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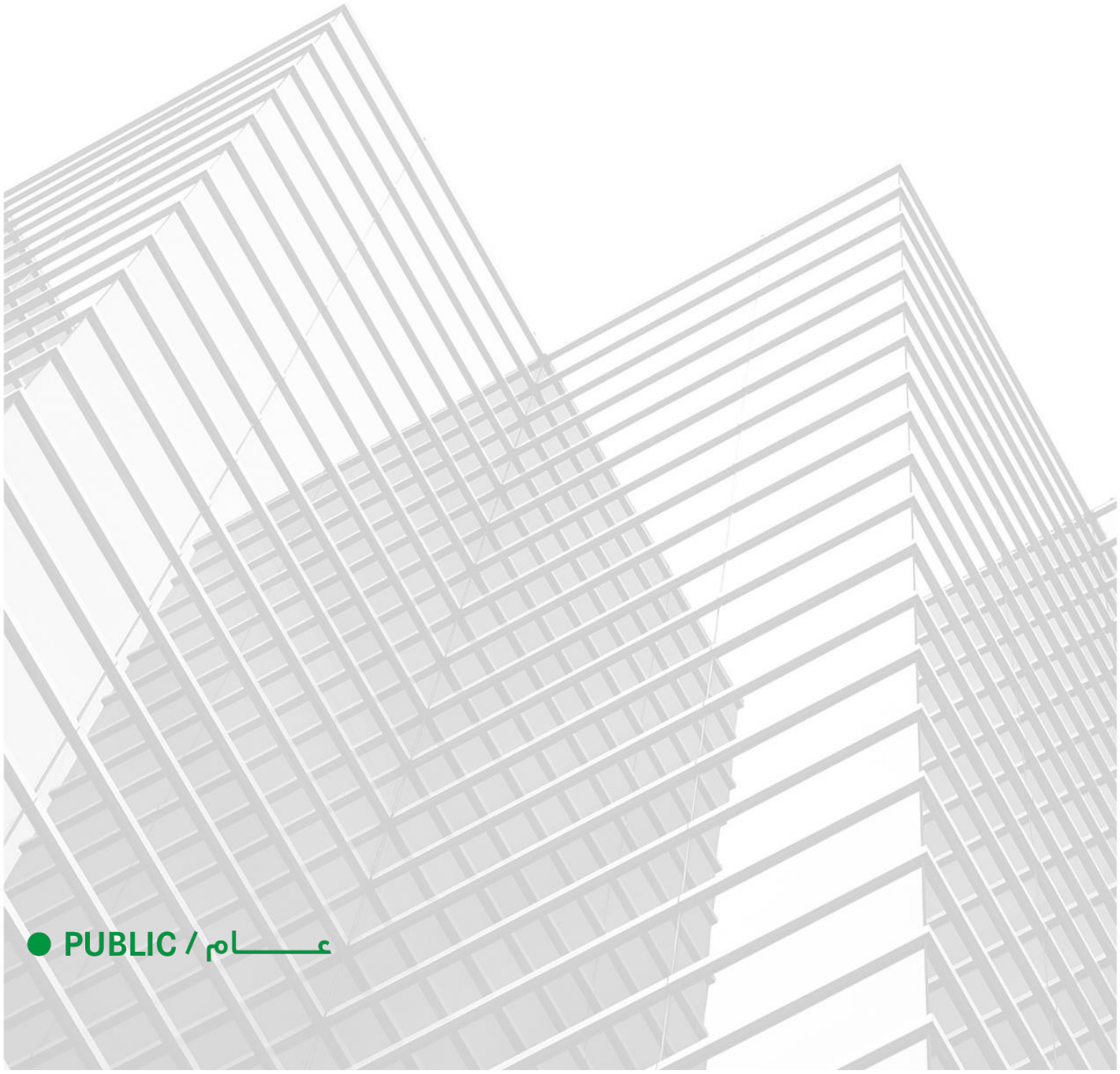
DEPARTMENT OF HEALTH

