



Interventional Radiology Committee Terms Of Reference

Name	Interventional Radiology Committee	
Type	Standing Committee <input checked="" type="checkbox"/>	Working Group <input type="checkbox"/>
	Advisory Committee <input type="checkbox"/>	Special Interest Group <input type="checkbox"/>
	Reference Group/Panel <input type="checkbox"/>	Conjoint Body <input type="checkbox"/>
Date	Ratified by the Faculty of Clinical Radiology Council at the meeting on 30 September 2016; updated versions approved by FCR Council on 22 November 2019, November 2020, September 2022	
Review/cessation date	Review <input checked="" type="checkbox"/> Date: September 2025	Cessation <input type="checkbox"/> Date: N/A
Aim	<p>The Interventional Radiology Committee provides the Faculty of Clinical Radiology Council with advice and information on educational, professional and practice issues for all aspects of interventional radiology and interventional neuroradiology*.</p> <p>The Committee assists in ensuring that clinical radiologists are supported to deliver accessible, best-practice interventional care to patients and that all interventional radiology and interventional neuroradiology services are delivered in an evidence-based, quality and sustainable way. The Committee also facilitates engagement with Fellows and key stakeholders on issues facing these specialty areas of practice.</p> <p>* for the purpose of this document, 'interventional radiology' and 'interventional neuroradiology' are fields of specialty practice as defined by the <i>Specialist Interventional Radiology and Interventional Neuroradiology Range of Practice</i>.</p>	
Objectives	<p>The work of the Interventional Radiology Committee will be guided by these principles:</p> <ul style="list-style-type: none">• The best interests of patients will be acted upon.• High quality healthcare is provided.• The integrity of the profession of Clinical Radiology, RANZCR and the Faculty of Clinical Radiology is upheld. <i>Refer to the RANZCR Code of Ethics (see 'Responsibilities of Committee members')</i>. <p>The objectives below will be followed irrespective of any constraints, either real or perceived, imposed by external factors (e.g. government health funding arrangements, corporatisation of radiology practices, demographics):</p> <ul style="list-style-type: none">• Support and facilitate patient access to interventional radiology and interventional neuroradiology services in Australia and New Zealand• Advise FCR Council on the following areas:<ul style="list-style-type: none">○ Emerging interventional radiology and interventional neuroradiology issues, procedures and technologies○ Aspects of interventional radiology and interventional neuroradiology that require advocacy to governments, regulators and other stakeholders○ The perspective of interventional radiology and interventional neuroradiology and engagement with key stakeholders to inform the FCR's policy development	

processes, including its relationships with government and industry.

- Quality issues that may affect patient care and may require standard setting, advocacy and/or stakeholder engagement.
- Serve as an advisory body to FCR Council on any matter pertaining to interventional radiology and interventional neuroradiology, its present needs and future directions.
- Assist the FCR Council in bi-national and state planning to ensure sufficient levels of service provision of interventional radiology and interventional neuroradiology and advise FCR Council on the most appropriate course of action.
- In accordance with the College's obligations to train safe and competent clinical radiologists and maintain their professional skills, support the delivery of appropriate training for those choosing to specialise in interventional radiology and interventional neuroradiology. To facilitate an environment where interventional radiology and interventional neuroradiology services are delivered by suitably trained specialists.
- Recommend professional standards, including training and qualifications, for patient-centred interventional radiology and interventional neuroradiology practice in Australia and New Zealand
- Embed practice standards for patient-centred interventional radiology and interventional neuroradiology facilities and its workforce in Australia and New Zealand
- Advise on workforce data gaps and support workforce scenario planning in interventional radiology and interventional neuroradiology, which incorporates the full range of factors that influence supply and demand. This includes (but is not limited to) providing advice to the Clinical Radiology Workforce Committee on:
 - Workforce censuses and reports
 - Future scenarios modelling.
- As specified below under 'Liaison and Links', liaise closely with other committees within RANZCR as appropriate on the objectives above to ensure interventional radiology and interventional neuroradiology matters are addressed throughout the College, including research.

