

Information Sessions

Revised Professional capabilities

Mark Marcenko

Webinar, 7 March 2019

Before we begin, we acknowledge the Traditional Custodians of the land we are meeting on – the **the Wurundjeri** and the **Boonwurrung** Peoples of the **Kulin Nation** – for their continuing connection to land, sea, community and culture. We pay our respects to their Elders past, present and emerging.

Overview

- Public consultation
- Policy directions
- What has changed
- Capability and competence
- Discussion

Public consultation

- Commences 18 Feb 2019
- Closes midday 26 April 2019
- Two Information sessions in Bris and Melb
- Information session via Webinar 7 March 2019
- Feedback can be provided online

Policy directions

Capabilities

- enable practitioners and workforce
- same requirements for same practice
- future focussed - adaptable to changing practice
- improve indigenous health outcomes
- reflect international best practice

What has changed

- revised structure
- cultural competency and safe practice
- new capabilities for ultrasound and MRI
- same requirements for CT, MRI and ultrasound across three divisions
- responding to the deteriorating patient
- conveying urgent of unexpected findings

Revised Structure

- Domain 1 : Medical radiation practitioner:
- Domain 2: Professional and ethical practice
- Domain 3: Communicator and collaborator
- Domain 4: Lifelong learner
- Domain 5: Radiation safety and risk manager

Revised Structure

- Domain 1 : Medical radiation practitioner:
 - Common elements include
 - Using and clinical information systems
 - Understanding different imaging and treatment pathways
 - Clarified requirements for the deteriorating patient
 - Clarified requirements for communicating urgent findings
 - Optional capabilities MRI and ultrasound
 - Domain 1A: Diagnostic radiographer
 - Domain 1B: Nuclear medicine technologist
 - Domain 1C: Radiation therapist

Revised Structure – Key capabilities

2. Key capabilities and enabling components

Domain 1: Medical radiation practitioner

This domain covers the knowledge, skills and attributes a medical practitioner independently and provide safe, high quality, patient/client services. The key capabilities and enabling components for this domain are common to medical radiation practitioners registered with the Medical Radiation Practice Board of Australia.



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

Enabling components – Evidence of registration as a medical radiation practitioner

1. Apply knowledge of anatomy, physiology and pathology to practice.

- a. Apply knowledge of anatomy and physiology to practice.
- b. Apply knowledge of the signs and symptoms of conditions and injuries affecting the body to practice quality examinations/treatments.
- c. Identify anatomical structures and diseases of the human body.