Scope of Practice for Radiologists



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1. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
1.1.	Addendum	The additions or corrections to the imaging report following the approval of the original report.
1.2.	Competency	The capability of an individual to apply knowledge, skills and abilities required for successful task performance in a defined work setting.
1.3.	Computed Tomography (CT)	An imaging modality where ionizing radiation is used to produce axial body sectional images. Data obtained by the X-ray transmission through the patient is then computer analyzed to produce these images.
1.4.	Contrast Media	A substance used to enhance the contrast of specific structures or fluids within the body during medical imaging.
1.5.	DICOM	Digital Imaging and Communications in Medicine. It is a universal standard for the storage and transmission of medical imaging
1.6.	DoH	Department of Health – Abu Dhabi
1.7.	Federal Authority for Nuclear Regulation (FANR)	The federal authority in the UAE responsible for regulating nuclear and radiation-related issues, including medical applications of ionizing radiation. All healthcare facilities utilizing ionizing radiation in the UAE shall be licensed by FANR and abide with its regulations.
1.8.	Fluoroscopy	A medical imaging technique used to produce real-time motion images in either an instantaneous or a stored fashion.
1.9.	Forensic Radiology	A subspeciality of radiology involving the performance, interpretation, and reporting of radiologic examinations and procedures for legal purposes, particularly those required by the court or law enforcement.
1.10.	Healthcare Professional	Any individual who holds a current and valid license issued by DoH and is qualified through education, training, certification, and licensure to provide clinical services.
1.11.	Healthcare Provider	Any licensed individual or legal entity with ultimate responsibility for the management of a healthcare facility.
1.12.	Magnetic Resonance Imaging (MRI)	An imaging modality that uses strong magnetic fields and radio waves to produce detailed images of the body organs and tissues.

1.13.	Mammography	The use of ionizing X-ray imaging to examine the breast for screening and diagnostic purposes.
1.14.	Nuclear medicine	A branch of medicine that utilizes unsealed radioactive substances for the diagnosis and treatment of diseases, such as SPECT and PET.
1.15.	PACS	Picture archiving and communication system. It is a medical imaging technology used in healthcare to securely store and digitally transmit electronic images and clinically-relevant reports.
1.16.	Privileging	A process by which a healthcare provider grants clinical privileges to a healthcare professional.
1.17.	Positron Emission Tomography (PET)	An imaging technique that produces a three-dimensional image of functional processes in the body based on the positron emitting agents utilized. Three dimensional images of the tracer are reconstructed by computer analysis
1.18.	PET-CT	Positron Emission Tomography/ Computed Tomography
1.19.	PET-MRI	Positron Emission Tomography/ Magnetic Resonance Imaging
1.20.	Radiologist	In this document, a radiologist refers to any physician specialized in general diagnostic radiology.
1.21.	Referral Guidelines	Evidence-based guidelines that assist referring physicians in selecting the most appropriate diagnostic imaging modality for a specific clinical condition. Also termed 'Appropriateness Criteria in Radiology'.
1.22.	Reporting	The generation of an official, finalized report for the electronic medical records based on the interpretation of medical images, including image-guided procedures.
1.23.	Single-Photon Emission Computed Tomography (SPECT)	It is an image technology that produces a 3D image of the distribution of the radioactive tracer injected into the bloodstream taken up by certain tissues. This is accomplished via the use of specialized nuclear medicine cameras
1.24.	SPECT-CT	Single-Photon Emission Computed Tomography - Computed Tomography
1.25.	Ultrasound (US)	An imaging modality that uses high-frequency sound waves to determine the size and shape of internal organs based on varying rates of reflection.
1.26.	US	Ultrasound
1.27.	Vetting System	The triaging and cancellation of inappropriate radiology referrals by the radiologist to prevent unnecessary radiation exposure, inappropriate examinations and duplicated requests, making the delivery of radiological services safer and more efficient.

