

DoHA Accreditation, RANZCR/NATA Accreditation, and NCSI MI-Cert for Medical Imaging Practices

1. By when does DoHA require diagnostic imaging practices to apply for accreditation?

By 30 June 2008, all existing diagnostic imaging practices offering services covered under the Radiology MoU were required by the Department of Health and Ageing (DoHA) to register for "deemed accreditation", as defined by the Diagnostic Imaging Accreditation Act (DIAA). The Department was required under the Act to remove access to Medicare rebates for those practices that did not comply with this requirement.

All diagnostic imaging practices that registered for "deemed accreditation" are required by DoHA to apply for accreditation to the Diagnostic Imaging Accreditation Scheme Standards (Stage 1 accreditation) before 30 June 2009. There are two important exceptions in regard to practices that have, or have applied for, RANZCR/NATA Medical Imaging Accreditation. These exceptions are outlined below in Question 3.

2. What modalities are excepted from the need to be accredited?

Diagnostic imaging practices that ONLY operate the following modalities do not need to be accredited:

- Cardiac ultrasound (Group I1, Subgroup 2: 55113-55135);
- Cardiac angiography (Group I3, Subgroup 13: 59903, 59912, 59925, 59971, 59972 and 59973; Subgroup 16: 60918 and 60927);
- Obstetric and Gynaecological Ultrasound (Group I1, Subgroup 5: 55700-55774); and
- Nuclear medicine imaging (Group I4; 61302-61650).

3. Are practices accredited by RANZCR/NATA accepted by DoHA as meeting the requirements for their Stage 1 accreditation?

Yes. Existing medical imaging practices that already have RANZCR/NATA accreditation are automatically granted Stage 1 accreditation until 30 June 2010.

Existing practices that **applied** for RANZCR/NATA accreditation before 30 June 2008 and registered for "deemed accreditation", have until 30 June 2009 to either obtain RANZCR/NATA accreditation, or apply for Stage 1 accreditation.

4. With whom can DI practices apply for accreditation?

DoHA has approved four organisations to accredit practices to DoHA's Diagnostic Imaging Accreditation Scheme Standards.

More than 60 years old, NATA is the most experienced of the four, in terms of accreditation generally and accreditation of medical imaging practices in particular. In 1998, NATA first began developing a joint accreditation program with the Royal Australian and New Zealand College of Radiologists, and in 2004 the first practice was fully accredited under this program.

5. By when does DoHA require medical imaging practices to be accredited?

A practice holding "deemed accreditation" is assessed through a desk-top audit for compliance with the Diagnostic Imaging Accreditation Scheme Standards within 6 months of applying to a DOHA-approved accreditation provider such as NATA. (Note that this is a separate application to that which the practice made for "deemed accreditation".)

Practices that come into existence after 1 July 2008 must apply to an approved accreditation provider for accreditation to the Diagnostic Imaging Accreditation Scheme Standards, and that provider then has 10 days to assess the application once all requisite documentation has been provided.

6. What are the differences between RANZCR/NATA accreditation and DoHA "deemed accreditation"?

There is no comparison. "Deemed accreditation" was achieved simply by registering for it. Registration involves providing practice names and addresses and nominating the modalities offered at the practice. RANZCR/NATA accreditation is a total, professional evaluation involving both desktop review and on-site evaluation of a practice's management system and its technical capabilities. This assessment is undertaken by a NATA lead auditor and peer-group technical experts.

7. What are the differences between the Diagnostic Imaging Accreditation Scheme Standards and the standards used for accreditation under the RANZCR/NATA program?

Again, there is no comparison. The Diagnostic Imaging Accreditation Scheme Standards developed by DoHA have only four requirements: that staff or contractors have the appropriate registration and/or licence to practice; that the practice complies with the relevant State or Territory radiation safety legislation; that the practice maintains a current equipment inventory; and that the practice provides an imaging service where there is an identified clinical need and substitutes imaging services only where appropriate for the diagnosis of a patient's medical condition.

RANZCR/NATA accreditation covers criteria for the operation of a quality management system for a medical imaging practice and criteria for the technical competence of the practice. These criteria have been determined by the College and other professional groups in association with NATA. It is notable that DoHA has determined that any medical imaging practice accredited through the RANZCR/NATA program more than meets the requirements of the Diagnostic Imaging Accreditation Scheme Standards.

8. Why choose RANZCR/NATA accreditation when Stage 1 accreditation is cheaper?

The bottom line is benefits versus costs.

