



SUBMISSION TO THE PRODUCTIVITY COMMISSION
STUDY INTO THE HEALTH WORKFORCE

11 November 2005

Australian Sonographers Association Ltd
PO Box 709 Moorabbin Vic 3189
P: 03 9585 2996 F: 03 9585 2331
E: enquiries@a-s-a.com.au

The Australian Sonographers Association Ltd (ASA) was formed in 1992 and represents the interests of around two thirds of Australia's diagnostic medical sonographers. It is one of the founding stakeholders in the Australasian Sonographer Accreditation Registry (ASAR), the statutory body charged with administering the mandatory national accreditation scheme for sonographers.

We thank the Productivity Commission for the opportunity to comment on the Position Paper on Australia's Health Workforce.

OVERVIEW:

After reviewing the Position Paper, the ASA requests the following comments be noted:

1. Sonography is a "stand-alone" profession within the diagnostic imaging field, not a sub-set of any other profession. When ultrasound technology was in its infancy many sonographers entered the profession via radiography. However a significant proportion of sonographers do not perform any radiography duties, and many now enter the profession from disciplines such as Nuclear Medicine, Health Science and Nursing. We request that future documentation acknowledge this distinction. In particular, we request that Table 8.2 - Areas of potential or current task substitutions (pg 124) be updated to incorporate:
Reporting ultrasound examinations - Sonologist - Sonographer Practitioner
2. Sonographers who choose to undergo additional education and/or clinical training would be well placed to prepare the formal report to the referring medical practitioner on the ultrasound examinations they perform. The sonographer community currently refers to this extended work practice/evolution as the model for "sonographer practitioner", in line with developments overseas. This role within the diagnostic imaging community would:
 - provide professional acknowledgement of the role of the sonographer and better utilise their specialised skills and knowledge
 - acknowledge the actual role currently performed by many sonographers which encompasses providing the findings of the examination to the sonologist who then produces a report directly from the sonographer's findings
 - provide a further career path for sonographers thus assisting with retention and re-entry levels
 - assist in reducing workplace repetition injuries to sonographers by introducing other duties
 - alleviate the shortage of sonologists by reducing their administrative/ reporting workload allowing them to perform other duties
 - enhance patient care by streamlining the reporting function, and
 - promote a sense of teamwork within the diagnostic imaging community.

Given the current work practices, where the report produced by the sonologist is often a repetition of the sonographer's interpretation of the examination, the ASA believes sonographers are well-placed to take part in a pilot study based on the introduction of "sonographer practitioner". This would prove beneficial in assessing the impact of role extension/delegation both in terms of financial and patient outcomes.

3. A national strategy for healthcare which transcends the boundaries of state limitations would be cost-effective and reduce fragmentation within the sector. In particular, the ASA is most keen that national registration be encouraged,

particularly for the smaller professions such as sonography. The introduction of mandatory sonographer accreditation, administered by the ASAR, was incorporated in the Medicare Benefits Schedule by the Federal Government in 2001. This has been well received by all stakeholders in the diagnostic imaging community and our members believe an extension of the ASAR's role to incorporate a registration body would further enhance the profession's standing in the community and assist in ensuring quality care. The formation of a national body to oversee the operations of all registration boards and advise on legal and ethical matters would appear to be a logical, cost-effective alternative to the current range of systems operating across the healthcare professions.

4. Maintaining an appropriately skilled workforce is vital to ensuring quality healthcare. The introduction of a national body to assess the suitability of overseas trained health professionals would alleviate inconsistencies across the healthcare professions. It would be vital, however, to ensure the agency had appropriate access to professional knowledge and expert opinion from those within each profession to guide this process. In the meantime, to ensure the quality of our workforce, the ASAR should be appointed as the provider of these services as this is seen by the ASA as a logical extension of their current function of assessing sonographer training programmes within Australia.

RESPONSES TO THE PROPOSALS FROM THE POSITION PAPER:

Draft Proposal 3.1

The ASA supports this proposal.

Draft Proposal 3.2

The ASA supports this proposal.

Draft Proposal 4.1

The ASA strongly supports this proposal. As many sonographers are already working, albeit largely unacknowledged, in an extended role we believe our profession is the logical choice to participate in any future pilot study into role extension/delegation of duties in the health workplace.

