitations of their knowledge, skills and professional attributes.

To develop and broaden their capability, medical radiation practitioners often undertake further education and training and are reliant on training providers to provide education and training that prepares them for safe and competent practice. However, there can be uncertainty if the training program will achieve this, as both practitioners and training providers themselves may not be aware of the threshold requirements for safe and competent practice. An example of this is in MRI where a complete and nationally-consistent statement on threshold requirements for practice is not available or agreed upon.

- The Board seeks to address this issue by describing nationally consistent minimum capabilities for practice in MRI and ultrasound that ensure safe and competent practice. The revised capabilities enable practitioners and training/education providers alike to understand the minimum capabilities for practice in these areas.

Capabilities relating to recognising and responding to deteriorating patients

The current professional capabilities require medical radiation practitioners to identify and respond to a patient's/client's deteriorating condition. The current professional capabilities were published before the Australian Commission on Safety and Quality in Healthcare released the second edition of the [National consensus statement: essential elements for recognising and responding to acute physiological deterioration](#) (the national consensus statement).

The national consensus statement sets out the agreed practice for recognising and responding to clinical deterioration and applies to all patients in all acute-care facilities in Australia. It is important that the professional capabilities for medical radiation practice align with the national consensus statement. This statement sets the expectations of other health practitioners working with medical radiation practitioners in an acute-care setting.

- The Board seeks to address this issue referencing the national consensus statement in the explanatory notes relating to Key capability 7 in Domain 1 and adopting the same language i.e. 'recognise and respond in an appropriate and timely way...'. Health systems worldwide acknowledge that when health practitioners recognise and respond in an appropriate and timely way to deteriorating patients, patient/client safety and outcomes are improved. Medical radiation practitioners practice in a range of healthcare settings so they are well positioned as part of the overall care team, to help with providing and summoning urgent care for patients/clients when they most need it.

The national consensus statement primarily applies to the acute-care setting. However, in some cases medical radiation practitioners are expected to exercise the same principles of care when practising in private practice or community healthcare facilities. In most cases, medical radiation practitioners will apply clear protocols for managing a deteriorating patient, but in other cases medical radiation practitioners will need to apply a high level of professional judgement to provide the best care for the deteriorating patient.

Medical radiation practitioners are expected to be able to respond to a deteriorating patient and:

- make a reasonable assessment of a patients' physiological status
- understand and interpret abnormal vital signs, observations and other abnormal physiological parameters
- initiate appropriate early interventions for patients who are deteriorating
- respond with life-sustaining measures (basic life support) 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, to clinicians providing emergency assistance and to patients, families and carers.

At a minimum, medical radiation practitioners must be able to interpret and identify abnormalities with the following physiological parameters:

- respiratory rate
- oxygen saturation
- heart rate
- blood pressure

- temperature, and
- level of consciousness.

Capabilities relating to conveying information when urgent and unexpected findings are identified

The current professional capabilities require medical radiation practitioners to, 'apply knowledge of responsibilities for conveying information when significant findings are identified'. The current professional capabilities do not identify to whom information should be conveyed.

- The Board seeks to address this issue by clarifying that information must be conveyed 'in an appropriate and timely way, to a health practitioner involved in the immediate management of the patient/client when urgent and unexpected findings are identified' (Domain 1, Key capability 7, Enabling component c – *Enabling component 1.7c*). Conveying information to appropriate health practitioners is integral element of safe and competent practice. Several coronial matters² have identified that if a medical radiation practitioner had alerted another health practitioner to an urgent or unexpected finding, the impact on the overall system of patient/client care would have been positive and significant.

Although the focus of Enabling component 1.7c is on 'conveying information' about urgent and unexpected findings, medical radiation practitioners must be able recognise abnormalities and identify any urgent and unexpected findings. Medical radiation practitioners are also expected to be more alert to the possibility of an urgent or unexpected finding if the patient/client presents with abnormal physiological parameters or they are otherwise deteriorating.

The [Code of conduct](#) requires that registered practitioners maintain clear and accurate health records. In most cases, medical radiation practitioners should alert another health practitioner to urgent and unexpected findings in the quickest way which may include verbal communication. The medical radiation practitioner should record that alert in writing as soon as practicable. In most cases the appropriate written record of an alert is in the patient health record, but some employers or health services may have specific requirements for recording an alert.

