ECRT: What have been the main challenges in transposing the BSS Directive into national laws so far, and what challenges do you foresee for the remainder of the transposition period until February 2018?

HERCA: The challenges will vary from Member State to Member State and will depend on the legislative framework in place for the wide range of issues addressed by the Directive and the healthcare system in the country. Some of the challenges for transposition of the aspects of the Directive relating to medical applications are not obvious to clinical staff and will be influenced by approaches for other types of practices that are within the Directive’s remit. Examples would include the justification of medical exposures at the generic level rather than for individual patients.

ECRT: Justification being perhaps the single most important aspect for radiologists in the Directive, can you provide some parameters for what justification would regard as a ‘best practice’ implementation of BSS requirements in an imaging department?

HERCA: The Directive requires the involvement of the referrer and the practitioner in the justification process and requires that all individual medical exposures are justified prior to the procedure being undertaken. In addition, the Directive states that any medical exposure takes place under the clinical responsibility of a radiological practitioner. Regulators want to see that meaningful processes are in place within the imaging department to meet these requirements, with responsibilities clearly understood by and attributed to those involved. It is not possible to justify an examination without information about the clinical condition of the patient and a clear understanding of the clinical question that imaging may answer and every request must contain this. In addition, information about previous diagnostic studies should be available and the decision on the appropriate examination should be clearly recorded. There will be occasions when on a case-by-case basis the radiologist may decide to deviate from published guidelines. The reasons for this should be clearly recorded for future audit purposes.

ECRT: Do you think that tools such as clinical audit and clinical decision support will affect (positively or negatively) the performance of imaging departments with regard to BSS requirements, particularly regarding justification of exposure?

HERCA: Clinical audit is now recognised as a major contributor to advancement in medicine and given the importance of imaging in almost all clinical pathways, it is important that clinical audit is built into the activities of imaging departments. Appropriate justification of procedures will benefit individual patients and make departments more efficient and effective, and clinical audit can provide useful data to ensure continuous improvement. Clinical decision support tools can take many forms and can certainly improve the referral element of the complete justification process, but it is important to recognise these as tools and do not replace the skill and responsibility associated with experienced medical radiological practitioners.

ECRT: What can delegates expect from today’s joint HERCA-ESR session on the BSS Directive?

HERCA: Today’s session offers the opportunity for delegates to get a better understanding of the viewpoint of regulators and practitioners and to see how both parties are committed, through different methods, to improving patient safety in imaging departments.