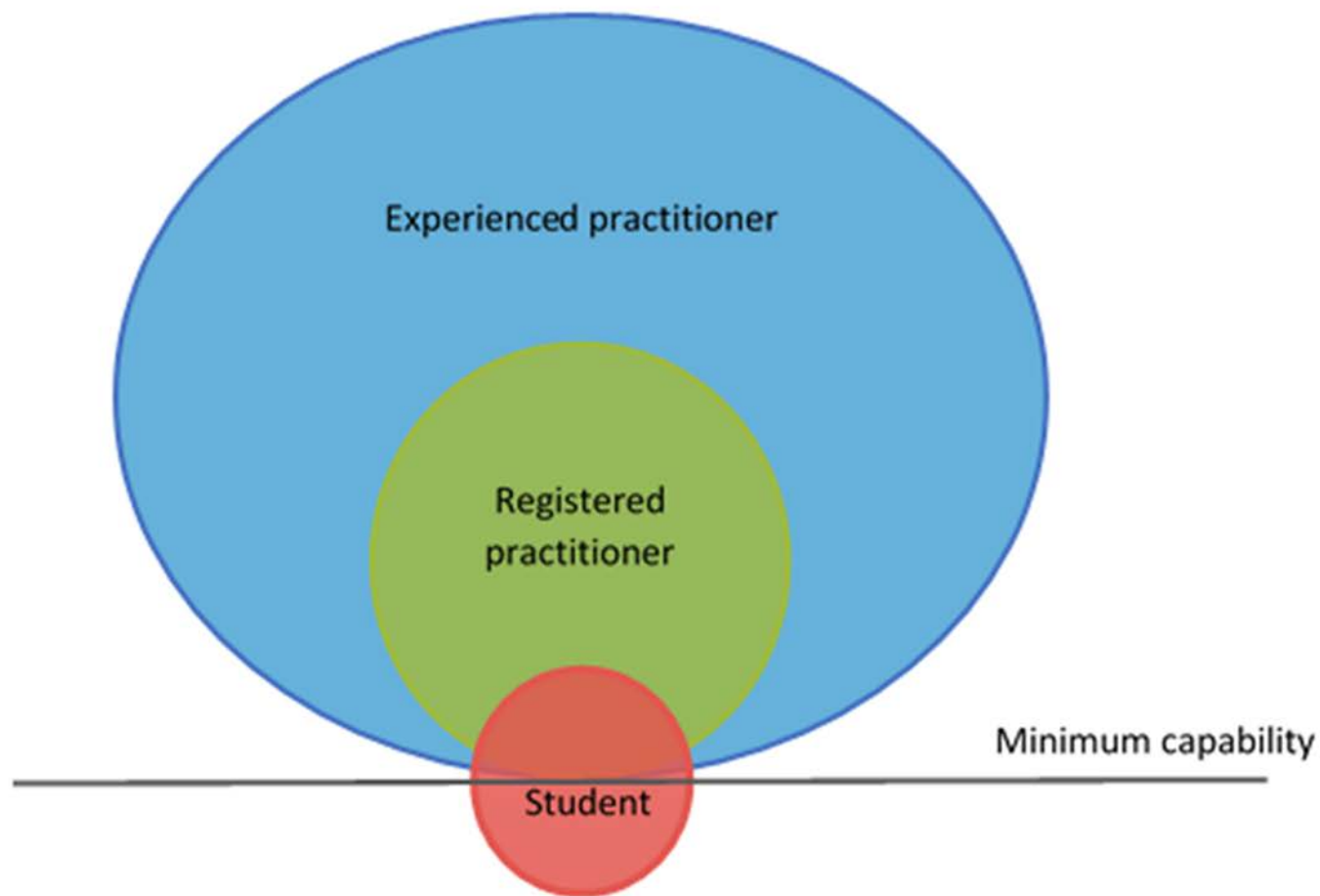
2. Use clinical information management systems appropriately.

- a. Understand and comply with data privacy; the ownership of patient/client records and information.

Revised Structure – Enabling components

Key capabilities – <i>What registered medical radiation practitioners must be able to do</i>	Enabling components – <i>Evidence of this capability for general registration as a medical radiation practitioner</i>
7. Deliver patient/client care.	<ul style="list-style-type: none"> a. Recognise and respond in an appropriate and timely way to a patient's/client's deteriorating condition, or inability to undergo a procedure consistent with duty of care and statutory requirements. b. Apply quality criteria to assure image quality, evaluate medical images and identify any urgent and/or unexpected findings. c. Take appropriate and timely action, to ensure the immediate management of the patient/client when any urgent and/or unexpected findings are identified. d. Provide appropriate patient/client care before, during and after the examination/treatment. <p>Recognising and responding to a patient's/client's deteriorating condition must be consistent with the <i>National consensus statement: essential elements for recognising and responding to clinical deterioration.</i></p>

