



The Secretary  
Senate Community Affairs References Committee  
Parliament House  
Canberra ACT 2600

Email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

5 October 2017

Dear Secretary

**RE: Enquiry into the availability and accessibility of diagnostic imaging equipment**

**ASUM Board**

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A/Prof George  
Condous

**Past President**

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Lyndal Macpherson

**Background**

The Australasian Society for Ultrasound in Medicine is the premier multidisciplinary society advancing the clinical practice of diagnostic medical ultrasound for the highest standards of patient care.

The purpose of ASUM is to promote the highest possible standards of medical ultrasound practice in Australia and New Zealand.

Diagnostic ultrasound is one of the most rapidly expanding branches of medicine. Technological developments permit higher resolution images to be obtained with smaller and smaller transducers. As a result, ultrasound is now used to examine virtually every part of the body.

The primary role of ASUM is to assist in the dissemination of scientific information, to provide education and to set standards of practice in this continually developing specialty.

The aims of ASUM are to encourage and assist education and research in diagnostic ultrasound; to lay down appropriate standards of practice; to provide certification indicating proficiency in ultrasound; to advise Government and Statutory Authorities on aspects of the practice of diagnostic ultrasound; and to provide social intercourse and good fellowship among practitioners.

Several of the royal colleges include diagnostic ultrasound in their own area of interest, but only ASUM provides regular education in diagnostic ultrasound across all disciplines. ASUM has over 3,500 members, 9 full-time staff, 6 part-time staff members and hundreds of member volunteer positions on various committees.

**Submission Comments**

ASUM welcomes the opportunity to make a submission to the Senate Community Affairs Committee.



We would like to submit the following submission and make comment on the following terms of reference:

- a. The Geographic and other disparities regarding access to diagnostic equipment;
- b. Current arrangements for the Commonwealth subsidy of diagnostic imaging equipment and services;
- c. Out-of-pocket patient costs for services that are not subsidised by the Commonwealth and the impact of these on patients; and
- d. The respective roles of the Commonwealth, states and other funders in ensuring access to diagnostic imaging services

The Australasian Society of Ultrasound in Medicine (ASUM) represents all users of ultrasound, both doctors and sonographers.

### **Geographic and other disparities in access to diagnostic equipment**

Key Issues:

- Poor access in regional and remote areas
- Unskilled providers offering service in ultrasound
- Sonographer shortage
- Lack of trainee positions for sonographers – no funding
- Minimum training and credentials to assure patient safety

We continue to see issues with services across Australia, especially in rural and remote areas. This has led to an increase in various specialties 'dabbling' in providing ultrasound, often referred to as 'Point of Care Ultrasound (POCUS)' without the necessary training to do so which ultimately will put patients at risk of misdiagnosis or false negative results.

ASUM have recently released a position statement<sup>1</sup> on the need for minimal training standards and credentials to offer any medical ultrasound examination. This was also presented at the Diagnostic Imaging Advisory Committee (DIAC) meeting held in Canberra in June 2017 with the Department of Health. A form of regulation, particularly when tied to financial incentive, to ensure adequate training to essential for any provider of these services. The Medicare Benefit Schedule (MBS) must be aligned with the correct qualifications for performing an ultrasound examination for specialists and physicians alike. Whether the MBS is the correct route for the emerging markets in point of care is a decision for the Department of health, but a schedule and qualifications for these area of imaging needs to be added to ensure patient safety in the form of Medicare regulation.

In addition to access, the role of the sonographer remains on the skills shortage list and has done so for over 10 years. The disappointing aspect of this is that there are many students studying to become a sonographer, but as this is a profession that requires a great deal of psychomotor skill and clinical training, there are very few trainee positions offered due to the cost of the business in both the public and private sector. For a business to take on a sonographer trainee, they will not only pay the trainee, but pay a senior staff member to train and supervise the student until competent in each application. This can take up to two years and is a huge cost burden on the business. Therefore, many businesses and hospitals are no longer offering trainee positions. The trainee is left in limbo having completed much of their didactic learning. Government funding to support businesses willing to take on trainees



should be considered, particularly in the rural areas of Australia. Funding is currently offered for many apprenticeship positions but sonography is currently not on the list of options for those training in this format.

### **Arrangements for Commonwealth subsidy of diagnostic imaging equipment and services**

Key Issues:

- Medical imaging rebate freeze since 1998
- Incentive scanning putting patients at risk
- No funding for training sonographers

Items on the Medicare benefits Schedule for medical imaging have been frozen since 1998. The impact of which suggests that in radiology services alone, 300,000 patients will forego being diagnosed because of the high cost of radiology services due to Medicare underfunding. The 19-year freeze on Medicare rebates for ultrasound, on average has fallen almost 30%. This impacts all aspects of imaging including radiology, obstetrics, gynaecology, cardiac and vascular services.

An independent evaluation by Deloitte Access Economics (April 2017), which was released to *The Australian* under FOI in August, found that the average bulk billed radiology rebate is \$25 below cost, while the average non-bulk billed rebate is \$39 below cost. This translates to a sector-wide shortfall of well over half a billion dollars per year.

