



# The Royal Australian and New Zealand College of Radiologists 2022-23 Pre-Budget Submission

## 1. EXECUTIVE SUMMARY

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The Royal Australian and New Zealand College of Radiologists (RANZCR) is part of an Australian health system that is world class. To ensure that the clinical radiologists and radiation oncologists that RANZCR trains, educates and supports can make the best possible contribution to a first-class health system, RANZCR asks the Australian Government to ensure the processes and enablers are in place to continue to achieve the highest standards of patient care.

RANZCR has identified six priority areas that we ask for commitment by the Australian Government.

For clinical radiology, RANZCR proposes three initiatives:

### 1. MRI - The deregulation of the licensing system for MRI machines to provide:

- Better patient access and choice for Medicare funded MRI services, reducing inequality for regional and remote communities.
- A competitive radiology marketplace which reduces the market distortion, artificial monopolies and adverse patient impact resulting from the current MRI licensing model.

*Cost: \$60 million - \$80 million over three years*

### 2. Workforce – Specialist Training Program (STP)

- Ongoing funding for ten additional Specialist Training Positions (STP) for clinical radiology to meet to meet future demand for radiologists

*Cost: \$1.1 million per annum.*

### 3. Lung Cancer Screening

- Commitment to implement the recommendations of Cancer Australia's Report on the Lung Cancer Screening enquiry, including the implementation of a national lung cancer screening program.
- RANZCR to be part of the development process.

*Cost: Refer to Cancer Australia's Report on the Lung Cancer Screening enquiry*

In the radiation oncology space, RANZCR has three proposals, all of which would require minimal funding to commence:

### 1. Medical Benefits Scheme (MBS) Review

- A continuous review framework for the MBS fee setting structure for radiation oncology, to be finalised within two years of the implementation of the new MBS fee setting structure for radiation oncology.



- The ongoing MBS review framework should take into account progressive treatments that incorporate technological advances and contemporary standards of practice. The review process should include consumers, providers, RANZCR and other professional groups involved in radiation oncology.

## 2. Particle Therapy

- Equal access to particle therapy treatment for all Australians no matter where they live.
- Develop a national scheme to provide funding for travel and accommodation for patients to receive particle therapy within Australia.
- Support a national framework for delivery of particle therapy treatment to be led by a National Particle Therapy Collaborative of Federal and State and Territory jurisdictions, RANZCR and the TransTasman Oncology Group (TROG).

## 3. Australian Radiation Incident Register 2.0

- Develop a plan to establish an Australian Radiation Incident Register 2.0 building on the work done by the ARPANSA Working Party for professions utilising radiation therapy.
- Facilitate consistent state and territory regulations on radiation incident management and reporting.

## 2. CLINICAL RADIOLOGY PROPOSALS

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### MRI Deregulation

Providing Medicare funding for all MRI machines across Australia will provide patients with lifesaving scans. Currently, only a limited number of licensed machines attract Medicare funding.

Patients are facing high out of pocket costs, significant delays, travelling long distances to access MRI services or going without, at the expense of their health.

There is inconsistent access to licensed MRI machines across Australia. Funding MRI services in Australia must change to increase patient access, support patient management and improve equitable clinical outcomes for all Australians.

The current system of limiting MRI licences to particular machines is restricting competition within the radiology sector, skewing referral patterns and restricting patient access and choice.

Limited access to MRI services is having a profound impact on patients, particularly young patients, cancer patients and those in rural, regional and remote areas.

It is RANZCR's view that all MRI machines should provide the full scope of Medicare services. Current MRI licensing rules are complex and confusing. The restrictive licensing system distorts the market, creating artificial monopolies for providing MRI services.

### Workforce Specialist Training Program (STP)

The Department of Health report, *Review of the Specialist Training Program and Emergency Medicine Program Final Report March 2017*<sup>1</sup>, forecasts that there will be a nearly 24%



undersupply of clinical radiology specialists by 2030.

Clinical Radiologists are medical specialists who have undertaken broad medical training as well as five years of comprehensive specialist training in performing and interpreting diagnostic imaging tests and imaging-guided procedures that involve the use of a range of imaging modalities.

The lag time of 5 years between entering training and being a registered clinical radiologist with the authority to work as a specialist makes it imperative that additional training places be funded now, to ensure that Australians receive appropriate healthcare going into the future.

