

10 February 2012

[FBT@treasury.gov.au](mailto:FBT@treasury.gov.au)

Attention Ms Raylee O'Neill  
Manager  
Philanthropy and Exemptions Unit  
Personal and Retirement Income Division  
The Treasury  
Langton Crescent  
PARKES ACT 2600

Dear Ms O'Neill,

**Re: Response to Living Away From Home Allowance FBT Reforms**

The Australian Diagnostic Imaging Association (ADIA) supports i-Med Network's recommendations in response to the consultation paper on Fringe Benefits Tax (FBT) Reform – Living-Away-From-Home Benefits released 29<sup>th</sup> November 2011.

That is that:

- the LAFHA reforms provide a carve out for overseas trained radiologists providing services in regional areas RA 2-5; or
- transitional provisions apply for a 3 year deferral of the reforms in relation to overseas trained radiologists currently eligible for LAHFA providing services in regional areas RA 2-5 to allow time for contractual obligations to expire.

As with other medical services, rural diagnostic imaging practices are experiencing significant difficulties in recruiting and retaining radiologists. There is a historical and current shortage of Australian and New Zealand radiologists willing to live and work in rural areas.

By way of example,

- ❖ 87% of the radiologist workforce in NSW resides in RA1 compared to 73% of the NSW population.
- ❖ 88% of the radiologist workforce in Victoria resides in RA1 compared to 75% of the Victorian population.
- ❖ 81% of Queensland radiologists reside in RA1 compared to 60% of the Queensland population.

Private practices have very good representation in regional areas – but not all of these employ a full time radiologist.

It is not commonly understood that a large number of diagnostic imaging services – often those required by the sickest patients – cannot be provided without radiologist involvement in the procedure. These include complex ultrasound procedures, musculoskeletal imaging, any diagnostic procedures which involve the use of contrast substances or fluoroscopy to identify pathologies, and interventional procedures (such as biopsy). Very importantly, it also includes diagnostic mammography (not to be confused with basic breast screening procedures for patients presenting without symptoms).

Even with more routine procedures, patients benefit greatly from having a radiologist on site

The LAFHA is important to ensuring that organisations such as i-Med (which provides the bulk of private comprehensive practices in regional Australia) can continue to attract overseas trained radiologists willing to work in regional practices.

With kind regards



Pattie Beerens  
Chief Executive Officer  
ADIA

*ADIA represents private diagnostic imaging practices in Australia. They diagnose and treat 50,000 patients every day and operate 80% of the comprehensive practices providing services to patients in rural and regional Australia. ADIA members are both for-profit and charitable and operate practices in the community and in public and private hospitals in Australia.*