Scope	<p>Activities are subject to scope limitations as outlined below. Any activities outside the scope must be referred to the Board of Directors and/or Faculty of Clinical Radiology Council for discussion and endorsement.</p> <p>The Interventional Radiology Committee has the scope to:</p> <p>1. Approve expenditure</p> <p>Yes <input type="checkbox"/> up to [\$XXX]</p> <p>No <input checked="" type="checkbox"/></p> <p>Exceptions: activity funded under existing projects, or external grants.</p> <p>2. Generate additional projects, subject to Faculty of Clinical Radiology Council/Board approval.</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>3. Approve of work that would significantly expand/alter objectives or scope of the Committee.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
--------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>4. Approve work that would require additional support from College staff (outside of the agreed work plan/existing projects). Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>5. Develop policies and guidelines, subject to Faculty of Clinical Radiology Council approval. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>6. Establish subcommittees or working groups, subject to Faculty of Clinical Radiology Council approval. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>7. Liaise and report to external bodies only through or by delegation from the Dean, Faculty of Clinical Radiology, or the RANZCR President. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
Reporting arrangements	<p>Authority is delegated by the Faculty of Clinical Radiology Council to fulfil the objectives as outlined in these Terms of Reference or as specifically requested by the Dean (on behalf of the Faculty of Clinical Radiology Council) or, in exceptional circumstances, the President (on behalf of the College and Board).</p> <p>In fulfilling its designated functions, the Interventional Radiology Committee will respond to requests from the Faculty Council and may also initiate its own activities, within their allocated budget.</p> <p>1. Reports to the Faculty of Clinical Radiology Council</p> <ul style="list-style-type: none"> • Provide input to the RANZCR annual report, as required; • At the beginning of each calendar year, must provide an update to the Faculty of Clinical Radiology Council proposing key priorities for the coming year, a summary of what was achieved in the previous year and a work plan. This must be discussed and agreed by the first Interventional Radiology Committee meeting of the year; • Must provide a brief written summary report (maximum length 1.5 pages) for each face-to-face Faculty of Clinical Radiology Council meeting on arising issues, activities, risks and opportunities. The report must also include the activities of subcommittees, working groups and other Bodies reporting to the Interventional Radiology Committee; • Must keep minutes of meetings and ensure that a copy is kept by the College Secretariat. <p>2. Subcommittees/groups reporting to the Interventional Radiology Committee</p> <ul style="list-style-type: none"> • Interventional Radiology and Interventional Neuroradiology Reference Group • Interventional Radiology and Interventional Neuroradiology Training Pathway Working Group
Liaison and links	<ul style="list-style-type: none"> • Primarily to the Faculty of Clinical Radiology Council • Secondary liaison and links to RANZCR Board of Directors and RANZCR Branches • IR and INR Tripartite Committee (RANZCR, IRSA and ANZSNR) • Faculty of Radiation Oncology • RANZCR Professional Practice Committee • RANZCR Clinical Radiology Education and Training Committee • RANZCR Clinical Radiology Trainee Committee • RANZCR Clinical Radiology Workforce Committee

