



NQMC Consultation Paper Remote Radiology in Assessment – Proposed Changes to NAS Commentary

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) is the peak body representing medical radiation practitioners in Australia. Our aims are to promote, encourage, cultivate and maintain the highest principles of practice and proficiency of medical radiation science, always mindful that the welfare of the patient should be at the centre of everything we do.

ASMIRT would like to acknowledge the very thorough and specific provision of clear protocols and minimum acceptance levels to be achieved in this document to ensure that quality of care for patients is not diminished.

ASMIRT would like to provide the following comments:

Grammar & Spelling

- page 5 - it should read “American Association of Physicists in Medicine”
- page 9 - it should be “influence” not influenced.
- *ASMIRT agrees that the telehealth system is not to be used for the assessment of mammography images as the imaging sites already have screening images coming through to the PACS system for current reading.*
- The document on page 2 recommends that the available Network Bandwidth is a minimum of 1Mbps.

ASMIRT seeks clarification on how this will be assured. Will the responsibility for this lie with the PACS IT provider?

A. Minimum technical requirements

- ASMIRT notes that the minimum remote radiology technical requirements cover cyber information and the security risk to support patient privacy.

ASMIRT recommends that responsibility lies with the provider to ensure that the images are encrypted correctly. Although the NAS includes very clear requirements and standards for all aspects of the program including the confidentiality, management and security of information, COVID highlighted that although information may be encrypted, organisations will need to provide policies surrounding the use of devices such as laptops/tablets and smart phones to watch Ultrasound biopsies live (performed by a breast surgeon) and for sending images from the screen to the devices to check targetting etc. With the recent data breaches across a number of metropolitan health providers, protection of data is of vital importance.

- Change Management process for both Ultrasound device and/or Video Conferencing devices – *it is unclear what is meant by this sentence and what the process may look like.*

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B Performance and Quality Control Procedures

Page 3 - Good professional relationship between the sonographer performing the ultrasound and the radiologist/reporting doctor viewing the live (transmitted) ultrasound video.

ASMIRT seeks clarification on how this will be assessed. Does the video need to be live? Depending on the ability of the sonographer, appropriate images can be captured and sent to the reporting radiologist. If reporting radiologist wishes to view a live video, the organisation will need to ensure that appropriate consultation has occurred with the chosen provider to meet appropriate software and hardware requirements. Transmission of the video image/still image is the most important feature; however, it is limited to the type of connections /networking that would be available/used.

Page 3 - It is recommended that BreastScreen services develop face-to-face in-house training with the clinical team to discuss and develop strategies to encourage optimisation of the entire remote radiology service.

ASMIRT would recommend this as a mandatory not recommended requirement, with competencies set and then achieved by both parties. This will also enable identification of any issues prior to undertaking remote services to ensure that risk is minimised.

This is an amendment to the BreastScreen Australia National Accreditation Standards (NAS) specifically for the use of telehealth in those areas that experience difficulties, including workforce shortages, in providing assessment services to areas with remote or disperse population groups. This is a significant issue for those states and territories where this occurs and equity of access to assessment is not available or timely.

ASMIRT suggests that the onus is on the service to demonstrate prior to starting and when staffing and technology changes and at accreditation time how the service achieves in practice the 'good relationship' between sonographer(s) and radiologists and what training is undertaken for the clinical team, to allow integration and optimisation of the remote radiology practice.

Page 4

ASMIRT would like to highlight the challenges to anticipate when reviewing video system performance minimum standards:

1. image quality
2. 'speed' of real time images.

An example of this was the use of webinars during COVID to demonstrate live ultrasound images. There were delays experienced in viewing these live ultrasound images. The concern is that this will affect viewing 'live' feed for assessment purposes.

To ensure that the resolution/ clarity of the image(s) received are consistent with the original, the resolution of the viewing monitor will need to be similar to what is used clinically. Based on the document provided, the reporting & interpretation shall utilise high resolution monitors as intended.

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C Quality Control Procedures

At present, none of the quality control tests are undertaken by sonographers. Engineers are responsible for all testing and maintenance of image production, which is routinely undertaken during annual servicing. The ultrasound equipment would be similar to the mammogram units; with varying manufacturers the tests may vary slightly but it should meet the requirement.

With reference to testing, it could take longer than performing the scan as it can be quite detailed and requiring substantial training to achieve a certain standard. Phantoms are used in testing laboratories but not routinely used in a diagnostic/clinical setting. As with most equipment, software is installed for operational purposes; sonographer's have the ability to manipulate the live images to suit their needs.

Although Quality control can be undertaken by the engineers, optimum imaging will come from the correct machine for the type of imaging selected and the training of the operator rather than selection of the test pattern. For example, the type of US machine used may be optimised for General sonography imaging and optimised by the operator who is more trained for General Sonography. This is quite different to the imaging requirements for a Breast Sonographer. A Breast Imaging Specialist (works/understands Mammograms and Breast Ultrasound) and the combined relationship or trust with the radiologist will have more influence over the Quality assurance of the images than any other factor.

Final comments

ASMIRT believes that the provision of alternative options for these difficult situations of distance and small or scattered populations is a valuable remote radiology solution. However, having staff working together and retention of the face-to-face MDT approach is still best practice. Although patients have been educated to utilise Telehealth and online medical appointments through the pandemic, ASMIRT would caution using this as an alternate option of delivery that starts being implemented in a more regular fashion for reasons of economics etc. ASMIRT suggests that organisations detail clear reasons and protocols outlining when and in which situation the telehealth option will be utilised.

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