Australian Safety and Quality Medical Imaging Accreditation (ASQMIA) Scheme - Public Consultation

Response from the Australasian Sonographers Association (ASA)

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Website: https://www.safetyandquality.gov.au/newsroom/consultations/australian-safety-and-quality-medical-imaging-accreditation-scheme-consultation

ASA feedback to public consultation on the Australian Safety and Quality Medical Imaging Accreditation (ASQMIA) Scheme

Thank you for the opportunity to respond to this public consultation. In addition to the feedback we provided through the targeted consultation process, we offer the following in response to the public consultation questions:

1. Clarification: Does any of the content of the ASQMIA scheme need clarification?

We are largely happy with the level of clarity provided, however there are a couple of areas we would like further information on.

We are keen to ensure the practical application of the scheme is appropriate e.g. that the costs set by the accrediting agencies and borne by the imaging provider are not excessive; and that patient confidentiality and care is not impacted during the assessment process.

We are also keen to understand how virtual and onsite assessments would observe clinical practice, without being overly invasive to the day to day running of the department; and how virtual observations will be undertaken to ensure they are accurately capturing what is happening in practice.

We note that the consultation indicates that '*informed consent is always obtained before assessors engage with consumers and/or carers*.' We would like to understand how informed consent will be obtained from patients during virtual and onsite assessments, especially in relation to intimate ultrasound examinations.

2. Appropriateness: Is the categorising of imaging practices by risk appropriate?

We believe a risk-based approach to categorising imaging practices is appropriate in principle – as this helps balance quality outcomes while managing the administrative burden for providers.

However, as we have highlighted previously, we wish to reiterate that ultrasound does not necessarily represent low risk imaging. While ultrasound technology does not use ionizing radiation used in X-rays, it is vital that examinations are undertaken using the ALARA principle, that quality images are captured by qualified professionals to ensure accurate diagnosis, that outdated equipment is not being used, and that high standards of informed consent are in place particularly for intimate examinations. Intimate ultrasound examinations remain an area of

potential high risk and a common area of consumer complaint. It is vital that informed consent and effective communication are used at all times, and that the accreditation scheme accurately assesses this.

We note that ultrasound imaging used in interventional procedures are included in Group 2 (higher risk) and those relating to imaging services operated in facilities accredited to NSQHS standards – such as public or private hospitals - are in Group 3. We believe that services that require reprocessing of ultrasound probes should be captured in a higher risk group also.

3. **Safety and quality: In comparison to the DIAS desktop assessment, will the ASQMIA scheme improve medical imaging safety and quality?**

   Yes, we believe moving from the desktop assessment used under the DIAS, to the ASQMIA will improve medical imaging safety and quality. We believe virtual and on-site assessments should offer better transparency and require a higher standard of proof than a desktop audit. It should also reduce the administrative burden of creating documentation for auditing purposes that is not associated with patient care.

   In particular, onsite and short-notice assessments play an important role in assessment safety and quality – as they are most likely to give a true reflection of a site's compliance.

4. **Concerns: Do you have any concerns in relation to the ASQMIA scheme?**

   As mentioned above, we believe it is vital that potential risks from ultrasound examinations are fully understood, and services should be assessed as being of higher risk where appropriate e.g. those involving interventional procedures, reprocessing of ultrasound probes, and intimate examinations etc. Sites found to be using unrealistic examination scheduling or old equipment should also be in focus.

5. **Other feedback: Please provide any other feedback relevant to the ASQMIA scheme.**

   We recommend the Commission consults with professional associations and sector stakeholders when developing sampling methodology, especially methodology for large multi-site providers.

   Workplace schedules and examination times in some clinics remains a concern for sonographers, and other imaging practitioners, some of whom face increasing

pressure to undertake more exams in less time. It is important that appropriate time is scheduled for the examination to ensure quality and safety; and that imaging practitioners are provided with appropriate breaks and variety in their schedule to mitigate the risk of work-related musculoskeletal and other injuries.

We believe the proposed 3-year accreditation cycle is appropriate.

We support efforts to reduce duplication for services accredited under other schemes, such as the NSQHS standards.