Capability and competence



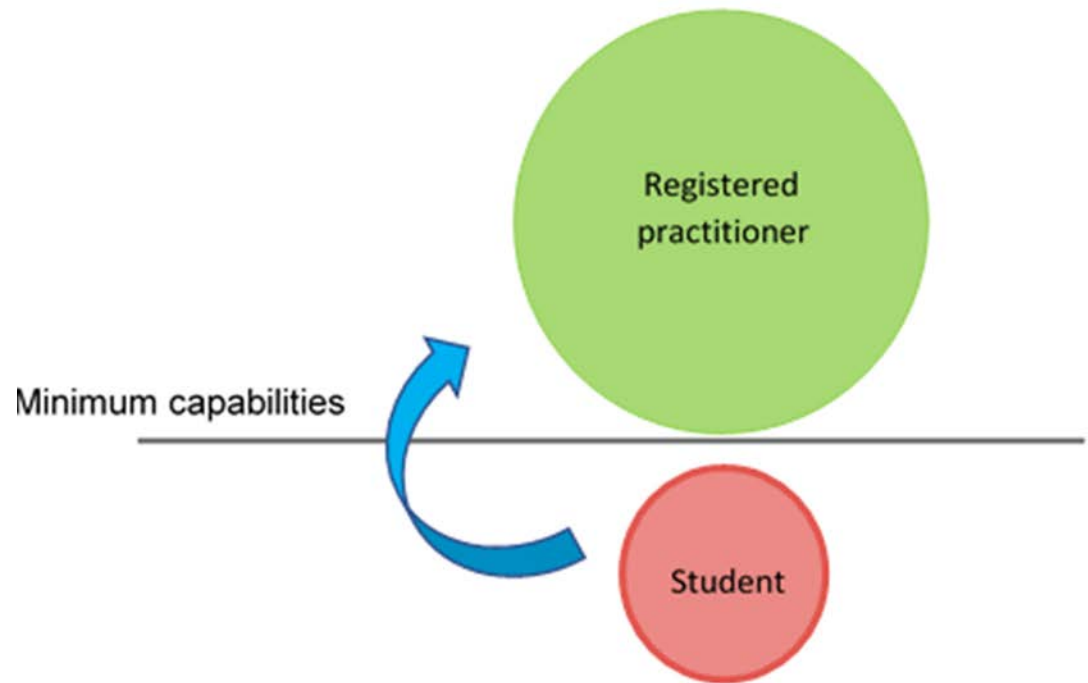
Capability and competence

Enabling components

Apply knowledge / apply principles – expected to apply detailed knowledge

Understands – has broad knowledge for safe practice

Performs – majority of enabling components requires performance in practice setting



What has changed?

- New capabilities for using and managing clinical information systems
- *Use clinical information management systems appropriately.*



What has change?

- Focussed cultural capability and cultural safety requirements
- Indigenous health outcomes

Statement of intent

The National Registration and Accreditation Scheme (the National Scheme) is a single, nation-wide scheme for registered health practitioners. The scheme ensures that all regulated health professionals are regulated against consistent, high-quality, national professional standards and can practice across state and territory borders without having to re-register in each jurisdiction.

This is a statement of intent – between the 15 national health practitioner boards (the [National Boards](#)), the Australian Health Practitioner Regulation Agency ([AHPR](#)), [Accreditation Australia](#) and Aboriginal and Torres Strait Islander health sector leaders and organisations.

We share a joint commitment to the following vision and values:

Vision

Patient safety for Aboriginal and Torres Strait Islander Peoples is the norm. We recognise that:

- patient safety includes the inextricably linked elements of clinical and cultural safety; and
- this link must be defined by Aboriginal and Torres Strait Islander Peoples.

Values

- commitment, accountability, shared priorities, collaboration and high-level participation
- Aboriginal and Torres Strait Islander leadership and voice in the National Scheme
- reciprocity, which is two-way learning and the benefit of our work and outcomes; and
- self-determination for Aboriginal and Torres Strait Islander Peoples.

Cultural safety

Cultural safety is defined here as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples.

We acknowledge that there is currently no nationally agreed definition of cultural safety.

Our intent

We will work together to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians to close the gap by 2031.

We share a commitment to ensuring that Aboriginal and Torres Strait Islander Peoples have access to health services that are culturally safe and free from racism so that they can enjoy a healthy life, equal to that of other Australians, enriched by a strong living culture, dignity and justice. We also commit to ensuring that Aboriginal and Torres Strait Islander Peoples are actively leading the design, delivery and control of health services.

