



22 February 2022

Nicole D'Rozario

Coroner's Registrar

Coroners Support Services

Coroners Court of Victoria

Dear Ms. D'Rozario,

COR 2019 002336 Investigation into the death of Peta Hickey

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) is the peak body representing medical radiation practitioners in Australia.

Pursuant to section 72(2) of the Coroners Act 2008 (Vic), ASMIRT make the following recommendations connected with the death.

Recommendations regarding radiographers

*That the **Medical Radiation Practice Board (MRPB)** review and update its set of Professional Capabilities for Medical Radiation Practitioners to ensure that emergency response is adequately addressed within them, including both proficiency in recognition of reactions, administration of necessary treatments, and playing an active role in emergency response, including raising issues with more senior staff when required.*

The Coroner's recommendation is under consideration

ASMIRT notes that at present that under the MRPB Professional Capabilities Documentation (dated 1st March 2020), it states:

Radiographers – "Perform and evaluate contrast and non-contrast CT examinations of the body and, when appropriate, modify them to consider patient/client presentation and clinical indications."

Radiation Therapists – "Contrast CT examinations can be performed by those who are appropriately trained and qualified to do so."

Nuclear Medicine Technologists – "Contrast CT examinations can be performed by those who are appropriately trained and qualified to do so."

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With regards to contrast agents, if the use of medicines (which includes scheduled medicines) forms part of your practice, for example using iodinated contrast or gadolinium contrast agents or radiopharmaceuticals, you must ensure that you know how to use these medicines safely.

Domain 1, Key Capability 8 of the document requires that you must apply knowledge of safe and effective use of use of medicine practice. This includes but is not limited to double checking for the correct medicines, correct dose and correct route. The practitioner must assess and manage the risk of medicines by understanding the indications for use, the precautions and contraindications for the use of that medicine(s). You must monitor the patient and manage adverse reactions to medicines in accordance with local protocols.

The practitioner using, prescribing and supplying medicines is subject to legislative authorisation and restriction under the relevant drugs, medicines legislation in each State and Territory. It is important for the practitioner to be aware of what authorisations and restrictions apply in your place of practice with respect to using medicines (scheduled or otherwise). The practitioner should consult their State / Territory health department for guidance on medication arrangements in that jurisdiction.

Under this Key Capability, the practitioner is required to:

- Apply the principles of safe and effective use of medicines to practice.
- Recognise the risks, precautions and contraindications of the use of medicines, informed by the patient's / client's current pathology status.
- Apply knowledge of pharmacokinetics, pharmacodynamics and the potential range of reactions to medicines.
- Safely and effectively deliver medicine to patients / clients, in accordance with procedures.
- Actively monitor the effects of medication and manage adverse reactions to medicines, in accordance with protocols.

Have a knowledge of safe and effective use of medicines relevant to practice may include state and territory and / or federal legislation about the supply and administration of medicines. It also includes understanding how pathological conditions may affect the delivery of some medicines.

To ensure procedures for safe and effective delivery of medicines must be consistent with the NSQHS's Medication Safety Standard and may include checking products, confirming correct labelling, accurate calculations and measurements and correct route.

- Apply knowledge of pharmaceuticals relevant to their division of registration
- Demonstrate understanding of the principles and applications of pharmaceuticals
- Demonstrate understanding of the risks, precautions and contraindications of pharmaceutical use
- Apply knowledge of pharmacokinetics, pharmacodynamics and the potential range of reactions to drugs or agents relevant to their division of registration.
- Follow procedures to ensure delivery of correct pharmaceuticals to patients / clients

The knowledge of pharmaceuticals may include relevant state and territory legislation regarding pharmaceutical administration.

The procedures for delivery of correct pharmaceuticals may include double checking products, confirming correct labelling, accurate calculations and measurements, and correct route.

ASMIRT will endeavour to form a close working relationship with the MRPB in early 2022 to initiate a review

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of policies and procedures to ensure that an emergency response for medically adverse contrast reactions are adequately addressed within them, including both proficiency in recognition of reactions, administration of necessary treatments, and playing an active role in emergency response.

