



Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE



# SUPPLEMENTARY SUBMISSION

Senate Community Affairs Reference Committee Inquiry:  
The availability and accessibility of diagnostic imaging  
equipment around Australia

**December 2017**



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## College Details

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## Background

In its original submission, the Australian College of Rural and Remote Medicine (ACRRM) provided a broad overview which described the College vision and key activities; outlined the key issues for medical practice in the rural and remote context; the services provided by rural generalist practitioners; the progressive general decline in the skills and equipment available in rural hospitals in many states; and accreditation; safety and quality issues associated with maintaining and operating diagnostic imaging equipment in rural and remote settings.

This supplementary submission provides more detail on several issues and in particular on access to ultrasound services.

## Rural and remote access to Diagnostic Imaging Services

Poor access to services contributes significantly to poorer health outcomes in rural and remote communities. It results in additional financial and other imposts arising from the necessity to travel to access sometimes the most basic services, including diagnostic imaging services.

Rural & remote communities have broad clinical service requirements with often very limited access to specialist services. Patients inevitably experience associated time/distance transfer delays. These factors can have additional deleterious effects on health quality outcomes compared to patients in urban / larger regional areas

Diagnostic imaging, both x-ray and especially ultrasound, provides a valuable tool for rural doctors. Ultrasound is particularly powerful in assisting diagnosis in the emergency situation. While there is an increasing trend to rely on patient evacuation in these situations, there are many situations in which retrieval may not be possible or desirable.

ACRRM was specifically created to address these rural & remote clinical service needs by establishing its Fellowship and ongoing Professional Development Programs. These are aimed at educating and supporting rural generalist doctors. The College's programs have been accredited by the Australian Medical Council for the purposes of general practice vocational recognition.

## Cost Barriers to Access

Purchasing and maintaining x-ray and ultrasound equipment represents a significant financial investment, particularly for rural and remote private general practices. Point of care devices and ultrasound systems in rural primary care practice do not attract support, Medicare funding or service agreements, creating additional access and equity issues for GPs and their patients.

In addition to the capital investment in equipment, there are the costs associated with achieving and maintaining accreditation (both of facilities and operators); developing and maintaining operator skills through initial training and ongoing continuing professional education and professional development.

Cost structures are exacerbated by relatively low volume service provision and inadequate Medicare rebates, particularly for non-referred ultrasound procedures.



These services are often of high clinical value both in terms of individual patient outcomes and to the health system as a whole. They represent great cost-effectiveness to rural communities and the Medicare dollar.

Given the current significant Medicare underspend in rural and remote communities, additional support for diagnostic imaging services is justified to maintain and improve access for rural patients. Compliant, certified practitioners in MMM regions 4-7 should be rebated at a level commensurate with the costs involved, cognisant of the relatively small volume of services provided and also of the great value to individual patient outcomes and the overall health dollar. Equipment subsidies for rural hospitals and private practices should also be available.

## Accreditation, Safety and Quality

**Equipment and Practice Accreditation:** The current Diagnostic Imaging Accreditation Standards are not necessarily relevant to rural generalist practice. While the College supports these in principle, the exhaustive requirements in certain areas that might be applicable to larger urban radiology practices are not relevant so to small rural practices with limited imaging scope and often service as a deterrent to providing diagnostic imaging services.

For example, with respect to ultrasound services, the acquisition of a Location Specific Provider Number (LSPN) for the medical practice is currently a prerequisite for access to Medicare billing. An LSPN can only be acquired through an accreditation process to meet the relatively new Diagnostic Imaging Accreditation Standards (DIAS). Stage one of this process can be achieved initially and completion of stage two is required after two years. This includes a benchmark for equipment used. Many of the requirements, particularly for the second stage of the DIAS apply to specialist radiology practices and are unnecessarily onerous and not relevant to rural generalist practices.

The DIAS process is outlined at the following link:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/diagnosticimaging-accred2>

**Training and Professional Development:** ACRRM's standards and curricula address the need for training in diagnostic imaging, both x-rays and ultrasonography. The College has long mandated the provision of high quality diagnostic ultrasonography courses for its members and Fellows, both directly and in collaboration with other organisations.

The College currently runs at least 6 ultrasound training courses annually with a total of over 80 participants in addition to on-line training in radiology.

The Rural and Remote Radiology Exemption Program and its effectiveness in providing access to these radiology services to these communities was outlined in the College's original submission. Practitioners must be enrolled in an approved continuing medical education and quality assurance program to be eligible to apply for, or continue to receive, the remote area exemption. ACRRM currently operates a program to provide a quality assurance and continuing medical education service for eligible College members and other practitioners and participation in this program is recognised as a Quality Assurance requirement for the remote area exemption. There are 92 practitioners currently enrolled in the program.



There is a need for a similar formal training, assessment and certification for rural generalist diagnostic ultrasonography. This needs to be a realistic process which addresses clinical service needs and is achievable in a reasonable timeframe.

Unfortunately there is a tendency to set accreditation and training standards with little or no consideration or awareness of the context of rural and remote medical practice. ACRRM has recently been in discussion with the Primary Care and Diagnostics branch of the Department of Health regarding a proposal to require rural doctors practising diagnostic ultrasonography to have undertaken formal training and assessment before being allowed to claim Medicare benefits for such procedures in the future. The Diploma of Diagnostic Ultrasound (DDU) of the Australasian Society for Ultrasound in Medicine (ASUM) has been flagged as being an appropriate qualification.

The suggestion that the DDU of ASUM might be an appropriate benchmark is not a realistic proposition in terms of access for candidates, content requirements/relevance and time necessary for completion. ACRRM is of the view that this is not an appropriate training program to meet rural doctors' needs and that currently no suitable ultrasound training and Professional Development Program exists for rural doctors.

As ACRRM is the standard-setter for rural and remote medicine in Australia, it is appropriate that the College sets the benchmark for such a process. The College will continue to discuss this issue with the Department.

## Recommendations

In addition to the recommendations previously tabled, ACRRM recommends:

- That a formal training, assessment and certification process for rural generalist diagnostic ultrasonography be introduced in consultation with ACRRM and with the College to set benchmarks and deliver the appropriate training and ongoing professional education.
- That Medicare rebates are increased for rural and remote diagnostic imaging services to reflect their value to rural and remote patients and to the health care system more broadly and the relatively high costs associated with providing these services in the private general practice context.