2. SOP Purpose

The purpose of this document is to:

2.1. Define the clinical services that may be provided by general radiologists and outline their required competencies.

2.2. Outline the professional boundaries, accountabilities, and ethical and legal obligations of radiologists toward patients and society.

2.3. Serve as a reference for the healthcare workforce, healthcare providers, healthcare payers, and governance bodies.

3. SOP Scope

This scope of practice applies to DoH-licensed radiologists who wish to practice in the Emirate of Abu Dhabi and to all healthcare providers who provide and operate radiology and medical imaging services. This Scope of Practice must be read in conjunction with DoH Radiology and Medical Imaging Standard[1].

4. Practice Settings

Radiologists may practice in various healthcare settings that provide Radiology and Medical Imaging services, including but not limited to:

4.1. Hospitals
4.2. One-Day Surgery Centers
4.3. Medical Centers
4.4. Primary Healthcare Centers
4.5. Dialysis Centers
4.6. Mobile Health Units
4.7. Teleradiology Service Providers

5. Standard of Proficiency

5.1. **General Proficiencies:**

5.1.1. Embrace diverse roles in patient care based on training, skills, experience, and clinical privileges.

5.1.2. Uphold local and federal UAE laws, ethical principles, professional standards, clinical privileges, and practice guidelines set by national or international bodies.

5.1.3. Provide radiology services in licensed facilities equipped with the necessary resources to ensure the provision of safe and high-quality care.

5.1.4. Maintain specialized medical knowledge and understanding of the sciences relevant to radiology and medical imaging.

5.1.5. Preserve and demonstrate the necessary knowledge, skills, and expertise in diagnosing and guiding the management of diseases within the scope of radiology through safe, and high-quality care.

5.1.6. Continuously update their knowledge and enhance their clinical skills to meet relevant patient needs and ensure optimal patient care outcomes, including topics on Radiation Safety, Contrast Media and Magnetic Resonance Imaging (MRI) safety.

5.1.7. Deliver care with integrity, honesty, and compassion, adhering to evidence-based practice, internationally recognized guidelines, and DoH issued regulations.

5.1.8. Demonstrate professionalism consistent with the practice of medical imaging, particularly in showing empathy and respecting patients' privacy and autonomy.
5.1.9. Comply with laws, standards and regulations for patient medical records and information security, data privacy and data governance.
5.1.10. Adhere to infection control standards and regulations, including hand hygiene practices.
5.1.11. Provide clinical evaluation, diagnosis, and management through a patient-centered approach and informed decision-making.
5.1.12. Obtain and document informed consent before any procedure, ensuring clear communication and education about the risks, benefits, and potential complications of the imaging procedure, as well as providing pre- and post-procedure instructions[2].
5.1.13. Educate patients and counsel both the patient and family members about the relevant care provided.
5.1.14. Practice within the scope of their profession, specialty, and delineated privileges, and avoid performing any procedure when the necessary resources are unavailable, except in emergencies where they must act in the best interest of the patient's health.
5.1.15. Respect any limitations on their scope of practice imposed by specific models of care in the Emirate of Abu Dhabi, and appropriately refer patients whose care requires interventions beyond this scope to the relevant specialties.
5.1.16. Fulfill reporting duties to DoH and other relevant authorities, including incident reporting and near-miss reporting, such as reporting any adverse event that may arise during procedures or during the use of any equipment.
5.1.17. Effectively use written health records, electronic medical records, and other digital technologies.
5.1.18. Safeguard patient data and respect patient privacy and confidentiality in line with the applicable laws and regulations.
5.1.19. Comply with the mandatory Occupational Safety and Health Code of Practices, as well as FANR requirements related to their work.
5.1.20. Communicate efficiently with physicians and other healthcare professionals.
5.1.21. Communicate efficiently with radiology staff, including radiography technologists and technicians regarding the urgency and protocol customization of diagnostic radiology examinations. Each component of a diagnostic imaging service must be performed under the professional supervision of the radiologist.
5.1.22. Advice the referring physicians on the most appropriate imaging study or sequence of imaging investigations, considering relevant patient medical history, patient age, and positioning limitations, with special attention to:
    5.1.22.1. Appropriateness of the imaging request
    5.1.22.2. Urgency of the imaging request
    5.1.22.3. Characteristics of the exposure
    5.1.22.4. Characteristics of the individual patient
    5.1.22.5. Relevant information from previous radiological examinations
5.1.23. Apply relevant national or international guidelines in justifying the radiological exposure for each individual patient, whether for diagnostic, image-guided interventional, or therapeutic purposes.
5.1.24. Vet referral requests as part of the justification process for imaging exposure. Imaging

