



Australian Government
Department of Health and Ageing

Mr Paul Coglan
Associate Commissioner
Standards & Accreditation
Productivity Commission
PO Box 80
BELCONNEN ACT 2617

Dear Mr Coglan

**Productivity Commission Draft Research Report –
Standard Setting and Laboratory Accreditation**

I am writing to you in response to the Productivity Commission draft Research Report, *Standard Setting and Laboratory Accreditation* and references to the accreditation of practices providing radiology services, including draft Recommendation 12.7 (page 213).

The draft report contains a number of inaccurate and potentially confusing statements regarding the introduction of an accreditation scheme for practices providing radiology services.

The commitment to introduce an accreditation scheme for practices providing radiology services linked to Medicare benefits was made jointly by the Australian Government (as represented by the Department of Health and Ageing), the Royal Australian and New Zealand College of Radiologists (RANZCR) and the Australian Diagnostic Imaging Association (ADIA) in negotiating the *Radiology Quality and Outlays Memorandum of Understanding* (Radiology MoU) in 2003. The draft report infers the Department of Health and Ageing only made this commitment.

The Government recently agreed to a timetable for the development and implementation of an accreditation scheme for practices providing radiology services. It is expected that necessary legislation will be in place by early 2007. The scheme is to commence operation on 1 September 2007.

The draft report appears to presume that the RANZCR/NATA voluntary accreditation scheme will be adopted without amendment as the new accreditation scheme. This is not the case. Stakeholders will be consulted on the operational elements of the new scheme including which elements of the voluntary RANZCR/NATA scheme might be retained and whether the scheme should use a single accreditation provider such as NATA, or multiple providers. Consultation will commence in August 2006.

The report also confuses the role of accreditation with that of credentialing. Accreditation is the process of assessing organisational performance against externally set standards. In the health care setting accreditation is recognised as a tool to help organisations review and improve systems that support the delivery of safe and high quality health care. Credentialing is the process of assessing an individual practitioner's qualifications, skills and abilities.

In certain circumstances the payment of Medicare benefits is conditional on the service being performed by a practitioner with particular qualifications and/or experience. This is to ensure that Medicare funds services performed by appropriately qualified practitioners. Individual practitioner requirements are handled through separate mechanisms and not through practice site accreditation, although accreditation programs may check that there are suitably qualified practitioners rendering services.

The draft report notes that the payment of Medicare benefits for services rendered by sonographers are linked to certain professional requirements. This is a legislative requirement for the payment of Medicare benefits. Sonographers must be on either the '*Register of Accredited Medical Sonographers*' or the '*Register of Accredited Student Sonographers*' for the service to be eligible for Medicare. Sonographers are only accepted onto the Register if they have completed or are participating in, an Australasian Sonographer Accreditation Registry (ASAR) accredited course in ultrasound. A sonographer must participate in an ASAR continuing professional development program to be retained on the Register.

The credentialing requirements for sonographers are additional to and separate from the accreditation requirements for practice sites. It is not appropriate to rely on credentialing alone to assure the delivery of safe and high quality health care. There is a range of aspects which contribute to the provision of a quality health service including administrative and technical components as well as the need to ensure that health care practitioners and other staff are appropriately qualified.

The draft report further suggests that as an alternative to 'mandatory NATA accreditation' sites providing radiology services might be certified against other quality management accreditation schemes. The Department acknowledges there are many effective quality management programs in operation. However, these programs do not include the specific safety or technical standards relevant to the provision of quality radiology services. It is these requirements, at the organisation level, that will be assessed and linked to the payment of Medicare benefits.

Finally, as part of the standard process for introducing regulatory change, the Department will produce a Regulation Impact Statement that assesses the costs and benefits of an accreditation scheme. This assessment will be informed by the views of stakeholders and will be subject to parliamentary scrutiny.

I have attached a copy of a Question and Answer factsheet, recently provided to stakeholders, regarding the development and implementation of the proposed accreditation scheme. I hope that this, along with the information provided in this response, will clarify the errors contained in the draft report. In light of this information, the Commission may wish to review its draft Recommendation 12.7.

I would appreciate if you would make this response available on the Commission's website. If you require further information in order to finalise the report please contact Ms Margaret Curran, Director, Diagnostic Imaging on (02) 6289 7315 or by email margaret.curran@health.gov.au

Yours sincerely

Megan Morris
First Assistant Secretary
Medical Benefits Division
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Question and Answer factsheet

<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/diagnosticimaging-accred-qasheet>