



Specific Accreditation Criteria

**Transition Policy for the implementation of the
RANZCR Standards of Practice for Clinical
Radiology, Version 11.2**

Issued: December 2021

Effective: January 2022

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Introduction

This policy is effective from 1 January 2022 and describes changes to the NATA Accreditation Criteria (NAC) applicable to all applicant and accredited medical imaging practices.

Background

In July 2020, the RANZCR *Standards of Practice for Clinical Radiology* was republished as Version 11.2.

As described in the NATA *Procedures for Accreditation*, medical imaging practices must obtain a copy of the revised standard from the RANZCR website:

<https://www.ranzcr.com/college/document-library/standards-of-practice-for-clinical-radiology>

The following changes have been made:

- Version 11.2 now includes a Standard on Artificial Intelligence (Standard 9)*. As a result, the modality Standards 9-16 in Version 11 have now been renumbered 10-17 in Version 11.2;
- Section 15.2.1 (previously 14.2.1) and Appendix D have been updated to homogenise with other mammography monitor standards.

***Note:** NATA will not be assessing medical imaging practices against Standard 9 (Artificial Intelligence) of the Version 11.2 RANZCR *Standards of Practice for Clinical Radiology* at this time. However, during assessment activities, the assessment team will be discussing the use of Artificial Intelligence within your practice to determine the extent of its use, and gather information to develop our accreditation processes in this emerging area.

Assessment of practices to the RANZCR Standards of Practice for Clinical Radiology, Version 11.2

From 1 January 2022, all assessments will be conducted against Version 11.2 of the RANZCR *Standards of Practice for Clinical Radiology*.

From 1 July 2022, NATA will no longer offer accreditation against Version 11 or Version 11.1 of the RANZCR *Standards of Practice for Clinical Radiology* or Version 10 of the RANZCR *Standards of Practice for Diagnostic and Interventional Radiology*. Those practices that have not transitioned to Version 11.2 by 1 July 2022 will have their accreditation suspended.

Applicant practices

Applicant practices will be assessed against Version 11.2 of the standard if they have not yet had an assessment conducted by NATA prior to 1 January 2022. If an assessment has already occurred against Version 11.1 of the RANZCR *Standards of Practice for Clinical Radiology* by 1 January 2022, then a desk-top review against Version 11.2, as described below, will be conducted prior to the granting of accreditation.

Practices currently accredited to Versions 11 or 11.1 of the RANZCR Standards of Practice for Clinical Radiology

The changes between Versions 11, 11.1 and Version 11.2 are such that a limited assessment will be necessary to transition accreditation.

Assessment to Version 11.2 can occur either:

- at the time of the next scheduled NATA visit, where this occurs prior to 1 July 2022; or
- as a non-chargeable desk-top review by 1 July 2022.

To assist practices, an Implementation Checklist (v11 or 11.1 to v11.2) has been prepared, identifying the new and amended requirements detailed in Version 11.2. The Implementation Checklist (v11 or 11.2 to V11.2) is appended to this document. A Word version of the Implementation Checklist is available from your NATA Client Coordinator.

A short questionnaire has also been prepared which assists NATA in gathering information on your practice's use of Artificial Intelligence, and will be used to inform the assessment processes in this area in the future. This questionnaire is appended to the Implementation Checklist (v11 or 11.1 to v11.2).

Assessment against Version 11.2 at the next scheduled NATA visit

Between 1 January 2022 and 30 June 2022, accredited practices will be assessed against Version 11.2 at the time of their next routine surveillance or reassessment visit.

Practices will be required to complete the Implementation Checklist (v11 or 11.1 to v11.2) and Questionnaire as part of the routine preliminary arrangements prior to the on-site visit.

Any areas of non-compliance identified at the scheduled on-site visit will be detailed in the assessment report as conditions as per the current NATA process. Practices 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 include a compliance statement detailing compliance with Version 11.2 of the RANZCR *Standards of Practice for Clinical Radiology*, with the exception of Chapter 9, Artificial Intelligence.

Corporate practices with multiple sites can be converted from Version 11 or 11.1 to Version 11.2 after compliance across the organisation can be demonstrated. This will usually occur during the first assessment activity for the organisation after 1 January 2022.

Assessment against Version 11.2 via a desk-top review

Practices may seek accreditation against the new standard prior to a scheduled NATA visit by requesting a desk-top review to the scope of accreditation. This will not incur any charges.

In order for this request to be considered, the practice must formally advise NATA in writing, complete the Implementation Checklist (v11 or 11.1 to v11.2) and Questionnaire, and return this to their NATA client coordinator to

demonstrate compliance with the new Standard. NATA will request further information to be provided should any non-compliance be identified.

Following a satisfactory submission, the scope of accreditation will be updated to include a compliance statement detailing compliance with Version 11.2 of the RANZCR *Standards of Practice for Clinical Radiology*, with the exception of Chapter 9, Artificial Intelligence.

Corporate practices with multiple sites will only need to complete one Implementation Checklist and Questionnaire on behalf of all sites under their control to demonstrate compliance with Version 11.2.

Practices currently accredited to Version 10 of the RANZCR Standards of Practice for Diagnostic and Interventional Radiology

The changes between Version 10 and Version 11.2 are such that an assessment will be necessary to transition accreditation.

Assessment to the new standard can occur either:

- at the time of the next scheduled NATA visit, where this occurs prior to 1 July 2022; or
- as a chargeable variation via desk-top review by 1 July 2022.

To assist practices, an Implementation Checklist (v10 to v11) has been prepared, identifying the new and amended requirements detailed in Version 11. The Implementation Checklist (v10 to V11) is appended to this document. A Word version of the Implementation Checklist is available from your NATA Client Coordinator.

