



the peak body and leading voice
for sonographers

17 January 2018

Committee Secretary
Senate Standing Committees on Community Affairs
Parliament House
Canberra ACT 2600

E: community.affairs.sen@aph.gov.au

Dear Secretary,

Re: inquiry into the availability and accessibility of diagnostic imaging equipment in Australia

The Australasian Sonographers Association, the peak body for sonographers in Australasia, welcomes this timely inquiry into the availability and accessibility of diagnostic imaging equipment in Australia.

Patient access to diagnostic imaging, particularly medical diagnostic ultrasound, is made available largely through private industry in Australia. For over two decades Commonwealth support for diagnostic imaging has been overlooked; resulting in significant out-of-pocket costs for patients to access these services and risking the ongoing ability of the private industry to sustain delivery of these services.

Please find following the Australasian Sonographers Association's submission to the Senate Community Affairs References Committee which outlines the current risks to the provision of sonographer medical diagnostic ultrasound services to Australian communities and seeks, in no particular order, the following actions to improve patient access to these essential services:

- the Commonwealth provide funding to support clinical training of sonographers
- Australian governments work with the ultrasound industry and educators for solutions to the dire and persistent sonographer workforce shortage
- reintroduce full indexation for all Commonwealth subsidised diagnostic imaging services
- multiple ultrasound scans where required and performed on the same day should attract a full Medicare rebate
- the sonography profession be regulated under the National Regulation and Accreditation Scheme

Please do not hesitate to contact us if you require any clarification on the following information or if we can be of further assistance with this important work.

Your sincerely,

Dr Jennifer Alphonse PhD

President – Australasian Sonographers Association

The Australasian Sonographers Association submission to the Parliament of Australia Senate inquiry into the availability and accessibility of diagnostic imaging equipment around Australia.

Dated: 17 January 2018

On 17 August 2017, the Australian Government Senate requested the Senate Community Affairs References Committee undertake an inquiry into the availability and accessibility of diagnostic imaging equipment around Australia and report back. The terms of reference of this inquiry are:

- a. geographic and other disparities in access to diagnostic imaging equipment;
- b. arrangements for Commonwealth subsidy of diagnostic imaging equipment and services;
- c. out-of-pocket 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.

Sonographers are the allied health workforce essential to the delivery of medical diagnostic ultrasound in Australia. Please find following the submission from the Australasian Sonographers Association, the peak body representing sonographers in Australasia, to these terms of reference.

About the Australasian Sonographers Association

The Australasian Sonographers Association (ASA) is the peak body and leading voice for sonographers and leads the profession in delivering excellence in sonography for the community.

For over 25 years the ASA has been representing Australian sonographers, promoting patient access to safe and quality medical diagnostic ultrasound by advocating for the role of sonographers in the healthcare system, promoting best practice in medical sonography and providing sonographer education and research.

With over 5,000 members, and financial membership of more than 70% of Australia's sonographers, the ASA has a significant role in supporting and advising the profession on the highest standards to provide the best possible medical diagnostic ultrasound for patients; and represents the profession on the myriad of issues within medical ultrasound and the broader healthcare sectors.

Geographic and other disparities in access to diagnostic imaging equipment

Recommended actions:

- the Commonwealth provide funding to support the clinical training of sonographers
- Australian governments work with the ultrasound industry and educators for solutions to the dire and persistent sonographer workforce shortage

Patient access to quality diagnostic imaging services is crucial to the health care outcomes of Australians. Shortages of sonographers have persisted for more than a decade¹ as the needs of a growing and ageing population drive increasing demand for medical diagnostic ultrasound examinations. This issue exists in all parts of Australia and is more pronounced in rural and remote areas.

The equipment needed for medical diagnostic ultrasound is relatively inexpensive when compared to the investments needed for computed tomography and magnetic resonance imaging. However, training of sonographers is expensive for the clinical site and the individual sonographer. Medical diagnostic ultrasound equipment has vastly improved the quality of imaging over the last 20 years. As a result medical diagnostic ultrasound has seen significant increase in medical application and relevance, which has driven exponential demand. Image acquisition and interpretation by qualified sonographers should be readily available to all Australians.

Additionally, from a health system perspective, medical diagnostic ultrasound examinations can often better direct the need for further imaging or treatment. Medical diagnostic ultrasound scans conducted by properly trained sonographers often result in further more expensive imaging being avoided.

The singular biggest barrier to meeting the sonographer workforce needs is the lack of available clinical training places.

Medical diagnostic ultrasound is extremely operator dependent, so there is a need for well-trained sonographers to deliver uniformly quality services throughout the country. There are a number of academic courses available to student sonographers, including two and three-year postgraduate diplomas and a four-year comprehensive course. However, the bulk of the student training needs to be conducted in a clinical setting, and the places available for this training are rapidly diminishing.

The main barrier to building this local capacity is the availability of clinical training placements due to the significant resources and cost associated with the provision of clinical training. A crucial part of qualification for trainee sonographers is the requirement to undertake at least 2,000 hours of clinical practice. It takes time to train and supervise student sonographers, and independent radiology practices can no longer afford to carry this cost without Government support.

Many other health professions benefit from financial support to workplaces that provide clinical training to students. Australian governments are requested to consider this for sonography students and to work with the medical diagnostic ultrasound industry and educators for solutions to the dire and persistent sonographer workforce shortage.

