



Specific Accreditation Criteria

**Transition Policy for the implementation of the
*RANZCR Standards of Practice for Clinical
Radiology, Version 11***

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Transition policy for the implementation of the RANZCR Standards of Practice for Clinical Radiology, Version 11

Introduction

This policy is effective from 1 April 2020 and describes changes to the NATA Accreditation Criteria (NAC) applicable to all RANZCR/NATA applicant and accredited medical imaging facilities.

Background

In August 2019, the *RANZCR Standards of Practice for Clinical Radiology* was republished as Version 11.

In addition to minor amendments, such as application of consistent terminology and updating of content to reflect current practice, the following substantive changes have been made:

- Version 11 now includes the Teleradiology Standards (Standard 8), which had previously been published as a stand-alone set of standards. The development and inclusion of standards for the practice of teleradiology acknowledges the importance of teleradiology in modern healthcare, and reinforces the standard of care that patients resident in Australia and New Zealand expect.
- By including the teleradiology standard as a new Standard 8, what were Standards 8–15 in Version 10 have now become Standards 9–16 in Version 11.
- Specific monitor requirements for the various imaging modalities are now provided as a comparative table in the new Appendix D.
- The Computed Tomography (CT) Standards (Standard 10) have been modified to reflect and be consistent with the Quality Framework for Diagnostic Imaging (<https://www.ranzcr.com/college/document-library/quality-framework-for-diagnostic-imaging>).
- The Interventional Radiology Standards (Standard 12) have undergone a bridging update. A more thorough, detailed update of standards relating to interventional radiology is planned for 2020.
- The Nuclear Medicine Standards were reviewed by a joint AANMS/RANZCR working group and ratified by the AANMS Board on the 27th February 2019.

Assessment against the RANZCR Standards of Practice for Clinical Radiology version 11

As described in the *NATA Procedures for Accreditation*, medical imaging facilities must obtain a copy of the revised standard from the RANZCR website <https://www.ranzcr.com/documents-download/professional-documents/standards>

Applicant facilities

Applicant facilities will be assessed against the new standard if they have not yet had an assessment conducted by NATA prior to 1 April 2020.

Accredited facilities

Assessment to the new standard can occur either:

- at the time of the next scheduled NATA activity after 1 April 2020 (refer below); or
- upon request of the facility as a chargeable variation to accreditation (refer below).

The changes between version 10 and Version 11 of the *RANZCR Standards* are such that some assessment will be necessary to convert accreditation to the new standard.

To assist facilities, a *Gap Analysis* between the two editions of the standard has been prepared, identifying the new and amended requirements detailed in Version 11. This document can be downloaded from the NATA website at www.nata.com.au.

An *Implementation Checklist* has been prepared which identifies the specific changes accredited facilities need to adopt to satisfy the requirements of the new standard. This checklist is appended to this policy.

Assessment against the new standard at the next scheduled NATA activity

From 1 April 2020, accredited facilities will be assessed to the new standard at the time of their next routine surveillance or reassessment visit.

Facilities will be required to complete the Implementation Checklist and to supply evidence where appropriate (policies, procedures and/or records as necessary) demonstrating compliance with the new standard, as part of the routine preliminary arrangements prior to the next assessment activity. Where evidence is not supplied prior it will be confirmed at the next routine visit.

Any nonconformities identified at the scheduled on-site visit will be detailed in the assessment report as conditions as per the current NATA process. Facilities will need to respond to these in the usual manner prior to accreditation being continued and granted to the new standard.

The scope of accreditation will be updated to reference the new standard following confirmation of compliance, or where conditions have been raised, following a

satisfactory response to these. All conditions whether coded C or M will require evidence in order to confirm compliance.

Assessment against the new standard upon request of the facility

Facilities may seek accreditation against the new standard prior to a scheduled NATA visit by requesting a chargeable variation to the scope of accreditation. In order for this request to be considered, the facility must formally advise NATA in writing, complete the *Implementation Checklist* and submit it together with supporting evidence to demonstrate compliance to the new standard.

Following review of the completed *Checklist* and supporting information provided, NATA may request further evidence be provided, or may determine that an on-site review is necessary, should compliance against the new standard not be confirmed through desk-top review.

