

26 April 2018

Mr Mark Nevin

The Royal Australian and New Zealand College of Radiologists
Level 9, 51 Druitt Street, Sydney 2000 NSW
E: Mark.Nevin@ranzcr.edu.au

Dear Mr Nevin,

Re: RANZCR Position Statement – Building Radiology eReferral: Safety, Security and Patient Choice

The Royal Australian College of General Practitioners (RACGP) is pleased to provide our response to the request from the Royal Australian and New Zealand College of Radiologists for feedback on the position statement *Building Radiology eReferral: Safety, Security and Patient Choice*.

The RACGP would like to highlight it is mandatory that the primary radiology report is sent directly to the referring general practitioner (GP). This ensures comprehensive information about the individual's healthcare history is retained in the GPs clinical information system.

It is preferable for radiologists to continue communicating directly with GPs and vice-versa, to ensure that the quality, safety and continuity of care is maintained. Ideally eReferrals and reports should be sent using secure electronic communications. A cloud based system as described in Model 2 is an option worthy of further consideration. This should not preclude access to radiology reports by GPs as access to the original report is important to ensure good quality assurance. Barriers such as costs related to system integration and location for image and report storage need to be considered with further consideration being given to leveraging existing systems that already integrate with general practice software.

It is important to note the My Health Record is an online shared document and data repository of an individual's healthcare information and does not necessarily provide the most accurate or complete picture of the individual's health status and needs. The information in the My Health Record is not automatically updated when medical conditions or medications change.

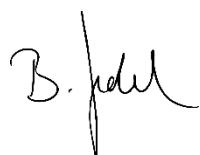
The RACGP agrees with RANZCR that competition and choice based on quality, access and price should be retained and vertical integration in the radiology market may be detrimental to the healthcare sector. The RACGP also agrees there should not be incentives to refer to a provider within the same corporate structure. It is important to note that GPs practicing in rural and remote areas may be offering these services because they are the only available local option for imaging and radiology services.

The RACGP requests further clarification of what is intended by point 2 of the *Principles regarding referrals for clinical radiology* – “Wherever possible, ... quality and cost.” GPs as the referrers should not be expected to seek and determine the most cost-effective provider on behalf of their patients. This is articulated in the [RACGP Standards for general practices 5th edition, Criterion C1.5](#) on page 22.

The RACGP acknowledges the importance of interoperability between systems, use of common terminologies and educating GPs in providing quality referrals and welcomes working with RANZCR on these issues.

Thank you again for the opportunity to comment and we welcome future opportunities for engagement and progression of the issues discussed in this submission.

Yours sincerely,



Bastian Seidel

President