



The Australasian Sonographers Association 2019–20 Australian Government pre-budget submission



Leading the sonography profession in delivering excellence in ultrasound for the community



Message from the President

Advances in technology and medical practice have seen comprehensive medical diagnostic ultrasound become an essential part of Australia's health services.

Ultrasound has a key role in informing and guiding the healthcare of Australians across a range of situations – including pregnancy, heart disease, acute injury and cancer – with the number of these services more than doubling in the last decade.¹

Australians should expect access to high quality medical imaging services for early diagnosis and treatment, with most comprehensive medical diagnostic ultrasound services performed by sonographers.

Unfortunately there are a number of pressures on sonographers that are affecting the delivery of these services to our communities. The following issues have the greatest impact:

- There is **no consistent national regulation of sonographers**, such as through the National Registration and Accreditation Scheme (NRAS).
- There is a **10-year critical shortage of sonographers in Australia**, caused singularly by the extremely poor availability of clinical training placements.
- For over **two decades the indexation of Medicare rebates for diagnostic imaging has been frozen**. This has resulted in significant out-of-pocket costs for patients to access these services and risks the ongoing ability of the private industry to sustain delivery of these services.

To date the profession has taken what steps it can to address these issues independently. However, we are starting to see a real impact to patient safety and access to services. Sonographers cannot address these issues alone.

With over 5,500 members and financial membership of more than 70% of Australia's sonographers, the Australasian Sonographers Association (ASA) is the peak body and leading voice for sonographers and leads the profession in delivering excellence in sonography to the community.

The ASA has been representing Australian sonographers for over 25 years and promoting patient access to safe and quality medical diagnostic ultrasound by advocating for the role of sonographers in the healthcare

¹ Australian Government Department of Health. *Annual Medicare Statistics – Financial Year 1984–85 to 2017–18*. Australia. Jan 2019.
<http://www.health.gov.au/internet/main/publishing.nsf/Content/Annual-Medicare-Statistics>



THE ASA 2019–20 AUSTRALIAN GOVERNMENT PRE-BUDGET SUBMISSION

system, promoting best practice in medical sonography, and providing sonographer education and research.

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 issues within medical diagnostic ultrasound and the broader healthcare sectors.

However we need the support of the Australian Government to safeguard patients receiving comprehensive medical diagnostic ultrasound services and to ensure they can continue to access sonographers to provide these services in a timely manner.

Dr Jennifer Alphonse
President
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Table of Contents

Message from the President	1
Recommendations	4
Sonographers perform comprehensive medical diagnostic ultrasound examinations.....	5
National regulation of sonographers is required to protect the health and safety of Australians.....	7
What is the problem?.....	7
Who is it impacting?	7
What is the solution?	8
What is the budget impact of the solution?	8
Access to comprehensive medical diagnostic ultrasound is threatened by the growing sonographer workforce shortage	9
What is the problem?.....	9
Who is it impacting?	9
What are the solutions?.....	10
What is the budget impact of the solution(s)?	12
Australians are missing out on needed diagnostic imaging services because of a 20-year freeze to Medicare rebate indexation	13
What is the problem?.....	13
Who is it impacting?	13
What is the solution?	14

Recommendations

The Australasian Sonographers Association recommends the Australian Government:

- **recognise that the national regulation of sonographers is required to protect the health and safety of the public** and to champion this at the next COAG Health Council meeting
 - Patients receiving an examination by a sonographer should reasonably expect that there are appropriate safeguards in place to protect them.

- **invest in interventions that are urgently required to address the sonographer workforce shortage**
 - Trial new sonographer clinical training solutions.
 - Introduce sonographer bonding incentives in rural and remote areas.
 - Provide wage assistance for private practice sonographer clinical supervisors.

- **reinstate the indexation of Medicare rebates for comprehensive medical diagnostic ultrasound services**
 - The average out-of-pocket cost for these services grew by 117% over the thirteen years to 2017, creating an average out-of-pocket cost of \$105.68 for patients.²
 - 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.

² ADIA. *Comparative Review of Radiology Rebates in 1998 and 2017*. Australia. Aug 2017.

