

 <p>A joint Australian, State and Territory Government Program</p>	<b>OFFICE USE ONLY</b>		
	Date of receipt by NQMC		
	<b>Remote Radiology Reporting Form by Service/SCU</b>		
<b>DETAILS OF SERVICE/SCU</b>			
Name of SERVICE/SCU			
Reporting period	From		To
Completed by (position)			

Remote radiology assessment is a model whereby the radiologist is in a different physical location to that of the client that is undergoing assessment of a mammographically-detected breast lesion. To undertake its monitoring role appropriately and to ensure consistency in reporting, The NQMC requires Services and SCUs to report on the use remote radiology assessment by including this form alongside their application and ADR submissions.

### Instructions for Services:

1. The Remote Radiology Reporting Form accompanies your annual data report (ADR) or accreditation application.
2. Services conducting less than 5 remote radiology clinics in the reporting year must complete part A of the form only. Services conducting 5 or more remote radiology assessment clinics in the reporting year must complete part B of the form only.
3. Please provide the relevant information against each key point for consideration.
4. The completed form provides information that will assist the NQMC to interpret the data presented in your ADR or accreditation application.
5. Services/SCUs may provide additional information if they wish.

**Part A – Services that conducted less than 5 remote radiology clinics in the reporting year.**

<b>Key points for consideration</b>
<p><b>1. What is the reason for holding the clinic(s) remotely?</b></p> <p>If 'other' is selected, please provide further details:</p>
<p><b>2. How many remote radiology clinics were held in the reporting period?</b></p>
<p><b>3. Was the radiologist located at a BreastScreen approved workstation?</b></p> <p>If 'no' is selected, please provide further details:</p>
<p><b>4. Was a results correlation meeting held to determine results (as per NAS protocol 3.2)?</b></p> <p>If 'no' is selected, please provide further details:</p>
<p><b>5. Describe how the radiologist and clinical team have established competence and confidence in working together?</b></p>

**Part B – Services that conducted 5 or more remote radiology assessments in the reporting period.**

Table 1

<b>Key points for consideration</b>
<p><b>1. How frequently are remote radiology assessment clinics conducted?</b></p> <p>If 'other' is selected, please provide further detail:</p>
<p><b>2. Was the radiologist located at a BreastScreen approved workstation?</b></p> <p>If 'no is selected, please provide further detail:</p>
<p><b>3. Who is always present on site during remote assessment clinics?</b></p>



Table 2

Factor	Type of assessment clinic		Additional Comments
	Radiologist attends in person	Radiologist attends remotely	
<b>1. Number of clinics held in the reporting period</b>			
<b>2. Number of lesions assessed per clinic</b>			
<b>3. Number and percentage of lesions in each of the following outcome groups:</b>			
a. Routine rescreens			
b. Early review (as per NAS 2.6.7)			
c. Diagnostic open biopsy			
d. Further assessment			
e. Discharge for treatment			
<b>4. Number of needle biopsies as a percentage of women assessed (including FNA)</b>			
<b>5. NAS Measure 3.1.1 Needle biopsies benign (&lt;5%)</b> <5% of all percutaneous needle biopsies of malignant breast lesions are classified as benign or inadequate/insufficient			
<b>6. NAS Measure 3.1.8(a) Diagnosis without excision (≥85%)</b> ≥85% of invasive breast cancers or DCIS are diagnosed without the need for excision.			