performed as part of a health screening program for asymptomatic individuals is justified if the program is approved by UAE health regulatory bodies.

5.1.25. Set imaging protocols, including technical aspects of image acquisition, patient positioning, and contrast phases in various medical imaging modalities.

5.1.26. Optimize image acquisition protocols to minimize exposure to ionizing radiation to self, staff, and patients such as shielding and dose monitoring, in accordance with the ALARA principles and following DoH and FANR standards and regulations.

5.1.27. Limit the utilization of diagnostic studies and procedures to the extent necessary to manage the patient's case and modify the referral request as needed.

5.2. **Patient Care:**

5.2.1. Assess clinical information, select the most appropriate imaging investigation and protocol, optimize the medical image examination, and analyze the results for diagnostic purposes, treatment planning, disease prevention, and health promotion.

5.2.2. Assess the patient's suitability for the medical imaging study or procedure, considering relative and absolute contraindications, alternatives to the imaging study, and the need for non-pharmacologic measures or sedation to safely achieve optimal imaging.

5.2.3. Prioritize procedures based on the clinical urgency of the patient's condition.

5.2.4. Prescribe contrast media, analgesics, and other medications when necessary for medical imaging studies and procedures, with an attempt to minimize exposure to contrast media.

5.2.5. Report medication errors and adverse drug reactions in accordance with DoH Standard on Reporting Medication Errors & Suspected Quality Problems Related to Medicinal Products and Dietary Supplements, as well as Standard on Reporting Suspected Adverse Drug Reactions and Adverse Events Following Immunization.

5.2.6. Refer patients to anesthesiology when necessary for the safe completion of a study or procedure, including non-sedation techniques.

5.2.7. Assess the quality of the acquired medical image and any impact on its diagnostic interpretation. Recognize image artifacts, incorrect positioning, image markers, and imaging pitfalls. Advise on repeat examination or alternative imaging if the acquired image is suboptimal for diagnosis.

5.2.8. Interpret and report radiological images performed to diagnose various diseases across the following systems in all age groups, as per their granted privileges:

- 5.2.8.1. Neurological System
- 5.2.8.2. Respiratory System
- 5.2.8.3. Cardiovascular System
- 5.2.8.4. Gastrointestinal Tract
- 5.2.8.5. Genitourinary Tract
- 5.2.8.6. Lymphatic System
- 5.2.8.7. Endocrine System
- 5.2.8.8. Musculoskeletal System

5.2.9. Identify normal variants and anatomic landmarks, and report on significant incidental findings.

5.2.10. Recognize critical findings in a medical imaging study that warrant urgent communication with the referring physician, ensure timely communication, and document it in the report.

5.2.11. Identify and report on non-accidental trauma and suspicious injuries reporting findings

according to the healthcare facility protocols.

5.2.12. Correlate medical image findings with the patient's clinical data, relevant laboratory investigations, and other imaging modalities to generate the most likely diagnosis and an appropriate differential diagnosis.

5.2.13. Generate comprehensive image reports to assist referring clinicians in providing optimal care for patients and their families, which may involve managing disease progression, alleviating symptoms, facilitating recovery, enhancing function, or offering palliative care.

5.2.14. The report must be organized to include the following details: demographics of the patient, clinical data, a description of the examination (including whether contrast media was administered), any previous studies reviewed for comparison purposes, image findings, a conclusion, and follow-up recommendations when applicable.