When comparing accreditation schemes, or accreditation and certification schemes, a practice has to ask not only about the cost, but what the money buys, especially in terms of risk management for patients, the practice, and the profession.

The RANZCR/NATA diagnostic imaging accreditation program is the only program available that offers an independent, on-site, peer review of a practice's services - including its management system and diagnostic imaging capabilities. This gives a strong degree of quality assurance in results that directly affect patient diagnosis and treatment, and thus health care outcomes for the community. Any scheme that offers less than reliability and quality of results cannot be compared.

The entry-level DoHA requirements for access to Medicare benefits were designed as part of an incremental approach to accrediting diagnostic imaging services. Those facilities that have already achieved RANZCR/NATA accreditation are fully recognised to be at a level far in excess of these entry requirements. Accordingly, these accredited facilities are exempt from the need for the desk-top review under Stage 1 of the mandatory scheme.

Medical imaging professionals recognise and support the benefits of quality and reliability afforded by RANZCR/NATA accreditation. An important feature of that program is the involvement of key, professional, stakeholder bodies on the Accreditation Advisory Committee that provides advice to NATA.

Peer review allows for a very strong collegiate approach to the assessment process. This cannot be achieved by desk-top reviews alone. Furthermore, the assessment process adds value. Where there is opportunity for improvement, suggestions are offered, and options discussed, amongst peers.

The value of NATA's access to experts in the various modalities in the form of assessors and the Accreditation Advisory Committee is a benefit to RANZCR/NATA accredited facilities. Again, the process is driven by professional experts who have no other interest than to provide the best health outcomes.

NATA has a demonstrated history of responding to customer needs and accordingly it adapts programs, expands scopes as technology progresses, and continually looks at better ways to meet customers' accreditation needs.

Apart from quality assurance and confidence in diagnostic imaging, RANZCR/NATA offers other benefits to practices, such as business development and improvement. The medical imaging community continues to embrace RANZCR/NATA accreditation even in light of the mandatory requirements.

By contrast, the Diagnostic Imaging Accreditation Scheme Standards are, in effect, equivalent to regulatory documents that practices are already required by law to have in place.

9. Is RANZCR/NATA accreditation difficult to achieve?

The answer should be “No” because the requirements for accreditation have been developed by the medical imaging fraternity in association with NATA. Therefore, they are no more, or less, than should be in place in any medical imaging practice.

It's notable that over 35 practices to date have achieved RANZCR/NATA accreditation.

10. What is NCSI MI-Cert?

NATA has recognised that for various reasons, not all medical imaging practices are yet ready to apply for RANZCR/NATA accreditation.

To assist these practices, NCS International Pty Ltd, NATA's subsidiary, has developed a new program, MI-Cert. MI-Cert is a software tool that allows MI practices to check their compliance with the management system elements of the latest standards developed by RANZCR (Royal Australian and New Zealand College of Radiologists). Once the practice has used this software to confirm that it has all the required elements in place, it can submit a report to NCSI, along with any evidentiary documents required. NCSI will undertake a desk-top audit of the electronic forms and evidentiary documents, and if found satisfactory, will issue a certificate attesting to this.

There are at least four benefits of MI-Cert. Firstly, obtaining a certificate confirms that a practice has achieved the selected management system elements of the RANZCR Standards. This confirmation is valuable to staff as well as to referrers and patients. Secondly, achievement of certification will introduce or reinforce procedures that will help minimise risk for a practice and produce tangible benefits when training staff. Thirdly, MI-Cert is a more affordable alternative to RANZCR/NATA accreditation, albeit with less coverage of practices' activities. Finally, achieving NCSI medical imaging certification demonstrates that a practice is well on the way to RANZCR/NATA accreditation.

In short, certification provides an important stepping stone along the way that builds confidence in the medical imaging practice, goes some way to reducing risk, and prepares the practice for the more rigorous RANZCR/NATA accreditation.

11. What are the differences between RANZCR/NATA accreditation and NCSI MI-Cert?

RANZCR/NATA accreditation and NCSI MI-Cert differ in scope, execution and recognition.

In scope, RANZCR/NATA accreditation is much broader and deeper than NCSI MI-Cert. It comprehensively covers the necessary management system requirements for a well-run practice, and the technical requirements of such a practice.

Certification achieved through the NCSI MI-Cert program attests to the achievement of a subset of the management system requirements in the RANZCR/NATA accreditation requirements.