Increasing the number of STP places by ten positions would start to address the shortage of clinical radiology specialists. Radiologists are integral to patient care by making accurate diagnoses, monitoring response to treatment, performing imaging-guided treatments and advising on the best use of imaging in patient care. As the population ages and the demand for health services increases, the need for clinical radiologists will only increase.

While the number of funded training places remains unchanged, there cannot be an expansion in the number of specialist clinical radiologists being trained at a time when there is a looming shortage. Without additional STP funding to support training places, it is difficult for RANZCR to create more training places even when the demand for training places is apparent. Filling these additional training places is unlikely to be an issue, with RANZCR always receiving more applications than there are places in the annual trainee recruitment process.

## Lung Cancer Screening

In 2019, the Commonwealth Government asked Cancer Australia to conduct an enquiry into the prospects, process and delivery of a national lung cancer screening program in Australia<sup>2</sup>. The resultant report aligns with RANZCR's position paper on Lung Cancer Screening. RANZCR strongly supports, extending the national cancer screening programs to include lung cancer screening for specific at-risk individuals as outlined in our position paper on Lung Cancer Screening<sup>3</sup>.

Cancer Australia statistics show that in 2021 the estimated percentage of new lung cancer cases diagnosed was 9.2% of all cancers while death rates were 17.7%. It is the fifth most diagnosed yet the first for death rate of all cancer types in Australia<sup>4</sup>.

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<sup>1</sup> Australian Department of Health. Review of the specialist training program and the emergency medicine program final report March 2017 [internet] 40p Available from [https://www1.health.gov.au/internet/main/publishing.nsf/Content/E47B2272ABFC709CCA257BF0001F510C/\\$File/Review%20of%20the%20STP%20and%20EMP%20Program%20-%20March%202017.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/E47B2272ABFC709CCA257BF0001F510C/$File/Review%20of%20the%20STP%20and%20EMP%20Program%20-%20March%202017.pdf)

<sup>2</sup> Australian Government. Cancer Council: Report on the lung cancer screening enquiry. <https://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/report-lung-cancer-screening-enquiry> accessed 27 Sept 2021

<sup>3</sup> RANZCR. Lung cancer screening position paper. Jul 2021 Available from <https://www.ranzcr.com/search?searchword=lung+cancer+screening+>

<sup>4</sup> Australian Government Cancer Council. Cancer statistics 2021 Available from <https://www.canceraustralia.gov.au/cancer-types/lung-cancer/statistics>



Targeted groups are asymptomatic people with a high risk of lung cancer: current or former smokers aged 55 to 74 years in the general population; and those aged 50 to 74 years for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people have a higher prevalence of smoking and have a younger age at both lung cancer diagnosis and mortality.

Lung cancer has a greater proportional impact on Aboriginal and Torres Strait Islander people, people in regional and rural areas, and those of lower socioeconomic status. The Government is committed to the Closing the Gap health initiative for indigenous communities and this initiative would be helpful in achieving this.

As the peak body for clinical radiology in Australia and New Zealand, RANZCR has identified several areas it can make a meaningful contribution providing professional expertise in program development and advisory roles and is keen to participate to ensure positive outcomes.

### **3. RADIATION ONCOLOGY PROPOSALS**

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#### **Medical Benefits Scheme (MBS) Review**

The Medicare Benefits Scheme (MBS) fee setting structure is a major influence on the patterns and nature of cancer treatment provision in Australia. Ongoing funding of outdated techniques and treatments hampers delivery of best practice in radiation oncology. This is because modern technologies and techniques of treatment, that can achieve higher cancer control and minimise adverse effects of treatment, have not been recognised in the MBS schedule.

The review of the radiation oncology schedule began back in early 2016. Its recommendations were accepted by Government in 2018, but these changes have languished and have still not been incorporated into the MBS schedule.

It is important that the radiation therapy items in the MBS should reflect contemporary practice so that cancer patients continue to receive the most up to date care and treatment.

Unfortunately, advances in radiation oncology and radiation therapy techniques and technologies are moving more quickly than the review of the MBS schedule. When the new changes come into effect, as proposed in 2022, the descriptors and fee structure are likely to be out of date.

Advances in technology are reducing the number of radiation treatments needed by patients (this is known as hypofractionation). But current funding arrangements discourage the use of modern practices which improve patient access and savings in associated health costs.

RANZCR proposes that within two years of the implementation of the new structure, i.e., by the end of 2024, a continuous review framework as recommended by the Taskforce be established.