5.2.15. The final report must be checked for typographic errors or omissions before authentication.

5.2.16. An addendum may be added to a finalized report when necessary, and the referring physician must be notified immediately, with the physician's name, date, and time documented in the addendum.

5.2.17. Preliminary reports may be given with limited information for immediate patient management in emergency settings.

5.2.18. Adhere to turnaround times for delivering reports in accordance with the healthcare facility policies and procedures.

5.2.19. Manage Adverse reactions to contrast media and other medications used during image acquisition, and refer patients for further care if needed, and document the incident in the report /medical record.

5.2.20. Manage post-procedure care following interventional procedures, address immediate complications, and refer patients for further care if necessary.

5.2.21. Recognize and respond to harm arising from healthcare delivery, including patient and staff safety incidents, as well as sentinel events[3,4].

5.2.22. Be familiar with the PACS and DICOM, including image reporting skills and computer skills to process and report on the radiological images.

5.2.23. Sub-specialized care in radiology that goes beyond the competencies listed in this scope, and employs advanced imaging protocols and procedures, fall within a radiological subspeciality and necessitates further additional accredited fellowship training or an equivalent in accordance with the Unified Professional Qualification Requirements (PQR) and approval from the facility's privileging committee.

5.3. **Additional Proficiencies:**

5.3.1. Author, review, and publish medical articles in journals, and initiate clinical research projects after obtaining authorization from the Research Ethics Committee.

5.3.2. Provide technical advice as a subject matter expert in areas such as, but not limited to, peer review, audits, and quality assurance programs.

5.3.3. Serve as a member of a specialty-related committee or task force.

5.3.4. Participate in multidisciplinary meetings, contributing expert knowledge on diagnosis, differential diagnosis, management, and follow-up of patients.

5.3.5. Assume responsibilities in healthcare education and training programs as a supervisor, faculty member, lecturer, or program director.

5.3.6. Take on management and leadership roles within healthcare facilities.

5.3.7. Expand competencies by enrolling in additional training programs in accordance with DoH and UAE continuing professional development standards.

5.3.8. Radiologists who wish to report on teleradiology images must complete a training program in providing teleradiology services and obtain the privileges from the healthcare facility in accordance with DoH regulations on telemedicine[5].

5.3.9. Radiologists utilizing artificial intelligence (AI) applications in medical image interpretation have the responsibility of continuous supervision and monitoring of the AI program, maintain specialized training, and regular updates on the AI software prior to and after commencing its application, in compliance with the DoH Policy on the use of AI[6].

5.3.10. Adopt new technologies and innovations relevant to their practice to enhance patient care and outcomes, in compliance with the regulatory and legal requirements.

5.4. **Radiologists may perform, interpret, and provide consultation for imaging studies in the following modalities.**

Table 1: Diagnostic radiologists may perform, interpret, and report on the following medical imaging modalities.

Imaging Modality	Imaging Examination
General Radiography	Anatomical Region • Head and Neck • Chest • Breast (Mammography)** • Abdomen • Pelvis • Spine • Extremities • DEXA (Bone Density)
Radiography with Contrast Media	Genitourinary Tract • Intravenous pyelography (IVP) • Excretory Urography • Voiding Cystourethrography / Cystography • Retrograde Urethrography Contrast-Enhanced Mammography (CEM)**
Fluoroscopy	Gastrointestinal Tract Studies: • Barium Swallow • Upper Gastrointestinal Series (Barium Meal) Small Bowel Series or Follow Through • Enteroclysis • Single or Double Contrast Barium Enema Other Studies: • Sialography • Phlebography • Fistulography • NG Tube Placement • Hysterosalpingography

