The Regulatory Body is responsible for all ionising radiation exposures, medical, occupational, public.

CZ: yes (in medical we share the responsibility with Ministry of Health, but we as well as the Ministry have almost all the responsibilities in it - the share causes no problems)

The Regulatory Body is responsible for all sectors, nuclear, industrial, medical.

CZ: yes (in medical we share the responsibility with Ministry of Health, but we as well as the Ministry have almost all the responsibilities in it - the share causes no problems)

Its activities are supported by a clear and appropriate regulatory framework and comprehensive enforcement options.

CZ: yes - our new legislation will be a lot clearer, but even though we haven't had any problems with a weak legislation yet.

The Regulatory Body undertakes authorisation, licensing and inspection following a graded approach. CZ: not perfectly but it'll change with new legislation.

We will have registration for dental.

The inspection plan will focus more on the more important practices.

now our inspections in hospitals are undertaking all the X-ray use in MA with graded approach focused more on the more important practices but the more graded approach we will apply the better.

CZ: not perfect - we want to change it but still this is a perspective too far.

The groups responsible for these activities interact on a regular basis and provide input into each other’s work. CZ: yes - we have special inspection group for RT and RDG (missing for NM) and special group for evaluating and judging professions for bad inspections and special group for authorization of external clinical audits.

The cooperation between these groups could be better, but is not bad.

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The Regulatory Body is adequately staffed with professionals from each of the sectors.

- for medical, this includes doctors, physicists and radiographers. CZ: this idea is important, great, but one of the hardest we are staffed like this more or less exceptionally (from about 30 inspectors for MA we have about 10 people like this: 2 doctors, 2 physicists, rest radiographers)

There is a strategic plan including staff and other resources. CZ: not

In small countries, a strategic plan including staff is very hard to realize – there are too few people with adequate education and experience, so we focus more on developing potential individuals.

Other questions?

There are comprehensive training packages in place – for induction and continuing professional development. CZ: yes – no – formally it is set and working, but still it is very formal and it focused on the real practice, than on the clerk not on the clinical point of view. But we are working on it and hopefully getting better.
The Regulatory Body undertakes a range of inspections as appropriate:

- Pre-licensing: CZ: no – it would be great, but we have almost no law for this – the licensee gets under our wings only after licensing.
- Proactive (as part of a programme): CZ: yes – the base of our work – inspections once in some time that is set by graded approach.
- Reactive: CZ: occasionally, exceptionally – if we have some information about some bad practice or some announcement, or within one year after inspection that led to prosecution.
- Announced: CZ: most of the inspections (regular).
- Unannounced: CZ: very exceptional (I think that we haven’t used it yet, but we can).

The inspection programme follows a risk-based approach and is informed by previous experience: CZ: yes (regularly 1 x 2 years in big RDG licensees, 1 x 3 years in mammography, interventional radiology, 1 x 4 years in small RDG licensees; dental without regular frequency).

The Regulatory Body undertakes inspections of medical installations with a multidisciplinary team.

The inspections include assessment of:

- Consistency of practice with licensing conditions: CZ: yes.
- Procedures and protocols: CZ: partly – based on documentation for license; the clinical procedures and protocols are checked by clinical audit.
- Real-world justification: CZ: no – we can’t look into patient’s documentation. Justification is checked by clinical audit. Advice: out of any reason don’t slip through your fingers justification – it should be checked both by inspections and clinical audit.
- Equipment QC and QA programmes: CZ: yes.
- Staff training: CZ: partly – based on training in radiation protection, RPE and MPE; education of other staff is checked by clinical audit.