Section B - Diagnostic Accreditation Program

Committee

5-21 (1) The committee is established consisting of at least six persons appointed by the board, a majority of whom must be registrants, and must include at least one board member.

(2) The committee must also include

(a) a pathologist and a medical imaging specialist, one of whom will serve as the chairperson of the committee and one of whom will serve as the vice-chairperson,

(b) a registrant who does not practise in a diagnostic facility, and

(c) a person recommended by the Health Authorities of the Province.

(3) The committee may appoint advisory persons or groups to assist it.

(4) The committee must report to the board.

(5) The registrar or a delegate of the registrar and a representative from the Ministry of Health Services may attend all committee meetings as non-voting members.

(6) The responsibilities of the committee are

(a) to determine if a diagnostic facility should be accredited to provide a diagnostic service,

(b) to establish performance standards to ensure the delivery of high quality and safe diagnostic services and, upon request, to provide a copy of those standards,

(c) to evaluate a diagnostic service's level of actual performance in achieving the performance standards,

(d) to establish and monitor external proficiency testing programs,

(e) to promote high standards in diagnostic medicine, and

(f) to keep records of receipts and expenditures in a manner approved by the board.

Accreditation of diagnostic facilities

5-22 (1) Every diagnostic facility must be accredited by the committee before it can render a diagnostic service.

(2) The provisions of section 5-22(1) do not apply to a registrant who performs procedures set out in the list of procedures which do not require accreditation as approved by the committee and the board, providing that the registrant only performs the procedures in the course of treating his or her own patients or in the course of treating a patient who has been referred to him or her by another physician.

(3) To be granted accreditation, a diagnostic facility must meet the requirements as defined by the accreditation standards.

(4) The medical director must apply to the committee in writing, in a form approved by the registrar, for initial assessment of the diagnostic facility or new diagnostic service within an existing or new accredited facility.

(5) On-site inspection of the diagnostic facility or diagnostic service must be performed by one or more representatives of the committee as soon as reasonably practicable after the receipt of all information requested by the committee and, in conducting the on-site survey, the representative(s) of the committee must ensure that there is compliance with the performance standards referred to in section 5-21(6)(b).

(6) After the on-site inspection referred to in section 5-22(5), a diagnostic facility may be

(a) granted provisional accreditation for a period as determined by the committee, or

(b) denied accreditation.

(7) A diagnostic facility granted provisional accreditation must, prior to the expiration of such accreditation

(a) provide such information as requested which must be acceptable to the committee,

(b) demonstrate that the diagnostic facility has performed a sufficient number of procedures to permit a full on-site accreditation inspection, and

(c) complete a full on-site accreditation inspection after which the committee will grant one of the accreditation options available under section 5-22(8).

(8) A diagnostic facility, having undergone a full accreditation survey, may be

(a) granted full accreditation for a period of three years or for such time as determined by the committee,

(b) granted conditional accreditation with report, for a period determined by the committee, to allow the diagnostic facility to comply with any outstanding mandatory requirements for full accreditation, or

(c) denied accreditation.

(9) A diagnostic facility granted conditional accreditation with report must, within the period specified by the committee, provide evidence of remediation of all deficiencies and successful compliance with all outstanding mandatory requirements, acceptable to the committee.

(10) In order to maintain accreditation, a diagnostic facility must comply with the committee's requirements for satisfactory quality control of its procedures.

(11) A diagnostic facility or service having been granted accreditation must fully participate in ongoing assessment activities.

Limitations on accreditation

5-23 Accreditation of a diagnostic facility is limited to a specific address or addresses but where a diagnostic facility operates from more than one address, the application for accreditation must include information about each address and the inter-relationship thereof.

Review of accreditation decision

5-24 (1) A medical director may request that the committee review any decision denying accreditation to a facility or changing the terms of accreditation, by filing a written request for review with the registrar within 30 days after the date of the committee's decision.

(2) A medical director may request a review on the record by the board of a final decision of the committee, by filing a written request with the registrar within 30 days after the date of the committee's final decision, but the decision of the committee will continue to be effective pending the review by the board.

Revocation of accreditation

5-25 (1) The committee may revoke or change the terms of accreditation at any time during the period specified in the certificate of accreditation if, in the opinion of the committee, revocation or change is warranted by a failure to comply with the Bylaws or where there is a risk to patient care or safety.

(2) If the committee acts under section 5-25(1), the committee must inform the medical director by notice in writing

(a) of its intention to revoke or change the terms of accreditation,

(b) of the circumstances giving rise to the committee's intended action,

(c) that the medical director may, within 30 days after the notice, make written submissions to the committee or request a hearing by the committee, and

(d) that if the medical director does not make written submissions or request a hearing by the committee, the committee may render a decision based on the information available to it.

