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AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION



CELEBRATING 90 YEARS
OF CLINICAL EXCELLENCE
AND GLOBAL ENGAGEMENT

Friday, 9 January 2026

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The Royal Australian and New Zealand College of Radiologists
Via email: standards@ranzcr.edu.au
cc: Dr. Rajiv Rattan, President
Via email: ranzcr@ranzcr.edu.au

RE: Consultation for Draft Image Access Strategy and Consultation Report

Dear Jessica Brown,

We are grateful for the collaborative engagement led by the Royal Australian and New Zealand College of Radiologists, in partnership with the Australian Diagnostic Imaging Association and the Australian Digital Health Agency, in response to the challenges encountered by healthcare professionals, patients, and providers regarding the timely and secure access to diagnostic images in Australia.

As well as AOA representation on the Image Access Advisory Committee, we also appreciate the opportunity afforded to our AOA membership to review and provide feedback on the recommendations detailed in the Image Access Strategy report.

AOA communicated to members the Draft Image Access Strategy and Consultation Report, available for public review, and the invitation to contribute to AOA's response.

We received several formal responses from members, along with additional feedback that may have been provided directly on an individual basis.

In general, there is a positive response from all members to this valuable initiative and its recommendations, which support safer and more efficient patient care, and gratitude for the contributions of everyone involved.

The following relevant member feedback has been provided against the opportunities identified in the report.

Foundational enablers - identity and identifiers:

1A. Make the IHI the universal patient identifier to link imaging records consistently.

- The IHI universal patient identifier on every image would lock images to the patient and allow easy access and tracking.

1B. Establish a national identity and authentication framework for prior image access.

- Using the universal patient identifier would help for travelling patients across Australian states and territories.

Image-access specific requirements:

2A. Single access point: Unified search and discovery of prior imaging.

- A mechanism will be needed even before patient consultation if not the original clinician.
- Most patients will have had Xray's, CT, MRI and PET scans prior to or on advice of the Multi-Disciplinary Team.
- Often comparison to "old" images is critical and for example: if a bone lesion has changed over time, which could indicate malignant transformation.
- A single, central system is what would be supported.

2B. Meeting the clinical need: Flexible access that supports secure download and image viewing

- Patients will need to have an 'opt in' arrangement because not all patients will want their data shared or held by governments or other parties.
- Permissions from our patients will be required/consent to access any images and without is problematic.
- Access will need to be immediate and should not be subject to internet and technology failures with appropriate download and self-storage.
- There are currently gaps in imaging (that can on occasion delay diagnosis or treatment).
- Images are needed primarily. Often reports are still inaccurate and offer advice whilst missing the clinical setting in which they exist. The whole history and the images of the highest possible standard required.

2C. Establish and sustain support for reciprocal participation: foster comprehensive nationwide exchange.

- A big issue for orthopaedic surgeons is timely, accurate and complete access to imaging for patients, with referral from across the state and nationally.
- Internationally a system will be required that supports patients with imaging undertaken overseas as well.

Thank you for the opportunity to contribute and provide feedback. I look further discussing the collective feedback from key stakeholders at the Image Access Advisory Committee meeting at the end of January.

If you have any questions or require clarification to any of the above in the interim, please do not hesitate to reach out.



John Cunningham
Chair, Advocacy subcommittee
- Digital Radiology

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Mark Moroney
President