

ANZBMS BONE DENSITOMETRY COMMITTEE ANNUAL REPORT 2005/2006

Topics

1. Chair & staffing
2. ANZBMS BMD Courses
3. Bone Densitometry TECHNOLOGIST Accreditation Program
4. Bone densitometry SITE accreditation Program
5. Criteria for entry into BMD “Certificate of Completion” Course
6. PBAC and diagnosis of fractures using DXA (Nick)
7. Australian-based reference ranges (comments)
8. RANZCR Accreditation Standards – Standards Liaison Panel
9. New Densitometry events/features of interest to Members

1. Chair & staffing

Nick Pocock has resigned as Chairman of the Committee, due to work commitments, but remains as Clinical Consultant, together with Michael Hooper. Roger Price (Perth) and Chris Schultz (Adelaide) are current Co-Chairs.

Since November 2005, Ms Alison Evans, Senior Bone Densitometry Technologist, Endocrine Centre of Excellence, Austin Hospital, Melbourne has been employed approximately one day per week to pursue development of the Clinical Bone Densitometry Course (see below). Alison is thanked for her tremendous efforts. Thanks to the magic of the internet Ms Nikki Culton has been employed to edit the Course Workbook from her current residence in the Cook Islands; a complex task which she completed very efficiently.

2. ANZBMS BMD Courses (“Certificate of Completion”)

Following intensive efforts by the faculty in the first half of 2005, to construct the syllabus and the content of the ANZBMS Clinical Bone Densitometry Course (“Course”), the following Courses have since been run.

| Date | Location | Registrations |
|--------------------|----------------------------|----------------------|
| 30-31 July 2005 | Melbourne, RMH | 62 |
| 28-29 August 2005 | Sydney, St Vincents H. | 60 |
| 06-07 April 2006 | Melbourne, St Vincents H. | 45 |
| 20-21 October 2006 | Brisbane, Pr. Alexandra H. | 64 (Tot. 231) |

The next Course will be conducted in Adelaide in the first half of 2007 – likely co-located with another ANZBMS event. Courses in New Zealand, and overseas are also at the planning stage. It is the intention to run 2-3 Courses per year in Australia, depending on demand. Further details, including the summary syllabus and the criteria for entry into the Course are posted on the ANZBMS website under <http://www.anzbms.org.au/densitometry/Course/index.htm> . Those interested, please watch this site for further updates.

This financial year, the Course activities are expected to return a significant profit to the ANZBMS, partly since the expense of setting up key “one-offs” such as the web-based exam, and expenditure on hardcopy workbooks (which have now been replaced

by CDs) will not re-occur. However, the prime objective will remain to train densitometry technologists and clinicians to Best Practice, requiring a labour-intensive format, while keeping training costs affordable.

The Committee is deeply indebted to the Bone Densitometry Course Faculty (names appearing in above web link), who were able to devise a credible Course in a relatively short time- including workbook, workshops, presentations and a very successful internet-based examination setup. The content of the Course is now recognised in every Australian state.

Nick Pocock and Chris Evans have worked tirelessly to make the Course a success, including Nick's organisation of a web-based exam, which allows easy participation of rural and overseas candidates; and Chris' spear-heading of Technologist Accreditation (see below).

Special mention must be made of the efforts of our ANZBMS Secretariat, Ms Ivone Johnson. Ivone has managed the finances of the Course, fielded and triaged countless enquiries, and generally ridden "shotgun" for the entire process. The Course would not exist without her input.

Merck are warmly thanked for an educational grant to print the inaugural hardcopy workbook.

3. Bone Densitometry TECHNOLOGIST "Accreditation"

This is the next level of qualification, beyond the "Certificate of Completion". This is now established, with successful graduates. Documents related to Technologist Accreditation are available on request.

4. Bone densitometry SITE Accreditation

This has gone from "desirable" to "reasonably urgent". Target date for the first ANZBMS clinical bone densitometry site accreditation is Nov 2006. Two Victorian laboratories have "stepped up to the plate". Though the concept of site accreditation has been maturing for years on the ANZBMS website, the lack of a legal requirement, plus the vigorous development by the ANZAPNM & RANZCR of their own accreditation programs (which include BMD) for their members has reduced the urgency of the ANZBMS initiative. The major points of the ANZBMS-based accreditation program are (not necessarily in priority order):

- A. ANZBMS to provide a service to its own members, plus those not covered by ANZAPNM or RANZCR accreditation processes.
- B. Process in each state to be driven by a locally-based senior bone densitometry technologist.
- C. Process to be self-funded (paid for by the site requesting accreditation), but not profit driven – since the majority of sites will be run by ANZBMS members.
- D. *Stage 1* is a "desk-audit" of submitted material from a site - to be reviewed by a senior technologist, and an experienced clinician. Submission will be based on the accreditation plan on the ANZBMS web site.
- E. Following feedback from the senior technologist to the site representative (expected to be a senior staff member), and likely some "tinkering", *Stage 2* is a site visit by at least a senior technologist.