Sonographers perform comprehensive medical diagnostic ultrasound examinations

Australians should expect access to high quality medical imaging for early diagnosis and treatment. There are several types of diagnostic imaging available; however, comprehensive medical diagnostic ultrasound is the most common diagnostic imaging examination available.³

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, diagnosing cancers and everything in between.

Sonographers are the highly skilled health professionals that provide the majority of comprehensive diagnostic ultrasound services.

It is also the least expensive diagnostic imaging examination when compared to equivalent alternatives, for both patients and the Australian Government. For example:

	Cost to the Government (Medicare rebate) ⁴			
	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

Comprehensive medical diagnostic ultrasound is ‘operator dependent’, meaning it is the sonographer who is angling the ultrasound probe into the exact position to ensure the right image is seen for diagnosis, all the while interpreting data and operating complex equipment.

If the sonographer fails to view the entire structure, or recognise that something is not normal, diagnostic information may be missed. **The reporting medical practitioner relies on the sonographer to capture the still image in the area of concern.** Most people are unaware that the outcome of an ultrasound examination is reliant on the competence and expertise of the sonographer, not the technology.

³ Australian Government Department of Human Services. *Requested MBS category by group and subgroup processed from July 2017 to June 2018*. Australia. Jan 2019.

⁴ Australian Government Department of Human Services. *Medicare Item Reports*. Australia. July 2018.



To develop this expertise sonographers have completed at least five years of tertiary education, including over 2,200 hours of ultrasound clinical training, to develop the medical knowledge and proficiency with ultrasound equipment necessary to be a sonographer.

Training for sonographers occurs at postgraduate level: approximately 80% through clinical training placement and 20% academic over at least two years.

This level of practical and institutional education is essential to ensure that quality comprehensive diagnostic ultrasound is provided to Australians, as the sonographer is responsible for the images and information provided to the reporting medical practitioner to make the diagnosis.

National regulation of sonographers is required to protect the health and safety of Australians

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.

Who is it impacting?

Comprehensive medical diagnostic ultrasound services are generally provided in a private consultation room by the sonographer. These services can require patients to remove items of clothing, can be intimate in nature and may require anatomical manipulation (e.g. gynaecological examinations, breast examinations).

Due to the lack of national regulation, if there are any issues, complaints handling for sonographers is fragmented and ineffectual. This is highlighted by the growing list of situations where complaints have been raised against a sonographer; the complaint is insufficiently interrogated; and the situation becomes a criminal prosecution to be resolved.

For example, despite multiple complaints to the NSW Health Complaints Commission over several years against a NSW sonographer, it took the criminal conviction of the sonographer in 2015 to 'protect the public'. Additionally, as sonographers are not registered, there is nothing to prevent this individual from continuing to work as a sonographer upon their release from prison.

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

Comprehensive medical diagnostic ultrasound is entirely 'operator dependent'. The quality of the examination, and subsequently the findings of the examination, are entirely reliant on the skill and expertise of the individual sonographer.

If the sonographer fails to view the entire structure or recognise that something is not normal, diagnostic information may be missed. The reporting medical practitioner relies on the sonographer to capture the still image in the area of concern. National regulation would establish enforceable and nationally consistent professional standards and expectations of sonographers.

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

What is the solution?

Sonographers should be regulated by the Medical Radiation Practice Board of Australia.

Sonographers are currently not regulated under the National Registration and Accreditation Scheme (NRAS) which is responsible for the regulation of other health professions, such as nurses, physiotherapists and radiographers.

When the NRAS was established in 2010, sonographers requested a sonographer regulation board be included. This was not supported. However a national Medical Radiation Practice Board of Australia was created.

In New Zealand, 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 industry-wide support for this approach to national sonographer regulation in Australia – that is, to regulate sonographers along with the other medical imaging professions under the Medical Radiation Practice Board of Australia. For this to occur the change must be supported by all Australian Health Ministers at the COAG Health Council.

This change is imperative that the health and safety of all Australians is protected when they access comprehensive medical diagnostic ultrasound performed by a sonographer.

To achieve this, we need the Australian Government to:

- recognise that national regulation of sonographers is essential to protect the health and safety of Australians
- champion sonographers to be regulated through the Medical Radiation Practice Board of Australia at the next COAG Health Council meeting.

