

Please see **attached** a statement of response from the Australian and New Zealand Society for Vascular Surgery (ANZSVS) which is the peak Australasian body for the delivery of vascular and endovascular surgery and vascular medical management.

Given our members both provide and use different modalities of diagnostic imaging and given diagnostic imaging forms a major component of the training curriculum and exit examination for vascular surgeons we believe we should be included as a key stakeholder group in any subsequent discussions.

We agree there is work required with regard to the improvement in the quality and delivery of diagnostic imaging and in particular to reduce unnecessary duplication of tests as outlined in our submission. To that end we would be comfortable with either option 2 or 3 of the consultation document as long as we are satisfied they coincide with our model of care as outlined below and in the attachment.

To summarise our key points:

1. Non invasive vascular assessment and vascular ultrasound originated in vascular laboratories set up by vascular surgeons who also introduced duplex ultrasonography in Australia in the early 1980's. We believe the best model of vascular ultrasound delivery is that of a dedicated vascular ultrasound laboratory which can, when appropriate, test the function of the arterial or venous circulation as well as perform dynamic imaging aspects of the pathology (that is duplex scanning).
2. We believe the laboratory should be supervised by vascular surgeons or other dedicated vascular specialists including radiologists if they have vascular expertise . While we believe significant time during the week be spent by the vascular specialist in close proximity to the sonographers for purposes of discussion, supervision and quality of care feedback we believe supervision can also be performed remotely at a different locality within the same geographic area at other times when the specialist may be either at another laboratory or performing vascular interventions. In some regional areas a number of locations for vascular laboratory services can be provided by the same surgeon or specialist given that the studies are being performed by appropriately trained and qualified vascular sonographers. Feedback and quality control is still provided by the supervising specialists. This is no different from the Teleradiology model provided by radiology groups for CT or other imaging modalities. This allows these, often aged, patients to avoid travelling longer distances or having to choose a less comprehensive and potentially less diagnostic study in a non vascular laboratory setting (which may also then lead to a repeat study).
3. We believe sonographers working in these laboratories be trained and credentialed vascular sonographers or student vascular sonographers under the close supervision of these sonographers and or the supervision of the vascular surgeon/ vascular specialist/ vascular radiologist.
4. We believe vascular surgeons or other vascular interventionalists often use point of care vascular ultrasound for important diagnostic information which allows the implementation and modification of that care during some therapeutic procedures so that a high quality outcome is obtained for the patient.

Yours Sincerely

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Consultation Regulation Impact Statement

“Improving the quality and safety of Medicare funded diagnostic imaging services through the enhancement of regulatory and accreditation requirements”

Response from the Australian and New Zealand Society for Vascular Surgery (ANZSVS)

The ANZSVS is the representative body for vascular surgeons in Australia and New Zealand. Vascular surgeons manage all aspects of vascular disease including carotid artery disease, upper and lower limb arterial and venous disease, thoracic aortic and venous pathology and abdominal and peripheral aortic and venous pathology.

All members of the ANZSVS have undergone training to become a fellow of the Royal Australasian College Surgeons. In addition the vascular ultrasound requirement (hours spent in the vascular ultrasound laboratory, case studies and extensive examination at the FRACS exit exam) of the FRACS (vascular) [or FRACS (vascular equivalent)] curriculum is recognized as the equivalent to the requirements for the Diploma in Diagnostic Ultrasound (vascular). Ongoing membership requires participation in the web-based Australasian Vascular Audit. We use vascular ultrasound in the diagnosis, treatment (both by open and endovascular surgery and also by medical treatment) and subsequent management of vascular disease.

In addition vascular surgeons are a significant user of other modalities of diagnostic imaging including angiography, CT (primarily CTA), MRI (including MRA), nuclear medicine and non-invasive diagnostic modalities including (ankle brachial pressures at rest and with exercise).