Ultrasound	Anatomical Region • Abdomen / Kidney Ureter Bladder • Pelvis • Antenatal and Fetal Scan* • Chest • Breast • Scrotum • Vascular (arterial and venous) Doppler Studies • Carotid Doppler • Transcranial Doppler * • Neonatal Doppler* • Penile Doppler* • Thyroid Gland • Soft Tissue • Musculoskeletal* • Intracavitary/Endoluminal • Intraoperative Ultrasound (US)
Computed Tomography (CT)	Anatomical Region • Head • Neck • Spine • Chest • Cardiac* • Abdomen • CT Colonography * • Pelvis • Axial and Appendicular Skeleton and Joints and Extremities • Arterial and Venous Vasculature
Magnetic resonance imaging (MRI)	Anatomical Region • Head • Neck • Chest • Cardiac* • Abdomen • Quantification of Hepatic Fat and Iron Content* • Pelvis • Prostate* • MR Defecography* • Spine • Axial and Appendicular Skeleton, Joints and Extremities • Arterial and Venous Vasculature • Fetal MRI** • Breast MRI**

*Require completion of competency-based training program and acquired privileges.

**Require completion of a fellowship training program or equivalent and acquired privileges.

6. Specific Learning and Privileging Requirements

6.1. **General radiologists routinely report on a variety of imaging modalities and studies. However, certain clinical aspects of medical imaging require specific competency-based training, including but not limited to:**

6.1.1. Radiologists performing basic image-guided (US, CT, or MRI) procedures such as injections, biopsies (fine needle aspiration), or drainage procedures, must complete competency-based clinical training and obtain privileges from the healthcare facility. Subspecialized radiologists may perform image-guided interventions within their scope.

6.1.2. Radiologists reporting on Cardiac CT and MRI must complete competency-based training and obtain the privileges from the healthcare facility.

6.1.3. Radiologists reporting on antenatal fetal ultrasound scans must complete competency-based training and obtain privileges from the healthcare facility.

6.2. **Radiologists who wish to practice in subspeciality radiological imaging must complete an accredited fellowship training program in accordance with Professional Qualification Requirements (PQR), including but not limited to:**

6.2.1. For Vascular and Advanced Interventional Radiology procedures, such as but not limited to: Endovascular therapies, Embolization procedures, Tumor ablation therapies, and Venous access devices—radiologists must complete a clinical fellowship training program or its equivalent in vascular and interventional radiology prior to commencing practice. Additionally, they must be DoH-licensed and obtain privileges from the healthcare facility.

6.2.2. Interventional Neuroradiology procedures require the completion of a clinical fellowship training program or its equivalent in interventional neuroradiology and obtain privileges from the healthcare facility.

6.2.3. Radiologists reporting on hybrid imaging PET-CT, SPECT-CT, PET- MRI, and other nuclear medicine studies, must complete a clinical fellowship training program in nuclear medicine or its equivalent and obtain privileges from the healthcare facility.

6.2.4. Radiologists reporting on Breast imaging studies—including conventional and contrast enhanced mammography (CEM), stereotactic mammography, digital breast tomosynthesis (DBT), breast MRI and breast interventions such as core needle biopsy, fine needle aspiration, and vacuum assisted biopsy and excision, and localization marker insertion—must complete a clinical fellowship training program or its equivalent in breast imaging and obtain privileges from the healthcare facility. Noting that reporting of screening mammographic images requires the reporting of two radiologists, one of whom must have completed a fellowship training program or its equivalent in Breast Radiology.

6.2.5. Radiologists reporting on complex pediatric imaging studies—including pediatric neuroradiology, congenital malformations, suspected non-accidental injury skeletal surveys, pediatric oncology, fetal MRI, and pediatric fluoroscopic procedures—must complete a clinical fellowship training program or its equivalent in pediatric radiology and obtain privileges from the healthcare facility.

6.2.6. Radiologists reporting on forensic radiology images must complete a clinical fellowship training program or its equivalent in forensic radiology and obtain privileges from the healthcare facility.