As requested, the details for the relevant contact person is as follows:

Alan Malbon

Diagnostic Imaging Project Officer / ASMIRT

E-Mail: alan.malbon@asmirt.org

Mobile: 0407 525 412

Recommendation

*That the **MRPB** update their CPD guidelines to require that all radiographers who work with contrast media ensure they are consistently trained in emergency response to severe reactions and anaphylaxis.*

The Coroner's recommendation is under consideration

ASMIRT has a strong commitment to Continuing Professional Development (CPD) to develop and maintain professional competency, provide professional development education, and improve the skills and knowledge of all Medical Radiation Practitioners (MRPs). ASMIRT provides a key role in providing innovative education content, events, certification career pathways, advanced practice, and fellowship.

All Australian MRPs must comply with CPD requirements as mandated by the Medical Radiation Practice Board (MRPB). The MRPB CPD Registration Standard states that MRPs must complete 60 hours of CPD over a 3-year period – with at least 10 hours in any one year. At least 35 hours of CPD must be substantive activities. Substantive activities are those learning activities that have a significant intellectual or practical content that is relevant to a practitioner's area of practice or their emerging area of practice.

ASMIRT does not impose any additional CPD requirements, allowing the MRPB to set the CPD regulatory standard, required for registration as a MRP, and provide the audit function as its role as the Australian Health Practitioner Regulation Agency (AHPRA) national regulator as mandated under the National Law. ASMIRT strongly advises all MRPs to be familiar with the current CPD registration standard.

The MRPB also conducts random audits on the registered medical radiation science practitioners. These audits can involve the professional learning over any period of twelve (12) months of the Board's choosing.

ASMIRT notes that out of the 15 National Boards, only 4 Boards stipulate any CPR training within their CPD Registration Standards:

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- The Chiropractic Board of Australia mandates yearly maintenance of a first aid qualification at least equivalent to HLTAID001 Provide Cardiopulmonary Resuscitation (CPR)
- The Optometry Board of Australia mandates training in cardiopulmonary resuscitation (CPR) provided by an approved training provider to be completed within the previous 3-year period.
- The Osteopathy Board of Australia states that practitioners must hold a current senior first aid certificate at the minimum standard of a Senior First Aid (level 2) certificate or equivalent.
- The Podiatry Board of Australia states that podiatrists must complete training that includes cardiopulmonary resuscitation (CPR), management of anaphylaxis and use of an automated external defibrillator. And podiatric surgeon's must complete training in advanced life support. The training must be conducted by an approved organisation.

ASMIRT will endeavour to form a close working relationship with the MRPB in early 2022 to initiate a review of policies and procedures to ensure that an emergency response for medically adverse contrast reactions are adequately addressed within them.

It is proposed that ASMIRT will give active consideration to ensuring that that an emergency response for medically adverse contrast reactions become a **compulsory** professional learning for those all medical radiation practitioners as well as those who use intravenous (IV) contrast media in CT and MRI scanning protocols.

It should be noted that ASMIRT presently conducts IV cannulation courses for its membership, with both theoretical and practical components including pre-recorded training webinars, an assessment quiz and re-reading documentation including ASMIRT "Guidelines Venepuncture IV Contrast Administration June 2020" and "RANZCR Iodinated Contrast Media Guidelines 2006".

There is also a virtual practical workshop of approximately two (2) hours duration. After the completion of a minimum of 10 successful, supervised cannulations, within 30 days of completing this course, a certificate in IV cannulation and radiographic contrast media is issued.

It should be noted that ASMIRT is not the only entity which conducts IV cannulation courses for its membership. Nationally, these courses are conducted through the various State and Territory Public Health Systems. They are also conducted within the Private Hospital environment as well as organised IV cannulation course content within major private practice medical imaging groups nationally.

Given the above statement, ASMIRT will also give active consideration to ensuring that that an emergency response for medically adverse contrast reactions becomes a **separate** professional learning module for all medical radiation practitioners and in particular, those who use intravenous (IV) contrast media in CT and MRI scanning protocols, as opposed to incorporating this into the current professional learning which have been outlined above.

This will be intended primarily as an educational course rather than a practical course, given the current differences in legislation in the different states and territories.