The scope of accreditation will be updated to reference the new standard following confirmation of compliance, or where conditions have been raised, following a satisfactory response to these. All conditions whether coded C or M will require evidence in order to confirm compliance.

Variation visits are chargeable activities in accordance with NATA's Fee Schedule current at the time.

Further information

Further information can be obtained by contacting your NATA Client Coordinator.

RANZCR Standards of Practice for Clinical Radiology, Version 11, Implementation Checklist

The checklist only includes new and/or significant changes to version 11 of the Standard where supporting evidence is required to demonstrate compliance.

RANZCR Standards of Practice for Clinical Radiology V 11	Emphasis of Change	Summary of text/extract from RANZCR Standards of Practice for Clinical Radiology V 11	Action taken with reference to supporting evidence (as necessary) (Attach supporting evidence where appropriate and available separately and include reference to the clause number) Where evidence is not supplied it will be confirmed at the next routine visit.
1.6 Indicator ii	New	Requirement to have documented evidence of policies and procedures outlining the appropriate corrective and preventive actions.	
2.1 Indicator v	New	Practice provides appropriate staff amenities.	
3.1 Indicator vii	New	Equipment should only be operated by appropriately certified and licensed, where required, staff.	

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<p>3.1 Indicator viii</p>	<p>New</p>	<p>When purchasing or upgrading equipment and software required and used for all procedural activities, the Practice obtains an IHE Integration Statement for the current model or version being purchased or upgraded from the manufacturer, and consults with the vendor regarding the proposed upgrade and retains this advice in writing.</p>	
<p>3.2 Indicator iii</p>	<p>New</p>	<p>The Practice has a register of all its data, including, but not limited to:</p> <ul style="list-style-type: none"> • Software programs • Data flow diagrams • Systems the Practice interfaces with • Where patient and clinical data reside • Where backups reside. 	
<p>3.6.2.2 Indicator iii</p>	<p>New</p>	<p>Consideration to implement anti-reflective coating to monitors.</p>	
<p>3.6.2.2 Indicator iv</p>	<p>New</p>	<p>Requirements for primary monitors used for low resolution modalities</p>	
<p>4.1.5</p>	<p>New</p>	<p>Documented policy required.</p>	

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4.2.2. Indicator iii	New	The Practice should ensure that radiographers have completed CPR training.	
4.2.3	New	New Clause - sonographers scope of practice.	
4.2.4 Indicator ii	New	Practice ensures nurses have completed CPR training	
4.2.7 (written as 4.2.5)	New	Requirements for Radiation Safety Officer listed.	
4.3.1 Indicator ii	New	The Practice maintains a register of CPD training attended by its staff or alternatively is able to access this when required.	
4.3.4	New	The Practice ensures that each of its sonographers is registered with an appropriate body. The Practice ensures that each of its sonographers actively participates in CPD to maintain clinical currency and registration.	
5.2.3	New	Exemptions for remote and rural sonographer trainees removed.	
5.2.5	New	Requirements for trainee nurses listed.	

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5.5.1 Indicator vii	New	Sonographers initial and surname is included in the record of examination.	
6.5 Indicator v d	New	The plan for management (of adverse reactions) should be tested by the appropriate staff on an annual basis.	
7.7.1 Indicator iii	New	The Practice should have processes in place for a mandatory data breach notification plan.	
8	New	New Section now included	
10.3.1 Indicator v	New	The Practice maintains records of on-site attendance by the clinical radiologist/s.	
10.3.2 Indicator ii	New	Protocols ensure that a clinical radiologist supervises all components of the imaging examination and has ongoing in-person interaction with members of the imaging team.	
15.5.1 Indicators iv & v	New	Two additional indicators related to specialists responsibilities.	
15.5.6 Indicators i, v, vi	New	New indicators regarding the reporting of results.	

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16.1.1 Indicator viii	New	Equipment capability for paediatrics.	
16.3.4 Indicator v	New	The Practice ensures that its clinical radiologist and sonographer have read, understood and adhere to Standard 8 when providing teleradiology services.	
16.3.5 Indicator ii	New	The Practice can demonstrate that the request form and the sonographer worksheet are appropriately stored in the patient's electronic medical records.	
16.4.2 Indicators i, iii & iv	New	Infection control requirements.	