

July 11, 2025

Dear Medical Directors,

CPSA Council met on March 6/7 and May 29/30 respectively, and approved two very specific revisions within the v4 Diagnostic Imaging Accreditation Standards; one within $Appendix\ A$ and one within $Appendix\ E$.

These two revisions are:

- 1. Appendix A: Expansion and clarification to the medical director eligibility criteria, and
- 2. Appendix E: Removal of 25km geographical distance criteria in reference to the provision of tele-ultrasound (tele-US)

These revisions are captured in the updated v4.1 Diagnostic Imaging Accreditation Standards and have been released along with communications and guidance to all facility medical directors, accredited imaging facilities and partners. The revisions were thoughtfully and carefully discussed by various levels of CPSA committees and acknowledges the changing landscape of diagnostic imaging service provision. Feedback and draft revisions stemmed from various partner levels, standard exemption requests, and two commissioned external third-party reports (on tele-US) from recognized bodies/institutions. After careful consideration, these amendments were made to follow evidence, best practices across jurisdictions and to support health care accessibility for all. In particular, the impacts of the 25km amendment will be carefully monitored for future consideration.

All facilities must apply to CPSA and complete the accreditation process when adding tele-US as a service to their facility (regardless of whether on-site US is already offered) and require formal approval in writing from CPSA to provide tele-US imaging services. As a reminder, there are still limitations on tele-US, and musculoskeletal, hernia and diagnostic breast US exams may NOT be performed via tele-US. Prior v4 standards were awarded international recognition and accreditation by the International Society for Quality in Health Care (ISQua)—we will apply for similar recognition for the new v5 standards in 2026.

If you have any questions or comments, please contact Ms. Lorie Matiowsky, Program Manager, Diagnostic Imaging Accreditation at (lorie.matiowsky@cpsa.ab.ca) directly.

Contact: 1-800-555-5555 ext. 5555

Sincerely,

Jeremy Beach, MBBS, MD, FRCPC Assistant Registrar, Accreditation

Enclosures: Revision Summary and Guidance



General Standard Revision Summary May 2025 - v4.1 Replaces v4 - December 2023

Changes to Appendix A and E.2 from v4 to v4.1:

v4 Appendix A (current)	v4.1 Appendix A (revised)
General Standards	
Diagnostic Imaging Facility Medical Directors:	Diagnostic Imaging Facility Medical Directors:
The DI facility Medical Director is a recognized specialist in Diagnostic Radiology, and/or Nuclear Medicine and/or Cardiology (with recognized advanced echocardiography training e.g. CCS/CSE) in good standing with the CPSA: • on the General Register or • on the Provisional Register having completed any required assessments and having been deemed to be in independent practice	 The Medical Director of a diagnostic imaging facility must be: a) a physician with a specialty in: Diagnostic Radiology or Nuclear Medicine or Cardiology (with appropriate training) or b) a physician with other skills and knowledge acquired through recognized training, as approved by the Medical Facility Accreditation Committee, pertinent to the imaging services being provided at their accredited diagnostic imaging facility The Medical Director must be in good standing with CPSA and: on the General Register or on the Provisional Register having completed any required assessments and having been deemed to be in independent practice

v4 Appendix E.2 (current)	v4.1 Appendix E.2 (revised)	
General Standards		
In addition to E.1:	In addition to E.1:	
 Tele-ultrasound is <u>not</u> permitted inside of a 25 kilometer (km)** radius city central point (census tract)* coordinate for the below. If the proposed imaging facility address (decimal degree) lands directly on the defined 25km radius line, it will be considered <u>inside</u> the radius and therefore be ineligible to provide tele-ultrasound imaging services. Grande Prairie (WGS84: 55.173038, -118.788224) Edmonton (WGS84: 53.54399, -113.489804) Red Deer (WGS84: 52.268819, -113.809235) Calgary (WGS84: 51.045644, -114.05646) Lethbridge (WGS84: 49.694394, -112.837759) 	 Sonographers are registered with Sonography Canada, certified in their specialty (ies) and: have a minimum of one year of full-time post-certification ultrasound experience and will receive documented yearly training to a minimum total of 5 face to face days per calendar with an ultrasound imaging specialist (employed by the group / Zone that is responsible for supervision and reporting of ultrasound examinations), or have a minimum of 6 months full-time post certification ultrasound experience (acquired within same group/Zone), would be deployed only to that same imaging group/Zone's tele-ultrasound facility and will receive documented yearly training to a minimum total of 5 face to face days per calendar year with an ultrasound imaging specialist 	
Medicine Hat (WGS84: 50.041492, -110.678366)	(employed by the group / Zone) that is responsible for supervision and reporting of ultrasound examinations 2. As a quality assurance measure, CPSA may conduct ad-hoc tele-	
*Census Tract (CT): city hall address of the central municipality/Statistics Canada	ultrasound image reviews	
**CPSA adopts and utilizes Statistics Canada trusted data and statistical insights; refer to glossary and definitions		
2. Sonographers are registered with Sonography Canada, certified in their specialty (ies) and:		
 have a minimum of one year of full-time post-certification ultrasound experience and will receive documented yearly training to a minimum total of 5 face to face days per calendar with an ultrasound imaging specialist (employed by the group / Zone that is responsible for supervision and reporting of ultrasound examinations), or 		
 have a minimum of 6 months full-time post certification ultrasound experience (acquired within same group/Zone), would be deployed only to that same imaging group/Zone's tele-ultrasound facility and will receive documented yearly training to a minimum total of 5 face to face days per calendar year with an ultrasound imaging specialist 		

(employed by the group / Zone) that is responsible for supervision and reporting of ultrasound examinations

3. As a quality assurance measure, CPSA may conduct ad-hoc teleultrasound image reviews

No content change for the following sets:

- Bone Mineral Densitometry
- Computed Tomography
- Echocardiography
- Magnetic Resonance Imaging
- Mammography
- Nuclear Medicine and PET
- Ultrasound

The above sets only received a revision to the Standards version number.

Facility guidance regarding v4.1 and tele-ultrasound

NO facilities may offer tele-ultrasound imaging services until formally granted accreditation for tele-ultrasound specifically by CPSA, in writing.

Want to OPEN a new facility and offer tele-ultrasound imaging services?

- Fill form out and submit
- CPSA will contact facility with next steps and later conduct on-site visit
- Satisfactory completion of document review and on-site assessment results in successful accreditation

Want to SWITCH on-site ultrasound in an existing facility exclusively to tele-ultrasound?

- Fill form out and submit
- CPSA will contact facility with next steps and additional submission requirements, and will later conduct desk audit
- Satisfactory completion of desk audit will result in switch from onsite ultrasound accreditation to teleultrasound

Want to ADD tele-ultrasound to an existing facility with on-site ultrasound?

- Fill form out and submit
- CPSA will contact the facility with next steps and later conduct desk audit
- Satisfactory completion of desk audit result in successful accreditation of tele-ultrasound

NEW facility form

CHANGE to existing accredited facility form

