THE HERCA WORKING GROUP ON MEDICAL APPLICATIONS

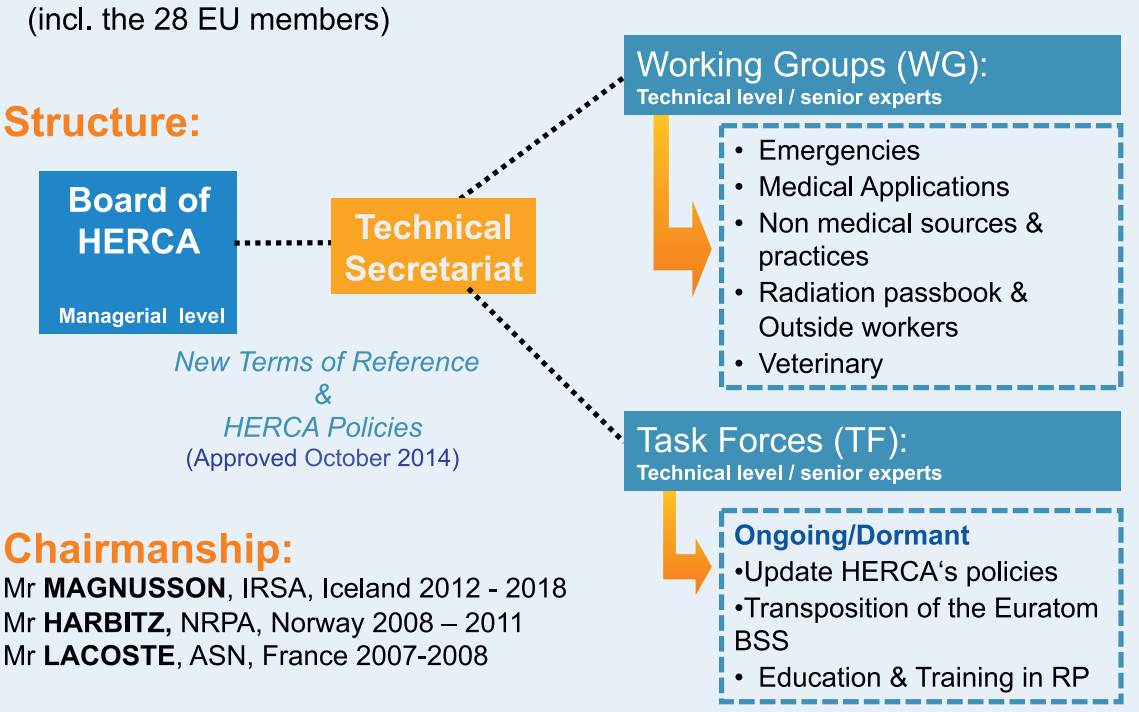
Activities relating to implementation of the European Basic Safety Standards (BSS) Directive

HERCA as an Organisation

Participation:

55 Radiation Protection Authorities & Agencies from 31 European countries (incl. the 28 EU members)

Structure:



Chairmanship:

Mr **MAGNUSSON**, IRSA, Iceland 2012 - 2018
Mr **HARBITZ,** NRPA, Norway 2008 – 2011
Mr **LACOSTE**, ASN, France 2007-2008

Heads of European Radiological protection Competent Authorities (HERCA) was founded in 2007 on the initiative of the French Autorité de sûreté nucléaire (ASN). It is a voluntary association in which the heads of the Radiation Protection Authorities work together in order to identify common interests in significant regulatory issues and provide practical solutions for these issues. The HERCA Working Group on Medical Applications (WG MA) covers all radiation protection issues concerning medical applications of ionising radiation and, in particular, is committed to improving the safety of all individuals involved in medical exposure, taking into consideration the rapid changes in equipment capability and healthcare delivery.

