



# The ASA 2020–21 pre-budget submission to the Australian Government



## Executive summary

It is important to recognise these changes made by the current government and brought to effect through the leadership of the Hon. Greg Hunt MP as the Minister for Health. ]

As I begin my term as the President of the Australasian Sonographers Association (ASA), I am sincerely pleased to recognise last year's new government policies that support access to diagnostic imaging services across the country. It is important to recognise these changes made by the current government and brought to effect through the leadership of the Hon. Greg Hunt MP as the Minister for Health.

One of the most significant and long overdue changes is the commitment that, from 1 July 2020, the Government will re-establish Medicare indexation for diagnostic ultrasound and other imaging services, which was frozen for over twenty years. This was one of the three high priority issues we raised in last year's pre-budget submission<sup>1</sup>, and we thank the Government for hearing our collective voice and understanding the critical need to address the problem, ignored by successive former governments.

However, there is still work to be done.

Patients need timely access to comprehensive medical diagnostic ultrasound for a range of health services, including pregnancy, diagnosing cancers and everything in between.

The outcomes of an ultrasound examination are reliant on the competence and expertise of the sonographer, not the technology. Sonographers complete more than four years of tertiary education, including over 2,200 hours of ultrasound clinical training, to develop this expertise.

The reporting medical practitioner relies on the sonographer to capture the still image of the area of concern. Many people are unaware that if the sonographer doesn't provide a high-quality medical examination, diagnostic information may be missed – affecting the patient's diagnosis and treatment.

Unfortunately, there continues to exist a number of pressures on sonographers that directly affect community access to quality and timely medical diagnostic ultrasound. The two biggest issues are:

- **Sonographers are not regulated**, which puts patients' health and safety at risk.
- There is a **10-year critical shortage of sonographers in Australia**, caused by the poor availability of clinical training placements.

1. The Australasian Sonographers Association. *The Australasian Sonographers Association 2019–20 Australian Government pre-budget submission*. Victoria, Jan 2019

## The ASA 2020–21 pre-budget submission to the Australian Government

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Our 2020–21 pre-budget submission provides proven and appropriately costed solutions to these two issues.

The ASA also highlights additional system changes, which if implemented, would improve access to quality comprehensive diagnostic medical ultrasound services, and save both the Government and the taxpayers money.

With over 6,300 members, and financial membership of more than 77% of Australia's sonographers, the ASA is the peak body and leading voice for sonographers and leads the profession in delivering excellence in sonography to the community.

We have a significant role in supporting and advising the profession on the highest standards to provide the best possible diagnostic medical ultrasound for patients.

However, we need the support of the Australian Government to safeguard patients receiving comprehensive medical diagnostic ultrasound services and to ensure they continue to have access to sonographers for these services.

A handwritten signature in black ink, which appears to read 'Ian Schroen'.

