

Applicant's Name	Position	Home Site
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CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

MONASH IMAGING

PLEASE NOTE: Monash Health acknowledges that occasions may arise where the emergency needs of a patient require a procedure to be undertaken which falls outside the scope of clinical practice authorised for the practitioner concerned. Monash Health will support members of the Senior Medical Staff who are required to so act

Core Services:

Core Services: Please indicate (with a ✓) those services that you wish to undertake on a site by site basis	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Inpatient Services including consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision of trainees and/or students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Core Procedures: Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	<i>Prerequisite requirements must be authorised by the specialty modality head prior to Dept Head approval.</i>	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	CICC/GDCHS <i>(Cranbourne Integrated Care Centre & Greater Dandenong Comm. Health Service)</i>	Kingston Centre	Jessie McPherson Private Hospital
1. GENERAL RADIOLOGY:	<i>Prerequisite requirements</i>							

1.1 Conventional Radiography and Fluoroscopy. <i>(Fluoroscopy includes lumbar puncture, arthrography, intravenous or retrograde pyleography, arteriovenous fistulogram, conduitogram/loopogram, cystogram, hysterosalpingogram, micturating cystourethrogram, urethrogram, nephrostogram, opaque swallow/meal/follow-through/enema or small bowel enema, PICC line insertion/repair/unblocking, sialogrpahy, T-tube cholangiography and video fluoroscopy inclusions)</i>	FRANZCR							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. BREAST IMAGING:	<i>Prerequisite requirements</i>								
2.1 Mammography Non-tomographic	BRC/Women's Head authorization	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA
2.2 Mammography Tomographic	BRC/Women's Head authorization	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>	NA	NA	NA
2.3 Breast Ultrasound - Diagnostic	BRC/Women's Head authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Breast interventions	NA		NA	NA	NA	NA	NA	NA	NA
2.5 US guided biopsy/FNA/core biopsy	BRC/Women's Head authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>

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2.6 Mammographic and US needle (e.g. hookwire) localisation	BRC/Women's Head authorization	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA
2.7 Cyst aspiration and abscess drainage	BRC/Women's Head authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Ductography	BRC/Women's Head authorization	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
2.9 Vacuum Assisted and Stereotactic Biopsy	BRC/Women's Head authorization	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
3. ULTRASOUND:	<i>Prerequisite requirements</i>								
3.1 Head, neck, chest, abdomen, pelvic, peripheral vascular and musculoskeletal ultrasound - except as detailed below	FRANZCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Nuchal translucency assessment	FRANZCR + online training tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
4. COMPUTED TOMOGRAPHY:	<i>Prerequisite requirements</i>								
4.1 Computed tomography (CT) of the head, neck, spine, chest, abdomen, pelvis, extremity, musculoskeletal systems except as detailed below	FRANZCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Cardiac CT	see accompanying note 4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
4.3 CT Colonography	see accompanying note 4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
4.4 Cervical facet or nerve root injection	See accompanying note 4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
4.5 Coeliac plexus blockade	See accompanying note 4.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Core Procedures:									
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis		MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	CICC/GDCHS (Cranbourne Integrated Care Centre & Greater Dandenong Comm. Health Service)		Kingston Centre	Jessie McPherson Private Hospital
5. MRI:	<i>Prerequisite requirements</i>								
5.1 Magnetic resonance imaging (MRI) of the head, neck, spine, body, extremities and joints except as listed below:	FRANZCR plus >500 reported cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
5.2 Fetal MR	See note 5.2	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
5.3 Breast MR	See note 5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
5.4 Rectal MR	See note 5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
5.5 Cardiac MR - Paediatric	See note 5.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
5.6 Cardiac MR - Adult	See Note 5.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
6. NUCLEAR MEDICINE:	<i>Prerequisite requirements</i>								
6.1 General nuclear medicine	FAANMS or eligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
6.2 PET	FAANMS or eligible, HIC recognition	NA	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA

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6.3 Bone Densitometry	FRANZCR or FAANMS or equivalent	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>	
7. PAEDIATRICS:	Prerequisite requirements								
7.1 Reduction of intussusception	See note 7.1	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>	
8. VASCULAR INTERVENTIONAL (Non-CNS):	Prerequisite requirements	Auth.							
8.1 Angiography/venography of body systems including the pulmonary circulation and extremities; diagnostic and therapeutic including angioplasty, thrombolysis, stenting and including embolic and occlusive agents and revascularisation drugs and devices	IR group (TB/JB) authorization	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
8.2 Aortic endograft placement	IR group (TB/JB) authorization	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
8.3 Angiography of body systems and extremities to include placement and removal of vena cava filter	IR group (TB/JB) authorization	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
8.4 Angiography of body systems to include placement of catheter for tumour treatment	IR group (TB/JB) authorization	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
8.5 Peripheral Vascular Malformation - Paediatric and Adult - endovascular/percutaneous diagnostic and therapeutic procedures	IR group (TB/JB) authorization	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
8.6 Insertion of peripheral central venous catheters (PICC)	FRANZCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
8.7 Insertion of implantable venous access device	IR group (TB/JB) authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Core Procedures:									
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis									
9. GENERAL INTERVENTION & BIOPSY:	Prerequisite requirements	Auth.	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	CICC/GDCHS (Cranbourne Integrated Care Centre & Greater Dandenong Comm. Health Service)	Kingston Centre	Jessie McPherson Private Hospital
9.1 Cisternography	See note 9.1	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
9.2 Myelography	See note 9.2	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
9.3 Percutaneous diagnostic and interventional biliary / hepatic / renal procedures e.g. nephrostomy, PTC	IR group (TB/JB) authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
9.4 Ureteric stent change	IR group (TB/JB) authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
9.5 Image guided biopsy or drainage (excluding pulmonary)	FRANZCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
9.6 Image guided pulmonary biopsy or drainage	KL/JB authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
9.7 Placement of stents (all body regions)	IR group (TB/JB) authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

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10. NEURO INTERVENTIONAL:	Prerequisite requirements	Auth.							
10.1 Vertebroplasty	IR/INR (JB/WC) group authorization	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
10.2 Interventional neuroradiological (INR) (i.e. endovascular) diagnostic (including cerebral DSA) and therapeutic procedures of the CNS, spine and head and neck	FRANZCR plus minimum 2 year approved INR training	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
10.3 Head and Neck (i.e. non-CNS but with potential for vascular connection to CNS) vascular malformation endovascular/percutaneous diagnostic and therapeutic procedures (in collaboration with INR team member)	See note 10.3	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>

ADDITIONAL PROCEDURES:			MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	CICC/GDCHS <small>(Cranbourne Integrated Care Centre & Greater Dandenong Comm. Health Service)</small>	Kingston Centre	Jessie McPherson Private Hospital
Please indicate any additional or specific sub-specialty procedures (i.e. not included in the 'core') you wish to undertake on a site by site basis.	Prerequisite requirements	Auth.							
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sign-off					
Clinician's Name:		Signature:		Date:	
Reviewed & Approved by Dept. Head:		Signature:		Date:	
Reviewed & Approved by PMD:		Signature:		Date:	
Authorised and Approved by the Chief Medical Officer		Signature:		Date:	

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Procedures	Qualification requirements	Knowledge Prerequisites	Experience/Skills Prerequisites	Ongoing Education/ CPD/Verification:
4.2 Cardiac CT	FRANZCR or equivalent.	<ul style="list-style-type: none"> Understanding of the indications and contraindications to Cardiac CT. Theoretical understanding of CT techniques /analysis of Cardiac CT (including both coronary and cardiac pathophysiology). 	ANZCTCA Level A qualification as a minimum; Level B qualification welcome.	May include but is not limited to: <ul style="list-style-type: none"> Attendance at regular weekly or monthly clinico-radiological meetings. Attendance of at least one conference or workshop on Cardiac CT, in a three year period. CPD involvement in accordance with accepted guidelines ANZCTCA.
4.3 CT Colonography	Board certification FRANZCR	Completion of at least <ul style="list-style-type: none"> Greater than 15 hours of CME credit related to CT Colonography (CT Colonography specific course endorsed by a recognised major imaging body such as RSNA, ARRS, ESR, RANZCR, RCR). 50 endoscopically-confirmed cases performed using a variety of scanning methods (with/without oral tagging, intravenous contrast). <ul style="list-style-type: none"> the candidate must be present in 25 of these cases Interactive manipulation and interpretation by the candidate required Opportunity to interact with trainer 10% normal studies 	Provision of the relevant documentation indicating the details of the requirements.	May include but is not limited to: <ol style="list-style-type: none"> Attendance at regular weekly or monthly clinico-radiological meetings Attendance of at least one conference or workshop on CT Colonography, in a three year period Specific CT Colonography CME/triennium 10 pts Participate in CT Colonography peer review program Maintain familiarity with the American College of Radiologists – joint consensus guidelines on CT Colonography reporting criteria.
4.4 Cervical facet or nerve root injection	FRANZCR Formal INR training or meet the skills / experience criteria	Anatomy of the cervical spine, spinal cord/nerve roots, paraspinal structures and blood supply the spine, cord and brain	Proficiency in CT guided procedures Demonstrate past experience of at least 5 successful procedures and continuity of practice If no previous experience, perform 5 procedures under supervision prior to be credentialed by the supervisor	Logbook and audit and regular audit
5.2 Fetal MRI	FRANZCR or equivalent	Understanding of <ul style="list-style-type: none"> indications for intrauterine (including fetus and placenta) MRI during the second and third 	<ul style="list-style-type: none"> Supervision and reporting of at least 50 “live” cases. This can include mentored co-reporting as long as the report is co-signed by another 	May include but is not limited to: <ul style="list-style-type: none"> Attendance at fetal diagnostic unit MDT meetings (currently 1st, 3rd, and 5th week