We commit, using our leadership and influence, to realising our vision including through our application of the National Law¹ to ensure:

- a culturally safe health workforce supported by nationally consistent standards, codes and guidelines across all professions in the National Scheme
- using our leadership and influence to achieve reciprocal goals
- increased Aboriginal and Torres Strait Islander Peoples' participation in the regulated health workforce
- greater access for Aboriginal and Torres Strait Islander Peoples to culturally safe services of health professionals regulated under the National Scheme; and
- increased participation across all levels of the National Scheme.

Scope of the National Scheme

The National Scheme regulates more than 700,000 registered health practitioners and over 150,000 registered students. It also accredits over 740 approved programs of study delivered by over 330 education providers.

We acknowledge that this work is long-term and involves substantive reform.

'Non-Indigenous Australians must learn to appreciate the discomfort that is a daily experience for Aboriginal and Torres Strait Islander Australians. You can't experience what we feel every day, but you can accept it is real. You can sit with it, and see this experience of discomfort as this learning to enable much-needed change. Change is hard, and then apply these principles to work in policy development and service delivery.'

Ref L1816, Co-Chair of the Congress of Australia's First Peoples

¹ Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).



Reflect

Reconciliation Action Plan
for the Australian Health
Practitioner Regulation Agency

July 2018 to June 2019



What has changed – cultural safety

- A culturally safe health workforce
- Increased Aboriginal and Torres Strait Islander Peoples' participation in the registered health workforce
- Greater access for Aboriginal and Torres Strait Islander Peoples to culturally safe health services
- Increased participation across the National Scheme

What has changed – cultural safety

Cultural Safety is defined as:

“the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples”

What has changed – cultural safety

- Higher standard of training than ‘cultural awareness’ or ‘cultural sensitivity’
- Seeks genuine reflection on practice
- Focus on each individual learner, their background, their connection to history and culture, and potential biases

What has changed - Common

- New capabilities for ultrasound and MRI

Optional key capabilities and enabling components

The following optional key capabilities and enabling components covers the knowledge, skills and attributes required by a diagnostic radiographer, nuclear medicine technologist or radiation therapist who includes medical resonance imaging (MRI) and/or ultrasound in their scope of practice, to practise independently and provide safe, quality, patient/client-centred care.



Key capabilities – <i>What registered medical radiation practitioners must be able to do</i>	Enabling components – <i>Evidence of this capability for general registration as a medical radiation practitioner</i>
9. Perform magnetic resonance imaging (MRI).	<ul style="list-style-type: none">a. Operate MRI systems safely and effectively.b. Apply knowledge of the principles of MRI physics and surrounding environment to ensure patient/client and others' safety.c. Select suitable imaging parameters for the patient/client presentation and where appropriate, modify imaging parameters to achieve optimal diagnostic outcomes.