**Ian Schroen**

President of the Australasian Sonographers Association

December 2019

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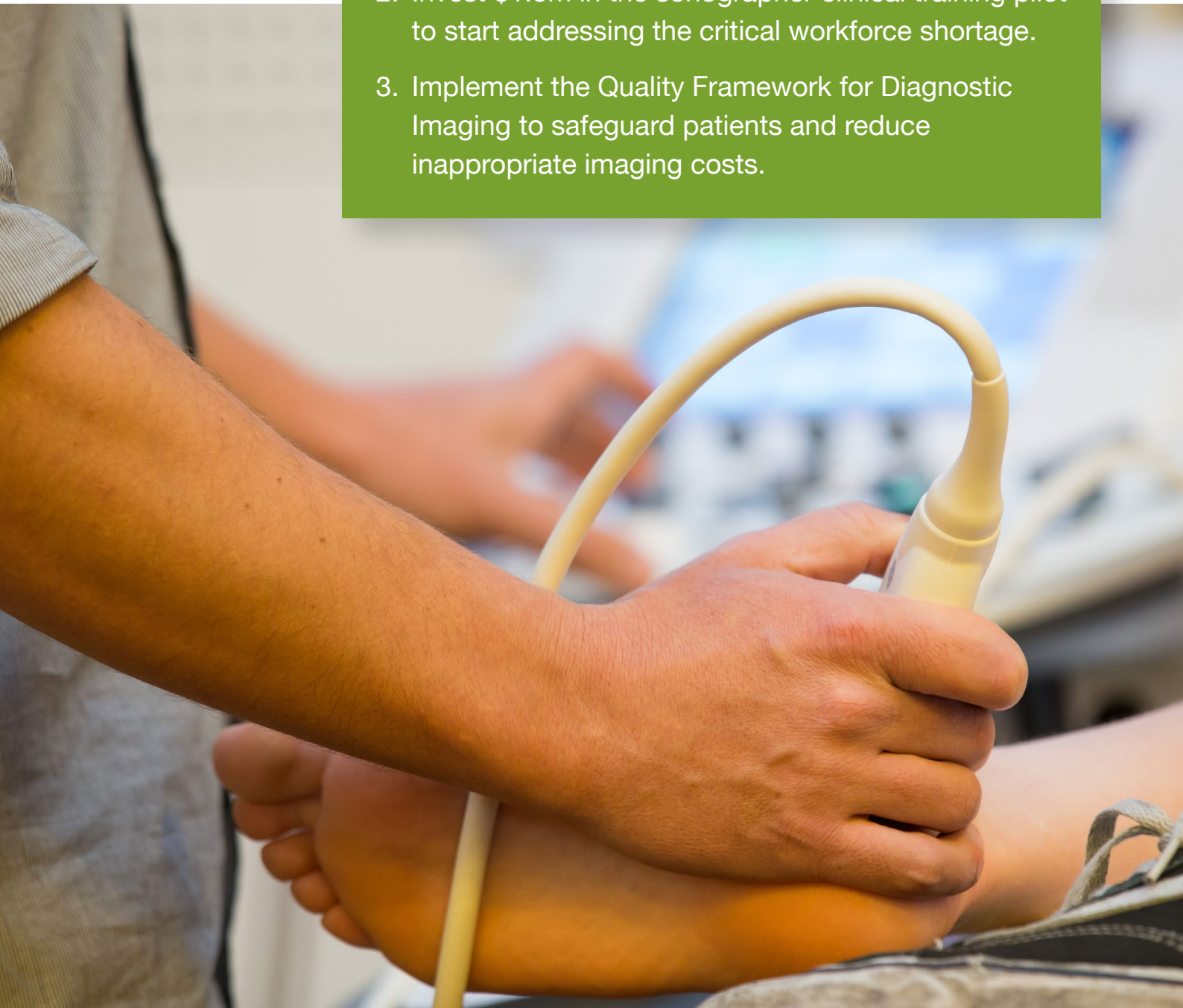
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## Recommendations

The Australasian Sonographers Association requests the Australian Government:

1. Regulate sonographers through the National Registration and Accreditation Scheme by adding the profession to the existing Medical Radiation Practice Board of Australia.
2. Invest \$1.5m in the sonographer clinical training pilot to start addressing the critical workforce shortage.
3. Implement the Quality Framework for Diagnostic Imaging to safeguard patients and reduce inappropriate imaging costs.



## Protect Australians by including sonographers in the National Registration & Accreditation Scheme

### What is the problem?

The health and safety of Australians is at risk because sonographers are not regulated under the National Registration and Accreditation Scheme.

### Why is this important?

Sonographers are the highly skilled health professionals that perform the majority of diagnostic medical ultrasound services.

Ultrasound is the most commonly accessed diagnostic imaging service.<sup>2</sup> However, **sonographers in Australia are not regulated.**

The outcome of an ultrasound examination relies on the expertise of the sonographer to operate the equipment while interpreting the images so that the correct image is captured for diagnosis. This is recognised by Medicare, with only diagnostic ultrasound services provided by doctors and sonographers funded under the Medicare Benefits Scheme.

Yet sonographers are not regulated by the National Registration and Accreditation Scheme (NRAS), which regulates other health professions such as doctors, nurses, physiotherapists and other medical imaging professions.

### Why national regulation?

Without national regulation there is no enforceable measure of the quality of ultrasound examinations performed by Australian sonographers. ]

Without national regulation, there are no national standards of practice that set the minimum expectations of ultrasound examinations performed by Australian sonographers, putting patients' health and safety at risk.

Where a sonographer fails to produce quality images or identify pathologies, there is no enforceable measure of the quality of ultrasound examinations that sonographers provide.

Importantly, complaints handling for sonographers is currently inconsistent, fragmented and ineffectual. There is a growing list of situations where a complaint is raised against a sonographer, the complaint is insufficiently investigated, and the situation becomes a criminal prosecution to be resolved.

For example, despite multiple complaints against a NSW sonographer to the NSW Health Complaints Commission over several years, it took the criminal conviction of the sonographer in 2015 to 'protect the public'.

