

Our ref: OUT22/283

21 February 2022

Nicole D'Rozario
Coroner's Registrar
Coroners Support Services
Coroners Court of Victoria

By email: cpuresponses@coronerscourt.vic.gov.au

Dear Ms. D'Rozario,

Investigation into the death of Peta Hickey - COR 2019 002336

Response to Coroner's recommendations – s.72(2) Coroner's Act Victoria

The death of Ms Peta Hickey is a tragedy. The Medical Radiation Practice Board of Australia acknowledges the suffering of Ms Hickey's family and to them we offer our deep regret for their loss and our sincere sympathies.

The Coroner accepted the evidence of and made no finding against the medical radiation practitioner staff involved and concluded that "there was nothing the other radiology staff or emergency services personnel could do to reverse the reaction, despite their timely attendances."

Nevertheless, we believe there are important learnings to be taken from this tragic case that will assist in the education and ongoing practice of medical radiation practitioners about how such situations might be better managed in future.

Medical radiation practitioners work in teams with other health professionals including registered nurses and medical practitioners. If the hallmark of good interprofessional practice is the safe and careful management of the most fragile and vulnerable patients, then the provision of care to Ms Hickey demonstrates all too clearly that much more work needs to be done. The Board attempts to engage constructively and collaboratively with the relevant professional bodies and for the most part, these efforts are successful.

At the time of Ms Hickey's death, the Board was already engaged in the process of reviewing the role of medical radiation practitioners regarding in particular, the appropriate justification of examinations and the recognition and response to the deteriorating patient. The Board will review these capabilities again to see whether they may be strengthened or amended in light of the events surrounding Ms Hickey's death.

The Board will also consider how medical radiation practitioners may be better supported to exercise their professional responsibilities where the impact of financial interests and conflicts of interest appear to affect healthcare decisions since such interests were found to be relevant in Ms Hickey's case, with the Coroner referring to "an industry putting profits over patients".

It is our sincere hope and our intention, within the Board's scope as the regulator for medical radiation practitioners, that the circumstances that gave rise to Ms Hickey's death never happen again.

Background

The Medical Radiation Practice Board of Australia regulates over 17,500 registered medical radiation practitioners in the divisions of diagnostic radiography, radiation therapy and nuclear medicine technology.

The Board has a number of approved registration standards including the [Continuing Professional Development registration standard](#) that have been approved by Health Council (the Council of Health Ministers). In addition to this the Board has published a Code of Conduct for medical radiation practitioners.

In 2013 the Board published Professional capabilities for medical radiation practice (2013). In 2018 the Board commenced a review of the Professional capabilities and on 8 November 2019 the Board published revised [Professional capabilities for medical radiation practice \(2020\)](#). The revised Professional capabilities came into effect on 1 March 2020.

At the time of Ms Hickey's death on 9 May 2019, the 2013 version of the Professional capabilities for medical radiation practice was in operation.

The Professional capabilities relevant to the Coroner's findings are capabilities that are common to all medical radiation practitioners. All diagnostic radiographers, radiation therapists and nuclear medicine technologists are capable of using iodinated contrast for various examination and procedures and all must be capable of recognising and responding to the acute deterioration. For this reason, the Board has decided to use the term medical radiation practitioners in place of the Coroner's term 'radiographers'.

Coroner's recommendations

Recommendation 9

*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.*

At the time of Ms Hickey's death, the Board's Professional capabilities for medical radiation practice (2013) were in effect.

The 2013 capabilities addressed the need to identify and respond to a patient's deteriorating condition. The response of the practitioner was to be consistent with their duty of care to the patient and statutory requirements.

During the review of the Professional capabilities throughout 2018-2019 the Board agreed to include a more robust statement that required medical radiation practitioners to recognise and respond to acute physiological deterioration.

This followed a notification matter that the Board dealt with in 2017. The complaint about the medical radiation practitioner by their private practice employer involved circumstances very similar to those experienced by Ms Hickey, wherein a patient suffered anaphylactic response to iodinated contrast media.

The [2020 Professional capabilities for medical radiation practitioners](#) specified a more robust response from medical radiation practitioners with respect to a patient's acute physiological deterioration (see Domain 1, Key Capability 7, Enabling component a). The capabilities are described and based on [NSQHS standards 8 – recognising and responding to acute deterioration](#), and also references the [National consensus statement: Essential elements for recognising and responding to clinical deterioration \(Consensus Statement\) \(updated November 2021\)](#)

To support the implementation of this revised capability the Board developed a [supporting video on the deteriorating patient](#). A post-implementation review of the 2020 capabilities is currently underway.

