

# Part A:

## Organization

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### Section 1A: Personnel and Supervision

#### STANDARD – Medical Director

1.1A Medical Director(s) must be a licensed physician and be an authorized user of radioisotopes according to NRC, state, provincial or appropriate regulatory agency regulations for radiopharmaceutical therapy.

##### 1.1.1A Medical Director Required Training and Experience

At the time of initial accreditation or reaccreditation, the Medical Director must have clinical experience in the interpretation of nuclear medicine and PET imaging (e.g., SPECT/CT, PET/CT and/or PET/MRI), administration of radiopharmaceutical therapy and meet the following criteria:

1.1.1.1A Board certified by the American Board of Nuclear Medicine (ABNM), American Board of Radiology (ABR) (diagnostic radiology with nuclear medicine training or special competence in nuclear medicine, radiation oncology with appropriate training and clinical experience or interventional radiology with appropriate training and clinical experience), Royal College of Physicians and Surgeons of Canada or Le College des Medecins du Quebec or international equivalent.

AND

1.1.1.2A Must have appropriate training and maintain proficiency in the radiopharmaceutical therapies in which they are applying for accreditation and administrations must be documented in a log that includes date, type of radiopharmaceutical therapy and dose administered.

Comment: Must maintain proficiency in interpretation of imaging as related to the administration of radiopharmaceutical therapies.

##### 1.1.2A Medical Director Responsibilities

1.1.2.1A Responsible for all nuclear medicine services provided including quality control (QC), radiation safety, quality of care and appropriateness of care. These responsibilities include but are not limited to:

- i. The Medical Director will assure compliance with all policies/procedures/protocols and will review and update radiopharmaceutical therapy/radiation safety manuals periodically as necessary (minimum every year) or as new protocols are introduced. This review must be documented via signature (or initials) and date on the reviewed document or manual.
- ii. Maintain Advanced Cardiac Life Support (ACLS) certification.

##### 1.1.3A Continuing Medical Education (CME) Requirements

1.1.3.1A The Medical Director must obtain at least 15 hours of AMA Category I CME credits, relevant to both nuclear medicine and radiopharmaceutical therapy, every three years.

Comment: If the Medical Director has successfully attained ONE or more of the following within the three years prior to the application submission date, the CME

requirement will be considered fulfilled:

- i. completion of an Accreditation Council for Graduate Medical Education (ACGME) approved relevant residency or fellowship;
- ii. attaining initial certification by a relevant ABMS recognized board.

1.1.3.2A Documentation of CME credits must be kept on file and available for inspection.

1.1.3.3A A maximum of five of the 15 required credits may come from MR and/or CT education.

## **STANDARD – Technical Director**

1.2A A qualified Technical Director(s) is designated for the facility. The designated Technical Director must be a nuclear medicine technologist with the following qualifications:

### 1.2.1A Technical Director Required Training and Experience

The Technical Director must meet the following criteria:

1.2.1.1A Must possess and maintain an appropriate credential in nuclear medicine technology [Certified Nuclear Medicine Technologist (CNMT, NCT or PET) or Registered Technologist (Nuclear) RT(N) credential in the U.S. or Registered Technologist Nuclear Medicine (RTNM) or Medical Radiation Technologist (Nuclear) MRT(N) credential in Canada].

1.2.1.2A Current Basic Life Support (BLS) certification.

### 1.2.2A Technical Director Responsibilities

The Technical Director has a reporting relationship with the Medical Director. Responsibilities must include, but are not limited to:

1.2.2.1A the day-to-day operations of the facility:

Comment: The Technical Director is generally a full-time position. If the Technical Director is not on-site full time, he/she must work a minimum of at least 20% of normal business hours each month in the facility AND an appropriately credentialed technologist must be appointed in the Technical Director's physical absence during normal business hours and report to the Technical Director.

- i. The appointed technologist acting as Technical Director:
  - may supervise and assist others in performing examinations;
  - may oversee day-to-day activities; and
  - must communicate at least weekly with the Technical Director to maintain compliance with the IAC Radiopharmaceutical Therapy Standards.

### 1.2.3A Continuing Education (CE) Requirements

1.2.3.1A The Technical Director must obtain at least 15 hours of accredited CE relevant to radiopharmaceutical therapy every three years. All CE hours must be approved CE (i.e., VOICE, ASRT, ACE, AMA Category I).

Comment: If the Technical Director has successfully attained ONE of the following within the three years prior to the application submission date, the CE requirement will be considered fulfilled:

- i. completion of an accredited nuclear medicine training program;
  - ii. attainment of an appropriate technical credential in nuclear medicine; or
  - iii. attainment of advanced technical credential (NCT, PET or Nuclear Medicine Advanced Associate [NMAA]).
- 1.2.3.2A Documentation of CE credits must be kept on file and available for inspection.
- 1.2.3.3A A maximum of five of the 15 required credits may come from MR and/or CT education or attainment of an advanced technical credential in MR and/or CT.

