

ASA position statement on sonographers performing low-risk ultrasound-guided musculoskeletal interventions

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- Overseas, experienced sonographers currently perform low-risk ultrasound-guided musculoskeletal interventions at the direction of a medical practitioner (e.g. radiologist). There is growing evidence that this model is safe and has high-quality outcomes.
- To assure patient safety and develop sonographer competency for this practice in Australia and New Zealand, the Australasian Sonographers Association (ASA), in collaboration with the University of Essex (UK), is offering a [*Postgraduate Certificate in Ultrasound-guided Musculoskeletal Interventions*](#).
- This practice model requires sonographers to administer restricted medicines that have been prescribed by a medical practitioner. This practice is regulated at a jurisdictional level in Australia and New Zealand. Currently some jurisdictional regulations allow this while some do not. Where necessary, the ASA is working with governments for change.
- The ASA is concerned about the industry confusion caused by RANZCR's [*Position Statement on the Provision of Ultrasound Guided Injections*](#). It contains unsubstantiated inaccuracies about drug regulation and misleading statements regarding this proposed model of practice.

The ASA is releasing this statement to address the unfounded industry concerns regarding sonographers performing low-risk ultrasound-guided musculoskeletal interventions under the direction of a medical practitioner.

With increasing demands being made of Australian and New Zealand health services, the health sector needs to work together to identify evidence-based solutions that support improved access for our patients, while ensuring patient safety and high-quality health outcomes.

In Australia and New Zealand, many ultrasound-guided musculoskeletal interventions are considered very safe procedures with few risks.¹ Overseas², experienced musculoskeletal sonographers can undertake further education to build their competency to perform low-risk ultrasound-guided musculoskeletal injections at the direction of a medical practitioner (e.g. radiologist).

The ASA asserts that administering low-risk ultrasound-guided musculoskeletal injections at the direction of a radiologist or other medical practitioner ordinarily responsible for performing the procedures is an appropriate practice model for Australian and New Zealand sonographers.

In this model the medical practitioner continues to be the person responsible for applying their clinical reasoning skills in assessing the patient as a whole and determining that a therapeutic intervention is indicated and safe to perform.

Ensuring patient safety is crucial for any health service. In collaboration with the University of Essex (UK), the ASA has implemented a higher education postgraduate certificate – the *Postgraduate Certificate in Ultrasound-guided Musculoskeletal Interventions* – to train sonographers for this practice model and assure patient safety.

Administration of restricted drugs is regulated at a jurisdictional level in Australia and New Zealand. Currently some jurisdictional regulations allow sonographers to administer restricted drugs (e.g. in New South Wales), while some do not (e.g. in Victoria). Where necessary the ASA is working with jurisdictional governments for change.

Throughout 2015 the ASA regularly consulted The Royal Australian and New Zealand College of Radiologists (RANZCR) in the development of the course. The position statement released by RANZCR on 15 December 2015 – less than 2 months before the course commenced – was the first indication that they strongly opposed this sonographer practice and could not support sonographers performing musculoskeletal injections on the basis of the potential risk to patient safety.

Unfortunately, much of the rationale presented in the RANZCR position statement contains inaccuracies about drug regulation and misleading statements regarding this proposed model of practice, which has caused significant and unnecessary industry confusion.

The ASA asserts that the proposed model of practice capitalises on the existing health service delivery relationship between a sonographer and medical practitioner (e.g. radiologist) in providing safe and high-quality ultrasound health services. This model also builds the capacity of medical practitioners to self-determine their workload, such as focusing on higher-risk interventions and other radiological health services.

The ASA is continuing to work closely with RANZCR to resolve these misunderstandings; however, RANZCR has chosen not to rescind their statement while they reconsider their position.

A more detailed ASA response to RANZCR's position statement is available [here](#).

For further information, please contact admin@a-s-a.com.au

www.a-s-a.com.au

1. *InsideRadiology*. 'Joint Injection'. RANZCR. Accessed 10 Mar 2016: http://www.insideradiology.com.au/pages/view.php?T_id=77#.VuCuhJx96mA

2. NHS Modernisation Agency (2004). *Ultrasound service improvement: An in depth look at the impact and benefits for patients and staff – A collection of local case studies*, United Kingdom.