



The Royal
Australian
and New
Zealand
College of
Radiologists

The Royal Australian and New Zealand College of Radiologists

Response to PC Draft Research Report – Standard Setting and Laboratory Accreditation

The Royal Australian and New Zealand College of Radiologists (RANZCR) is the leading professional organisation for promotion of the science and practice of the medical specialties of Radiology and Medical Imaging (Diagnostic and Interventional) and Radiation Oncology in Australia and New Zealand. It is responsible for the conduct of training in the medical specialties of Radiology and Radiation Oncology, and provides continuing professional development programs for both fields. The College is also committed to developing standards relating to diagnostic and interventional radiology and radiation oncology services.

The following comments are provided to inform the Productivity Commission of current developments related to matters raised in the research report and to address some specific issues referred to by the Commission in the report.

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Standards

The RANZCR has an ongoing commitment to the development and review of standards relating to individual practitioners (by way of the College's Education and Training Programs) and also the delivery of quality and safe medical imaging and radiation oncology services.

In addition, since 1997 the RANZCR has been developing a Quality and Accreditation Program for medical imaging practices in Australia, with funding assistance from the Australian Government Department of Health and Ageing. The current components of this program are practice standards, a voluntary accreditation program conducted with the National Association of Testing Authorities (NATA) and Quality Assurance activities for mammography, magnetic resonance imaging (MRI) and computerised tomography (CT).

The RANZCR has embarked upon a significant revision of the structure of its Standards for Diagnostic and Interventional Radiology to better integrate the previous professional, technical and administrative sections and the current use of the ISO 17025 within the RANZCR/NATA voluntary program. This will result in a single standards document, which reflects the relationship between clinical supervision components and the various imaging modalities. The purpose of this revision is to better reflect the delivery of a total clinical service, as opposed to individual components which may be construed as individual indicators.

In accordance with the current timetable for "mandatory" accreditation as discussed below, the Department of Health and Ageing has requested that a sub-set of these standards (as they relate only to those services within the confines of the Radiology Memorandum of Understanding, and performed by all medical practitioners) to be known as the Radiology Accreditation Standards be produced by the College by 1 December 2006.

The College is committed to continuing its work in the development and review of standards for medical imaging, which includes modalities which, at least initially, will not be included in the Radiology Accreditation Scheme.

Accreditation

The voluntary accreditation scheme, jointly administered by RANZCR and NATA, commenced in May 2004. It is this scheme which is referred to in the Productivity Commission's Draft Research Report.

The completion of a full round of accreditation activity has enabled the RANZCR/NATA program to review the process and to custom tailor aspects of the program based on that experience. One aspect of our discussions with NATA has involved exploring opportunities to focus more efficiently the on-site involvement of the clinical assessors on clinical issues. We are agreed that it is critical to explore efficiencies in the process and to maximise the value of different types of reviewers.

Since the publication of the draft research report, the Australian Government has announced the timetable for the introduction of an accreditation scheme for practices providing radiology services under Medicare (a "mandatory" scheme). This was one of a series of quality initiatives identified under the Radiology Quality and Management Memorandum of Understanding¹ which is an agreement between the Commonwealth Government (as represented by the Department of Health and Ageing), the RANZCR and the Australian Diagnostic Imaging Association (ADIA).

As the Department of Health and Ageing has indicated in its submission, the Department is currently conducting a consultation process with stakeholders regarding the mandatory accreditation scheme. It remains unclear at this juncture as to whether this will involve multiple or a single accrediting agency. Accreditation will accredit a service provider (a practice) as opposed to a laboratory or technical facility.

Anecdotally, whether because of the support provided to the voluntary program by the Commonwealth or because of the nature of the Pathology accreditation program for which NATA is the sole accreditation agency, there had been a perception among some providers that the RANZCR/NATA voluntary program would likely form the basis of a mandatory program. The College has made it clear in its communications with practices and others that, at this stage, it is unable to provide any advice about the intentions of

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[http://www.health.gov.au/internet/wcms/publishing.nsf/Content/92D89B2F4E718C95CA2571BC00274E1D/\\$File/radmou03.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/92D89B2F4E718C95CA2571BC00274E1D/$File/radmou03.pdf)
(accessed 29 August 2006)

the Australian Government, other than to state the details included in the Memorandum of Understanding.

On its website, the Department of Health and Ageing provides the following advice regarding the current RANZCR/NATA voluntary accreditation program:

“RANZCR and the National Association of Testing Authorities (NATA) jointly manage a voluntary accreditation scheme for radiology practices. A number of radiology practices are already accredited under this scheme; however, ultimately all practices providing radiology services will need to be accredited under the new scheme to remain eligible for Medicare benefits. The Department will consult with industry on how to manage a smooth transition from the current voluntary RANZCR/NATA scheme to the new scheme.”²

The College will be making a submission to the Department of Health and Ageing in response to the consultation paper which the Department has recently released on the accreditation scheme linked to Medicare rebates.

Issues from the Research Report

The College is aware that the Department of Health and Ageing has made a submission to the Commission in relation to:

- Draft Recommendation 12.7
- The differences between credentialing of individuals and accreditation of services within the health system
- The current consultation process and the requirement for development of a Regulatory Impact Statement to accompany legislation.

The RANZCR makes the following additional specific comments:

1. On page 213, the report refers to the RANZCR/NATA program as being a “laboratory accreditation program for medical imaging laboratories”. The program, however, accredits medical imaging *practices* that provide medical imaging services to patients who attend to that location. It should not be perceived as a “laboratory” based program.
2. The College believes there is a direct correlation between the low uptake into the voluntary accreditation program and the uncertainty of medical

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<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/diagnosticimaging-accred> (accessed 29 August 2006)

imaging practices about whether this program would form the basis of a mandatory accreditation system (as discussed above).

3. On page 201, there is discussion about the costs involved in meeting the standards of the RANZCR/NATA voluntary program as well as maintaining accreditation. The College has been working collaboratively with NATA to review the process involved in the joint accreditation program, and exploring opportunities for efficiencies. As the report states, as a relatively new service, it is unclear whether initial reported costs are representative of the costs of any future mandatory accreditation program. Concerns however relating to the costs, especially of NATA membership, have been raised with the College and we have been discussing these with NATA. As indicated above, there has been a dramatic change in circumstances with the current consultation process, which will include the presentation by the Department of Health and Ageing to the Minister of a Regulatory Impact Statement including the costs of various implementation options.
4. It remains unclear at this juncture as to the types of business and operational models which organisations like NATA may choose to seek to operate if endorsed as approved accrediting agencies under the new mandatory scheme.