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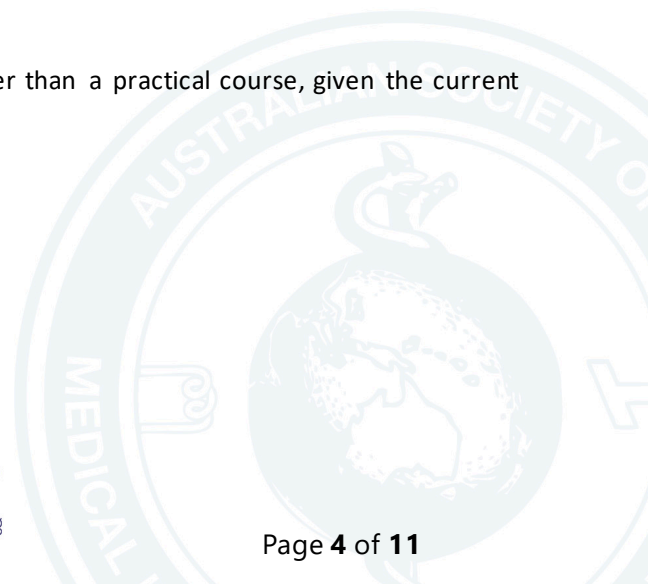
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Alan Malbon

Diagnostic Imaging Project Officer / ASMIRT

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Recommendation

That **RANZCR, ASCIA, Australian Resuscitation Council** and the **Australian Society of Medical Imaging and Radiation Therapy (ASMIRT)** develop and implement a training and certification programme for radiographers in the recognition and management of severe contrast reactions and anaphylaxis, CPR and Basic Life support with a triannual recertification requirement, including:

- (a) the ability to administer adrenaline via auto-injector when encountering a patient experiencing a severe reaction; and
- (b) playing an active role in emergency response, including raising issues with more senior staff when required.

The Coroner's recommendation has OR will be implemented.

ASMIRT will endeavour to form a close working relationship with both the Australian Society of Clinical Immunology and Allergy (ASCIA) and the Australian Resuscitation Council in early 2022 to initiate a review of policies and procedures to ensure that an emergency response for medically adverse contrast reactions are adequately addressed within them.

ASMIRT notes that ASCIA e-training courses for anaphylaxis based on ASCIA anaphylaxis e-training courses for schools and continuing education courses for 2021-2. It is also understood that ASCIA anaphylaxis e-training courses are evolutionary, with the latest version being updated in September 2021.

ASCIA website: www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare

ASCIA e-training course includes the following:

- Updated and new ASCIA Action and First Aid Plans.
- New infographics and animations to make the training more visual and interactive.
- Instructions for two brands of adrenaline (epinephrine) injectors, EpiPen® and Anapen® (available on the PBS September 2021).
- A certificate that confirms successful course completion, which requires participants to obtain 100% for the Final Assessment or Quiz.

The Australian Resuscitation Council also provides comprehensive policies and training in various different life situation scenarios. Of particular interest to ASMIRT are the Council's Guideline (9.2.7) – First Aid Management of Anaphylaxis and Guideline (10.1) – Basic Life Support (BLS) Training.

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It should be noted that ASMIRT is not the only entity which can conduct both management of anaphylaxis and anaphylactoid reactions as well as basic life support training courses for its membership. Nationally, these courses are already conducted through the various State and Territory Public Health Systems. They can also be conducted within the Private Hospital environment within major private practice medical imaging groups nationally.

While there is no consistent national approach to these courses, they have been implemented by various organisations over a number of years.

Recommendation

*That the **MRPB, RANZCR and ASMIRT** consider expanding radiographers' scope of practice to include training in the preparation and administration of medications appropriate to their practice, including drugs used to treat medical emergencies encountered in radiology, either under the supervision of a medical practitioner or, **in emergencies, without the supervision of a medical practitioner.***

The Coroner's recommendation is under consideration.

While ASMIRT will actively consider the expansion of both radiographers and associated medical radiation science professionals' scope of practice, the action of scope expansion will not be sole responsibility of ASMIRT.

It is the Medical Radiation Practice Board's (MRPB) responsibility to undertake such a review and if it is found to be acceptable, it will update its set of Professional Capabilities for Medical Radiation Practitioners to ensure that emergency response is adequately addressed within them, including both proficiency in recognition of reactions and administration of the necessary actions. ASMIRT cannot act unilaterally in the area of scope of practice and role expansion to prepare and administer medications to treat medical emergencies.