	<ul style="list-style-type: none"> • RANZCR Clinical Radiology Standards, Quality and Safety Committee • RANZCR Research Committee • Affiliated societies
<p>Membership</p>	<p>Unless the Faculty of Clinical Radiology Council determines otherwise, the RANZCR membership shall include a minimum of seven members. The maximum number of members required will be determined by the representation requirements of the Committee.</p> <p>Membership must include:</p> <ul style="list-style-type: none"> • President, RANZCR (ex-officio, voting) • Dean, Faculty of Clinical Radiology (ex-officio, voting) • An elected Faculty of Clinical Radiology Councillor • 2 x radiologists who perform basic interventional procedures as a generalist radiologist; • 5 x interventional radiologists who routinely perform advanced interventional radiology procedures; • 5 x interventional neuroradiologists who routinely perform interventional neuroradiology procedures • 1 x clinical radiology trainee <p>Specific consideration must be given as to whether the following are necessary for the effective functioning of the Committee:</p> <ul style="list-style-type: none"> • A Fellow from New Zealand • Fellows from at least four of the seven Australian states and territories. • A regional and rural member • Public and private sector members • A Fellow of the Faculty of Radiation Oncology • Knowledge of the work of other Faculty of Clinical Radiology Committees • A consumer or other external member (with approval from Faculty of Clinical Radiology Council) <p>If a member is to be co-opted to the membership of the committee, this must be discussed with the Committee and agreement sought from the Faculty of Clinical Radiology Council.</p> <p>Attached (Appendix 1) is a completed Guidance for Membership of Faculty of Clinical Radiology Bodies. This guidance document should be reviewed annually as membership changes.</p>
<p>Terms of membership</p>	<p>Member term</p> <p>The term of office for each committee member shall be three years. At the end of each term positions on the committee will be open to the RANZCR membership via a call for expressions of interest (EoI). Committee members may be re-appointed to serve for a maximum of three consecutive terms. However, subsequent terms must be applied for via EoI. Thereafter they shall not be eligible to serve as a member of the Interventional Radiology Committee until two years have elapsed since the expiration of their term of office.</p> <p>If a member is representing another Body on the Interventional Radiology Committee their term is dependent on their term on the other Body.</p> <p>Chair</p> <p>A Chair will be appointed for a one year term, with a maximum of nine consecutive terms. The Chair is also subject to the member term above.</p> <p>To note: The Dean, Faculty of Clinical Radiology cannot be the Chair, and no Fellow can be the Chair of more than one Faculty of Clinical Radiology Body.</p>

<p>Meetings</p>	<p>Meeting frequency The Chair will determine the frequency of regular committee meetings. Ad hoc meetings can be convened as necessary to provide urgent advice/response on matters relevant to the committee.</p> <p>Quorum Greater than half of the members. Ex-officio members are not counted in the quorum number requirement. However, if in attendance they can make up part of the quorum and have voting rights. Example: If a committee has 10 members and two ex-officio members the quorum is six, if present the ex-officio member can be counted as part of the six.</p> <p>Secretariat support The Committee will have administrative, research and analytical support provided by the College through the Standards Unit. In consultation with the Chair, the secretariat will prepare and distribute meeting papers, take and distribute minutes of meetings, and prepare and receive correspondence.</p> <p>Resolutions Must be passed with majority support. If voting is tied, then the Chair has the casting vote or the authority to raise the issue with the Faculty of Clinical Radiology Council for consideration and final decision.</p>
<p>Election/ Nomination/ Recruitment of members process</p>	<p>Expression of Interest (Eol) Expressions of Interest will be called from the Faculty of Clinical Radiology Fellowship. For trainee positions Eol will be called from the Clinical Radiology Trainees Committee. Every year before the last committee meeting, Eol will be sought for committee vacancies, preferably by October, to be filled in the next year.</p> <p>Eol Process Nominees are to submit their curriculum vitae and an application (no more than 300 words) on the official form outlining their interest and fit for the position. Click here to view the Eol application form for the Interventional Radiology Committee. All eligible Fellows will be informed of the process, including the date that expressions of interest close. Nominations will be considered by the Faculty of Clinical Radiology Council.</p> <p>Casual Vacancies If the office of a committee member becomes vacant during the member's term of office, the position may be filled by a Fellow of the Faculty of Clinical Radiology after a call for expression of interest using the process outlined above. Where a Fellow is appointed to fill a casual vacancy and the period of the term remaining is less than one year that appointment shall not be regarded as a term of office for the purpose of calculating member terms.</p> <p>Election Process for the Chair A Chair will be appointed from within the committee and approved by the Faculty of Clinical Radiology Council. Refer to <i>Appendix 2</i> for further details on the election process.</p> <p>Cross Representation of other FCR Bodies Committee members elected to represent the Committee on other Bodies will be appointed from within the Committee membership, agreed by the Committee and documented in the Committee meeting minutes.</p>
<p>Responsibilities of Committee members</p>	<p>Conduct All committee members are required to:</p> <ol style="list-style-type: none"> 1. Attend committee meetings and actively participate in discussions at these meetings. 2. Read and consider agenda papers and minutes of meetings.

