



26 February 2021

## RANZCR Interventional Radiology Scope of Practice

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) is the peak body representing medical radiation practitioners in Australia. Our aims are to promote, encourage, cultivate and maintain the highest principles of practice and proficiency of medical radiation science, always mindful that the welfare of the patient should be at the centre of everything we do. ASMIRT would like to extend its support to The Royal Australian and New Zealand College of Radiologists (RANZCR) document on Interventional Radiology Standards of Practice.

This paper is a well-considered and robust document providing a very thorough and detailed explanation of their scope and standards of practice. Each standard and its accompanying rationale are well defined and should provide the blueprint for future advancement and expansion of this specialty.

ASMIRT would like to provide the following comments:

ASMIRT suggests that there needs to be consistency in the terminology used in the document. Early in the text, and in the table of definitions, it refers to radiographers, however Rationale 7.2 on page 17 refers to medical imaging technologists.

ASMIRT would like to explore the concept of competence as defined in Section 1 on page 6. The first paragraph states that “competence is achieved by training”. Will this training be provided by the organisation delivering interventional radiology and have a credentialing process that is able to be measured? Our understanding is that there are no set training programs or qualifications for angiography/interventional radiology, so ASMIRT queries what standards will this competence be measured? Students have some undergraduate knowledge of this area, and it is a major area in the new MRPBA capability standards, however there is no actual uniform test of radiographer competence in this area.

There is very clear detailing of required documentation for practice credentialing. ASMIRT suggests the following additions with respect to the credentialing of radiographers in interventional angiography and fluoroscopy.

### SECTION 1 TRAINING

- Training of radiographers in interventional radiology shall be documented in a structured in-house training program.
- Recommendation of credentialing of angiography trained radiographers through ASMIRTs ‘vascular and interventional’ certification program.

#### Registered Office:

Suite 1040-1044 (Level 10)  
1 Queens Road  
Melbourne Vic 3004  
Australia

#### All Correspondence to:

P.O. Box 16234  
Collins Street West Vic 8007  
Australia

#### Contact us:

T +61 3 9419 3336  
F +61 3 9416 0783  
W [www.asmirt.org](http://www.asmirt.org)



- Page 12 – 4.3 With regards to interventional neuroradiology, consider change of wording from 'preferable' to 'essential'.
- Standard 6.2 – ASMIRT suggests research into whether the process described occurs in Australia, particularly in the private setting.
- Standard 6.4 – ASMIRT are unaware of any radiographers in Australia performing QA tests. Many private departments do not have Medical physicists, so a third party is employed to undertake testing & QA.
- Standard 8.3 – ASMIRT believes that consent should be acquired in advance of an elective procedure and not on the day, except in cases of emergency intervention.
- Standard 9.2 – ASMIRT recommends a minimum of 3 points of ID should be checked. There may be 2 people with the same name living at the same address!
- Standard 12 – ASMIRT would like to see recommendations on wearing PPE & location of additional monitoring and for whom, e.g. eyes/thyroid...along with discussion regarding skin doses for patients & monitoring for potential radiation-induced damage.
- Standard 9.9 – For approved stroke centres the hospital commits to a dedicated on-call team separate from the interventional radiology on-call team.

## SECTION 12 RADIATION SAFETY

- The practice works towards the creation of local diagnostic and interventional dose reference levels.
- The practice reviews practice reference levels in comparison to ARPANSA published national reference levels.
- A committee of representative personal (including medical physicists, radiographers and interventional radiologists) shall meet bi-annually to review high dose procedures, exceeding practice/national reference levels, and procedures involving high dose notifications.
- On page 33 – There is a quote referring to MHNIP. ASMIRT suggests providing a list recommended QA tests (It appears that there is a reference missing).
- On page 34 under the section of Definitions, for "Radiographer", ASMIRT suggests the addition that radiographers are also responsible for the radiation safety of staff and the patient in the angiography suite and are involved with the monitoring of procedural

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radiation dose measurements. It is also suggested that the definition for a radiographer should include that radiographers are “registered as diagnostic radiographer with MRPBA/AHPRA” similar to definition of radiologist above.

ASMIRT would like confirmation on whether these guidelines also extend to Cardiac Cath Lab users.

ASMIRT notes that medical physicists have been recognised and included in this document. As medical imaging comprises a multidisciplinary team, ASMIRT would like to see the role of skilled nursing staff incorporated into the document. ASMIRT strongly recommends that feedback from the Medical Imaging Nurses Association (MINA) is sought with regards to this document.

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