What is the budget impact of the solution?

This is a budget neutral initiative which improves protections, safety and quality assurance for the public. Any cost to the Australian Government will be borne by the ordinary operation of the Office of Best Practice Regulation.⁵

Budget impact

2019–20 (\$m)	2020–21 (\$m)	2021–22 (\$m)	2022–23 (\$m)	Total (\$m)
–	–	–	–	–

(–) denotes Budget saving

⁵ 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.

Access to comprehensive medical diagnostic ultrasound is threatened by the growing sonographer workforce shortage

What is the problem?

Access to timely quality comprehensive medical diagnostic ultrasound services is currently at risk due to this critical sonographer workforce shortage.

For over a decade there has been a compounding sonographer workforce shortage⁶ that is now critical. Statistically the workforce is ageing with more than 26% of sonographers over 50 years of age.⁷ This means that there are not enough new sonographers coming into the workforce to sustain ongoing provision of comprehensive diagnostic ultrasound at current levels of demand, let alone into the future.

Who is it impacting?

Comprehensive medical diagnostic ultrasound is extremely operator dependent. There is a need for well-trained sonographers to deliver uniform quality services throughout the country.

The training required to be a sonographer is postgraduate with an undergraduate qualification in health or science. The education is 80% clinical training and 20% coursework.

There are a number of academic courses available to student sonographers, including two and three-year postgraduate diplomas and a four-year comprehensive course. There are also strong numbers of students who want to train to become sonographers.

The singular barrier to addressing this workforce shortage is the poor availability of sonographer clinical training placements.

With most diagnostic imaging (70%) provided in private practice⁸, these private businesses can no longer afford to offer sonographer training placements due to the significant resource and financial cost associated with the provision of clinical training placements.

‘The singular barrier to addressing this workforce shortage is the poor availability of sonographer clinical training placements’

⁶ Australian Government Department of Employment. *Labour Market research – Health Professions Australia 2017*. Canberra. 2018.

⁷ Di Marzio Research. *Sonographer Employment & Salary Survey Report*. Victoria. Jan 2018.

⁸ Australasian Sonographers Association. *Sonographer Employment & Salary Industry Report 2018*. Victoria. July 2018.

What will happen if there aren't enough sonographers?

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 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.

If patients are unable to access ultrasound services, it is likely that they will 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.

In the last financial year there were 10,596,152 ultrasound services provided to Australians through Medicare.⁹

If just 0.1 per cent of patients had to receive an MRI instead of a comprehensive diagnostic ultrasound examination as no sonographer was available, it would have cost Medicare an extra \$3.2 million in 2017–18, increasing the annual cost of Medicare diagnostic imaging services by more than 12% in that year.

With demand for comprehensive medical diagnostic ultrasound already significantly outstripping the availability and growth of the sonographer workforce, there is a real expectation that without intervention more expensive diagnostic imaging will be utilised instead of comprehensive diagnostic ultrasound in more than 0.1 per cent of cases, with the Australian Government having to bear these escalating costs.

What are the solutions?

Three possible solutions have been developed to begin to address this issue. They have been developed following consultation with private practices and the evaluation of international solutions.

The Australasian Sonographers Association requests Government support for the following three options to address this critical issue, noting they will need to be trialled and evaluated for success prior to broader application.

1. Trial new sonographer clinical training solutions

There is sturdy international evidence that providing intensive simulated clinical training to student sonographers in the first few months of their

⁹ Australian Government Department of Human Services. *Requested MBS category by group and subgroup processed from July 2017 to June 2018*. Australia. Jan 2019.

education increases workplace willingness to provide students with clinical training placements because: student sonographers with this training are more productive in the workplace; and clinical supervisor productivity is less compromised.¹⁰

The Government is asked to make \$900,000 available across two years to trial and evaluate this model in Australia. This funding would be provided via an open tender available to a consortium of private practices and sonographer education providers.

2. Sonographer bonding incentive scheme for rural and remote areas

(Note: funding commitment from 2021–22)

This initiative provides funding to incentivise rural and remote workplaces to provide sonographer clinical training placements and encourage qualifying sonographers to remain in rural and remote areas. It is based on a funding scheme being delivered in New Zealand¹¹ to address this issue.