This form of expansion of scope of practice may also require the potential recognition from the RANZCR within their Standards of Practice for Clinical Radiology.

www.ranzcr.com Standards of Practice for Clinical Radiology v11.2.pdf

ASMIRT also believes that the expansion of scope of practice in particular (the statement of) ***"in emergencies, without the supervision of a medical practitioner"*** may also potentially require changes within the Medicare Benefits Schedule.

ASMIRT draws the Coroner's attention to the Medicare Benefits Schedule, Category 5, Diagnostic Imaging Services (Section) IN.0.15 which (in part) states:

Group I2 - Computed Tomography (CT)

Professional supervision

CT services (items 56001 to 57362) are not eligible for a Medicare rebate unless the service is performed:

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(a) under the professional supervision of a specialist in the specialty of diagnostic radiology who is available:

- to monitor and influence the conduct and diagnostic quality of the examination; and
- if necessary, to personally attend on the patient; or

(b) if the above criterion cannot be complied with

- in an emergency, or
- because of medical necessity in a remote area - refer to IN.06 for definition of remote area.

Note: Practitioners do not have to apply for a remote area exemption in these circumstances.

Item 57360 applies only to a CT service that is:

(a) performed under the professional supervision of a specialist or consultant physician recognised by the Conjoint Committee for the Recognition of Training in CT Coronary Angiography who is available:

- **to monitor and influence the conduct and diagnostic quality of the examination; and**
- **if necessary, to attend on the patient personally; and**

(b) reported by a specialist or consultant physician recognised by the Conjoint Committee for the Recognition of Training in CT Coronary Angiography; or

(c) if paragraphs a and b cannot be complied with

- **in an emergency, or**
- **because of medical necessity in a remote area - refer to IN.06 for definition of remote area.**

Use of PET/CT or SPECT/CT machines

CT scans rendered on Positron Emission Tomography (PET)/CT Single Photon Emission Computed Tomography (SPECT)/CT units are eligible for a Medicare benefit provided:

- the CT scan is not solely used for the purposes of attenuation correction and anatomical correlation of any associated PET or SPECT scan; and
- the CT scan is rendered under the same conditions as those applying to services rendered on stand-alone CT equipment. For example, the service would need to be properly requested and performed under the professional supervision of a specialist radiologist, including specialist radiologists with dual nuclear medicine qualifications.

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CT angiography

Other than coronary arteries - items 57351 to 57354

CT angiography items 57351 applies under the circumstances specified in the item including where a service to which items 57352, 57353 or 57354 have been performed on the same patient within the previous 12 months,

Item 57352, 57353 and 57354 apply under the circumstances specified in the items and where the service has not been performed on the same patient within the previous 12 months.

Coronary arteries – item 57360

Payment of Medicare rebates for item 57360 is limited to specialists or consultant physicians who have fulfilled the training and credentialing requirements developed by the Conjoint Committee for the Recognition of Training in CT Coronary Angiography (CTCA).

Pulmonary Embolism (PE) – Item 57351

Medical practitioners requesting imaging for suspected PE (item 57351) should read and consider the RANZCR 2015 Choosing Wisely recommendations, or such clinical RANZCR Choosing Wisely recommendations as succeed it.

Given the number of various complex issues that this recommendation potentially entails, ASMIRT would seek dialogue with these stakeholders as soon as practical in 2022.

As requested, the details for the relevant contact person is as follows:

Alan Malbon

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Recommendation

*That the **Commonwealth Minister for Health** produce and promulgate standard forms for referrals to diagnostic imaging practices, ensuring that referrals include clinical information and effective contact information, and that the Minister consider whether measures should be taken to mandate the use of such forms.*

There are unresolved issues with the Coroner's recommendation that need to be addressed.

ASMIRT understands that it is not directly involved with this specific recommendation by the Coroner, however

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it wishes to provide background information to the recommendation.

ASMIRT would recommend that there is a minimum set of requirements for medical imaging referrals to eliminate ambiguity.

ASMIRT notes the following from the inquest into the death of Peta Hickey, the Finding Number 215 (generating 20 templated referral forms with no clinical indications / notes), Finding Number 216 (a third non-medical party affixing a medical practitioner's electronic signature to a templated referral form) and Finding Number 251 (where these practices had occurred on previous occasions).

ASMIRT is an organizational stakeholder (in conjunction with the RANZCR) assisting the Benefits Integrity and Digital Health Division, which is part of the Health Resourcing Group of the Australian Government Department of Health.