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		<p>trimesters of pregnancy and optimal timing of MRI to answer clinical questions and inform prognosis / management of the patient and her fetus.</p> <ul style="list-style-type: none"> ultrasound manifestations / sonographic diagnosis of these conditions information required by fetal diagnostic clinicians, paediatric neurologists and surgeons, neonatal intensive care specialists and genetecists who may be involved in the care of woman and her fetus Patient preparation for MRI and MRI safety issues that are particular to the pregnant patient including <ul style="list-style-type: none"> Gadolinium administration SAR limits Pulse sequences and technical factors that reduce motion artifacts Reporting requirements and templates for various areas of fetal anatomy e.g head, lungs, orbits Where to find and how to use normative data for measurements of fetal anatomy 	<p>radiologist who is credentialed to supervise and report fetal MRI at Monash Health.</p> <ul style="list-style-type: none"> Review of reports and images for at least 150 previously performed fetal MRI cases at an institution with more than 5 years fetal MR experience. These 150 cases should include normals and pathological conditions of the skull, cranium, orbits, face, neck, chest, abdomen, spine, pelvis, limbs and placenta. At least 75 of these should be cranial pathology Annual supervision / reporting of at least 25 cases Performance of measurement of observed to expected lung volume and percentage liver herniation in at least 2 "live" or archived cases of fetal CDH Be able to provide radiologist representation for patient counseling and late termination review committee (TRC) meetings either by <ul style="list-style-type: none"> Personal attendance to explain the MRI findings and their significance to the multidisciplinary group OR Fully briefing another fetal MRI credentialed radiologist who can attend as a proxy 	<p>of the month on Thursdays 09:15) as permitted by geographic rostering including</p> <ul style="list-style-type: none"> preparedness to discuss MRI findings on current cases at this meeting as well as recommending timing of fetal when appropriate in cases where this may add useful information to other antenatal imaging / diagnostic testing. Attendance of at least one conference or workshop that includes some fetal MRI content every 2 years – this may be in combination with other MRI, neuroradiological, or paediatric content of the meeting Specific fetal MRI CME/triennium = 10 pts Attend Fetal Diagnostic Unit educational sessions (0800 Thursday mornings) whenever possible Attend M & M / fetal pathology meetings (0800 Thursday mornings) whenever possible
Procedures	Qualification Prerequisites	Knowledge Prerequisites	Experience/Skills Prerequisites	Ongoing Education/ CPD/Verification:
<p>5.4 Rectal MR for cancer staging Radiologist credentialing for the independent reporting of MRI for the staging of rectal cancer.</p>	<p>Board certification FRANZCR Maintenance of RANZCR MRI reporting accreditation</p>	<p>MRI reporting credentialing AND Specific rectal MR credentialing conferred by subspecialty body imaging reporting group</p>	<p>"Grandfathered" if reported - 40 MR rectal cancer staging cases, that have been reviewed in a colorectal cancer MDT meeting (eg at DH, Melbourne Health, Western Health) OR At least one course or workshop dedicated to MR interpretation of rectal cancer staging – eg ARGANZ, Melbourne 2010 AND At least 20 cases co-reported with a credentialed radiologist.</p>	<p>Report at least 15 cases per year. Attendance at least one workshop, or dedicated update session at a broader imaging conference every 3 years. Participate in a MR Rectal Ca peer review program Provision of relevant documentation indicating the details of requirements as outlined above.</p>
<p>7.1 Intussusception Reduction</p>		<p>Anatomical knowledge relevant of at least MBBS standard</p> <ul style="list-style-type: none"> Understanding of risks of perforation of at least 	<ol style="list-style-type: none"> Observe >1 Intussusception Reduction by credentialed operator Perform >3 Intussusception Reductions 	<p>Once completed, credentialed status of operator documented with administration.</p>