2. Same practice, same requirements

Technological progress is a consistent feature of practice in the medical radiation professions. Traditional practice boundaries within the profession, which are often described in terms of the equipment that a practitioner uses, are being challenged by technological advancements that fuse, or indeed introduce, new methods of therapy or imaging. The result being that imaging and therapy equipment (often referred to as modalities) which has been traditionally associated with a specific division of practice is now increasingly being used by practitioners in the other divisions. Acknowledging the changing environment of practice, the Board has decided to address these changes premised on the view that regardless of the division of registration, practice in particular area or using a specific modality, requires the same minimum capability. For example, if a medical radiation practitioner's practice involves magnetic resonance imaging (MRI), regardless of the division of registration, the registered medical radiation practitioner must meet the same threshold capabilities for MRI.

In the revised version of the professional capabilities, the Board seeks to address these issues by including:

- threshold capabilities for the provision of computed tomography (CT), magnetic resonance imaging (MRI) and ultrasound (US) health services. For registered medical radiation practitioners who provide health services that involve CT, MRI or ultrasound, regardless of the division of registration, they must be able to meet the threshold requirements in the relevant area of practice.

A registered practitioner must meet these threshold requirements when CT, MRI or ultrasound forms part of their scope of practice.

² Coroner's inquests into the death of Summer Alice Steer (Qld) and the death of Verna Therese Hamilton (Vic.)

- threshold requirements for using medicines in practice. This includes using various contrast agents in CT and MRI.

A registered practitioner who is using iodinated contrast connected with CT imaging must meet the threshold requirements for safely using medicines in practice.

It is proposed that common requirements for MRI and ultrasound will exist as optional key capabilities and enabling components within Domain 1. Medical radiation practitioners registered in any of the three divisions (diagnostic radiographers, nuclear medicine technologists and radiation therapists) may include these technologies in their scope of practice. The Board's view is that any registered medical radiation practitioner should be able to perform these procedures if they choose to and are qualified for safe and competent practice in these areas.

3. The current professional capabilities do not fully address cultural competence and cultural safety in practice.

In the current professional capabilities, medical radiation practitioners are required to acknowledge and consider socio-cultural factors relating to their patients/clients. However, the concepts of cultural competence and cultural safety are lacking, particularly in relation to Aboriginal and Torres Strait Islander Peoples. Medical radiation practitioners in Australia require a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other determinants of health in Aboriginal and Torres Strait Islander communities.

Cultural competence is a commonly used term that encompasses patient/client-centred concepts focused on demonstrating cultural safety and cultural respect. It involves interacting effectively with and responding to each client. Culturally responsive practice requires medical radiation practitioners to reflect not only on their own culture, but that of their patient/client and to engage in new and ongoing learning relevant to cultural safety.

- The Board seeks to address this issue by highlighting the importance of cultural competence and cultural safety in the introduction to the professional capabilities, and by creating a new enabling component in Domain 2 that requires practitioners to apply the principles of cultural competence and cultural safety to practice. The National Scheme's Aboriginal and Torres Strait Islander Health Strategy Group's definition for cultural safety has been included in the professional capabilities.

4. The current professional capabilities include some duplication.

The Board has sought to address issues associated with duplication by streamlining the professional capabilities by combining and condensing duplicative key capabilities and enabling components, while ensuring that original content is maintained. For example, current capabilities number four (Maintain safety of self and others in the work environment appropriate to their division of registration) and number five (Safely manage radiation and radioactivity in the environment) in Domain 5 have been combined and condensed to remove the duplication.

In summary, in comparison to the current professional capabilities, it is proposed that:

- The revised professional capabilities continue to be structured into five common domains, three domains specific to each division, and optional key capabilities and enabling components incorporated into Domain 1
- The revised professional capabilities continue to be informed by capability principles, with an emphasis on the concept of a capability continuum, whereby registered practitioners are required to maintain at least the threshold level of professional capability in all areas relevant to their practice, throughout their career.
- The revised professional capabilities no longer require threshold capability in MRI, ultrasound and contrast CT in diagnostic radiography only. These key capabilities may be common to medical radiation practitioners registered in any of the three divisions, provided that the medical radiation practitioner is suitably qualified for safe and competent practice in the relevant area.

- The revised professional capabilities have an increased focus on ‘doing’ rather than ‘knowing’, with many of the key capabilities and enabling components requiring application of knowledge and performance of practice-related tasks in the practice setting, rather than just requiring demonstration of knowledge and understanding.
- The revised professional capabilities clarify threshold requirements for MRI and ultrasound which are based on the requirements for MRI technologists and sonographers in New Zealand respectively.
- The revised professional capabilities align with the national consensus statement for recognising and responding to deteriorating patients.
- The revised professional capabilities clarify medical radiation practitioners’ responsibilities for conveying information about urgent and unexpected findings to other health practitioners involved in the immediate care of a patient.
- The revised professional capabilities include the requirement for medical radiation practitioners to incorporate cultural competence and cultural safety into practice, with respect to Aboriginal and Torres Strait Islander Peoples in particular.
- The revised professional capabilities are more streamlined with the removal of duplication.