The Benefits Integrity and Digital Health Division is in the process of instituting the "Modernisation of Diagnostic Imaging Program", also known as "MODI". The project is focused on designing the future state for **e-requesting** and e-results for diagnostics (Pathology & Diagnostic Imaging) through a co-design approach with industry.

This potentially provides an option for consumers to have **digital referrals, requests** and results for diagnostic imaging as an alternative to current paper and hard-copy image processes. This is a pathway to streamline diagnostic imaging to provide an option for healthcare consumers to access this digital information.

It should be noted that digital images from diagnostic imaging requests and the associated radiology reports have been archived in Picture Archiving and Communication System (known as PACS) and Radiology Information Systems (known as RIS) by both the public and private medical imaging practices nationally for a number of years.

With regards to imaging referrals / request, the accepted process pathway has been to receive the "hard / paper copy" request (usually from the patient), perform the examination and make a "digital" copy of the request at place it into the RIS and / or PACS system. The original paper copy of the referrals / request is also retained.

Given the Coronial Hearing Findings and the development of the Modernisation of Diagnostic Imaging Program by the Benefits Integrity and Digital Health Division, it would appear that are processes for electronic referrals / requests that are at odds with each other and potentially need further investigation to obtain common ground, as at this point of time there is active consideration to have electronic imaging requests being implemented by this program.

ASMIRT notes that the Pharmaceutical Benefits Scheme (PBS) prescription forms have been standardised in a templated format under the auspices Services Australia. For medical referrers, the options are as follows:

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- *Personalised forms* — are printed with the doctor's name, qualifications, practice address/es, telephone number and prescriber number (which relates to pharmaceutical benefits). **They are only provided to doctors who have a Medicare provider number.**
- *Non-personalised (blank) forms* — are distributed as an emergency supply (usually when a doctor has temporarily run out of personalised forms).
- *Locum forms* — have the doctor's name, prescriber number and telephone number (if available) and a space to record the practice where the doctor is working.
- *PBS/RPBS Authority Prescription Forms* — can be in personalised, non-personalised or locum format.
- *Computer PBS prescription forms* — are either continuous or single sheet. On the reverse side they list the name, address and telephone number of the practice, and in the case of a sole doctor practice, the doctor's name.

ASMIRT believes that the PBS prescription forms could be used as a benchmark for the for the potential implementation of medical imaging e-requesting within the framework of the process of instituting the “Modernisation of Diagnostic Imaging Program”.

ASMIRT would also draw attention to Medicare Benefit Schedule’s requirement for the pathology referrals to a pathology service provider.

ASMIRT’s understanding is that a patient can take a pathology request to a pathology provider of their choice unless the requesting practitioner has indicated that a particular approved pathology practitioner should perform the pathology tests for clinical reasons.

In addition, all branded pathology request forms distributed to requesting practitioners on or after 1 August 2012 must carry a mandatory patient choice advisory statement regardless of hard copy or electronic format.

The statement on these pathology request forms is as follows:

Your doctor has recommended that you use [insert name of pathology provider]. You are free to choose your own pathology provider. However, if your treating practitioner/ doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

ASMIRT notes the Finding Number 278 (The process of obtaining a medical imaging appointment) as well as Finding Number 313 (The geographical location of the referring clinician) and believes that consideration be given to adopting a more formal approach to ensure that medical imaging referrals which indicate a particular medical imaging examination on a specific medical imaging provider referral form, be then performed by **only** that medical imaging provider in one of their facilities, unless there is some justification on the grounds of a specific clinical technique, potentially along the established line of established pathology referrals.

ASMIRT also notes Finding Numbers 544 (The provision of professional advice as opposed to the commercial interests), Finding Number 545 (Conflict of interest) and Finding Number 546 (Consideration of conflict interest by the relevant regulators). While these findings have been in the context of radiologist professional advice, it also pertains to the written or perceived workplace practice processes and protocols in which

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diagnostic radiographers work. As paid employees of these medical imaging private commercial businesses, the provision of professional practice and protocols can also be conflicted may commercial business practices.

ASMIRT believes that Diagnostic Radiographers have a professional responsibility to provide medical imaging services that are justified and optimized, however the employer – employee relationship can interfere with this professional responsibility.

S Kincaid.

Sally Kincaid

Chief Executive Officer

Australian Society of Medical Imaging and Radiation Therapy (ASMIRT)

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