



a healthier world through
sonographer expertise

Thursday, 18 May 2023

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Evaluation Officer
Quality and Standards
Royal Australian and New Zealand College of Radiologists
Level 9, 51 Drutt Street
Sydney NSW 2000

Submitted via email: standards@ranzcr.edu.au

Dear Ms Aristidi,

Re: Draft Standards of Practice for Clinical Radiology V.12.0

Thank you for the opportunity to provide feedback on the *Draft Standards of Practice for Clinical Radiology V.12.0* being prepared by the Royal Australian and New Zealand College of Radiologists (RANZCR).

The Australasian Sonographers Association (ASA) is the professional organisation for Australasian sonographers, who are the experts in ultrasound. With over 7,400 members, and representing more than 70% of sonographers in Australia, the ASA's purpose is to foster a sonography profession that delivers high quality ultrasound with a vision to create a healthier world through sonographer expertise.

The ASA, through its Sonographer Policy and Advisory Committee, has considered the consultation as it relates to sonographers, and have outlined our feedback in Appendix 1 below.

If you have any questions or require additional information, please contact Slade Carter, General Manager, Policy and Advocacy, at policy@sonographers.org or (03) 9552 0000.

Yours sincerely,

Jodie Long

Chief Executive Officer
Australasian Sonographers Association



Appendix 1

RANZCR Draft Standards of Practice for Clinical Radiology V.12.0

Australasian Sonographers Association (ASA) Feedback

The ASA has reviewed the draft standards as they relate to sonographers, and offer the following feedback and recommendations.

Recommendations

1. Introduction

Version 12.0 must include a robust introduction section, outlining; the background, purpose and scope of the standards, how the standards should be interpreted and implemented, and the relationship with government regulations and the Diagnostic Imaging Accreditation Scheme. It would also be beneficial to highlight any other relevant information, such as changes from the previous version, or future planned work (if relevant).

2. Acronym List

In the acronym list (p. 9), please correct the reference to ASA, to be 'the Australasian Sonographers Association' (not Australian).

3. Medicare requirements for sonographer-performed ultrasounds

There is currently inconsistency in the wording used in relation to *Interpretation and Reporting* Standards, for ultrasounds undertaken by sonographers i.e., 7.2.14 (p. 40) and 16.4.3 (p. 91).

In addition, the standards must align with Medicare requirements, i.e., that both the initial and surname of the sonographer who performs the exam (on behalf of a practitioner) must be recorded in the report.

To ensure clarity, we recommend consistency and alignment with Medicare wording, in each section where this is referenced.

For more information see: Services Australia, Medicare ultrasound services, Record Keeping, available at: <https://www.servicesaustralia.gov.au/medicare-ultrasound-services?context=20#a3>.

4. ASA Sonographer Code of Conduct

We are pleased to see reference to the ASA Sonographer Code of Conduct, and the requirement that the practice demonstrates sonographers comply with it (16.2.1, p. 87).

Last year the ASA published an extensively revised version of this document. We believe it would be beneficial to reference this document as a separate item, in addition to the ASA website that outlines other requirements of relevance (e.g., the National Code of Conduct for Health Care Workers). This could be revised as follows:



Standard 16.2.1 (p. 87): Ultrasound Workforce > Sonographer > Indicator

- *The Practice demonstrates sonographers comply with the ASA Sonographer Code of Conduct* ⁽¹⁾ *and other relevant codes.* ⁽²⁾
 - i. Ref 1: Australasian Sonographers Association. ASA Sonographer Code of Conduct. 2022. https://www.sonographers.org/publicassets/4f8cda47-6ad2-ec11-910e-0050568796d8/ASA_Sonographer_Code_of_Conduct_MAY_22_FINAL-v1.pdf
 - ii. Ref 2: Australasian Sonographers Association. Codes of Conduct and Complaints. (Internet) <https://www.sonographers.org/resources-tools/government-professional-standards-and-complaints-mechanisms>

