SIEMENS

Thank you for the opportunity to provide a response in the present Review of the Radiation Oncology Health Program Grants (ROHPG) Scheme.

Looking back the ROHPG Scheme has been in place for more than 20 years. In this time the scheme has proven its value in sustaining a high level of advanced and current equipment technology to enable the delivery of accepted best practice Radiation Oncology Imaging, Planning and Treatment. The decoupling of ROHPG and MBS reimbursements for Radiation Oncology also establishes a clearly defined purpose of dedicating funds to support the appropriate updating and replacement of equipment. The specifications of installed equipment available at this time within Australian Radiation Oncology Services is of a very high level, demonstrating the effective application of the above purpose and setting the foundation for optimum patient outcomes. Considering the value the ROHPG Scheme has played, in maintaining and renewing the required technology to continuously improve the planned and delivered Radiation Oncology procedures, it must now be acknowledged as a central element to remain on this upward direction.

Imaging is a key element in the Radiation Oncology process with CT eligible for the ROHPG Scheme. Currently the Notional Life and Notional Lifetime Services for a CT Simulator is prescibed as 10 Years and 15000 Services. Technology advancements to improve Image Quality as well as Workflow Processes and reduce Patient Dose move at a rapid rate. The 10 Year Notional Life for a CT is potentially too great and could be revised to 7 Years for a more appropriate implementation path for available developments. Additionally is should be considered that a considerable number of Radiation Oncology Departments consist of 2 Linear Accelerators. Based on the Department of Health average patient throughput of 414 patients per Linear Accelerator, an average of 828 patients will be treated annually per Department. This is significantly lower than the 1500 Annual Notional Services. Consideration should be given to revising this figure to 10000 Notional Lifetime Services, or 1000 Annual Services. The existing overall Captial Balance figures for CT are appropriate. I would be open to working together with the Department of Health, Radiation Oncology Section to further support this point. The Reimbursement per Service however could be reviewed to address the mentioned changes in Notional Life of 7 Years and Notional Lifetime Services of 10000.

To deliver the best patient outcomes Multimodality Imaging is an indispensable requirement in the Treatment Planning process. For this reason it is recommended that the ROHPG Scheme be extended to support additional Imaging equipment including Magnetic Resonance Imaging (MRI), Nuclear Medicine Imaging (PET/CT) and potentially Ultrasound (US). Recent surveys of the Radiation oncology field have verified MRI and PET/CT are highly utilised in Treatment Planning and facilitate advanced targeting and/or normal tissue sparing. As ROHPG has proven to be an enabler of technology and quality developments in Radiation Oncology through greater access to fundamental equipment, the expansion to other essential imaging modalities should be made available.

As a follow on in the workflow from Imaging systems I would also make mention of the category relating to Planning Workstations. The 3 or Less and 4 or More definitions do not accurately reflect the necessary availability of workstations within the Planning environment. Further to this point specific workstations for Contouring are being implemented to manage

Multimodality and Multiphase Image datasets effectively and efficiently. Workstations related to Contouring and Dositmetry processes and review should be included within this area of the ROHPG Scheme. An Opening Capital Balance and Reimbursement per Service per workstation may be a more suitable structure for ROHPG in this environment.

In summary I present support for the continuation of the ROHPG Scheme to fund the desired and required equipment levels and technology platforms for Radiation Oncology. A review to adjust Notional Life and Notional Lifetime Services is applicable based on present departmental infrastructure. An expansion to include additional equipment essential for high quality patient outcomes and not encompassed by the ROHPG Scheme should be developed.