2. Australian Government Department of Human Services. *Requested MBS category by group and subgroup processed from Jan 2018 to Dec 2018*. Australia. Accessed Nov 2019

Recent analysis of the national coroner's database suggests that at least one patient death per year is attributable to sonographer error or malpractice.<sup>3</sup> Without a national coordinated complaints process for patients, sonographer errors and malpractice are expected to be significantly underreported both in terms of the impact on patients and the frequency of occurrence.

Furthermore, without national regulation, other patient safety and quality controls, such as recency of practice requirements, do not currently exist for sonographers.

Patients receiving ultrasound examinations performed by sonographers should reasonably expect that there are appropriate safeguards in place to protect them and ensure the provision of appropriate and respectful services.

## What is the solution?

Regulate sonographers through the National Registration and Accreditation Scheme (NRAS) by adding the profession to the existing Medical Radiation Practice Board of Australia (MRPBA).

Importantly this regulation change would only apply for the medical sonographer profession; it is not the regulation of who can perform a medical ultrasound.

Regulating sonographers through the NRAS by adding them to the MRPBA is a cost-effective solution, particularly as **30% of sonographers are already registered with the Medical Radiation Practice Board of Australia as another profession** (e.g. radiographer). This is the best solution to ensure patient safety and resolve the unnecessary and inefficient administrative mechanisms currently in place.

This is the same model used in New Zealand, where diagnostic imaging professions are regulated through a single regulation authority, the Medical Radiation Technologists Board. This model of national regulation has operated successfully in New Zealand for over a decade.

There is broad support to regulate sonographers through the NRAS by adding sonographers to the MRPBA. This includes the support of all diagnostic imaging profession peak bodies and employers, health profession unions and the medical fraternity, including the Australian Medical Association.

The Australian Senate recently confirmed their support for this change. On 4 December 2019, all Senators agreed to a motion that *"calls on the Federal Government to sponsor a submission from the Australian Sonographers Association to the COAG Health Council for consideration of the proposal for sonographers to be regulated by adding the profession to the list of imaging professions already regulated by the Medical Radiation Practice Board of Australia."*

As this change requires the support of all Australian Health Ministers at the COAG Health Council, we are asking the Australian Government to:

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3. National Coronial Information System. National Coronial Data Report for the Australasian Sonographers Association. July 2019.



- recognise that national regulation of sonographers is essential to protect the health and safety of Australians
- sponsor a submission from the ASA to the COAG Health Council to discuss sonographer regulation
- support the case to regulate sonographers through the National Registration and Accreditation Scheme by adding the profession to the existing Medical Radiation Practice Board of Australia when the COAG Health Council discusses it.

## What is the budget impact of the solution?

This is a budget-neutral initiative that improves protection, safety and quality assurance for the public.

Any cost to the Federal Government will be borne by the ordinary operation of the Office of Best Practice Regulation.<sup>4</sup> It is expected that there would also be some cost to state and territory governments to make the necessary legislation adjustments.

## Budget impact

2020–21 (\$m)	2021–22 (\$m)	2022–23 (\$m)	2023–24 (\$m)	Total (\$m)
–	–	–	–	–

(-) denotes Budget saving



4. AHMAC information on regulatory assessment criteria and process for adding new professions to the National Registration and Accreditation Scheme for the health professions. Australian Health Ministers' Advisory Council. Sept 2018.



## Address the critical sonographer workforce shortage to ensure Australians continue to have access to medical diagnostic ultrasound services

### What is the problem?

Australia's critical sonographer workforce shortage threatens the ongoing access of all Australians to quality diagnostic medical ultrasound examinations.

‘... the profession has been an occupation of shortage since at least 2007.’

Sonographers provide the majority of comprehensive diagnostic ultrasound services across Australia. However, the profession has been an occupation of shortage since at least 2007.<sup>5</sup>

Rather than improving over time, this situation is now at a crisis point with a large cohort of sonographers approaching retirement age. This is of particular concern with more than 26% of the current workforce being over 50 years of age, and many only work part-time.<sup>6</sup>

### Why is this important?

Ultrasound is often a patient's first diagnostic imaging exam, either eliminating the need for, or informing the use of, other more expensive diagnostic imaging. Patients need timely access to comprehensive medical diagnostic ultrasound for a range of health services, including pregnancy management, cancer diagnoses, and everything in between.

A shortage of sonographers directly affects patient access to timely, quality and comprehensive medical diagnostic ultrasound services. Delays in accessing these services are associated with avoidable and poor (sometimes catastrophic) health outcomes for the patient and can result in increased costs for the patient and the health system due to having to treat more advanced health conditions.

