

The challenges for the optimization for patients and workers in interventional radiology

Working Groups 1 & 2 Lead: Dr Andy Rogers

Educational and Training for Staff

- Radiation Safety Culture
- Multidisciplinary Teams
- Annual Updates 2 h /year – (time of day important depending on staff and work flow – evening or early morning)
- Monthly audits to consider doses and image quality
- MPE training to ensure the practical aspects are understood by working in the clinical environment
- RPE training & certification to work in a clinical environment
- E-learning on its own is not adequate for training

Management of radiological installations

- The whole team to be involved with the procurement of new installations and its evaluation to ensure optimization and reduce risk
 - Physicians, radiographers, nurses, medical physicists, MPE, RPE
- Installation contract to include tech set-ups and training , to be repeated if required
- Maintenance contracts should be in place to ensure function and image quality

Harmonization of interventional techniques

- Development of minimum imaging parameters for clinical procedures
 - For bench marking as the start of optimization
- Standardization of nomenclature and coding
 - For robust DRLs
- Image quality criteria for different clinical needs
- Appropriate dynamic test objects to be developed

Current challenges for optimization in IR

- Radiation Safety Culture
- Numbers of staff – MPE, RPE and RP Inspectors each group is understaffed
- Inspectors not inspecting the quality of optimization
- Definition of reasonable in terms of ALARA
- Optimization not being undertaken
 - Targets for optimization should be developed