6.2.7. All DoH-licensed radiologists must complete the DoH Cybersecurity awareness course(s) assigned from time to time.

7. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	2024	DoH Radiology and Medical Imaging Standard.	https://www.doh.gov.ae/-/media/1D754BE9B16E4008BAE7BECF01EE6F11.ashx
2	2015	HAAD Guidelines for Patient Consent	https://www.doh.gov.ae/en/resources/guidelines
3	2024	DoH Standard on Reporting Suspected Adverse Drug Reactions and Adverse Drug Events Following Immunization.	https://www.doh.gov.ae/en/resources/standards
4	2023	DoH Standard on Reporting Medication Errors & Suspected Quality Problems Related to Medicinal Products and Dietary Supplements.	https://www.doh.gov.ae/en/resources/standards
5	2020	DOH Standard on Telemedicine	https://www.doh.gov.ae/-/media/0272CB2B824D41D6B4A2A5C78EBD94F9.ashx
6	2018	DoH Policy on Use of Artificial Intelligence (AI) in the Healthcare Sector of the Emirate of Abu Dhabi	https://www.doh.gov.ae/en/resources/policies
7	2021	United Arab Emirates (2021). Federal Decree Law No. (33) of 2021 Regarding the Regulation of Employment Relationship and its Executive Regulations.	Arabic version https://www.mohre.gov.ae/ar/laws-and-regulations/laws.aspx English version https://www.mohre.gov.ae/en/laws-and-regulations/laws.aspx
8	2021	United Arab Emirates. (2021) Ministerial Resolution No. (14) of 2021 on the Patient's Rights & Responsibilities Charter.	Arabic version https://www.doh.gov.ae/ar/about/law-and-legislations English version https://mohap.gov.ae/en/about-us/legal-references
9	2019	United Arab Emirates. (2019) Federal Law No. 8 of 2019 on Medical Products, Pharmacy Profession and Pharmaceutical Facilities.	Arabic version https://www.doh.gov.ae/ar/about/law-and-legislations English version https://mohap.gov.ae/en/about-us/legal-references

10	2019	United Arab Emirates. (2019) Article 24 of Federal Law No. (5) of 2019 on Regulating the Practice of Human Medicine and its Executive Regulations	Arabic version https://www.doh.gov.ae/ar/about/law-and-legislations English version https://mohap.gov.ae/en/about-us/legal-references
11	2019	United Arab Emirates. (2019) Federal Law No. (2) of 2019 Concerning the Use of Information and Communication Technology (ICT) in Health Fields	Arabic version https://www.doh.gov.ae/ar/about/law-and-legislations English version https://mohap.gov.ae/en/about-us/legal-references
12	2016	United Arab Emirates. (2016) Federal Decree-Law No. (4) of 2016 on Medical Liability	Arabic version https://www.doh.gov.ae/ar/about/law-and-legislations English version https://mohap.gov.ae/en/about-us/legal-references
13	2017	Ministerial Resolution No. (1448) of 2017 on Adoption of Code of Ethics and Professional Conduct for Health Professionals	Arabic version https://mohap.gov.ae/app_content/legislations/php-law-ar-64/mobile/index.html English version https://mohap.gov.ae/app_content/legislations/php-law-en-64/mobile/index.html
14	2014	United Arab Emirates. (2014) Federal Law on the Prevention of Communicable Disease No. (14) of 2014 and its Executive Regulations	Arabic version https://www.doh.gov.ae/ar/about/law-and-legislations English version https://mohap.gov.ae/en/about-us/legal-references
15	2023	Administrative decision no. (19) of 2023 relating to Occupational Safety and Health & Labour Accommodations	https://u.ae/-/media/Documents-2nd-half-2023/Administrative-Decision-No-19-of-2023-Relating-to-Occupational-Safety-and-Health--Labour-Accomedatio.pdf
16	2023	Department of Health – Abu Dhabi, 2023. Standard for Clinical Privileging of Healthcare Workforce and Clinical Services. DOH/HCWS/SD/CLNPRVLG-CS/2, Version 2.	https://www.doh.gov.ae/en/resources/standards