Draft Proposal 5.1

The ASA supports any proposal which improves the delivery of post-graduate education and clinical based training to sonographers.

Draft Proposal 5.2

The ASA supports this proposal.

Draft Proposal 5.3

The ASA supports this proposal and any initiative which would lead to an increase in the number of trainee positions available for sonographers.

Draft Proposal 6.1

The ASA supports this proposal. At the present time, post-graduate ultrasound course accreditation is performed by the ASAR on a national basis. As a small profession, the ASA would be concerned about any loss of expert professional knowledge should the functions of the ASAR be subsumed by a larger and more generic accreditation agency. We believe a co-ordinated approach across the health workforce will assist with quality assurance.

Draft Proposal 6.2

The ASA strongly supports this proposal as it would remove current inconsistencies and provide a unified approach across the health workforce which would assist in ensuring the delivery of quality healthcare. In the interim, the ASA believes the ASAR, which currently assesses sonographer education programmes within Australia, is the most appropriate body to assess overseas trained sonographers.

Draft Proposal 7.1

The ASA strongly supports this proposal. Further, it believes that the most appropriate method of registration for sonographers, given the small numbers in the profession, is the establishment of a national registration board under the auspices of the ASAR. We believe the ASAR is ideally positioned to provide sonographer registration as an extension of their current statutory role administering mandatory accreditation. The ASA strongly opposes a state-by-state registration system.

Draft Proposal 7.2

The ASA has no comment on this proposal as there is currently no requirement, at state or federal level, for sonographers to be registered to practise ultrasound.

Draft Proposal 7.3

The ASA strongly supports this proposal.

Draft Proposal 8.1

The ASA supports this proposal. Sonography is well placed to be utilised in any pilot study to assess the impact of role evolution/delegation of duties in terms of both patient outcome and financial outcome.

Draft Proposal 8.2

The ASA supports this proposal at this time. We are concerned however that a lower rebate would discourage the employment of sonographer practitioners for the purposes of delegating duties, and therefore the present anomalies within the workplace would continue. The MBS rebate for ultrasound examinations has, in real terms, been eroded in recent years. The ASA believes that a review of rebates would be required to ensure the rebate applicable to services performed by a sonographer practitioner is sufficient to encourage this delegation of duties. Improved efficiencies would, of course, be achieved by ending the current duplication of ultrasound reporting.

The ASA wishes to respond to the comments made in submission 176 (pg.2) that sonographer role extension “.. will exacerbate existing staff shortages of radiographers and sonographers, have a cost impost for training and require the development of appropriate protocols for supervision by radiologists.” The ASA believes that by providing sonographers with appropriate recognition of their role and enabling them to more fully utilise their skills, the retention and re-entry rates in the sonography workforce would be enhanced. The cost of additional education required to enable sonographers to report their examinations will, we believe, be more than offset by the increased efficiency of the workforce. Task delegation for ultrasound services is happening daily in almost every medical imaging department in Australia and therefore many departments have appropriate protocols in place.

Draft Proposal 9.1

The ASA supports this proposal.

Draft Proposal 9.2

The ASA supports this proposal in principle however expresses concern that it is not extended to post-graduate entry level health workers. (Entry level for sonographers is a

Graduate Diploma.) Accurate projections must also be made for the small but essential health professions like sonography.

Draft Proposal 10.1

The ASA supports this proposal.

Draft Proposal 10.2

The ASA supports this proposal.

Draft Proposal 10.3

The ASA supports this proposal.

Draft Proposal 11.1

The ASA supports this proposal.

CONCLUSION:

Overall the ASA welcomes the proposals contained in the Productivity Commission's Position Paper as it believes the quality of healthcare services provided in Australia cannot be sustained unless remedial action is implemented across the sector in the short to medium term. Further, it acknowledges the significant issues relating to health workforce shortages in the field of diagnostic imaging. Our members are committed to ensuring quality patient care, and believe this is best achieved by promoting teamwork between all stakeholders in diagnostic imaging.

To this end, the ASA is keen to participate in pilot studies, most particularly in relation to role evolution/delegation of reporting duties and national registration. We would also welcome the opportunity to participate in future "round table" discussions.



Robyn Tantau
President



Andrew Wilmot
Vice President