Inspecting justification in medical imaging

WG 3 report

An estimated 20-30% of all medical imaging exposures are unjustified...

“It’s a scandal! We’re horrified

Situation at present

- Justification is top priority... or at least should be, because it’s a real issue
- Very few radiation protection authorities (countries?) actually inspect on justification
- Often Min Health responsible (can be decentralised, regional): but do they really inspect with regard to justification?
- General feeling: lack of competences to inspect this in HERCA member organisations

How can we improve?

- BSS (art 55, 2): MS shall ensure that justification principle is applied
  - Role and responsibility assignment of different authorities + how they interact/collaborate
- BSS (art 55, 2, d): MS to specify involvement of referrer and practitioner in justification process:
  - Role and responsibility assignment of health care professionals (generic, most often at national level)
  - Practical aspects can be delegated to individuals entitled to act in this respect in a recognized field of specialisation (decentralised, local)
Inspecting justification

How can we improve?

- Roles and responsibilities need to be underpinned by competences
  - Formal competence: legal empowerment by regulatory work, e.g., access of inspector to patient-related information
  - Technical competence: E&T: knowledge, skills, attitudes + CPD

Even where competence is lacking, still a lot any inspector can do:

- If no access to patient data for reasons of confidentiality, ask for anonymized data
- Check if procedures with respect to justification process exist, verify if these are known, applied
- External expertise: make use of audit findings, call upon consultant, exchange expert inspectors...

In the long run, recruit, or convert existing staff until required inspector profile is fully met

- Extend, update and continuously improve their technical competence

How to improve the situation?

Level 2 justification

- Important to create awareness on radiation risks with other authorities within our countries:
  - Health Technology Assessment organisation
  - Pharmaceuticals, Medical Devices competent authorities
  - Min of Health, Social Security
- Consider patient protection but also occupational
- When inspecting new equipment or procedure: ask for QA procedures, verify medico-scientific and radiologic underpinning of what they are doing and how they do it

The time is right:

- Transposition of the BSS: great opportunity
- Drafting of EU Council conclusions on justification of medical imaging involving exposure to ionising radiation (initiative of Luxembourg Presidency, ongoing)
- Nov 8, 2015, Radiology Day: ISRRT focussing on RP
- March 4-8, 2016: ECR with focus session on RP
- March 10, 2016 HERCA multi-stakeholder meeting

Proposal for a HERCA initiative
(subject to HERCA Board approval)

European action week:
Inspection of justification in medical imaging

Nov 8-15, 2016

European action week

Inspection of justification in medical imaging

Preliminary ideas

- Starts on radiology day 2016
- Inspections in all HERCA member countries, same “template”
- Simultaneous awareness creating/stimulating initiatives: press
- Partnerships: WHO, IAEA, EC (Ener, Sante, Research), professional stakeholders (ESR, EANM, EFRS,...): pre-announcements at ECR, HERCA MSM,...
- Launch of a real research project: magnitude of the justification issue?
- Etc.
Thanks for your attention