Board's proposed future work

The Board is generally satisfied that the current form of the revised Professional capabilities for medical radiation practice is appropriate and meets the recommendations made by the Coroner. However the Board will take steps to provide more specific guidance to registered medical radiation practitioners, including developing material for practitioners and undergraduate students that:

- reminds practitioners that they must be able to recognise and respond to acute physiological deterioration, including basic or advanced life support;
- puts a greater emphasis on appropriate and timely action
- assists the practitioner to develop the knowledge and skills to be able to implement clinical management of anaphylaxis; and
- engage in appropriate interprofessional practice in conjunction with other clinical professional groups.

The Coroner's recommendation has OR will be implemented.

Recommendation 10

*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 Continuing Professional Development registration standard applies to all registered practitioners (except non-practitioners)

The standard is written to be applicable to different types of practice in the profession which includes both clinical and non-clinical practice (e.g. management or administration, education or research focussed, policy development).

At the next scheduled review of the CPD standard the Board will consult on changes to CPD to establish mandatory CPD categories that include

- basic life support;
- management of anaphylaxis; and
- interprofessional practice.

The review of a registration standard can be a lengthy process.

In the meantime the Board proposes to:

- develop additional guidance material for recognising and responding to the acute physiological deterioration, that specifically identifies basic life support and management of anaphylaxis as key professional development areas for those involved in clinical practice; and
- develop additional guidance material on the importance of interprofessional learning and practice.

The Coroner's recommendation has OR will be implemented.

Recommendation 12

*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 National Scheme is established around a principle of 'title protection'.

There are a limited number of practice restrictions contained within the National Law (see section 121, 122 and 123)

Generally, a practitioner is not restricted in their practice save for the caveat that they must be qualified and competent in their particular practice.

There are also external controls on practice that are considered when developing regulation for the profession, for example, using, prescribing and administering scheduled medicines requires specific authorisations in each State and Territory jurisdiction.

The current Professional capabilities are designed to safely enable medical radiation practitioners to prepare and administer schedule medicines. (see Domain 1, Key Capability 8). In our view this key capability identifies that using medications (including scheduled medicines) is a part of usual practice, and that when using medications medical radiation practitioners must do so safely.

The Board's [Code of Conduct](#), which is common to a number of regulated health professions, requires medical radiation practitioners to

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

We think that there is sufficient guidance for medical radiation practitioners that will safely enable their participation and collaboration in recognising acute deterioration and management of anaphylaxis.

[Endorsement for scheduled medicines](#)

While the Board can develop and propose a Scheduled medicines medication endorsement standard, this is regarded as a regressive step. The purpose of the endorsement is to enable those with more knowledge and skills to undertake tasks that sit just outside the minimum capabilities for practice in the profession. Using medicines safely is a minimum standard for the profession, and as such developing the endorsement is more likely to act as a barrier to safe practice. Regardless of the existence of an endorsement standard, practice involving the use of medications must still be authorized by separate legislation in each State and Territory.

As all medical radiation practitioners can use iodinated contrast media as part of the practice which is often practice specific, we think it would be worthwhile to involve professional associations and nuclear medicine technologists in developing any model of collaborative practice.

[Inter-professional practice](#)

We think much more needs to be done in this space. There is sufficient guidance from the Board and the Medical Board of Australia about the expectations for collaborative interprofessional practice (see [Code of Conduct](#) and [Code of good medical practice](#))

National Boards can provide regulatory guidance, however professional relationships and collaboration occur much closer to the clinical coalface. Professional associations are well positioned to develop, communicate and model good interprofessional behaviour and collaboration. Where there is resistance to establishing good, safe models of interprofessional practice (due, for example, to personal or financial interests), the Board can take other steps to ensure that patients are not placed at risk.

An alternative to the Coroner's recommendation has OR will be implemented.

If you would like to discuss any of the above please contact me via email at Board.MRPRSVP@ahpra.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mark Marcenko', with a stylized flourish at the end.

Mark Marcenko

Chair, Medical Radiation Practice Board of Australia