-
3. Act with care and diligence and in the best interests of the Interventional Radiology Committee, the Faculty of Clinical Radiology and RANZCR.
 4. Keep abreast of key issues, including bi-national & international developments that may affect the work and areas of responsibility of the Committee.
 5. Dedicate time outside of committee meetings to undertake activities on behalf of the Committee, such as drafting of documents, responding to emails, research, provision of advice and otherwise as required.
 6. Assist in the development of relationships with College partners and stakeholders.
 7. Support the development of policies by the Faculty of Clinical Radiology.

Conflict of Interest

Members will be required to complete a statement of conflicts of interest and to declare any further potential conflicts of interest that may arise. These are to be recorded in the minutes/reports of the relevant meeting.

Disputes

Disputes that cannot be satisfactorily resolved within the committee will be referred to the Dean of the Faculty of Clinical Radiology via the Chief Executive Officer.

Meeting attendance

Members are required to attend at least 50% of the meetings per calendar year. The Committee Chair will speak to any member who is absent for two consecutive meetings to talk about the member's capacity to contribute to the committee in future. If a member is absent for three consecutive meetings they may be asked to step down from the committee.

All members are to RSVP their attendance and (if necessary) send their apologies as early as possible prior to the meeting. If unable to attend committee meetings, members are encouraged to provide the College secretariat with their comments on the meeting papers prior to the meeting.

Confidentiality

Committee members must keep matters relevant to individual members of the College or specific cases of patient care confidential. Committee members are required to maintain confidentiality on matters of importance to the College, and on matters that can affect the interests of the College, and the profession of clinical radiology. Further information about the levels of confidentiality can be found in *Appendix 3*.

Agenda papers and minutes should be annotated with the appropriate level of confidentiality to assist members in application of confidentiality rules and in communication across bodies. If in doubt consult the Chair of the Body.

Code of Ethics

The Code defines the values and principles that underpin the best practice of clinical radiology and radiation oncology and makes explicit the standards of ethical conduct the College expects of its members. These apply to members of committees in their work for the committee and committee members must understand and abide by the Code Of Ethics.

To download the RANZCR Code of Ethics please [click here](#) (or copy and paste <http://www.ranzcr.edu.au/documents-download/document-library-9/3958-ethics> into your web browser).

Cost of Operation

Activities will be conducted by email and teleconference as far as possible. This Committee shall have a maximum of two face-to-face meetings per

year. Any meetings in addition to this will require approval from the Faculty of Clinical Radiology Council, who may elect to consult the RANZCR Board of Directors.

Any requests for expenditure/reimbursement must comply with College guidelines.

Responsibilities of the Chair

The Chair will provide oversight of the Committee and will be responsible for ensuring that the Committee fulfils its functions and acts on assigned tasks in a timely manner. The Chair will approve the agenda for each meeting and chair meetings. The Chair will be responsible for reviewing the draft minutes so that they can be sent to the Committee for review and verification in a timely manner.

Responsibilities of the Faculty of Clinical Radiology Council Representative

The appointed Faculty Councillor on the Committee is responsible for reporting to the Faculty of Clinical Radiology Council.



Guidance for Membership of Faculty of Clinical Radiology Bodies

Name: *Interventional Radiology Committee*

Membership of each Body should reflect the specific responsibilities of the Body. When appointing members to a Body, consideration should be given to the diversity of skills, relevant expertise and level of experience required of its members, collectively and individually, in order to ensure effective functioning and balanced decision-making. The following list is provided as guidance and reflects an ideal set of skills and expertise.

The membership section of the terms of reference lists some appointments as mandatory. Inclusion of members with other skills and expertise, although ideal, is not essential.

For each position listed below, please indicate whether it is applicable to this Body and provide justification for your response. It is not necessary to provide justification for positions that are not considered applicable.