### Service demand has outgrown the workforce

In the last ten years, the number of Medicare-funded ultrasound services accessed by Australians has almost doubled.<sup>7</sup>

In the same period, the workforce has only increased by just over 50% – half the rate by which the demand for medical ultrasound services has been increasing.<sup>8</sup>

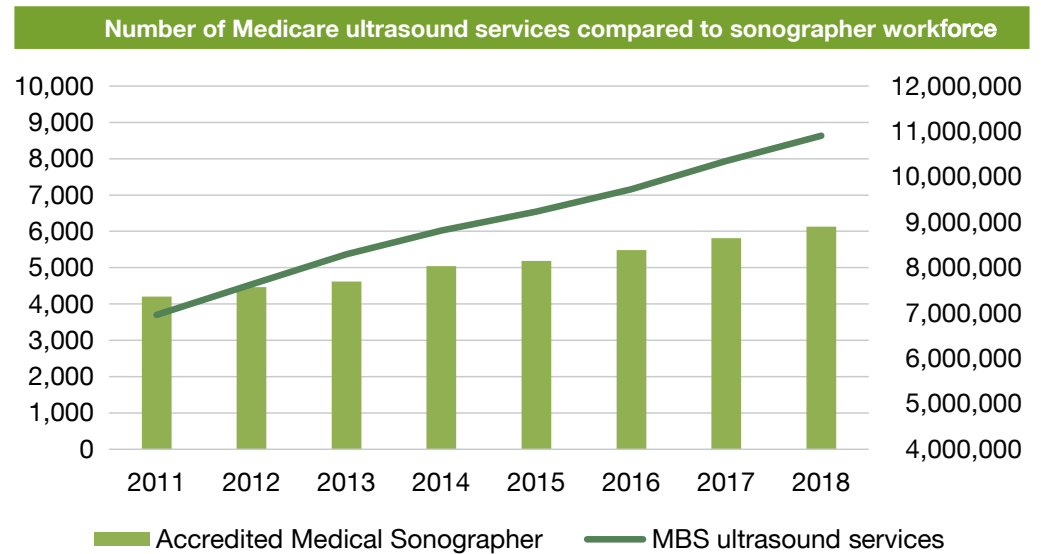
Conservatively, to have maintained workforce growth with service delivery, the industry would have needed to qualify/accredit at least 30% more sonographers each year. Considering this undersupply for the last ten years only, as of 2018 the industry had a national workforce shortfall of 1,610 sonographers – a shortfall that is about to increase at an exponential rate as generations of sonographers begin to retire.

5. Department of Jobs & Small Business. Labour Market Research Health Professions, Australia, 2017–18. Australian Government

6. Di Marzio Research. *Sonographer Employment & Salary Survey Report*. Victoria. Jan 2018

7. Medicare Australia Statistics <http://medicarestatistics.humanservices.gov.au>

8. Australian Sonographer Accreditation Registry reports



This means that there are not enough new sonographers coming into the workforce to sustain the current demand for comprehensive diagnostic ultrasound — a situation that is further exacerbated with more than 40% of sonographers working in part-time roles.<sup>9</sup>

## The cost to the Government

If patients are unable to access ultrasound services, they will likely be referred to other more costly diagnostic imaging, such as CT or MRI. This, in turn, significantly increases the likelihood of the patient not receiving the diagnostic exam quickly or at all due to prohibitive out-of-pocket costs and poor access to services such as MRI.

Where patients cannot access a sonographer for a medical ultrasound examination, the equivalent CT examination costs the Australian Government twice as much. As illustrated in the table below, if patients access an MRI as an alternative, it costs the Australian Government almost four times the rebate for an ultrasound.

	Cost to the Government (Medicare rebate) <sup>10</sup>			
	Ultrasound	CT	CT with contrast	MRI
Shoulder/extremity diagnostic exam	\$109.10	\$220.00	N/A	\$403.20
Abdomen diagnostic exam	\$111.30	\$250.00	\$360.00	\$403.20

9. Australasian Sonographers Association. *Sonographer Employment & Salary Industry Report*. Victoria, 2018 Australian Government Department of Human Services. Medicare Item Reports. Australia. Nov 2019.

10. The Australasian Sonographers Association. *The Australasian Sonographers Association 2019–20 Australian Government pre-budget submission*. Victoria. Jan 2019

In 2018, almost eleven million ultrasound services were provided to Australians through Medicare.

If just 0.1% of patients needed to access an MRI scan because a sonographer was not available to provide the ultrasound examination, it would have cost Medicare an extra \$3.2 million. This represents an increase of more than 12% to the annual cost of Medicare diagnostic imaging services in that year.