Vascular ultrasound is a diagnostic and management tool that has become essential in our practices. There is an extensive network of vascular research being undertaken by vascular surgeons throughout the country. Vascular surgeons are the most appropriate determiners in the provision of vascular ultrasound and best able to act on the results. We feel that we are the most efficient users in this area, particularly in avoiding unnecessary repetition of tests. Because vascular surgeons manage, intervene on and operate on vascular pathology they are able to complete the quality control feedback loop by comparing the scans and vascular investigations performed with the

ultimate pathology encountered during open surgery, endovascular surgery or by following results of non – invasive treatment. This can be fed back to their vascular sonographers to maintain a continual and dynamic cycle of quality improvement.

Currently in Australia we consider that vascular surgical practice is best conducted with the aid of a vascular laboratory. The vascular laboratory is accredited to the standards specified in the Diagnostic Accreditation Scheme. They have high quality vascular ultrasound and general diagnostic equipment, e.g. sophisticated continuous wave Doppler equipment, photoplethysmography or pressure monitoring devices to measure blood flow changes across body parts. These laboratories are often run in association with an individual or a group of vascular surgeons. They are established in private rooms or within a hospital setting. The sonographers are specialised in vascular sonography, completing a formal sub-specialisation training in vascular. They also provide training to sonographers wishing to complete the DMU (vascular). Patients are referred to the vascular laboratory by other referring physicians such as GPs or other specialist medical practitioners. Vascular surgeons will self-refer if clinically relevant. All vascular laboratories and vascular surgeons have had their patients referred to them by other medical practitioners, as is required to obtain a rebate from Medicare.

Vascular surgeons can provide vascular laboratory facilities at more than one site in their geographical locality of vascular practice allowing the provision of high quality vascular ultrasound provided by appropriately trained and qualified vascular sonographers at these sites. This prevents these, often aged patients, having to travel to a different location or from having to use a potentially inferior less comprehensive service in a non vascular laboratory setting. This may in turn lead to a repetition of the studies. There is no difference ,in this model , between having the service performed in a room at the main site or in a room at a different site and is no different from the services provided in the teleradiology model say for CT scans being administered and reported by radiology groups.

The vascular laboratory is structured to obtain the most clinically relevant and up to date results based on established management and evidence based medicine. It is frequent that scans are repeated by the vascular laboratory as the provision of ultrasound by a non-specialised vascular practice is often of a quality that we find clinically insufficient. We consider the vascular laboratory

on the whole provides a more superior vascular ultrasound, is of an appropriate quality and represents an efficient provision of vascular ultrasound. While a significant amount of time during a given week is spent by vascular surgeons in the laboratory with their vascular sonographers they can also supervise from a different locality within the same geographical region. They can thus modify the course of a vascular diagnostic ultrasound from that different locality in consultation with their sonographer and if necessary attend the examination the same day, or if the latter is impractical within the next day or so. It would be extremely rare for a patient be required to re attend however when there are appropriately credentialed vascular sonographers performing the diagnostic ultrasound scan.

Vascular surgeons are also involved in the use of ultrasound to assist in therapeutic procedures. Access to a vessel includes cannulation or injection of agents. Formal diagnostic ultrasounds are performed at the time procedures and are undertaken so that the appropriate care and intervention can be administered according to the diagnosis obtained and to ensure a high quality outcome for the patient. We feel that in the performance of diagnostic ultrasound by vascular surgeons, there should be no difference between the point of care examination and a diagnostic ultrasound.

We recommend that:

Vascular ultrasound is a recognised sub-specialty in the provision of ultrasound. Its provision should be by an appropriately trained sonographer and/or health care provider, including other vascular specialists or radiologists with expertise in vascular diseases.

The vascular laboratory provides clinically relevant information based on the needs of vascular surgeons, and is a model for non-interventional diagnosis of vascular disease using ultrasound. We believe the model of a vascular surgeon or a vascular specialist or a radiologist with a dedicated vascular interest working with and supervising vascular sonographers to be the benchmark. We believe sonographer student training can and should take place within this model under the supervision of the accredited sonographers and / or the vascular specialist.

The ANZSVS is recognized as the representative body for vascular surgeons on any issues relating to the provision of vascular ultrasound, both in diagnosis and point of care.

The DIAC explore options regarding the treatment guidelines for the provision of vascular ultrasound.