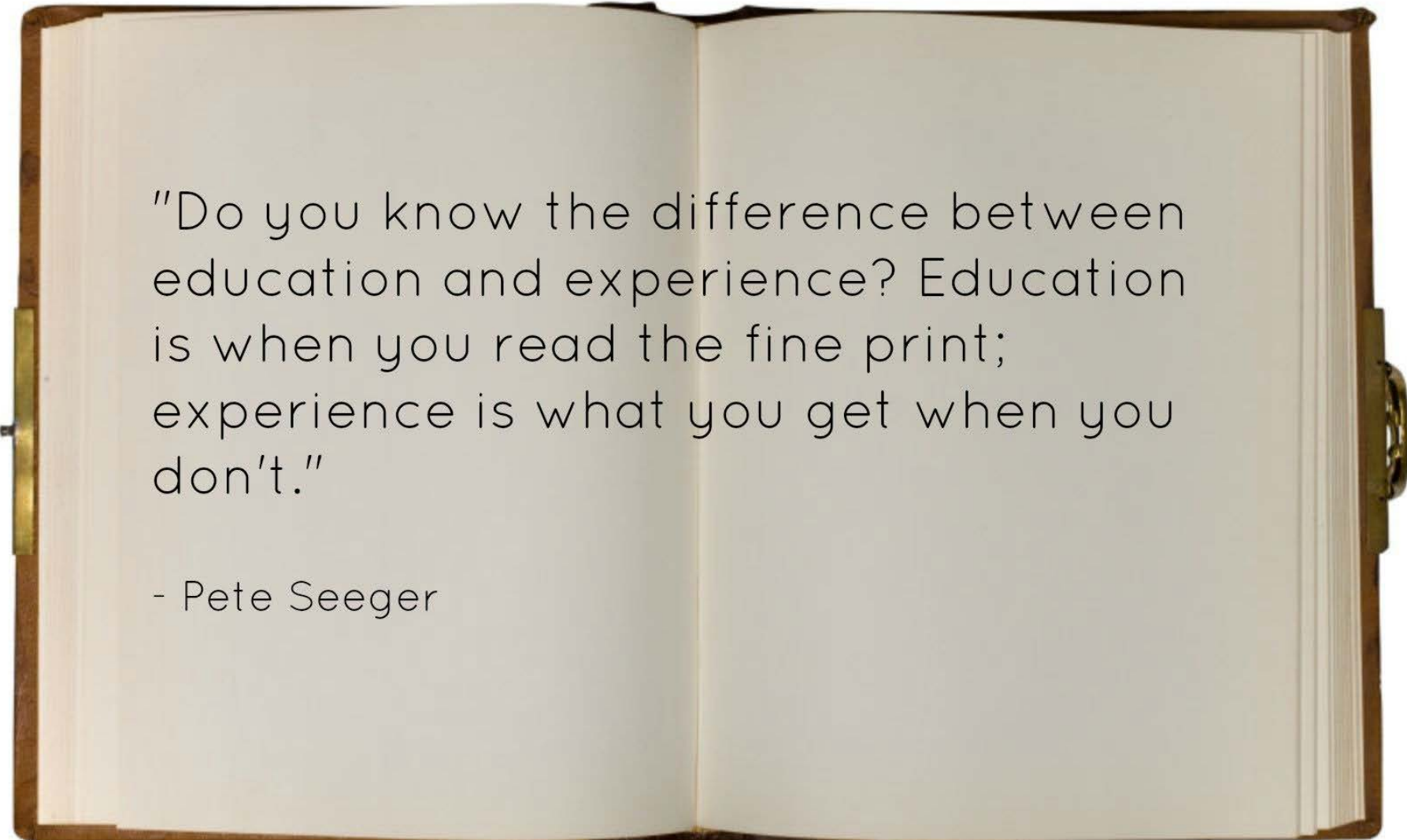
What has changed - Common

- Strengthened requirements for managing the deteriorating patient

Key capabilities – <i>What registered medical radiation practitioners must be able to do</i>	Enabling components – <i>Evidence of this capability for general registration as a medical radiation practitioner</i>
7. Deliver patient/client care.	<p>a. Recognise and respond in an appropriate and timely way to a patient's/client's deteriorating condition, or inability to undergo a procedure consistent with duty of care and statutory requirements.</p> <p>Recognising and responding to a patient's/client's deteriorating condition must be consistent with the <i>National consensus statement: essential elements for recognising and responding to clinical deterioration</i>.</p>

What has changed - Common

- Strengthened capabilities for conveying information when urgent or unexpected findings are identified.
- *Take appropriate and timely action, to ensure the immediate management of the patient/client when any urgent and/or unexpected findings are identified.*

An open book with a dark brown cover and brass-colored clasps. The left page contains a quote in a black, monospaced font. The right page is blank.

"Do you know the difference between education and experience? Education is when you read the fine print; experience is what you get when you don't."

- Pete Seeger

[CommentsYard.com](https://www.commentsyard.com)

Fact Sheets

- Describes the expectations of education providers and clinical supervisors
 - Education providers develop work ready practitioners
 - Clinical supervisors play an important role in teaching and assessing students
 - Students must demonstrate all enabling components for all key capabilities before they graduate

Questions

Thank you