17	2022	United Arab Emirates (2022). Unified Healthcare Professional Qualification Requirements, 2022, 3rd Version.	https://www.doh.gov.ae/en/pqr
18	2017	Ministry of Health and Prevention MOHAP. Diagnostic Imaging Regulation.	https://mohap.gov.ae/assets/download/806f50f/Diagnostic%20Imaging%20Regulation.pdf.aspx
19		Empowerment and Health Compliance Department Ministry of Health and Prevention.	Hospital Regulations (4).pdf
20	2018	Cabinet Resolution No. 47 of 2018 Adopting Unified National Standards for Hospitals.	Page 15 - قرار مجلس الوزراء رقم 47 لسنة 2018 بإعتماد المعايير الوطنية الموحدة للمستشفيات(moh.gov.ae)
21	2022	Entrustable Professional Activities for Diagnostic Radiology. Royal College of Physicians and Surgeons of Canada. McGill University.	epa-diagnostic-radiology_new.pdf (mcgill.ca)
22		University of Maryland Medical Center Department of Diagnostic Radiology and Nuclear Medicine Delineation of Privileges.	https://www.umms.org/ummc/-/media/files/ummc/for-health-professionals/medical-staff-
23	2019	THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF RADIOLOGISTS. CLINICAL RADIOLOGY CONTINUING PROFESSIONAL DEVELOPMENT HANDBOOK.	www.slideshare.net/slideshow/2022-ranzcr-clinical-radiology-cpd-handbookpdf/266905045
24	2022	The role of radiologist in the changing world of healthcare: a White Paper of the European Society of Radiology (ESR). Insights into Imaging.	The role of radiologist in the changing world of healthcare: a White Paper of the European Society of Radiology (ESR) | Insights into Imaging | Full Text (springeropen.com)
25	2024	University of Michigan RADIOLOGY CLINICAL PRIVILEGES	https://www.med.umich.edu/mss/pdf/Radiology.pdf
26	2021	Royal College of Radiologists. UK. Vetting and Cancellation of Inappropriate Radiology Requests	Vetting (triaging) and cancellation of inappropriate radiology requests | The Royal College of Radiologists (rcr.ac.uk)
27	2020	THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF RADIOLOGISTS.	Standards of Practice for Clinical Radiology | RANZCR

		CLINICAL. Standards of Practice for Clinical Radiology.	
28	2019	Stanford Hospital and Clinics. Privileges in Radiology Service, General Radiology.	Radiology 05.22.19 (stanfordhealthcare.org)
29	2021	ACR–NASCI–SPR PRACTICE PARAMETER FOR THE PERFORMANCE AND INTERPRETATION OF CARDIAC COMPUTED TOMOGRAPHY (CT).	www.acr.org/-/media/ACR/Files/Practice-Parameters/CardiacCT.pdf
30	2021	ACR–NASCI–SPR PRACTICE PARAMETER FOR THE PERFORMANCE AND INTERPRETATION OF CARDIAC MAGNETIC RESONANCE IMAGING (MRI).	www.acr.org/-/media/ACR/Files/Practice-Parameters/MR-Cardiac.pdf
31	2024	Breast Screening: Guidance for Image Reading. NHS Breast Screening Programme.UK.	Breast screening: guidance for image reading - GOV.UK (www.gov.uk)
32	2019	Professional Standards in Symptomatic Breast Imaging. Royal College of Radiologists. UK.	Professional Standards in Symptomatic Breast Imaging | The Royal College of Radiologists (rcr.ac.uk)
33	2021	Clinical Radiology Range of Practice. The Royal Australian and New Zealand College of Radiologists.	Clinical Radiology Range of Practice | RANZCR
34	2019	Diagnostic Radiology Milestones. ACGME.	diagnosticradiologymilestones.pdf (acgme.org)
35		Basic Safety Standards for Facilities and Activities involving Ionizing Radiation other than in Nuclear Facilities (FANR-REG-24) Version 1.	https://www.fanr.gov.ae/en/Documents/REG-24-English.pdf