For a number of private providers in the radiology space, due to the competitive nature of these practices, they will offer services at a bulk bill rate. However, to ensure this is sustainable for business they pay staff an incentive for every extra patient they image. While many accept this offer ethically and ensure patient safety, there is a growing number of services provided that are taking this to the extreme to the detriment of the patient outcome. This leads to short and inadequate examinations, and therefore the potential of a misdiagnosis or pathology missed altogether. The rebate freeze has pushed practices to be inventive, however safe practice is essential. Definitions around comprehensive and point of care scans need to be further documented to ensure the fee matches the examination performed. In addition, the regulation of sonographers under the APHRA umbrella will also allow a clearer reporting mechanism for unethical and poor professional behaviour.

Many hospitals and private practices can no longer afford to take of a sonographer trainee due to the cost of the student as an employee, cost of senior staff now as productive while training and the cost of equipment. A funding model for this type of apprenticeship would assist in creating training positions. In addition, should the rebate freeze be lifted, this will allow more adequate funding for each practice.

Many sonographer trainees are offering to work for free to gain a clinical placement and open up an opportunity for employment if they are able to prove their value. Even these students struggle to be trained due to the cost of insurance for the practices and the issues around employment and work health and safety. The apprenticeship funding supports this and allows the employer to offer training with a reduced cost and risk.



## **Out-of-pocket cost for services that are not subsidised by the Commonwealth and the impact of these on patients**

### **Key Issues:**

- Medicare multiple service rule impacts patients
- Out of pocket cost for patients

The multiple service rule remains a deterrent as the cost for the patient needing to travel or take time off work is not measured or considered. The patient either pays for the privilege of having the required examination done on the same day, or potentially not returning. For example, a patient who attends an imaging centre with a breast lump will have their mammogram and ultrasound performed. However, if it is decided that the patient requires a biopsy or aspiration for their own benefit and diagnosis, either the patient pays out-of-pocket or would need to return delaying the diagnosis or potentially no conclusive diagnosis at all. In the long term this would put more pressure on the health system due to late diagnosis of disease.

This year it is predicted that more than 9,000,000 Australians will access 24,000,000 individual radiology services. Approximately 300,000 patients will forego being diagnosed due to the high cost of the service and Medicare underfunding. In addition to this, patients requiring obstetrics, gynaecology, cardiac, vascular and other ultrasound services will also go without diagnosis and therefore treatment due to the high cost. This in turn eventually puts further pressure on the medical system due to inadequate management and planning of patient.

Due to the rebate freeze, the average out of pocket expense has also increased. The average gap for ultrasound services in radiology in 2015-16 was \$105.68 which shows an average yearly growth of 5.4%.

## **The respective roles of the Commonwealth, states and other funders in ensuring access to diagnostic imaging services**

### **Key Issues:**

- Funding to be consistent across Australia
- Qualifications linked to a rebate adds a level of compliance
- Regulation of sonographers under APHRA

Consistent funding and rebates across Australia will ensure improved access to services. The Medicare levy already assists in funding this service via the taxpayer.

Qualification must be aligned with services to be provided. It is not good enough to allow a specialist, with no training in ultrasound, to offer an ultrasound service. This will continue to put patients at risk and see the current Medicare rebate reduce further. Ultrasound services are often repeated by imaging specialists to ensure the examination has been performed adequately. This in turn further depletes the funding available for appropriate medical services. Further work would be required to offer rebates for other imaging experts not currently considered in the MBS. However, by ensuring the examination is performed by an appropriately trained sonologist or sonographer, this will reduce the burden on the Medicare funding due to repeat examinations.

Sonography is a highly-regarded profession, particularly by those relying on imaging for the diagnosis



of clinical questions, as well as the management of patients. Sonographers are represented on such committees as the Diagnostic Imaging Advisory Committee and the Diagnostic Imaging Accreditation Scheme, both managed by the Department of Health, as well as various other committees such as the Peak Imaging Coalition and the Nuchal Translucency committee to name but a few,

The sonographer profession requests inclusion in the National Registration and Accreditation Scheme (NRAS) through the existing Medical Radiation Practice Board. Sonographers work intimately with those who are physically, socially and emotionally vulnerable, who all deserve the right to optimal care in a safe environment. Three broad reasons for regulation of the profession by NRAS are:

- (1) Guaranteeing the quality of health care by ensuring that the Australian community can readily identify sonographers who are appropriately qualified and skilled to provide medical diagnostic ultrasound services.
- (2) Ensuring equity of public access to medical diagnostic ultrasound services that meet high standards of quality and safety, within the context of interdependent, multidisciplinary health care service delivery
- (3) Improving consistency and confidence in the quality of the sonographer workforce.

### **Recommendations**

On the basis of our submission, ASUM would submit the following recommendations for the Committee to consider:

1. Remove the rebate freeze on imaging services
2. Funding for sonographer training
3. Credentials for ultrasound examinations to be tied to the MBS
4. Sonographer registration with NRAS
5. Multiple service rule to be removed for essential diagnostic services

ASUM would be more than happy to appear as a witness before the committee to expand on both our submission and recommendations should the committee so desire.

Yours sincerely

Lyndal Macpherson  
Chief Executive Officer

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<sup>i</sup> Australasian Journal of Ultrasound in Medicine (AJUM) “*Minimum education and training requirements for ultrasound practitioners*” 23 August 2017/DOI:10.1002/ajum.12061 (pg 132-135)