Dear Family and Community Development Committee,

RE: Victorian Parliamentary Inquiry into Perinatal Services

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 this parliamentary inquiry.

We would like to present the following submission and make comment on the following terms of reference:
1. The availability, quality and safety of health services delivering services to women and their babies during the perinatal period;
2. The impact that the loss of Commonwealth funding (in particular the National Perinatal Depression Initiative) will have on Victorian Hospitals and medical facilities as well as on the health and wellbeing of Victorian families;
3. The adequacy of the number, location, distribution, quality and safety of health services capable of dealing with high risk and premature births in Victoria;
4. The quality, safety and effectiveness of current methods to reduce the incidence of maternal and infant mortality and premature births;
5. Access to and provision of an appropriately qualified workforce, including midwives, paediatricians, obstetricians, general practitioners, anaesthetists, maternal and child health nurses, mental health practitioners and lactation consultants across Victoria;
6. Disparity in outcomes between rural and regional and metropolitan locations; and

The Australasian Society of Ultrasound in Medicine (ASUM) represents all users of ultrasound, both doctors and sonographers and as such our responses relate directly to the provision of ultrasound services.

1. The availability, quality and safety of health services delivering services to women and their babies during the perinatal period

Key Issues:
- Medicare have limited the number of obstetric ultrasound scans that can be claimed which disadvantages those with more complex cases
- Medical Imaging rebate freeze since 1998
- Unskilled providers offering ultrasound service
- Sonographer shortage
- Minimum training and credentials to assure patient safety

While many parents-to-be insist on having an ultrasound scan with each visit with their obstetrician, or many doctors will offer a scan with each visit, the Medicare rules limit the number of ultrasound examinations that can be claimed. While this was done to reduce over-servicing, the issue remains that many patients who require scans due to issues within pregnancy, or complex foetal cases, are either missing out or forgoing the examination due to cost.

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 within the perinatal period including obstetrics, gynaecology, radiology, 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.

Access to high quality obstetric scans is also on the decrease due to the litigious nature of this specialty examination with less practices willing to offer this service within the radiology field.
Both service provision and reporting remain variable, particularly in remote areas. This remains a source of frustration for those managing patients in the hospital system. However, there is also the risk that a substandard level of care and a misdiagnosis could result in grave consequences for the parents.

Many hospitals and private practices can no longer afford to take on a sonographer trainee due to the cost of the student as an employee, cost of senior staff who become less productive while supervising trainees and the cost of equipment. A funding model for this type of traineeship 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 clinical experience 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 service providers and the issues around employment including work health and safety. The traineeship (apprenticeship) funding supports this and allows the employer to offer training with a reduced cost and risk.

ASUM have recently released a position statement on the need for minimal training standards and credentials required 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 is a requirement 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 linked to appropriate qualifications and training for this area of imaging needs to be considered to ensure patient safety in the form of Medicare regulation.

2. The impact that the loss of Commonwealth funding (in particular the National Perinatal Depression Initiative) will have on Victorian Hospitals and medical facilities as well as on the health and wellbeing of Victorian families

Key issues:
- Sonographer shortage with further decline due to lack of training positions
- Lack of adequate training and supervision for doctors offering ultrasound, including obstetricians, general practitioners and emergency medicine physicians

In addition to access, the role of the sonographer remains on the skills shortage list and has done so for over 10 years. Commonwealth funding is offered for many ‘apprenticeship’ or ‘traineeship’ type positions where training within a workplace is essential to gain the required skills and experience. Loss of further commonwealth funding will decrease the opportunity for hospitals and private providers to offer a trainee position to student sonographers and therefore further increase the shortage. 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 they become 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.

3. The adequacy of the number, location, distribution, quality and safety of health services capable of dealing with high risk and premature births in Victoria

Key issues:
- Lack of doctor and sonographer training in ultrasound, particularly in regional and remote areas
- Specialty training in ultrasound required for doctors and sonographers working in neonatal and special care nursery settings

Ultrasound is a highly specialised imaging modality that is made further complex due to the dependency in the skill of the operator providing the scan, and the knowledge and experience to interpret and record the results. Within the field of ultrasound, each area is further specialised, such as obstetrics, neonatal and cardiology. The training required for each of these specialities, both doctor and sonographer, is a minimum of 18 months - 2 years with regular clinical practice. Clinical training requires supervision from experienced providers as part of ensuring adequate and safe practice as an entry level provider of ultrasound.