¹ Department of Employment. *Labour Market research – Health Professions Australia 2017*. Australian Government, Canberra. ISSN: 2203-9619

Arrangements for Commonwealth subsidy of diagnostic imaging equipment and services; and out-of-pocket costs for services that are not subsidised by the Commonwealth and the impact of these on patients

Recommended actions:

- Reintroduce full indexation for all Commonwealth subsidised diagnostic imaging services
- Multiple ultrasound scans where required and performed on the same day should attract a full Medicare rebate

Diagnostic imaging is essential in the diagnosis, management and treatment of many health conditions. Access to affordable and timely quality medical diagnostic ultrasound services contributes to improved patient outcomes, ensuring positive and appropriate treatment pathways, and avoids provision of unnecessary and at times more costly services.

Unfortunately, the Medicare rebate for all diagnostic imaging has been frozen since 1998. The result is a steadily increasing gap between the Medicare rebate and the actual cost of service delivery.

Patients are now often asked to contribute a gap payment for their medical diagnostic ultrasound, which can cause them to consider whether to have the required imaging or intervention that is needed. Because of the extra cost they may choose not to proceed with the test. This is especially significant in the area of obstetric imaging, where costs have far outstripped rebates. Patients needing high quality obstetric imaging have to face higher fees, or choose to limit the scans they need. This can potentially put both mother and unborn baby at considerable risk if abnormalities are not detected and followed up.

For medical diagnostic ultrasound the average out-of-pocket cost for services has grown by 117% over the last thirteen years, creating an average out-of-pocket cost of \$105.68² for a medical diagnostic ultrasound examination. As a result, many disadvantaged and at-risk Australians are neglecting their health as they cannot afford the increasing out-of-pocket costs associated with accessing these essential services. This year alone the Australian Diagnostic Imaging Association estimates that 300,000 Australian's will avoid diagnostic imaging due to cost.

Delaying diagnostic imaging can adversely affect the patient's final prognosis. Necessary treatment could be delayed or missed out on completely, causing greater financial strain on the medical system, which then has to manage diseases at a more advanced stage.

Conversely results found on medical diagnostic ultrasound examinations conducted by properly trained sonographers can often better direct the need for further imaging or treatment, resulting in further more expensive imaging being avoided. Diseases diagnosed and treated early allow for a better quality of life for the patient, and reduced medical expenses to the community into the future.

This lack of indexation to the Medicare benefits for Diagnostic imaging³:

- puts patients at risk of poor management of their health conditions as many patients forgo essential imaging tests due to the increased out-of-pocket cost
- puts financial pressure on the provision of these services since equipment maintenance and staffing costs have steadily increased in line with consumer price indexation (CPI)
- puts the highly-skilled workforce providing these services, including sonographers, under physical and emotional stress due to increased work demands

² ADIA. [Comparative Review of Radiology Rebates in 1998 and 2017](#). Aug 2017

³ ASA Media Release. [The continued freeze on diagnostic imaging in the Federal Budget risks the health of all Australians](#). 10 May 2017

- puts patients at risk of incomplete or misdiagnosis of treatable disease due to the pressures on the services and individuals providing diagnostic imaging.

This issue is further compounded by the Medicare multiple services rule, which limits the subsidy that can be claimed for providing multiple medical diagnostic ultrasound services on the same patient on the same day. This means that patients often have to return for several visits, a significant disadvantage for people in remote areas who have to travel distances. The imaging practice can choose to do the extra medical diagnostic ultrasound scans on the same day to assist the patient, but they are then considerably out of pocket as extra time and resources must be used without appropriate recompense, meaning this option is not often financially viable.

The delivery of medical diagnostic ultrasound is highly reliant on private business, which in turn is reliant on Commonwealth Government support through Medicare. The larger proportion of medical diagnostic ultrasound services are provided by private business, with over 70% of Australian sonographers working in a private setting⁴.

Full indexation for all Commonwealth subsidised diagnostic imaging services, and other funding inequalities such as the multiple services rule for diagnostic imaging, must be addressed as a matter of priority. Failure to do so risks the sustainability of diagnostic imaging services provided by private industry, in turn risking the Australian public's access to these essential medical services.

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

Recommended action:

- The sonography profession be regulated under the National Regulation and Accreditation Scheme

All Australian's should expect access to quality and consistently performed medical diagnostic ultrasound services, provided by health professions which meet the same standards, regardless of where they access the service.

Medical diagnostic ultrasound imaging is highly operator-dependent, and the outcome of a sonographic examination is dependent on the medical knowledge as well as the technical skills of the sonographer. Despite this, sonographers are one of the only medical imaging professions not regulated by the National Regulation and Accreditation Scheme.

The Australian Health Practitioner Regulation Agency is responsible for protecting members of the public who access health services, by setting national standards and handling complaints through the National Regulation and Accreditation Scheme. Sonographers who are members of the Australasian Sonographers Association and the Australasian Society for Ultrasound in Medicine voluntarily agree to high standards of conduct⁵ and professional practice⁶, however not all Australian sonographers are members of these associations.

Sonographers need to be regulated through a nationally consistent system to assure patient safety and that all Australians have access to consistent quality medical diagnostic ultrasound services.

⁴ ASA. *2017 Employment and Salary Survey*. Jan 2018

⁵ ASA. [Code of Conduct for Sonographers](#). Oct 2014

⁶ ASA. [Standards of Practice](#). Oct 2014