National Experience of Clinical Audit: The Swiss Experience

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I do not have any conflict of interest to disclose
2008: Challenges in diagnostic and international workshop in Tampere

Effective dose [mSv/person]

- Nuclear medicine exposure
- Medical exposures except CT exam.
- Medical exposures: CT examinations

Source: Institut de Radiophysique / Exploitation FOPH © FOPH 2020
Preparation: inspiration from Finnland and involvement of the main stakeholders

- **2010**: Kick-off
- **2012**: Revision of the Rad. Prot. Ordinance RPO
- **2014**: Analysis
- **2016**: Expert working groups (Swiss Societies of Nucl. Med./Rad./R. Onc.)
- **2018**: Training of auditors, Pilot audits
Art. 41-43 of the RPO

- Required in **high dose procedures**
- At most every **5 years** *(cycle duration)*
- Carried out by **third parties** *(auditors)*
- Institutions prepare a **quality manual** *(until end of 2019)*
- Institutions perform a **self-evaluation** once a year
Organisation

**PROFESSIONAL BODIES**
(physicians, medical physicists, radiographers)

- **Steering Committee**
- **Expert Commissions**
  (according to audit focus)
- **Auditors**
  (paid volunteers)

**Services to be audited**

**FOPH**

- **Scientific secretary**

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Federal Department of Home Affairs
Federal Office of Public Health
Radiation Protection Division
Different outcomes

- **Clinical Praxis**
  - Peers
  - Optimisation

- **Processes**
  - People
    - DRL
  - Justification

- **Law**
  - Protection & Limits
  - Limit values

**Auditor** report with recommendations

**FOPH** report with measures
Organisational process

Drawing lots
- Teams
  - Secretary
  - Team
   - 3 dates
     - XX
     - YY
     - ZZ

1 date
- Team ok
- Contact
 Provider

Preparation
- Ext. IT platform

Execution

Quality improvements
Implementation

2010 // 2016 2018 2020 2021

- Revision of the RPO
- Training of auditors
- Pilot audits
- Expert groups
- Expert commissions (cardiol/nucl/rad/r. onc)
- New RPO
- Steering committee
- Voluntary
- Mandatory
- Re-start

Kick-off

COVID-19
External communication is key

• Through the FOPH inspectors
• Through the professional associations
• Through all experts engaged in the clinical audit organisation
• In meetings, workshops, conferences,…
• Specific url & website
• Information documents
Challenges

• 3 official languages
• 3 main cultures

• Resistance of affected services:
  • difficulty to differentiate clinical audits from inspections
  • additional control, “spying”
  • additional work and costs

• Few medical physicists in radiology (but many centers)
• Not all physicians are aware of the radiation risks
Lessons learned

• Support from the authority/representative is essential
• Consider your national (health) system
• Consider your national culture(s) & language(s)
• It takes time! (legislation, organisation, communication, etc.)
• Involve the main stakeholders as early as possible
• A dedicated position(s) and budget are necessary
Thank you for your attention