5. Updated Reference

Please update reference 89 (ASA and AUSM joint Guidelines for Reducing Injuries to Sonographers/Sonologists), to the most recent document, using the following:

- ASA and ASUM joint Guidelines for Reducing Injuries to all Ultrasound Users, https://www.sonographers.org/publicassets/fc4e543a-f322-eb11-90fc-0050568796d8/ASA-ASUM_WRMSD_GL-Web-Version-11-2020.pdf

6. Students vs Trainees

We recommend consistency in wording when referring to students and trainees. When it comes to sonographers, we recommend using the term 'student' sonographers (rather than trainees), as this is the term typically used by ASAR and the ASA.

7. Supervision of Students

The draft standard currently states:

- 5.2.2 Trainees – Sonographers (p. 28):
 - i. *All trainee sonographers have on-site supervision by an appropriately qualified sonographer (in line with the course regulations).*
- 16.3.3 Student sonographers (p. 88):
 - i. *All student sonographers have on-site supervision by a clinical radiologist skilled in ultrasound imaging, or a sonographer accredited by ASAR/MRTB in the relevant field/s of practice.*
- 16.3.3 Indicators (p. 88)
 - i. *The Practice:*
 - *has protocols for on-site supervision of student sonographers by either the clinical radiologist or an ASAR-accredited sonographer delegated by the clinical radiologist*

- *supervising sonographers are accredited by the ASAR/MRTB in the fields of practice in which they are supervising.*

We understand that in practice it is uncommon for a clinical radiologist to personally supervise an ultrasound student, however this may occur on occasion, especially if an appropriately qualified sonographer is not available.

We recommend consistency in use of this wording across each section, together with alignment with ASAR requirements for supervision. For example:

- *All student sonographers have on-site supervision by an appropriately qualified sonographer (in line with the course regulations), or a suitably qualified and experienced medical practitioner working in the clinical context. (*ref)*
- Reference:
 - ASAR Standards for the Accreditation of Sonographer Courses** (p. 8), which defines acceptable supervision and/or support as:

Sonographer or suitably qualified and experienced medical practitioner working in the clinical context supports and/or supervises a student undertaking a course for entry to the sonography profession on a clinical experience placement.
<https://www.asar.com.au/public/90/files/ASAR%20Standards%20for%20the%20Accreditation%20of%20Sonographer%20Courses.pdf>
 - ASAR Course Accreditation Application Pack** which defines a Nominated Workplace Supervisor (p. 44) as:

The nominated workplace supervisor is the person in the workplace with the overall responsibility for the supervision of sonography students. The nominated workplace supervisor may involve other ASAR accredited sonographers or suitably qualified and experienced medical practitioner working in the clinical context in the supervision of students from time to time.
https://www.asar.com.au/public/90/files/ASAR_Course_Accreditation_Application%20V6.pdf

8. Delegation for supervision of student sonographers

As above, Standard 16.3.3 > Indicators (p. 88) currently states:

- *The Practice:*
 - has protocols for on-site supervision of student sonographers by either the clinical radiologist or an ASAR-accredited sonographer delegated by the clinical radiologist.*

We understand a clinical radiologist is typically not responsible for delegating the task of supervising a student to an accredited sonographer. As such, we recommend the reference to the radiologist 'delegating' the role of supervision of student sonographers be amended, if not removed.

