

27 August 2014

National Radiology Referral Criteria Review Panel
Ministry of Health
PO Box 5013
Wellington 6145

By email: radiology_criteria@moh.govt.nz

National Community Radiology Access Criteria

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback to the Ministry of Health on the above consultation document. The NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

We note that the National Community Radiology Access Criteria (the "Criteria") have been developed "to assist primary care practitioners to manage patients effectively in the community through appropriate access to diagnostics and provide DHBs with a minimum benchmark of service provision". We also note that these criteria are not mandatory.

Currently, there is considerable national variation in terms of community access to publicly funded radiology. There is also regional variation in terms of what radiological investigations can be requested and for what indication. Accordingly, we welcome the development of these criteria and we hope that they may lead to greater consistency in the use of imaging as well as improved access to radiological investigations across the country.

While we are generally comfortable with the criteria as stipulated in the consultation document, we suggest that the Ministry consider providing further information to support the improved understanding of radiation risks associated with various radiological investigations.

We also suggest the guidance include information on the responsibility for, and communication (including timeframes), of the results of radiological investigations. We note that various radiological investigations are not covered in the guidelines, notably echocardiography and MRI scanning, despite being requested by general practitioners. It is not immediately obvious as to why these investigations are excluded from the current criteria and we would welcome clarification as to the rationale underlying the inclusion or exclusion of the types of investigations in the criteria. In addition, we suggest that the target audience for the criteria be specified, such that it is clear that they apply to general practitioners and nurse practitioners only.

We assume that the Ministry is aware of current work being undertaken by the Royal Australian and New Zealand College of Radiologists with respect to the development of imaging referral guidelines and decision support tools. We attach a copy of our recent submission to the College regarding imaging guidelines (Appendix 1) in which we allude to a number of issues that we consider are also relevant to the Ministry as it progresses its National Community Radiology Access Criteria.

We hope our feedback on this consultation is helpful and look forward to being kept informed of progress on this initiative.

Yours sincerely

A handwritten signature in black ink, appearing to be 'M. Peterson'.

Dr Mark Peterson
NZMA Chair

Appendix 1: Copy of NZMA submission to the Royal Australian and New Zealand College of Radiologists regarding Imaging Guidelines

9 June 2014

Dr Lance Lawler
Clinical Guidelines Task Force Chair
RANZCR Board Representative and Treasurer
New Zealand Branch Chair
The Royal Australian and New Zealand College of Radiologists
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By email: nzbranch@ranzcr.org.nz

Imaging guidelines

Dear Dr Lawler

Thank you for inviting the New Zealand Medical Association (NZMA) to provide input to help guide the development of a College position on imaging referral guidelines and decision support tools.

The NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders. Our comments have been informed by feedback from our Advisory Councils and the Board.

We support the College's initiative to develop these tools and would welcome the development of national imaging referral guidelines. Currently, there is considerable national variation in terms of community access to publicly funded radiology. There is also variation between DHBs in terms of who can order particular imaging tests and for what indication. We hope that the development of these guidelines and decision support tools may lead to greater consistency in the use of imaging as well as improved access to imaging across the country.

There are a number of elements that we consider critical to the successful development and use of proposed imaging guidelines and decision support tools. Crucially, guidelines intended to influence a clinician's decision need to be readily available at the time and point of making that decision. In practical terms, this means that such advice should be incorporated into the practice management software. It has been noted that existing radiology guidelines at a particular large DHB are 'clunky, slow and time consuming' to the extent that they are not able to be utilised during a consultation, thus defeating the very purpose of an electronic

referral guideline. It is our view that any imaging guidelines need to be directly linked to the referral form in such a way that these integrate seamlessly during a consultation.

The NZMA also considers it important for proposed imaging guidelines and decision support tools to be clear and concise, such that they are easily and quickly assimilated at the point of care. Furthermore, we believe that such tools should provide suggestion, not directives/protocols, so that general practitioners retain the ability to request imaging that may not strictly meet criteria according to guidelines but could still be helpful, based on clinical judgement.

We contend that central to the successful development and implementation of these tools is to have the right mix of people developing the guidelines and a well planned roll out. The guidelines obviously need to be reliable and regularly updated to incorporate new evidence. Bearing in mind the multiple health practitioners who will be making requests for imaging, we suggest that it would be useful for the guideline development team to consider what is to be gained by doing the imaging – ie, what is the question to be answered?

Publicly funded resources need to be spent wisely, and, anecdotally, too many investigations appear to be requested because the individual requesting them doesn't know what is going on, rather than used as a means to confirm or exclude certain possibilities. Related to this is the issue of referrals from non-medical health practitioners, many of which are 'open referrals'. Ideally, imaging referral guidelines and decision support tools would reduce the number of 'open referrals', though these tools should not preclude them altogether when there are sound clinical grounds to do so. We consider that these tools may also serve a useful role in helping explain to patients why a particular imaging study is not clinically indicated.

Finally, we submit that general practitioners would appreciate receiving improved communication relating to imaging referrals that are declined. Specifically, we suggest that all responses to declined requests should originate from an identifiable colleague and contain the reasons why the request was declined. We also hope that the advent of these resources will not undermine other aspects of radiology services such as reporting times.

We hope that our feedback to the College has been helpful and we look forward to the progression of this initiative. We would be happy to contribute further feedback as these imaging guidelines and decision support tools are developed.

Yours sincerely



Dr Mark Peterson
NZMA Chair