## STANDARD – Medical Staff

1.3A All members of the medical staff must be licensed physicians and authorized user of radioisotopes according to NRC or state regulatory agency regulations for the type(s) of radiopharmaceutical therapy submitted for accreditation.

### 1.3.1A Medical Staff Required Training and Experience

At the time of initial accreditation or reaccreditation, the medical staff members must meet the following criteria:

1.3.1.1A Board certified by the American Board of Nuclear Medicine (ABNM), American Board of Radiology (ABR) (diagnostic radiology with nuclear medicine training or special competence in nuclear medicine, radiation oncology with appropriate training and clinical experience or interventional radiology with appropriate training and clinical experience), Royal College of Physicians and Surgeons of Canada or Le College des Medecins du Quebec or international equivalent.

#### AND

1.3.1.2A Must have appropriate training and maintain proficiency in the radiopharmaceutical therapies in which they are applying for accreditation and administrations must be documented in a log that includes date, type of radiopharmaceutical therapy and dose administered.

### 1.3.2A Medical Staff Responsibilities

Medical staff responsibilities include but are not limited to:

1.3.2.1A The planning and administration of radionuclide therapies.

1.3.2.2A Maintain ACLS certification.

### 1.3.3A Continuing Medical Education (CME) Requirements

1.3.3.1A The medical staff must obtain at least 15 hours of AMA Category I CME credits, relevant to nuclear medicine and radiopharmaceutical therapy every three years.

Comment: If the medical staff has successfully attained ONE or more of the following within the three years prior to the application submission date, the CME requirement will be considered fulfilled:

- i. completion of an Accreditation Council for Graduate Medical Education (ACGME) approved relevant residency or fellowship;
- ii. attaining initial certification by a relevant ABMS recognized board; or

- iii. re-certification by the American Board of Nuclear Medicine (ABNM), or American Board of Radiology (ABR) with AU eligible status.
- 1.3.3.2A Documentation of CME credits must be kept on file and available for inspection.
- 1.3.3.3A A maximum of five of the 15 required credits may come from MR and/or CT education.

## STANDARD – Technical Staff

1.4A All technical staff must be nuclear medicine technologists with the following qualifications:

### 1.4.1A Technical Staff Required Training and Experience

The technical staff must meet the following criteria and maintain documented training for the specific therapies submitted for accreditation:

- 1.4.1.1A Must possess and maintain an appropriate credential in nuclear medicine technology [Nuclear Medicine Advanced Associate (NMAA), Certified Nuclear Medicine Technologist (CNMT, NCT or PET) or Registered Technologist (Nuclear) RT(N) credential in the U.S. or Registered Technologist Nuclear Medicine (RTNM) or Medical Radiation Technologist (Nuclear) MRT(N) credential in Canada].
- 1.4.1.2A Current Basic Life Support (BLS) certification.

### 1.4.2A Continuing Education (CE) Requirements

1.4.2.1A The technical staff must obtain at least 15 hours of accredited CE relevant to nuclear medicine and radiopharmaceutical therapy, every three years. All CE hours must be approved CE (i.e., VOICE, ASRT, ACE, AMA Category I).

Comment: If the technical staff has successfully attained ONE of the following within the three years prior to the application submission date, the CE requirement will be considered fulfilled:

- i. completion of an accredited nuclear medicine training program;
- ii. attainment of an appropriate technical credential in nuclear medicine; or
- iii. attainment of advanced technical credential (NCT, PET or Nuclear Medicine Advanced Associate [NMAA]).

1.4.2.2A Documentation of CE credits must be kept on file and available for inspection.

1.4.2.3A A maximum of five of the 15 required credits may come from MR and/or CT education or attainment of an advanced technical credential in MR and/or CT.

## STANDARD – Medical Physicist

1.5A All medical physicists must possess the following qualifications:

### 1.5.1A Medical Physicists Required Training and Experience:

1.5.1.1A Board certified by the American Board of Radiology (ABR), the American Board of Medical Physics (ABMP) or the Canadian College of Physicists in Medicine (CCPM) in a discipline that includes nuclear medical physics.

1.5.1.2A Board Certified by the American Board of Health Physics (ABHP) with training in medical health physics.

1.5.1.3A Board certified by the American Board of Science in Nuclear Medicine in Nuclear Medicine Physics and Instrumentation or General Nuclear Medicine Science.

1.5.1.4A Listed on a facility license as Radiation Safety Officer (RSO) for radiopharmaceutical therapy use.

1.5.2A Continuing Medical Education (CME) Requirements

1.5.2.1A The medical physicist must obtain at least 15 hours of CME credits, relevant to nuclear medicine and radiopharmaceutical therapy, every three years.

Comment: “Relevant” to nuclear medicine includes content that is directly related to nuclear cardiology, general nuclear medicine, PET or radiopharmaceutical therapy uses of radiopharmaceuticals.

