



AUSTRALIAN INSTITUTE OF RADIOGRAPHY

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*The national professional organisation representing radiographers,
radiation therapists and sonographers.*

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05/26/5/30

30th May 2005

Mr Ian Gibbs
Assistant Commissioner
Productivity Commission
P.O. Box 80 Belconnen
ACT 2616

Dear Mr Gibbs

Re: Inquiry into the Health Workforce

Thank you for the opportunity of allowing us to submit our input to the forthcoming COAG meeting. When you visited us at the last HPCA meeting, Mike Woods quoted as an example "why do we have Radiologists having to read and sign off every x-ray when the radiographer could be just as capable of doing that?". We find that statement to have great merit for our profession. The AIR as a professional body is at preliminary stages of looking at improving the productivity of radiographers in the workforce. A feasible draft could look at radiographers undergoing some extra training and education to fit into the following categories:

Diagnostic Radiography

1. Radiographer Practitioner- Triage
 - 1.1. Will work in unison with the triage nurse/doctor who refers patients who need medical imaging. The Radiographer Practitioner- Triage will determine the appropriate imaging and organise this as well as read the images and liaise with the appropriate doctor. They will also have skills to be on the resuscitation team, including having the ability to inject the appropriate drugs.
2. Radiographer Practitioner- GIT (barium enema)
 - 2.1. Perform barium enemas without radiologist supervision
 - 2.2. Relevant image interpretation
3. Radiographer Practitioner- Womens' health
 - 3.1. Mammography/Breast Imaging
 - 3.2. Breast Procedures ie localizations
 - 3.3. Relevant image interpretation
4. Radiographer Practitioner- CT
 - 4.1. Perform CT head without radiologist supervision
 - 4.2. Resuscitation, including having the ability to inject the patient appropriate drugs eg during Anaphylaxis
 - 4.3. Requesting of supplementary studies or rejecting radiographic requests
 - 4.4. Relevant image interpretation for CT head

5. Radiographer Practitioner- Image Management/ Image Business applications
 - 5.1. Budgetary and financial considerations for a radiology department
 - 5.2. Strategic Planning for a radiology department
 - 5.3. Needs Analysis for a radiology department
 - 5.4. Business evaluation for a radiology department
6. Radiographer Practitioner- Sonography
 - 6.1. Procedures ie Biopsies/FNA
 - 6.2. Relevant image interpretation

Radiation Therapy

1. Radiation Therapist Practitioner
 - 1.1. Complement the Oncologist team
 - 1.2. Recognise the expertise of radiation therapist in an advanced practitioner role
 - 1.3. Deliver patient and service benefits
2. Radiation Therapist Practitioner- General
 - 2.1. Patient consultation and pre-treatment assessment
 - 2.2. Delineation of the radiation treatment field within defined protocols
 - 2.3. Prescribing radiation dose within defined protocols
 - 2.4. Request further investigations
 - 2.5. Administer medications
 - 2.6. Review clinics for patients on treatment
 - 2.7. Patient Counsellor
3. Radiation Therapist Practitioner- Business Applications
 - 3.1 Budgetary and financial considerations for radiology department
 - 3.2 Strategic Planning for a radiation therapy department
 - 3.3 Needs analysis for a radiation therapy department
 - 3.4 Business evaluation of radiation therapy department
 - 3.5 Patient data/information management

As mentioned, these ideas are only in their early stages. The AIR Board has appointed a select group of members to form the Professional Advancement Working Party (PAWP) to help in the advancement of the profession's directions. Their terms of reference have been approved and we expect to be able to make their recommendations available to your enquiry as soon as the Board has endorsed them. In the meantime, please accept this letter as our preliminary thoughts for your forthcoming report to the COAG meeting next week.

We are happy to continue discussions with you in our efforts to improve the health workforce and look forward to further dialogues shortly.

Yours sincerely,

E M Badawy
Executive Officer

cc: Board