Response to Letter to the Editor regarding ‘establishing advanced practice for medical imaging in New Zealand’

Re: Yielder J, Young A, Park S, Coleman K. Establishing advanced practice for medical imaging in New Zealand. J Med Radiat Sci 2014;61(1):14–21

Thank you for providing the opportunity to reply to Mr Hayes’ Letter to the Editor, written with respect to our article ‘Establishing advanced practice for medical imaging in New Zealand’. We would like to raise a number of points in response:

1 The two first authors for the parallel medical imaging and radiation therapy articles have been appointed to the NZIMRT advanced practice working parties since 2005. The current research has built on this work. The original research (2005–2008) included surveys of all stakeholders. The second stage was a qualitative study that did not seek to be representative of the medical imaging profession. Its purpose was to qualitatively explore and ‘flesh out’ potential profiles, from experienced MRTs working in specialty areas. The profiles used generic criteria established in the first stage of the research that were formally accepted by the NZIMRT in 2009, in addition to asking respondents to comment on further specialist-focused skills. The study was not seeking support for advanced practice per se, but to establish what an advanced practice profile may potentially ‘look like’.

2 The recommendation is that one advanced scope of practice is established, consisting of the generic criteria plus specialist skills that would be department-dependent and negotiated for an individual AP position. This recommendation was based on the small numbers of MRTs likely to seek advanced practitioner status. No profiles have been recommended from this exploratory research, so although the findings about profiles were interesting, Mr Hayes’ concerns regarding over-claiming results are redundant.

3 It was not the intention of the article to advocate that the University of Auckland is the only provider capable of establishing postgraduate courses for advanced practice in medical imaging. Any institution that has the ability to offer master’s programmes to support MRT advanced practice would be an option, noting that any provider will need to consider student numbers for viability. The point was being made that the University of Auckland and University of Otago are currently able to offer education to support advanced practice, contextualised specifically to the profession. We were drawing the readers’ attention to the understanding that advanced practice is more than a collection of specialist skills – these are important, as are the generic criteria. A master’s qualification to support advanced practice needs to include both.

It is hoped that now that the AIR has called for nominations for an advanced practice pathway, that New Zealand MRTs will support initiatives to move advanced practice ahead in a similar, and timely, fashion. Interested MRTs, including Mr Hayes, need to register their willingness to be actively involved. It would be most detrimental to the profession in New Zealand to be left behind in this initiative.

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