## **STANDARD – Radiation Safety Officer**

1.6A Radiation safety officer responsibilities include but are not limited to:

1.6.1A Responsible for oversight of the radiation safety program relating to therapeutical administration. This may include proper room preparation, staff training or dosimeter review.

1.6.2A Ensuring that the written directives and other required documentation is complete and maintained for all patients

1.6.3A Ensuring compliance with the radioactive material regulations and licensing conditions specific to therapeutical administrations

1.6.4A Ensuring proper QC and calibration of all equipment required to support the radiopharmaceutical therapy program.

1.6.5A Review of patient dosimetry program if applicable. This can include patient specific dose calculations, patient specific release calculations or dose manipulation as part of administration.

Comment: The radiation safety officer can be a physician, medical physicist or member of the technical staff.

## **STANDARD – Nursing Staff**

1.7A The nursing staff work under the direction of the Medical Director. The nurse must possess knowledge of radiopharmaceutical therapy procedures and meet the required training and experience pathways.

1.7.1A Nurse(s) Required Training and Experience

The nurse(s) must be licensed and meet one of the following criteria:

1.7.1.1A Registered Nurse (RN)

1.7.1.2A Advanced Practice Nurse (APRN)

1.7.1.3A Advanced health care degree or Bachelor of Science in Nursing (BSN)

AND

1.7.1.4A Documentation of training for the specific radiopharmaceutical therapies submitted for accreditation must be kept on file.

1.7.1.5A Current Basic Life Support (BLS) certification

1.7.2A Nursing staff must not administer radiopharmaceutical therapies unless specifically stated on radioactive materials license.

### **STANDARD – Advanced Practice Provider(s)**

1.8A The advanced practice provider(s) works under the direction of the Medical Director or medical staff member. The advanced practice provider(s) must possess knowledge of radiopharmaceutical therapy procedures and must practice within the scope of practice of an advanced practice provider determined by local, provincial, state and/or federal regulations.

1.8.1A Advanced Practice Provider(s) Required Training and Experience:

The advanced practice provider(s) must be licensed and meet one of the following criteria:

1.8.1.1A Physician Assistant (PA)

1.8.1.2A Doctor of Nursing Practice (DNP)

1.8.1.3A Nurse Practitioner (NP)

AND

1.8.1.4A Documentation of training for the specific radiopharmaceutical therapies submitted for accreditation must be kept on file.

1.8.1.5A Current Basic Life Support certification

1.8.2A Advanced practice provider(s) must not administer radiopharmaceutical therapies unless specifically stated on the radioactive materials license.

### **STANDARD – Direct Patient Care Personnel**

1.9A All direct patient care personnel must meet the following qualifications:

1.9.1A All personnel directly supervising radiopharmaceutical therapy procedures must have appropriate training/experience. Only authorized users that are specifically listed on the license for the radiopharmaceutical therapy may administer the radiopharmaceutical, all personnel should be properly trained on the procedure.

1.9.2A Basic Life Support – All personnel, including physicians, directly supervising radiopharmaceutical therapy procedures must have appropriate training/experience and must be certified in basic life support.

### **STANDARD – Physician and Nuclear Medicine Technologist Trainees**

1.10A Physicians and nuclear medicine technologists in training must not compromise patient care.

1.10.1A Physician and Nuclear Medicine Technologist Trainee Supervision

1.10.1.1A All trainees must be under the overall supervision of the Medical Director or Technical Director, as appropriate, who determines and outlines all responsibilities. The day-to-day supervision can be carried out by a medical or nuclear medicine technologist staff member. Qualified nuclear medicine technologists and physicians must supervise all

clinical procedures and record keeping. The Medical Director or a medical staff member must provide the final interpretation of all studies.

## **STANDARD – Nuclear Medicine Assistants**

- 1.11A All personnel who assist nuclear medicine technologists with direct patient care must have documented training, experience, and competency consistent with their duties. These duties must be acceptable under local, state, and federal law/regulations.
- 1.11.1A A nuclear medicine assistant must not perform radiopharmaceutical therapy procedures.

## **STANDARD – Ancillary Personnel**

- 1.12A Ancillary personnel necessary for safe and effective patient care must be available.
- 1.12.1A Ancillary personnel staffing must be appropriate for the level of service such that direct care personnel can devote appropriate attention to delivering effective care and patient safety is not compromised. The specific needs of a facility must be determined by evaluation of the types and volumes of procedures as well as facility configuration.
- 1.12.1.1A Ancillary personnel may consist of:
- i. clerical and administrative assistants;
  - ii. radiopharmacist;
  - iii. computer support staff; and/or
  - iv. other support personnel.
- 1.12.1.2A Supervision:
- i. All ancillary personnel within the department must be supervised by the Medical Director or a qualified designee.
  - ii. The supervisor must document/verify proper training, at least annually and current competence of the ancillary personnel appropriate to the assigned duties.