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 benchmarking 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