- F. *Stage 3* is a reconciliation of perceived problems, that may involve the clinician and in unusual cases, the clinician interacting directly with the principal of the site.
- G. Period of accreditation will be finite. Probably 3-5 years.
- H. Since this is a voluntary process, aimed at lifting standards in densitometry practice in the practitioner community, there is no formal right of appeal against the decision of the ANZBMS auditors. However, it seems reasonable to allow clients to petition the ANZBMS Council if they are dissatisfied with the "process", as distinct from merely the "outcome" of that process.
- I. How, or whether this process might be rolled out in New Zealand is under discussion.

From the perspective of the candidate site, the process will be driven by a “kit”, which is in turn based on a Workbook, to guide the steps towards establishing compliance with each requirement. This workbook is partly complete, but still needs further input from members of the BMD Committee and others. The Workbook is based on a self-assessment workbook already available. The advanced first draft of the Workbook is expected to be circulated to stakeholders (ANZBMS Council, bone densitometry specialists) by the end of December 2006.

Voluntary site accreditation may be seen as an historical preamble to a possible future national accreditation process. At this stage, to keep costs down, and to encourage participation it is not envisaged that a process as formal (and expensive) as one fully managed by (say) NATA is appropriate. The Committee welcomes feedback.

5. Criteria for entry into BMD “Certificate of Completion” Course

There has been concern over the “borderline” qualifications of a few applicants for the Course. The major criterion was a degree in science, including nursing. However, there was always the need to consider equivalent experience. Inevitably, a few candidates have little or no experience at all (which is one reason why they wish to attend the Course). The challenge is that in Australia and NZ DXA technologists normally would not be allowed to scan until they have at least a “radiation” qualification – which is one of the assets that the ANZBMS Course delivers. The following definition has been devised for defining the entrance criteria. This is subject to periodic review.

The **ANZBMS Clinical Densitometry Course** is open to individuals who are:

- 1. Tertiary trained in a science discipline (including medical and nursing degrees)
- or**
- 2. Licensed by their Australian State or New Zealand regulatory authority. Licensing from other jurisdictions will be evaluated on a case by case basis.
- or**
- 3. Are seeking certification and licensing and do not meet the above criteria but have previous experience. Such individuals will be required to provide **certifiable** documentary evidence of their experience and supporting documentation from their practice supervisor (or equivalent). Entry will be granted at the discretion of the course convenors on a case by case basis, based on the evidence. Relevant knowledge of radiation safety and physics, human anatomy and experience with DXA scanning will be evaluated. Ideally, this should include a minimum 12 months fully supervised DXA scanning experience, or 200 documented patient DXA procedures.

(Sept 2006)

6. PBAC and diagnosis of fractures using DXA

Nick has written to the PBAC, seeking clarification as to whether LVA (and therefore IVA, IVA HD, iDXA etc) images could be used to diagnose fractures in the context of the patient being rendered eligible to receive Rx supported by PBS. The response was “no”, but there was an invitation by the PBAC for a submission by stakeholders to the MSAC. It has been noted that the sensitivity of LVA-type techniques for identifying vertebral fractures is lower than for conventional radiology, but the specificity is high. (Duboeuf F *et al*, J Clin Dens, 2005)

7. Australian-based (Geelong) reference ranges (RR)

Lunar and Hologic reference ranges are largely in agreement with Geelong RRs. Therefore, it is appropriate to change these RRs over to “Geelong”, but the clinical impact of this will be minimal. Inderlec Australia, representing Norland is providing the Geelong data (corrected for Norland equipment) as standard on Norland machines. It is likely that when the men’s data becomes available from current Geelong-based studies, the suggestion for uniform embracing of the Geelong RRs will become even more persuasive.

8. ANZBMS representation on RANZCR Standards Liaison Panel. (RANZCR Accreditation Standards)

RANZCR Accreditation Standards (Vers 7.0, 2005) include BMD practice, under the headings (i) Radiologist reporting; (ii) BMD Technologist standards & responsibilities; (iii) BMD equipment standards. Currently, the minimum requirements are modest. RANZCR have invited ANZBMS to nominate a representative, and Nick Pocock has agreed to fill this role.

9. New Densitometry events/features of interest to Members

Several suggestions are being followed, including:

- A. Additions to the ANZBMS web site, illustrating Course activities.
- B. Advanced applications of densitometry – a tutorial session which would probably be launched at the Melbourne ASM (2008).
- C. Densitometry-specific sessions at the ASM. This has begun this year with a Sunday session at the IOF/ANZBMS Meeting at Port Douglas, and it is hoped that it will be a regular and growing feature at each ASM. Other suggestions are sought.

Roger Price & Chris Schultz
Co-Chairs, ANZBMS Bone Densitometry Committee
(on behalf of RP, CS, Nick Pocock, Michael Hooper)
18 October 2006.