This model provides additional funding of \$4,000 per annum to sonographers in their 3rd, 4th and 5th years of practice where they:

- were registered with the scheme as a student
- have stayed at the same workplace where they trained for three years after qualification
- meet other eligibility requirements as determined by the Government, including working in particular communities and/or specialties.

This proposed model would initially support 15 new students per year. If the program were operating at capacity, the ongoing Government commitment would be \$180,000 from 2023–24, with a view to expanding the program depending on the level of success.

3. Wage assistance for private practice sonographer clinical supervisors

Many private businesses cannot afford to commit senior sonographers to provide clinical supervision due to the dual cost to the business of employing the student on top of lost revenue associated with a senior sonographer's reduced productivity due to supervision responsibilities.

¹⁰ Sim J. *Preparing work-ready sonography trainees: An accelerated model of ultrasound training by the University of Auckland*. *Sonography*. 2016 Dec;3(4):134–41.

¹¹ Ministry of Health. *Voluntary Bonding Scheme*. New Zealand, 2018.

<https://www.health.govt.nz/our-work/health-workforce/voluntary-bonding-scheme>

Full or partial wage subsidies for sonographer clinical supervisors, either through payment to the business or tax subsidy, would reduce the financial and resource burden of providing clinical training placements.

It is proposed that funding 30% of a sonographer clinical supervisor’s wage would enable a private business to take on at least one additional student every six months.

Government funding is sought to trial this solution with 15 private practices with the potential to make this available to more workplaces based on the success of the model.

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

Initiative	2019–20 (\$m)	2020–21 (\$m)	2021–22 (\$m)	2022–23 (\$m)	Total (\$m)
<i>1. Trial new sonographer clinical training solutions</i>	0.45	0.45	–	–	0.9
<i>2. Rural and remote sonographer bonding</i>	–	–	0.06	0.12	0.18
<i>3. Wage assistance for sonographer clinical supervisors</i>	0.5	0.5	0.5	0.5	2.0

Australians are missing out on needed diagnostic imaging services because of a 20-year freeze to Medicare rebate indexation

What is the problem?

Comprehensive medical diagnostic ultrasound is the most underfunded diagnostic imaging modality and one of the most underfunded services on the Medicare Benefits Schedule. After more than 20 years without indexation, current rebates do not cover the cost of providing almost all the ultrasound services listed under Medicare.

Who is it impacting?

The current Medicare rebate barely covers the cost of employing a sonographer, let alone the reporting medical practitioner, equipment, consumables and overheads associated with running the business. In 2017 the average gap between the Medicare rebate and the real cost of providing an ultrasound service is well over \$110 per service and it continues to grow.

Patients out of pocket

The average out-of-pocket cost for comprehensive diagnostic ultrasound services has grown by 117% over the last thirteen years, creating significant out-of-pocket costs for patients. 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.

It has been estimated that last year over 300,000 Australians avoided diagnostic imaging due to cost.

Delaying diagnostic imaging can adversely affect the patient's final prognosis. Necessary treatment could be delayed or missed completely, potentially resulting in poorer health outcomes for patients and causing greater financial burden for the Government, as the patient develops the need for more complex and costly operations and treatments.

Conversely, results found on comprehensive medical diagnostic ultrasound examinations performed by a sonographer can often better direct the need for further imaging or treatment, avoiding more expensive imaging. Diseases diagnosed and treated early allow for a better quality of life for the patient and reduced medical expenses to the community now and into the future.

The effect on patient services

Due to poor Medicare funding, in order to reduce the financial burden on patients, some private practices shorten the time allowed for a comprehensive medical diagnostic ultrasound examination, putting sonographers under considerable pressure.

It takes time to provide a quality examination, so this pressure can result in rushed patient administration or less time to provide quality patient engagement. This pressure also increases the risk of unforced administrative errors and places sonographers at a higher risk of developing work-related musculoskeletal disorders.

What is the solution?

Reintroduce full indexation for Medicare funded comprehensive diagnostic ultrasound and other MBS diagnostic imaging services.