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		<p>MBBS standard</p> <ul style="list-style-type: none"> • Understanding of radiation biology, protection and ALARA - equivalent to studying for FRANZCR Part 1 • Understanding of the indications and contraindications to Intussusception Reduction • Theoretical understanding and able to describe intussusception reduction technique (positioning, patient preparation, pre procedure checklist, equipment list, procedure steps including aseptic technique, post procedure care and responsibilities), pitfalls, difficulties and complications and their treatment • Attendance at Monash Intussusception Reduction In-services will ensure knowledge of indications/contraindications, reduction technique, difficulties and complications. 	<p>personally supervised by a credentialed operator</p> <ol style="list-style-type: none"> 3. Perform quality audit of first 3 Intussusception Reductions experience with Head of Paediatric Imaging. 4. Grandfathered if performed or supervised >5 Intussusception Reductions. 	
8 & 9 Procedures of Endoluminal repair of Aortic aneurysms ,trauma and Dissections	FRANZCR or equivalent Interventional Radiological Training	<p>Understanding of:</p> <ul style="list-style-type: none"> • Indications for repair • Techniques for repair • The role of the Radiologist in the team of clinicians(vascular Surgeons and anesthetists)responsible for these procedures • Patient preparation for procedure • Required Inventory 	<p>Performance as part of the team in regular cases. This can include mentored participation. Participation in an audit Participation in the MDT meetings where cases are discussed Be able to provide radiologist representation for consent and patient discussions</p>	<p>May include but is not limited to:</p> <ul style="list-style-type: none"> • Attendance at vascular MDT meetings when feasible • Attendance of at least one conference or workshop that includes endoluminal aortic repair
9.1 & 9.2 Cisternography and Myelography	FRANZCR Cisternography & Cervical puncture – Only INR/fellow Lumbar Puncture Myelography - Formal INR training or meet the skills / experience criteria	<p>Anatomy of the brain and base of skull, whole spine, spinal cord/nerve roots, paraspinal structures and blood supply the spine, cord and brain Knowledge of complications of procedures and how to deal with them Knowledge of contraindications</p>	<p>Proficiency in CT and Fluoroscopic guided procedures Demonstrate past experience of at least 5 successful procedures and continuity of practice If no previous experience, perform 5 procedures under supervision prior to be credentialed by the supervisor</p>	Logbook and audit and regular audit
10.1 Vertebroplasty	FRANZCR Formal INR training with exposure in Vertebroplasty OR meet the skills / experience criteria – If	<p>Anatomy of the Spine including its vascular supply Knowledge and understanding of all the major spinal pathology Knowledge of the embolic materials used for the procedure Complications & contraindications and their</p>	<p>Proficiency in CT and fluoroscopic guided bone biopsies / intervention procedures and the specific procedure itself</p>	Regular Audit and CPD activities essential Logbook

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	<p>not INR trained, then equivalent of 1 year's training or equivalent experience in A Body/Peripheral Fellowship with exposure in Vertebroplasty</p> <p>If no previous exposure but has obtained the above fellowships, then 5 procedures under supervision</p>	management			
<p>10.2 Interventional neuroradiological (INR) (i.e. endovascular) diagnostic (including cerebral DSA) and therapeutic procedures of the central nervous system (CNS), spine and head and neck</p>	<p>FRANZCR plus minimum 2 year RANZCR / ANZSNR / Conjoint Committee approved INR training</p>				
<p>10.3 Head and Neck (i.e. non-CNS but with potential for vascular connection to CNS) vascular malformation endovascular/percutaneous diagnostic and therapeutic procedures (in collaboration with INR team member)</p>	<p>FRANZCR Formal INR training (which must also include training in H & N vascular malformation) OR meet the skills / experience criteria</p> <p>If not INR trained, then equivalent of 1 year's training or equivalent experience.</p>	<p>Anatomy of the Head and Neck especially the extra-cranial and intracranial and orbital blood supply and the potential EC-IC anastomosis</p> <p>Good knowledge and understanding of all the major H & N low flow and high flow VM</p> <p>Good knowledge of all the embolic materials</p> <p>Complications & contraindications and their management</p>	<p>Proficiency in CT, US and fluoroscopic guided procedures</p> <p>Competency in arterial, venous and direct puncture embolization and usage of all the solid and liquid embolics currently in use.</p> <p>Demonstrate currency of practice</p> <p>If IR not INR trained, then high flow VM needs at least consultation if not performed together with INR</p>		<p>Regular Audit and CPD activities essential – e.g. regular attendance at the RCH Vascular Anomaly Clinic</p> <p>Logbook and regular audit</p>

References used to inform this document

1. Guidelines for Education of Pediatric Radiology Fellows in Fetal Imaging www.pedrad.org/Specialities/FetalImaging.aspx
2. ISUOG are in the process of developing their own guidelines for credentialing centres as Fetal MRI training centres and this may include individual radiologist credentialing recommendations, but no such recommendations are available from RANZCR, RCR, or ECR at present.