Assessment against Version 11.2 at the next scheduled NATA visit

Transition from Version 10 to Version 11.2 of the RANZCR *Standards of Practice for Clinical Radiology* will be performed at the next accreditation activity where this is conducted prior to July 2022.

Practices will be required to complete both the Implementation Checklist (v10 to v11) and Implementation Checklist (v11 or 11.1 to v11.2) and Questionnaire and submit these together with supporting evidence as part of the routine preliminary arrangements prior to the on-site visit.

Any areas of non-compliance identified at the scheduled on-site visit will be detailed in the assessment report as conditions as per the current NATA process. Practices 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 include a compliance statement detailing compliance with Version 11.2 of the RANZCR *Standards of Practice for Clinical Radiology*, with the exception of Standard 9, Artificial Intelligence.

Assessment against Version 11.2 via a desktop variation

Where an accreditation activity is not conducted prior to July 2022, Authorised Representatives of these practices must contact their NATA client coordinator and formally advise in writing of their intention to seek accreditation against

Version 11.2 via a desktop variation. The practice must complete both the Implementation Checklist (v10 to v11) and Implementation Checklist (v11 or 11.1 to v11.2) and Questionnaire and submit these together with supporting evidence to demonstrate compliance to the new Standard prior to July 2022. These documents are available from your Client Coordinator. It is the responsibility of the practice to request transition in a timely manner to allow sufficient time for the desk-top variation to occur prior to July 2022.

Following review of the completed Implementation Checklists 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.

This will be a chargeable variation to the scope of accreditation, which will be charged in accordance with NATA's Fee Schedule current at the time.

Further information

Further information can be obtained by contacting your NATA client coordinator.

References

This section lists publications referenced in this document. The year of publication is not included as it is expected that only current versions of the references shall be used.

Standards

RANZCR Standards of Practice for Clinical Radiology

NATA Publications

Procedures for Accreditation

Implementation Checklist (v11 or v11.1 to v11.2)

Please complete the below implementation checklist and questionnaire and return to your NATA Client Coordinator.

Implementation Checklist (v11/v11.1 to v11.2)		
Section	Action Required	Self declaration of task completed
All	Reference to the Standard within the practice's own documentation has been updated to v11.2.	
15.2.1	Procedures for Mammography monitor standards have been updated in line with the new specifications in Appendix D.	

Questionnaire - Artificial intelligence		
Question	Answer	Notes
Does your organisation provide radiology reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No - our reporting is outsourced.	If you have selected "no" to this question, you do not need to complete the rest of the survey
Are you currently using Artificial Intelligence within your organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No, but it is under consideration <input type="checkbox"/> No	If you have selected "no" to this question, you do not need to complete the rest of the survey
Which AI platform/s are you using/considering?		
Do you have any staff that would be interested in, and competent to, assess AI through the RANZCR/NATA accreditation program?		If yes, please provide their name/s and contact details and we will be in touch.

Thank you for your time in completing this survey.

Implementation Checklist (v10 to v11)

The checklist only includes new and/or significant changes to version 11/11.1 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)
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.	
3.1 Indicator viii	New	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.	

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)
3.2 Indicator iii	New	The Practice has a register of all its data, including, but not limited to: <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. 	
3.6.2.2 Indicator iii	New	Consideration to implement anti-reflective coating to monitors.	
3.6.2.2 Indicator iv	New	Requirements for primary monitors used for low resolution modalities	
4.1.5	New	Documented policy on ergonomics required.	
4.2.2. Indicator iii	New	The Practice should ensure that radiographers have completed CPR training.	
4.2.3 Indicator ii	New	The Practice should ensure current registration is in line with scope of practice.	
4.2.3 Indicator iii	New	The Practice should ensure that sonographers have completed CPR training.	

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)
4.2.5 Indicator ii	New	Practice ensures nurses have completed CPR training	
4.2.8	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 Indicator i	Renumbered (previously 15.2.1) and expanded.	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	Requirements for trainee sonographers listed.	
5.2.5	New	Requirements for trainee medical imaging nurses listed.	
6.5 Indicator v (d)	New	The plan for management (of adverse reactions) should be tested by the appropriate staff on an annual basis.	

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)
7.7.1 Indicator iii	New	The Practice should have processes in place for a mandatory data breach notification plan.	
8	New	New Section on Teleradiology 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 Indicator iv	New	NM specialists participate in multidisciplinary team meetings and interact with referring doctors as required.	
15.5.1 Indicator v	New	Where therapeutic nuclear medicine services are provided at a Practice, the nuclear medicine specialists are responsible for ensuring that patients and carers are appropriately counselled in relation to the benefits and potential risks of radiation exposure and organ damage.	

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)
15.5.6 Indicator i	New	The provision of nuclear medicine reports meets the requirements of the AANMS Standards.	
15.5.6 Indicator v	New	Where there are clinically significant or urgent findings, verbal communication is undertaken in a timeframe appropriate to allow timely medical intervention, where required.	
15.5.6 Indicator vi	New	Information about verbal communication is recorded, including the name of the person with whom the results were discussed, and the date and time of the verbal communication.	
16.1.1 Indicator viii	New	Where the practice provides paediatric ultrasound services, it has the appropriate software and equipment with the capabilities listed.	
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.	

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)
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 Indicator i	New	The practice ensures that sonographers and radiologists are familiar with the contents of the ASUM Guidelines for Reprocessing Ultrasound Transducers.	
16.4.2 Indicator iii	New	The Practice maintains a record of their infection control activity regarding transducers.	
16.4.2 Indicator iv	New	The Practice meets regulatory requirements in relation to the hygiene of the scanning environment.	