(3) A decision under section 5-25(1) is not effective until the medical director, or alternate receives the notice under section 5-25(2).

(4) Despite section 5-25(2), the committee, if it considers immediate action necessary to protect the public, may

(a) impose limits or conditions on the diagnostic procedures performed by a diagnostic facility, or

(b) suspend the accreditation of a diagnostic facility.

Medical director

5-26 (1) Every diagnostic facility must appoint a medical director and an alternate who are registrants and whose credentials are acceptable to the committee.

(2) The medical director, or alternate acting in the absence of the medical director, must

(a) be responsible for, and have control over, the standards, delivery and all matters pertaining to procedures and medical care in the diagnostic facility,

(b) ensure that diagnostic procedures are performed only as permitted by the terms of accreditation, the Bylaws and in accordance with the requirements of the standards of professional ethics and standards of practice of the College,

(c) have access to all records and documents relating to the operation of the diagnostic facility and the procedures performed therein,

(d) promptly notify the committee of any change in the ownership or directorship of the diagnostic facility or any significant change in service or operation, and

(e) ensure compliance with the Bylaws.

Registrants practising in diagnostic facility

5-27 A registrant may not utilize or practise in a diagnostic facility in British Columbia unless such facility is accredited under section 5-22.

Procedures at diagnostic facilities

5-28 (1) The procedures that may be performed at a diagnostic facility must be in compliance with the procedures permitted under the terms of the accreditation.

(2) The diagnostic facility, its professional and technical personnel, and its equipment, space and safety procedures must at all times meet the standards determined from time to time by the committee.

Inspection during accreditation term

5-29 The diagnostic facility must at all reasonable times be open for inspection by the committee or its nominee.

Fees

5-30 (1) To meet the costs of administering this section applicants for accreditation of a diagnostic facility and those diagnostic facilities accredited must pay such annual dues and assessment fees as the committee may from time to time fix and which are approved by the board.

(2) Such annual dues and assessment fees are due and payable within 30 days after the date of the invoice.

(3) Failure to pay the fees will result in automatic revocation of accreditation of the diagnostic facility without recourse to any right of review.

Definitions

5-31 (1) In sections 5-21 to 5-30

(a) "**anatomic pathology and cytogenetic facility**" means a place where human surgical tissue biopsies and specimens, and cytologic specimens are examined and autopsies are performed for diagnostic purposes and where human tissue or body fluid samples are processed for diagnostic chromosomal examination,

(b) "**clinical pathology laboratory**" means a place where diagnostic testing is performed on human samples including but not limited to the disciplines of chemistry, radioimmunoassays, hematology\blood banking, immunology, microbiology, virology, or genetic testing,

(c) "**committee**" means the diagnostic accreditation program committee,

(d) "**diagnostic facility**" means a place, whether privately owned or affiliated with or administered by a hospital or other health facility, which is principally equipped to perform a procedure normally performed in a

(i) clinical pathology laboratory,
(ii) medical imaging facility,

(iii) pulmonary function facility,
(v) nuclear medicine facility,
(vi) neuro-electrodiagnostic facility,
(vii) anatomic pathology and cytogenetic facility,
(viii) polysomnography facility,

(e) **"diagnostic accreditation program"** means the activities carried out under the direction of the committee to ensure that the purposes of the committee, as set out in section 5-21(6), are met,

(f) **"diagnostic service"** means a service that provides information for the diagnosis, prevention, or treatment of a human condition,

(g) **"medical director"** means a registrant appointed in accordance with section 5-26(1),

(h) **"medical imaging facility"** means a place where imaging techniques are utilized for diagnostic purposes including but not limited to x rays, ultrasound, computed axial tomography, magnetic resonance imaging, or positron emission tomography,

(i) **"neuro-electrodiagnostic facility"** means a place where the recording of ongoing neural or neuromuscular activity is performed using standardized methods of electrode placement,

(j) **"nuclear medicine facility"** means a place where patients are imaged utilizing radionuclides, or where certain health conditions of patients are treated through the use of radionuclides or where radioimmunoassays are performed,

(k) **"physician"** means a registrant,

(l) **"polysomnography facility"** means a place where patients are assessed using electroencephalogram, electrocardiogram, respiratory and other physiological monitoring for sleep disturbances or overnight assessment of sleep, and

(m) **"pulmonary function facility"** means a place where techniques to assess lung function including but not limited to spirometry, flow volume curves, methacholine or histamine challenge tests, detailed measurements of sub-division of lung volume, measurements of carbon dioxide transfer, exercise studies, or lung mechanics, are performed.