



College Submission
June 2022

Review of the Diagnostic Imaging Accreditation Scheme Standards

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is *the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care*. It progresses this through providing quality Fellowship training; professional development education programs; setting and upholding practice standards; and through the provision of support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

Initial Comments

The College welcomes the review of the Diagnostic Imaging Accreditation Scheme Standards and the opportunity to help shape these standards and the accreditation model.

It has been well documented that rural people already record demonstrably lower health status, use medical services less and receive less government funding toward their healthcare than their urban counterparts. This is due in part to difficulties in accessing a range of primary care, diagnostic and specialist services.

Rural generalist practitioners work under unique circumstances; with a scope of practice and working environment which is very different to urban practice. Rural general practitioners are often the only readily available doctors and commonly take on roles ordinarily the preserve of specialists in the cities. Likewise, rural practices operate under different conditions and challenges. They tend to have higher overhead costs and may have difficulty in recruiting skilled staff.



Rural hospitals are hubs for the whole community, with the benefits of access to a wider range of services, including diagnostic imaging services, benefiting primary care providers as well as the broader community. Treating patients in their community is much more cost effective both for the patients and for the health care system.

Over the past few decades, a significant number rural and remote medical facilities have been downgraded or closed. Many of the remaining facilities no longer have the equipment necessary for basic diagnostic imaging, meaning that rural and remote patients must travel to access these services. It also means that rural generalist practitioners are not able to work to their full scope of practice.

General Comments

1. Safety and quality issues faced by patients accessing diagnostic imaging services

The provision of safe, accessible diagnostic imaging and radiological services to rural and remote areas requires a different approach to that in regional or metropolitan centres that are staffed by specialist radiographers and radiologists.

The current Australian Standard Geographic Classification (ASCG) remote area radiology exemption rules have been effective in achieving the goals of accessibility and quality of care for people living in these communities.

The Rural and Remote Radiology Exemption Program allows additional flexibility regarding who is able to perform a diagnostic radiology procedure in a rural or remote area, although procedures in these areas must also be performed by a medical practitioner; or a person, other than a medical practitioner, who: a) is employed by a medical practitioner; or b) provides the service under the supervision of a medical practitioner in accordance with accepted medical practice.

ACRRM operates a program to provide a quality assurance and continuing medical education service for eligible College members and other practitioners who aspire to build and maintain their radiological skills. Participation in this program is recognised as a quality assurance requirement for remote area exemption. Application for, or continuation of, a remote area exemption will be contingent on practitioners being enrolled in an approved continuing medical education and quality assurance program.

There is an increasing tendency for assessments of quality and safety to be undertaken by urban-based practitioners and processes, where there may be limited understanding and experience of the rural and remote context.

Policies relating to the age and standard of diagnostic imaging equipment; the qualifications of operators; and lack of access to specialist services should take the rural and remote context into consideration. This includes developing appropriate clinical frameworks and risk management strategies to ensure that quality and safety is maintained while maximising access for people living in rural and remote communities.

Where there are tensions between providing a much-needed medical service to a rural or remote community and the quantity/volume of services undertaken or other factors such as equipment age



and operation, community need should be given a high priority. Absence of a service can result in a significantly poorer outcome for rural and remote communities and patients, who may delay or forgo health care if they are forced to travel to access these services.

2. Areas of unwarranted variation in diagnostic imaging

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.

3. Safety and quality data to monitor diagnostic imaging

There has been a tendency to rely on data demonstrating the effectiveness of particular approaches in urban settings, and to use this as proxy evidence for programs implemented rurally. There is a need to develop better health service data on the provision of services in rural and remote Australia, and it may be useful to collect a separate dataset on rurally-relevant services, which could be compared over time.

Advice should be sought from rural and remote practitioners regarding which data which should be collected and how it should be collected, whilst bearing in mind the need to keep administrative imposts to a minimum for both practitioners and health facilities in rural and remote areas.

4. A diagnostic imaging model of accreditation

Unfortunately, there has been a tendency to set accreditation and training standards with little or no consideration or awareness of the context of rural and remote medical practice.

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.

Many of the requirements apply to specialist radiology practices and are unnecessarily onerous and not relevant to rural generalist practices.

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.

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