Training as a sonographer typically includes early subjects of ethics, professionalism and infection control. However, the majority of the training required is focused on the psychomotor skills required to perform the ultrasound scan, as well as understanding and interpreting the clinical request and patient presentation, scanning and recording of images including extension of the examination in line with clinical findings. Specific training on handling bereavement or difficult discussions with patients is limited and dependent on the clinical practice. Discussions as to clinical findings is also site dependent as a number of practices have protocols in place to ensure the sonographer does not communicate any findings, but instead the doctor delivers this news or discusses this with the referring doctor.

Neonatologists within the ASUM membership have actively pursued and promoted ultrasound training for specialists within the neonatal and special care nursery fields with great results. This has largely been to their own personal work and passion to drive this requirement and ensure safe practice. Standards need to be met for those providing an ultrasound service to this vulnerable group, while being able to offer a faster diagnosis and clinical management of each patient in a safe and effective way. Access to training and equipment, particularly in regional areas remains a concern for patient care within the neonatal unit.

4. The quality, safety and effectiveness of current methods to reduce the incidence of maternal and infant mortality and premature births

Key issues:
- Maternal access to ultrasound expertise to follow pregnancy
- No funding to follow pregnancies beyond routine scans.
- Improvement in rural access to ultrasound services.

Many of the previously discussed issues are relevant here. Sonographer shortage and lack of easily accessible continuing medical education in the rural areas. ASUM offers continuing medical and sonographer education and requires recertification for all areas that sonographers and medical staff are accredited in.
5. Access to and provision of an appropriately qualified workforce, including midwives, paediatricians, obstetricians, general practitioners, anaesthetists, maternal and child health nurses, mental health practitioners and lactation consultants across Victoria

Key Issues:
- Minimal training standards to be linked to the Medicare rebate
- Sonographer shortage
- No funding for training sonographers
- Lack of training positions, with appropriate training in ultrasound for doctors

As already discussed, the lack of qualifications or credentials in the provision of ultrasound service under the current MBS leaves room for abuse by those not qualified to offer an ultrasound service. Patients should have an expectation that those offering a medical examination of any type are qualified to do so. Rather than simply being a ‘specialist’ and therefore a rebate can be claimed for ultrasound, a relevant ultrasound qualification and continued development should be linked to improve compliance and patient safety.

Many hospitals and private practices can no longer afford to take on 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’ (traineeship) 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 additional cost of having an experienced sonographer take time to supervise and train a sonographer is also a substantial cost. The ‘apprenticeship’ funding or similar would support this and allows the employer to offer training with a reduced cost and risk.

6. Disparity in outcomes between rural and regional and metropolitan locations

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, including obstetricians, ‘dabbling’ in providing ultrasound services without the necessary training to do so which ultimately will put patients at risk of misdiagnosis or false negative results. Point of Care Ultrasound (POCUS), particularly in the perinatal setting, is an essential tool and offering that can make an instant difference to the management of the patient. While we are seeing a great uptake of ultrasound trainees in the emergency medicine, neonatology, midwifery and general practice specialties, there still remains an issue to provide adequate supervision and training to ensure safe practice during the training period which is particularly relevant in the regional locations.
ASUM have worked with the Northern Territory Government to provide point of care ultrasound training to midwives servicing remote regions. Lectures and hands-on training was provided to support the safe delivery of service. Sonographers within the hospital system further support the midwives with supervision where possible, but a more structured and accountable plan would be of benefit.

As already discussed, the ASUM position statement on the need for minimal training standards and credentials to offer any medical ultrasound examination was published in 2017. The Medicare Benefit Schedule (MBS) must be aligned with the correct qualifications for performing an ultrasound examination for specialists and physicians alike.

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.

7. Identification of best practice

Key Issues:
- National minimum training standards for doctors and sonographers offering obstetric ultrasound
- Standards of practice
- Ultrasound credentials and continued professional development linked to the Medicare rebate to ensure adherence to safe practice for every patient
- Examinations be performed based on clinical need, not Medicare rebate
- Regulation of sonographers

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

ASUM, along with a number of the medical colleges, provide standards of practice as guidelines and policies to ensure safe practice. ASUM is currently collaborating with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the Royal Australian and New Zealand College of Radiologists (RANZCR) in aligning the standards recommended in third trimester ultrasound examinations to better align and clarify the requirement for the best patient outcome.

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. Credentials for ultrasound examinations to be tied to the MBS
2. Funding for sonographer training
3. Funding for ultrasound training for doctors in rural and remote regions
4. Sonographer registration with NRAS
5. Removal of cap for ultrasound services in pregnancy for clinically relevant and complex cases
6. Remove the rebate freeze on imaging 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

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Chief Executive Officer

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1 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)