In execution, the two services are also different. The RANZCR/NATA program involves an Advisory Visit to the practice by a staff officer from NATA. This is followed by a desk-top review by NATA of all the practice's system documentation. Finally, an on-site audit is undertaken by a NATA Lead Auditor in association with one or more peer group, technical

experts who are able to audit the practice's compliance with the technical elements of the accreditation requirements.

MI-Cert is, fundamentally, a software, self-auditing tool with the option of certification. Once a practice completes the checklist, it can submit this to NCS International, along with documentary evidence to support its responses. NCSI will review the practice's responses, and the evidence, (a desk-top review) and award a certificate to those practices that meet the requirements. There is no on-site audit.

The two options also have differences in recognition. RANZCR/NATA accreditation is recognised by DoHA as surpassing the requirements of its Diagnostic Imaging Accreditation Scheme Standards. With the imprimatur of both the College and NATA, it is also recognised more widely as a substantial endorsement of a practice's management system and technical capability.

NCSI MI-Cert has a different purpose. It is recognised by RANZCR as a tool to assist practices to audit their compliance with elements of the management system requirements of the RANZCR Standards, and helps prepare practices for RANZCR/NATA accreditation.

12. What does RANZCR/NATA accreditation cost?

There are two components to cost. One is the cost of meeting the accreditation requirements; the other is the fees paid to NATA for the accreditation assessment and the ongoing fees to cover future reassessments.

Each practice will be at a different point in regard to its preparation for accreditation. Some may be ready now; others may have a deal of work to do before they are ready to be audited for accreditation. It's therefore not possible to give an estimate of this part of the accreditation cost.

Fees charged by NATA are easier to estimate. There are several components: an Application Fee, a Document Review Fee (hourly rate); and an Initial Assessment Fee (hourly rate). Fees vary with the amount of documentation and the number of modalities included in the assessment. Travel, accommodation and associated expenses are charged at cost.

Once a practice is accredited, it pays an Annual Fee which generally covers all routine reassessment costs. The Annual Fee varies with the number of modalities and the distance of a practice from the nearest NATA office.

NATA's Fee Schedules are available at www.nata.asn.au

13. What does NCSI MI-Cert cost?

NCSI will provide practices with a customised proposal to deliver MI-Cert. As an indication, a fee of \$1430 including GST will be incurred in the first year, and \$1100 including GST in subsequent years, subject to confirmation.

14. What is NATA?

NATA, the National Association of Testing Authorities, Australia, is recognised by the Australian Government as the national authority for laboratory accreditation, including the recognition of facilities performing tests and studies in accordance with the OECD Principles of Good Laboratory Practice, and for accreditation of producers of reference materials. NATA is also recognised by the Australian Government as a peak authority for inspection accreditation and for accreditation of providers of proficiency testing schemes. Commencing over 60 years ago, NATA is the world's oldest comprehensive laboratory accreditation organisation, and until recently, the largest.

NATA has mutual recognition arrangements with over 60 similar bodies throughout the world, and currently operates the secretariat for the International Laboratory Accreditation Cooperation and the Asia-Pacific Laboratory Accreditation Cooperation.

Since 1998, in association with RANZCR, the Royal Australian and New Zealand College of Radiologists, NATA has used its expertise in technical accreditation to audit and accredit medical imaging practices. To date, over 35 practices have been accredited through the RANZCR/NATA program.

15. What is NCSI?

NCS International is a world-leading certification and assessment body, that offers a range of recognition services (including certification and one-off assessment) across a variety of management systems, product standards and industry codes of practice including Quality (ISO 9001, ISO 27001, ISO 20252, AS 9100), Environment (ISO 14001 and ISO 14064 Greenhouse Gas Verification), Safety (AS/NZS 4801, SafetyMAP, OHSAS 18001), Forestry, and Food. Many of the certifications are accredited by JAS-ANZ and/or ANSI.

NCSI's services are based on a practical and helpful approach that supports business improvement and profitability, and provides the customers of NCS International clients, and the community in general, with increased confidence in the quality and performance of NCS International certified organisations.

Further Information

Introducing an accreditation scheme for practices providing diagnostic imaging services, Department of Health and Ageing, Australian Government, see <http://tinyurl.com/6j6s5o>

For DoHA's Diagnostic Imaging Accreditation Scheme Standards, see <http://tinyurl.com/4mjrk>

For information on NATA and the RANZCR/NATA accreditation program, see www.nata.asn.au

For information on RANZCR, see www.ranzcr.edu.au

For information on NCS International Pty Ltd, see www.ncsi.com.au