Demand for comprehensive medical diagnostic ultrasound is already significantly outstripping the availability and growth of the sonographer workforce. Without intervention, more expensive diagnostic imaging will be utilised increasingly with the Australian Government having to bear these escalating costs.

## The bottleneck

The pathway to becoming a sonographer is through the completion of an accredited postgraduate course<sup>11</sup>, with an undergraduate qualification in health or science. The education is approximately 80% clinical training at a workplace and 20% academic coursework.

To ensure sonographers' competency with the technology, as part of the postgraduate training most sonographer students need to complete over 2,200 hours of supervised ultrasound clinical training (equivalent to three days a week for two years). The sonographer course accreditation body recommends this as the minimum amount of clinical training required to develop the medical knowledge and proficiency with ultrasound equipment necessary to be a sonographer.<sup>12</sup>

“...there are not enough clinical training placements available to increase student numbers.”

Due to the intensity of this training, this is typically an employed clinical training placement and something that students must secure themselves. There are also strong numbers of students above the numbers enrolled who want to train to become sonographers. However, there are not enough clinical training placements available to increase student numbers.

## What is the solution?

The first step to addressing the workforce shortage is to introduce a solution that will quickly and efficiently support an increased number of student sonographers to access clinical training placements.

The Australasian Sonographers Association (ASA) has developed a pilot project that will do this. This solution is called the *accelerated student sonographer clinical training pilot*.

An *accelerated student sonographer clinical training pilot* fast-tracks student sonographers' foundational training outside of the workplace. This significantly reduces the resource cost for workplaces and clinical supervisors and supports workplaces to provide more sonographer clinical training placements.

11. ASAR Accredited Courses <https://www.asar.com.au/course-accreditation/asar-accredited-courses/>

12. ASAR. *Standards for the Accreditation of Sonographer Courses. Standard 3: Course Content. Version 3.* South Australia. 2019



The *accelerated student sonographer clinical training pilot* has previously been delivered successfully in New Zealand. This proposal modifies the New Zealand pilot for the Australian diagnostic imaging sector and prioritises the delivery of student sonographer clinical training in rural and remote areas.

The ASA has developed a business case that models the delivery of this solution in Australia. To implement this solution, we need the Government to:

- invest \$1.5 million across three years to deliver the *accelerated student sonographer clinical training pilot*
- commit to continue the Health Workforce Scholarship Program (HWSP) and allocate funding of \$10,000 to up to twenty rurally based student sonographers to travel and participate in the training pilot.

## What is the budget impact of the solution(s)?

Initiative	2020–21 (\$m)	2021–22 (\$m)	2022–23 (\$m)	2023–24 (\$m)	Total (\$m)
1. <i>Clinical training pilot</i>	0.6	0.6	0.3	–	<b>1.5</b>
2. <i>Funding from the HWSP</i>	0.2	0.2	0.2		<b>0.6</b>



## Improve patient services by implementing the *Quality Framework for Diagnostic Imaging*

### What is the problem?

Changes to Medicare are required to boost the quality of medical imaging services in Australia and to improve patient access to services.

The Royal Australian and New Zealand College of Radiologists and the Australian Diagnostic Imaging Association have summarised these changes into a single package called the *Quality Framework for Diagnostic Imaging*.

Although there has been repeated commitment from successive former Australian governments to implement the Quality Framework, this has not occurred.

### Why is this important?

Implementation of the Quality Framework is important to adjust the current Medicare rules to increase patient protections and better utilise radiologists time; resulting in improved access to services for patients.

For example, the Quality Framework introduces the requirement for a supervising specialist doctor to be available where patients are being injected with contrast agents before a scan. This is important as patients can have severe life-threatening reactions to contrast agents.

This package also removes the unnecessary requirement of a radiologist to personally attend musculoskeletal ultrasound examinations. This adjustment would free up radiologists' time, which would result in the increased direct provision of radiology services for Australians.

### What is the solution?

The solution is to implement the *Quality Framework for Diagnostic Imaging*.

The Government Department of Health has assessed the practicality of implementing this framework through a Regulatory Impact Statement (RIS) process in 2015.

Implementation of the Quality Framework will improve patient health by ensuring patients have the right test at the right time, saving taxpayers' money by reducing unnecessary tests on patients. It will also tighten existing regulation loopholes and increase patient access to diagnostic imaging services.<sup>13</sup>

We encourage the Australian Government to implement this simple yet effective measure.

13. Royal Australian and New Zealand College of Radiologists. *Support the Radiology Quality Framework factsheet*. Sydney 2019



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excellence in ultrasound for the community

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