The proposed structure of the revised professional capabilities

The draft revised professional capabilities are organised into five domains common to all medical radiation practitioners in all divisions of the profession (Domains 1-5), three domains which are specific to each of the three divisions (Domains 1A-1C). Each domain consists of key capabilities and corresponding enabling components.

Domains

The domains comprise key capabilities that are thematically arranged and describe the essential characteristics of a competent registered medical radiation practitioner in Australia.

- Domain 1: Medical radiation practitioner:
 - Domain 1A: Diagnostic radiographer
 - Domain 1B: Nuclear medicine technologist
 - Domain 1C: Radiation therapist
- Domain 2: Professional and ethical practitioner
- Domain 3: Communicator and collaborator
- Domain 4: Lifelong learner
- Domain 5: Radiation safety and risk manager

Key capabilities – what registered medical radiation practitioners must be able to do

The key capabilities describe the key features of safe and competent practice in a range of contexts and situations of varied complexity and uncertainty. During any one procedure or treatment, practitioners are expected to demonstrate key capabilities from various domains. This recognises that competent professional practice is more than a sum of each discrete part and requires an ability to draw on and integrate the breadth of capabilities to support overall performance.

Enabling components – evidence of the key capabilities for general registration as a medical radiation practitioner

The enabling components describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the practice setting. Medical radiation practitioners must be able to demonstrate all enabling components for all key capabilities for safe and

competent practice. This includes applying, adapting and synthesising new knowledge from experience to continually improve performance.

The relationship between the draft revised professional capabilities and the draft revised accreditation standards for medical radiation practice

The National Board is responsible for the regulation of medical radiation practitioners and established the Medical Radiation Practice Accreditation Committee (the Committee) under the National Law in July 2012. The regulatory functions of registration and accreditation work to ensure that registered medical radiation practitioners are suitably trained and qualified to practise in a competent and ethical manner.

The Committee is responsible for accrediting education providers and medical radiation practice programs of study. It assesses programs against the *Medical radiation practice accreditation standards* (the accreditation standards) that were developed by the committee and approved by the National Board. The Committee accredits programs that meet, and monitors programs to ensure they continue to meet, the accreditation standards.

The Committee is reviewing the current accreditation standards. The draft revised accreditation standards refer to the professional capabilities. The accreditation standards require education providers to design and implement a program where learning outcomes and assessment tasks map to all the professional capabilities. Accreditation of a program therefore provides assurance to the Board and the community that graduating students from the medical radiation practice programs have the knowledge, skills and professional attributes that are necessary for safe and competent practice in Australia.

The revised accreditation standards are expected to be finalised and published in early 2019. The revised professional capabilities are expected to be finalised and published in mid-2019. The revised accreditation standards and revised professional capabilities will take effect several months after they are published. This will give education providers an opportunity to make any changes that may be needed to meet the revised accreditation standards. The current accreditation standards and the current professional capabilities will continue to be used until the revised documents take effect.

The Board is interested in your feedback about the draft revised professional capabilities

The Board welcomes comment about the draft revised professional capabilities and associated documents.

Feedback is sought on:

- the information in this consultation paper
- the draft revised professional capabilities document (Attachment A):
 - the information in the introduction in the draft revised professional capabilities
 - the key capabilities and corresponding enabling components in each domain of the draft revised professional capabilities, and
 - the explanatory notes relating to the enabling components
- the information in the *Fact sheet for education Providers: Professional capabilities for medical radiation practice* (Attachment B), and
- the information in the *Fact sheet for clinical supervisors: Professional capabilities for medical radiation practice* (Attachment C).

Specific questions the Board would like you to address are:

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?
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?

4. Do the enabling components sufficiently describe the essential and measurable characteristics of threshold professional capability that are necessary for safe and competent practice?
5. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?
6. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the Board should be aware of, if these capabilities are adopted?
7. Are there implementation issues the Board should be aware of?
8. Do you have any other general feedback or comments on this consultation paper or the proposed draft revised professional capabilities?

The template for feedback is on the Board's public consultation page

Feedback can be provided by email to:

medicalradiationconsultation@ahpra.gov.au

The closing date for feedback is **midday, Friday 26 April 2019**

Attachments

Attachment A: *Draft revised professional capabilities for medical radiation practice*

Attachment B: *Fact sheet for education providers: Professional capabilities for medical radiation practice*

Attachment C: *Fact sheet for clinical supervisors: Professional capabilities for medical radiation practice*