AUSTRALASIAN ASSOCIATION of
Nuclear Medicine
Specialists (AANMS)

Diagnostic Imaging Section
Department of Health
Email: Radiology@health.gov.au

18 September 2020

Dear Sir/Madam,

Thank you for providing the Australasian Association of Nuclear Medicine Specialists (AANMS) with the opportunity to comment on the discussion paper on the review of supervision of Nuclear Medicine (NM) imaging, including Positron Emission Tomography (PET) services under Medicare.

The AANMS have addressed the consultation questions in the discussion paper. We would also like to take the opportunity to provide some further comments. We understand AANMS members have also made submissions either as individuals or on behalf of other entities.

Firstly, we would like to raise a concern about the discussion paper. It would appear that this entire process has been driven by a corporate group presumably to further their corporate needs. A review of current practice is not necessarily a bad thing, however this should be driven by concerns over improving patient outcomes particularly quality and safety.

The AANMS undertook a survey of members regarding the discussion paper with over 80 responses received. Less than 33% of our members were in favour of removing personal attendance/ supervision requirements for NM and less than 21% for PET. For NM studies, being able to take a patient history was seen as critical to making the correct diagnosis. It was noted that given the varied nature of requests for functional imaging in NM, it is not possible to have a standard "one size fits all" protocol for NM studies and direct Nuclear Medicine Specialist (NMS) involvement may be required before, during and after the study to ensure the best possible clinical outcome. It was noted that although personal supervision can be provided by a NMS off site by supervising virtually, this was considered consistently safe for only a small number of NM studies. NM studies such as myocardial perfusion scans and therapies absolutely require personal on site supervision. While consultations can be performed virtually (with justification during the current pandemic), this is not considered equivalent to face to face interactions and is not a long term solution.

The main benefit through removing the requirements was that patient access in rural locations could be improved. However, it was noted in regards to this possible benefit, that the quality of service provided may be reduced and that this would need to be implemented judiciously.

Specifically, with regards to PET site requirements, less than 10% of our members felt that the requirements should be removed. The majority felt that the requirements should stay as they are though with some support for limited modification.

The key points for AANMS from consultation questions and the responses from members are:

1. The best possible result for all scans will come when the NM specialist is on site allowing:
    a. Best possible clinical history
    b. Targeted Physical examination as required
    c. Ability to perform the full range of imaging at the same presentation
    d. Ability to react to unsuspected issues of the patient's condition in real time
    e. Ability to interact with technologists to address quality issues as they arise
2. The risks from removing the supervision requirements are:
    a. Potential compromise to patient outcomes, including scan quality

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   b. Increased potential for tests to be inadequate requiring additional investigations with additional costs and radiation exposure
   c. Undermining viability of full service nuclear medicine practices limiting access to some procedures
   d. Centralised reporting models may prioritise quantity over quality

3. The benefits from removing the supervision requirements are:
   a. More flexibility in providing services

With regards to PET Site requirements:

1. There could be a consideration of removing some of the requirements. However, any major change would require a robust mechanism of ensuring reporter engagement, maintaining professional standards and currency with details of current oncological techniques.
2. Co-location with full range other imaging modalities:
   a. Allows for correlative imaging as required
   b. Would increase likelihood of PET being reported by sub specialists in the field
   c. The argument of saving patients travel time and costs would be negated whenever a stand-alone PET facility identified a finding that required further assessment by a non-locally available technology
3. An MDT based criterion is an alternative but would likely be unwieldy. Compliance costs and robustness of the audit mechanism would need to be considered.
4. It could be argued that telehealth could be used to maintain MDT exposure. This is certainly a potential alternative, however monitoring compliance of this will be difficult.

In summary, the AANMS is not supportive of removing the supervision requirements for NM and PET. Whilst there are a few studies where remote supervision would be sufficient, it is impossible to anticipate these in advance and hence one would always be taking the chance of needing to compromise on best practice. Alterations to PET site requirements can be considered, however would require more detailed discussion particular focusing on delivering ideal outcomes and monitoring of compliance.

We appreciate the Department conducting a public consultation, while noting that a rigorous approach needs to be applied to any new proposals in the area of NM and that at all times, the expertise and knowledge of NM Specialists should be leading the development of any changes. We would also note that on the issue of workforce, any consideration of issues around workforce numbers in NM must be supported by robust and thorough data on the numbers. AANMS would be happy to collaborate with the Department to further advance these considerations.

Yours sincerely

Geoff Schembri
AANMS President