The parameters for this framework should include:

1. An evaluation to determine where refinements are needed to ensure there are no unexpected and inappropriate implications for patients, the Government and providers.
2. A process for consideration of emerging advances in techniques and technologies that impact contemporary radiation oncology practice (e.g. advances in stereotactic



radiation therapy, adoption of adaptive radiation therapy, introduction of technologies like MRI based planning and treatment, particle therapy (proton therapy) which will drive further radiation techniques as well as introduce further complexities and artificial intelligence (AI) systems that will add innovative techniques and technology with added complexity).

## **Particle Therapy**

Radiation therapy is of major importance in cancer care contributing about 40% of cancer cure. The importance of local cure of cancers is under-appreciated largely due to the national and international focus on drug therapies.

Particle therapy is a new type of radiation therapy which has the benefit of conforming the radiation dose to the cancer tissue and limiting the dose to surrounding normal tissues. The aim is to reduce both short and long term side effects, including the risk of treatment induced cancers. Proton beam therapy is a type of particle therapy. It is a form of external beam radiation therapy that delivers a high dose of radiation to a localised site, allowing greater control over exposure during treatment.

Particle therapy facilities have rapidly proliferated world-wide in the last decade, with eligible Australian patients funded to be treated overseas under the Medical Treatment Overseas Program (MTO). Australia's first particle therapy centre, the Australian Bragg Centre for Proton Therapy, is currently being built in Adelaide. When the centre is operational, without adequate financial support for travel to Adelaide and accommodation, some patients will not be able to undergo particle therapy. Funding access arrangements for local treatment is preferable as overseas travel can complicate the continuity of other patient treatments like ongoing chemotherapy sessions.

Directing the current MTO resources to support treatment within Australia rather than overseas will see better targeting of resources to those most likely to benefit. It will also be cost neutral to the Australian Government.

RANZCR calls on the Federal Government to provide secretariat support for a National Particle Therapy Collaborative, comprised of Federal and State and Territory jurisdictions, RANZCR and the TransTasman Oncology Group (TROG).

The Collaborative would work to develop a national framework for delivery of particle therapy treatment in Australia. The national framework should include education and training, standards of practice, triage, protocols and a national registry which includes outcomes.

State Governments in South Australia, New South Wales, Victoria and Queensland have all expressed interest in establishing particle therapy facilities in their state, in some cases investing in pilot and planning studies. The Federal Government has committed \$68 million to the Bragg Centre in Adelaide, with a further \$18.8 million allocated for particle therapy to treat paediatric and rare cancers.

Collaboration between jurisdictions is essential in supporting a national approach to particle therapy including patient access, triaging, standards, protocols and outcome measures that matter to patients and to the health system. The focus should be on equitable access to evidenced-based radiation therapy including proton beam therapy that improves cancer control.



## Australian Radiation Incident Register 2.0

The Australian Incident Register (ARIR), is Australia's national database of radiation or radioactivity incidents and events and is maintained by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)<sup>5</sup>.

ARPANSA has been working on an Australian Radiation Incident Register 2.0 (ARIR 2.0) specifically in the medical context where radiation is involved. The RANZCR supports ARPANSA's initiative to develop the ARIR 2.0, creating one national data base and data entry solution, with one agency responsible for driving safe practices in healthcare. Consistent state regulation is also critical to ensure appropriate incident management and reporting across jurisdictions.

ARIR 2.0 would enable clinicians from across Australia to directly enter relevant de-identified data which would be managed by ARPANSA with external governance and assistance. Appropriate parties would have access to the data for analysis which would improve worker and patient safety across Australia.

Radiation therapy safety can and should be continuously improved with the aim of eliminating major problems. Having uniform data collection, nomenclature and reporting across all jurisdictions is the key to this understanding and improvement. Optimal patient care and safety is ultimately the primary outcome of a unified system.

Priorities include developing a nationally agreed nomenclature for reporting, developing a consistent data ethics approach to enable the sharing of the information and to assist with the technological requirements for an integrated (digital) solution.

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<sup>5</sup> Australian Government Australian Radiation Protection and Nuclear Safety Agency [internet]. The radiation incident register Australian Government Australian Radiation and Nuclear Safety Agency. Available from <https://www.arpana.gov.au/regulation-and-licensing/safety-security-transport/australian-radiation-incidents-register>