Experience and Expertise of Members	Applicable to this Body	Justification
1. President	<input checked="" type="checkbox"/>	Ex-Officio Member
2. Dean, Faculty of Clinical Radiology	<input checked="" type="checkbox"/>	Ex-Officio Member
3. An elected Faculty of Clinical Radiology Councillor	<input checked="" type="checkbox"/>	Alignment with FCR Council policy and objectives
4. Chief Censor, Clinical Radiology	<input checked="" type="checkbox"/>	Ex-Officio Member <i>(of Bodies that report to the Clinical Radiology Education and Training Committee)</i>
5. A New Zealand Fellow	<input checked="" type="checkbox"/>	To ensure understanding of the New Zealand membership
6. A Fellow from at least a minimum number of States and Territories (e.g. at least 4 of the 7 Australian ones). Please indicate below.	<input checked="" type="checkbox"/>	
a. NSW <input type="checkbox"/> b. QLD <input type="checkbox"/> c. VIC <input type="checkbox"/> d. WA <input type="checkbox"/> e. SA <input type="checkbox"/> f. ACT <input type="checkbox"/> g. TAS <input type="checkbox"/>		
7. Regional and Rural	<input checked="" type="checkbox"/>	
8. Public Practice	<input type="checkbox"/>	
9. Private Practice	<input type="checkbox"/>	
10. A Fellow of the Faculty of Radiation Oncology	<input type="checkbox"/>	
11. Knowledge of the work of other Faculty of Clinical Radiology Committees Click here for a list of all FCR Committees	<input type="checkbox"/>	
12. A Clinical Radiology Trainee	<input checked="" type="checkbox"/>	
13. A Consumer or other External member (with approval from the FCR Council)	<input checked="" type="checkbox"/>	
14. Other(s) – Please describe: - 2 x radiologists who perform basic interventional procedures as a generalist radiologist - 5 x interventional radiologists who routinely perform advanced interventional radiology procedures - 5 x interventional neuroradiologists who routinely perform interventional neuroradiology procedures Of which there must be: - At least 1 Fellow who has substantial experience of safety, quality and research activities - At least one recently qualified Fellow (within 5 years of receiving FRANZCR)	<input checked="" type="checkbox"/>	

Comment:

To note: One member may represent more than one of these categories e.g. NSW and private or QLD and rural/regional.

Applicants for this committee will be asked to indicate which of the skills and experience (from 14 above) they hold in their application.

Once an office bearer position for professional development is established, that office bearer will become part of the membership of the IR Committee.



Process for Appointing FCR Body Chairs

Faculty of Clinical Radiology (FCR) Body Chairs are appointed by the following process:

1. Log vacancy and inform Dean/FCR Council.
2. Send Expression of Interest to Body members (unless specified otherwise in the FCR By-laws). Applications not meeting requirements are returned to the candidate as invalid.
3. Body members vote by secret ballot. Confirmation of due process by relevant senior manager at the College.
4. Result communicated to Body members.
5. Decision of the Body taken to FCR Council to ratify (out of session if urgent, as determined by Dean). Information on applicants' names, key dates and votes supplied. Further information can be requested if needed.
6. Chair and Body notified of FCR ratification.
7. Membership advised and register updated.

If there is only one nomination for a post and the person nominated meets all of the necessary criteria they will be considered for ratification by FCR Council without a vote.



Confidentiality Levels for Consideration

There are three major levels of confidentiality for matters considered by a Faculty of Clinical Radiology Body.

Level One

The highest level relates to matters that must not be discussed outside the meeting room at any time: for example, a member has been subject to investigation by a regulator or charged with a criminal offence; or a matter that is disclosed by government or is commercial in confidence, for the purpose of working together such as notification of new licences for equipment.

Level Two

The intermediate level of confidentiality relates to matters that are in the early stages of discussion and need further development and consideration before being released for confidential consultation with the membership, for example the development of a position paper regarding a clinical or economic matter or restructuring of the College such as the Governance Review. These can be discussed amongst those who have received the documents but not with the wider membership at that point.

As a membership organisation it is important, welcomed and encouraged that matters relevant to the profession are able to be discussed amongst the membership and the results of these discussions fed back to the College in order to optimise the College's stand on these matters. The objective is to release information at a time when it has been sufficiently well-considered that a useful discussion can be had and rumour and supposition minimised.

Level Three

The lowest level covers all other matters and is covered by the Chatham House Rule: "When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed." The principles of these matters, but not the individuals involved, can be discussed more widely in the interests of developing ideas and enhancing collaboration.