For the radiological community, the publication on January 17, 2014, of the latest European Basic Safety Standards Directive (2013/59/Euratom) will have an impact, as it will require changes of national legislation and regulation across Europe. HERCA as an organisation had no role in negotiation of the Directive, or its transposition into national legislation; these are matters for individual Member States. In most cases, however, members of HERCA will be responsible for producing new legislation and regulations and in all cases will be responsible for enforcement of the Directive. It is therefore clear that HERCA as a whole can be a positive influence on transposition and implementation by:

- acting as a platform for the identification and discussion of practical and technical regulatory problems
- exploring a common understanding of new requirements and common approaches including providing guidance where appropriate and feasible
- informing the transposition process by being a resource for Competent Authorities
- acting as an interested stakeholder with the European Commission
- adding value on areas involving trans-boundary processes

Within this context, HERCA WG MA has identified five thematic areas, which include additional or new requirements. Two of these – the process of justification and the notification of significant events to Competent Authorities following accidental and unintended exposures – have already been addressed by HERCA WG MA in the last few years.

Thus, HERCA WG MA has published on justification, including a position paper and addendum on individual justification (at ICRP level III), addressing conceptual and practical matters and a separate paper addressing issues relating to individual health assessment of asymptomatic people. Both papers address concepts and frameworks, which are pivotal to the latest European Basic Safety Standards Directive. HERCA continues to work in this area with key stakeholders, under a formally constituted work package, to develop an approach centred on voluntary self-commitments. This is intended to improve justification processes for diagnostic medical exposure through collaborative and coordinated initiatives, with appropriate engagement of referring clinicians and specialist practitioners. The goal is that patients will receive the most appropriate examination and that the justification processes will stand-up to scrutiny.

In 2014, the HERCA Board of Heads agreed a second work package on the notification of significant events to Competent Authorities following accidental and unintended exposure. The Directive identifies that different requirements exist for those events which might be considered clinically significant and those which are considered significant by the Competent Authority and therefore reportable. This is an area where stakeholder engagement is essential if common understanding is to be achieved by professionals and regulators alike. To aid this process, HERCA WG MA is considering holding a workshop in 2016, involving a range of medical, clinical and scientific societies, where different views can be debated.

The other areas relevant to the Directive address medical equipment (Article 60), procedures relating to incorporation of information relating to patient exposure in the report of the medical radiological procedure (Article 58b), and education and training relating to continuing education on radiological practice as well as radiation protection (Article 18). These areas will be considered in 2015 and beyond.

EuroSafe Imaging Session 3

Saturday, March 7, 14:00–15:30, Room L 1 *#ECR2015L1*

Dose-tracking leads the way to dose-reduction

- **Chairman's introduction: dose-tracking leads to dose-reduction: why radiologists MUST get involved**
  P.M. Parizel; Antwerp/BE
- **The legislative environment in Europe: the new EU Directive and the goals of EuroSafe Imaging**
  J. Griebel; Neuherberg/DE
- **Implementing a dose management solution in your department: where to start and what to expect?**
  D. Weishaupt; Zurich/CH
- **Developing a multi-disciplinary team in dose management (CT example)**
  L. Martí-Bonmatí; Valencia/ES
- **PiDRL - European Commission Tender Project on diagnostic reference levels in paediatric imaging**
  J. Damilakis; Iraklion/GR
- **Deploying a dose management strategy across multiple sites**
  K. Katsari; Athens/GR
- **Panel discussion**

EuroSafe Imaging Session 4

Saturday, March 7, 16:00–17:30, Room L 1 *#ECR2015L1*

How can clinical audit enhance patient safety?

- **Chairman's introduction**
  E.J. Adam; London/UK
- **A new approach to clinical audit and safety by the ESR**
  P. Cavanagh; Taunton/UK
- **Models of external audit in the Netherlands**
  S. Geers-van Gemeren; Utrecht/NL
- **Clinical audit in cardiac CT: the UK experience**
  S. Harden; Southampton/UK
  E. Castellano; London/UK
- **The European Radiation Protection Regulator's perspective on audit**
  S. Ebdon-Jackson; Didcot/UK
- **Panel discussion**