



## ACPSEM DIMP Curriculum

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) is the peak body representing medical radiation practitioners in Australia. Our aims are to promote, encourage, cultivate and maintain the highest principles of practice and proficiency of medical radiation science, always mindful that the welfare of the patient should be at the centre of everything we do.

Thank you for the opportunity to provide comment on this document. Please find some comments and feedback on the document:

This document contains many acronyms which have not been outlined. Whilst we appreciate that this document has been designed for a specific target audience, having acronyms spelt out for clarity would assist, for example, the term DIMP – Diagnostic Imaging Medical Physicist. On page two of the document, it references registrars. ASMIRT takes this to mean those persons who are engaging in the training to become a DIMP, but it would be useful if this could be defined either in the document or included in a glossary of terms.

### Key area 1

In this document, fundamental radiation physics refers to radioactive decay, ultrasound and NM/MR. It is not clear if topic 1.3 NM and MR are separate or combined? Or is MR included in Topic 4.6.

Are x-rays/fluoro and CT included in Topic 1.1?

ASMIRT found the reference to various technical aspects of the different modalities in different sections sometimes difficult to follow. An example is MR appearing in several different topic areas.

### Key area 3.1 – key image quality metrics

ASMIRT feels that this section could be strengthened with a discussion about the concept of radiation exposure settings and the impact of kV, mAs, time, distance on image acquisition and radiation dose, how they can be manipulated by the radiographer and why this might be done. This may be covered in 7.1.2

### Key area 4

With respect to 4.1.2b, is information pertaining to distance and its use in mobile radiography, and lead gowns and lead gown testing included in this topic area?

### Key area 6

ASMIRT seeks clarification on whether *LO6.1.3 Effectively communicate patient radiation risks to a range of stakeholders* also includes discussion on radiation protection measures used by radiographers for patient safety and that of others e.g. Nursing staff

### Key Area 7

ASMIRT suggests the addition of Spectral CT.

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LO7.1.2 - Describe the principles and techniques behind CT Spectral Imaging.

## Key area 8

ASMIRT suggests the addition of information on compliance testing.

## Key area 9

ASMIRT suggests the addition of information outlining the role of the medical radiation practitioner (MRP) in clinical and radiation safety applications, including the principle of justification and how MRPs assess imaging requests.

9.6 refers to DIAS. ASMIRT suggests the addition of the Royal Australian and New Zealand College of Radiologists (RANZCR) standards also.

ASMIRT suggests the addition and enhancing the content of Fluoroscopy, Interventional radiology and CBCT. Addition and expansion of dose optimisation may also be useful.

ASMIRT suggests that if this curriculum is taught in the consecutive order as listed in the curriculum framework, that it may be beneficial for K7 - diagnostic imaging equipment to be taught earlier in the curriculum to aid in understanding. This may be suitable when discussing K3 – Fundamental technological.

Acknowledging that this is a summary document, it appears that the curriculum assesses academically with a focus on competence and not capability. Terminology utilised in the document is reflective of a low level on the Bloom's taxonomy<sup>1</sup> pyramid implying that only knowledge and comprehension is required. Input or consultation from an educationalist in the design could be beneficial for the program.

ASMIRT notes that there has been the addition of Domains of Expertise, which classify, teach, and assess fundamental skills that support craft skills across the entire curriculum. These include communication, leadership, health advocacy, professionalism, and collaboration.

ASMIRT suggests that the "key areas" within the consultation document provided are predominantly highly technical, although there is some inclusion of the above domains. Given the importance of professionalism and ethics, including a dedicated "key area" with a specific focus on these non-technical knowledge and skills would seem appropriate. Currently they are somewhat diluted within the broader ten key areas.

ASMIRT notes the lack of inclusion of patient care and advocacy in the curriculum, and medico-legal requirements such as consent and confidentiality. Whilst ASMIRT understand that medical physicists may have less contact with patients and that this aspect of medical imaging may more often fall to other health professionals, ASMIRT sees this as a useful inclusion in the curriculum.

1. Armstrong, P. (2010). Bloom's Taxonomy. Vanderbilt University Center for Teaching. Retrieved [28.9.22] from <https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/>.

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