

## **Interventional Radiology Society of Australasia (IRSA)**

### **Scope of Practice and credentialing guidelines for Interventional Radiologists in Australia and New Zealand**

#### **Introduction**

Interventional Radiology is a distinct subspecialty of clinical radiology that combines an in-depth understanding of clinical radiology with advanced procedural skills and clinical management. An Interventional Radiologist (IR) works as the primary specialist caring for patients who undergo interventional procedures or as part of a multidisciplinary patient care team. The IR has direct involvement in the full cycle of clinical care.

#### **Training in Interventional Radiology in Australia and New Zealand**

Training starts within the Royal Australian and New Zealand College of Radiologists (RANZCR) Clinical Radiology Training Program, where registrars develop a range of basic procedural and clinical competencies. The training program lays the foundations required for interventional practice, which can be built upon by undertaking a Fellowship in IR upon receiving the FRANZCR.

FRANZCR can also be achieved by International Medical Graduates (IMGs) through the Specialist Recognition pathway.

RANZCR is accredited by the Australian Medical Council (AMC) to conduct IMG assessments on behalf of the Medical Board of Australia (MBA).

In New Zealand, RANZCR assesses IMGs on behalf of the Medical Council of New Zealand (MCNZ) to determine the pathway to medical registration with a vocational scope of practice.

RANZCR and IRSA determine that there are two levels of interventional radiology – Basic and Advanced.

All FRANZCR graduates in clinical radiology are qualified to perform basic procedural radiology.

Basic procedures have been identified as –

- Basic diagnostic angiography and interventional techniques
- Basic diagnostic angiography
- Nephrostomy
- Abscess and cyst drainage and biopsy
- Simple venous access
- Breast localisation
- Image-guided biopsies
- Joint arthrography and injection
- Spinal tap, epidural and spinal nerve root block
- Other non-Advanced interventional procedures.

Advanced procedures require further dedicated training, examples of which include:

- All vascular interventional procedures other than basic diagnostic angiography, such as angioplasty, stenting, thrombolysis, thrombectomy, embolisation, retrieval of foreign bodies and laser and mechanical atherectomy.

- Venous and arteriovenous graft interventions other than basic diagnostic venography or fistulography, such as angioplasty, stenting, thrombolysis, thrombectomy, sclerotherapy, and caval filter insertion.
- Biliary and portal venous intervention, such as percutaneous transhepatic biliary drainage and/or stenting, TIPSS, BRTO and shunt embolisation.
- Interventional Oncology, such as biopsies, ablation, bland embolisation, chemoembolisation and radioembolisation, palliative interventional pain procedures.
- Thoracic intervention, such as embolisation of pulmonary AVMs, pulmonary embolectomy/thrombolysis, bronchial stents, occlusion of broncho-pleural fistulae and bronchial artery embolization.  
Gastrointestinal intervention, such as oesophageal and duodenal stents, percutaneous gastrostomy, gastrointestinal vascular procedures other than diagnostic angiography, such as embolisation and transplant intervention.
- Urological intervention, such as renal artery embolisation, prostate artery embolisation, gonadal vein embolisation, nephrostomy and ureteric stenting.
- Gynaecological intervention, such as fallopian tube recanalisation, uterine artery embolisation, temporary aortic/iliac artery occlusion.
- Orthopaedic intervention, such as percutaneous vertebroplasty.
- Other advanced interventional procedures

Radiologists who wish to equip themselves to perform Advanced procedures requiring specialised interventional skills, must undertake further training in these procedures (such as via a fellowship position in Interventional Radiology) to ensure adequate training and competence.

Fellowships for Interventional Radiology are typically at least one year in duration and dedicated specifically to Interventional Radiology training. Once the Fellowship is completed, many IRs choose to sit the European Board of Interventional Radiology (EBIR) examination and many currently practicing IRs also choose to sit the examination.

### **The European Board of Interventional Radiology (EBIR)**

The European Board of Interventional Radiology (EBIR) is a voluntary examination designed to evaluate IRs on the clinical and technical knowledge necessary to carry out safe and effective treatments for patients. By taking this examination, IRs in Australia and New Zealand can certify their expertise.

The EBIR is based on the [European Curriculum and Syllabus for Interventional Radiology](#) produced by the Cardiovascular and Interventional Radiology Society of Europe (CIRSE) and is endorsed by the European Union of Medical Specialists. This document has been endorsed by IRSA and the Examination has received the endorsement of IRSA and RANZCR since 2014. Internationally, the EBIR is the most widely recognised diploma documenting training in Interventional Radiology.

### **Credentialing**

Credentialing is the process by which physicians are determined by hospitals to be competent and are permitted to perform procedures. The granting of credentials is designed to protect patients from doctors with limited training in imaging and interventional radiology procedures and maintain quality of care.

IRSA supports the [RANZCR Clinical Radiology Standards of Practice](#) document which provides information on the defined scope of practice for interventional radiologists in Australia and New

Zealand. A practice is expected to meet the generic requirements outlined in the standards, including those for facilities, equipment and supervision.

### **Determining the core scope of clinical practice for IR's**

The 'core scope' of clinical practice for IR's refers to the aspects of practice that can reasonably be expected to be undertaken by all practitioners holding a particular qualification, having successfully completed the education and training leading to that qualification.

IRSA determines that any clinical radiologist with their FRANZCR qualification can safely undertake Basic procedures. An IR can evidence this through submitting information on the training program and by providing evidence of the learning outcomes obtained. The relevance of this information as an indicator of current competence will depend on the time since the qualification was completed and the practitioner's subsequent practice experience.

### **Specific credentialing and determination of a specific scope of clinical practice**

Determination of a specific scope of clinical practice is required where it cannot be reasonably assumed that the practitioner's qualifications include the specific competency to be performed. The gaining of the specific competency may involve additional training, experience, or both training and experience in addition to ongoing proficiency.

IRSA determines that IRs wishing to perform Advanced procedures, should have additional training and experience in Interventional Radiology in a department that provides a full 24-hour IR service including out of hours care

IRSA recommends appropriate additional training and experience as-

- completion of a 12-month fellowship dedicated to training in Interventional Radiology;
- evidence of recent relevant clinical activity, in the form of a logbook. The aim of this is to indicate proof of adequate in departmental training, knowledge, technical expertise and documented performance;
- Experience as the first operator, performing at least 250 IR procedures, 150 of which have to be interventions according to chapter 2.2.1 Vascular Diagnosis and Intervention and/or chapter 2.2.5.2 Vascular Interventional Oncology in the [European Curriculum and Syllabus for Interventional Radiology](#) and then successful completion of the EBIR.

### **Maintaining competence**

In Australia and New Zealand, clinical radiologists who are Fellows of RANZCR participate in a mandatory program of continuing professional development (CPD) organised and audited by RANZCR. CPD provides the opportunity for Fellows to engage in activities relevant to their professional development, educationally and in other ways. IRs are encouraged to attend national and international scientific IR meetings regularly. Participating in relevant courses for trained IR's including CPD activities that incorporate audit and review activities encourages continuous advancement of skills and knowledge.

In addition to undertaking mandatory CPD, to maintain competence, regular peer review and appraisals should take place in the workplace.

Membership of IRSA and its offered affiliate international associations and education events is recommended for IR's wishing to maintain competence in IR.