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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  
PO Box 5755  
Wellington 6145

By email: [nzbranch@ranzcr.org.nz](mailto: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