9. Acquisition Sites

In Standard 8.1.1 Acquisition Sites > Ultrasound (p. 47), we recommend extending the following statement, to include the words 'and the sonographer's worksheet', as below:

- *Images [and the sonographer's worksheet] can be reviewed by clinical radiologist preferably during the imaging procedure. The reporting clinical radiologist is prepared to follow up queries with the sonographer and recall patients if required.*

10. Performance of the Exam

To avoid uncertainty in Standard 16.4.2. Performance of the Examination (p. 89), the term 'skilled in' the ultrasound imaging, should be strengthened to 'qualified in':

- **Current:** *Ultrasound examination of the patient may be performed by the sonographer, the clinical radiologist skilled in the ultrasound imaging, or the clinical radiologist and sonographer in collaboration.*
- **Recommended:** *Ultrasound examination of the patient may be performed by the sonographer, a clinical radiologist qualified in the ultrasound imaging, or the clinical radiologist and sonographer in collaboration.*

11. Significant or Unexpected Findings

In Standard 16.4.2 Performance of the Examinations, it states:

- *When the ultrasound scan reveals significant or unexpected findings, the sonographer communicates with the clinical radiologist while the patient is on site to review the patient and/or the images to ensure patient triage with or without delegated authority for patient communication.*

We recommend this statement is amended to reflect that in practice it is not always possible for the sonographer to wait until they have made contact with the clinical radiologist, especially in urgent or emergency situation, or if after hours. Priority should be placed on the importance of the patient receiving information in clinical settings, where this is important for patient care. This should be amended to say:

- *When the ultrasound scan reveals significant or unexpected findings, the sonographer will attempt to communicate with the clinical radiologist where possible while the patient is on site to review the patient and/or the images to ensure patient triage with or without delegated authority for patient communication.*

12. Performance of the Exam

In Standard 16.4.2 Performance of the Examinations – indicator (p. 90), we recommend removing the point; 'how much of an ultrasound examination should be shown and demonstrated to a patient', as it is obsolete.

In practice, a patient may turn to view the screen during an examination, which is not a problem in itself, and is not something that can be authorised or stopped. This point is not referring to communicating findings or reporting results, which are covered elsewhere.

- *The Practice clinical radiologists providing ultrasound services are responsible for authorising:*
 - o ~~how much of an ultrasound examination should be shown and demonstrated to a patient~~

13. Emotional and Social Support

We acknowledge reference to emotional and social support in Standard 16.4.2 – Performance of the examinations – indicators (p. 90), particularly as it relates to adverse findings.

- *The Practice has protocol on:*
 - o *delegation criteria for sonographer discussion with patients (particularly pregnant women) of adverse findings when asked by the patient in an open and honest manner*
 - o *provision of emotional and social support*

However, we wish to clarify that it is not suggested that this should (necessarily) be the sonographer’s role, but rather that the practice is required to have a protocol which outlines how this should be provided if needed, and by whom.

14. Professional Supervision

In Standard 5.2.1 Professional Supervision (p. 27) and in 5.3 (Example of evidence, p. 29) it states; ‘A single named clinical radiologist is responsible for the interpretation and reporting of the entire study’:

We recommend extending this statement, where it relates to sonographer-performed ultrasound exams, to indicate that sonographers are responsible for acquiring ultrasound images. For example:

In relation to ultrasound examinations performed by a sonographer, the sonographer undertaking the examination is responsible for recognising if something is abnormal and taking the appropriate representative images.

We raise this, as increasingly in legal cases, sonographers are being held responsible for their role in the examination, and not solely the radiologist.

15. Remote Locations

In Standard 16.3.4 Sonographers performing ultrasound examinations in remote locations (p. 88) it states:

- *Sonographers performing ultrasound examinations in rural and remote locations have appropriate professional supervision and clinical guidance from the onsite clinical radiologist designated on the Practice roster who (if not reporting) is accessible to reporting clinical radiologist to ensure patient care outcomes are maintained.*

But on p. 89 it states:

- *Name and contact details of the supervising clinical radiologist on a roster are available to sonographer and reporting clinical radiologist (if different). The Practice clinical supervision is supported through either:*
 - *on-site supervision*
 - *teleradiology*
 - *internet access*
 - *telephone support.*

We recommend consistency here, and support the wording used on p 89, acknowledging that the challenges of working in remote locations require flexibility. As such, both sections above should indicate that clinical supervision can be provided through either: onsite supervision, teleradiology, internet access, or telephone support.