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**EFRS Recommendations for the national implementation of the
Basic Safety Standards Directive (2013/59 EURATOM)**

Background

In January 2014, the European Commission published its latest Euratom Directive on Basic Safety Standards, relative to ionizing radiation, which is binding on all 28 Member States and must be implemented by February 6th 2018, in national legislation. This Directive repeals five previous Directives and seeks to both modernize and harmonise European radiation protection legislation by covering all sources of potential exposure in one document.

While the Directive retains most of the essential components of the MED 97/43 Directive, there are a number of additions of relevance to the radiography profession which all national societies should be aware of and consider actively lobbying on, in their own states in this vital period in advance of transposition of the Directive. Radiographers are key personnel, acting as the gatekeepers of patient and staff radiological protection and the key interface between patients and technology in the clinical setting. Despite this Radiographers are barely mentioned in the Directive, with Member States being given the flexibility to decide relevant responsibilities as per national practice and educational levels, while considerable additional responsibilities are overtly given to both radiologists and physicists.

This is the ONE and ONLY opportunity for national societies to have an input into this important radiation protection legislation (which may not be revised again for another decade) and to ensure Radiographers are clearly identified in their countries' legislation and with appropriately defined legal responsibilities.

Recommendations for national implementation

1. National societies should make immediate contact with your national group / competent authority in charge of transposing the directive and provide input from a radiography perspective and ideally to the representatives on groups charged with transposition.
2. Following a thorough review of the Directive, prepare a formal submission outlining all the relevant Articles that need to be addressed / added to nationally

- in particular areas where Radiographers should be overtly included and communicate this will all interested national groups.
3. Detailed roles and responsibilities of the Radiation Protection Officer role to be defined (as per Article 84) and published by each national society to include qualification / educational requirements. Liaison is also to be encouraged with competent authorities and other professional bodies (e.g. physicists) to seek input and agreement. If not already available, education, training and retraining options should be established to ensure the RPO role can be recognised (Article 14:3) as a Radiographers role.

List of suggested articles requiring change:

Article 4: Ensure radiographers are listed as Practitioners given that Article 4 (13) defines the clinical responsibilities of this role as

...in particular, justification; optimisation; clinical evaluation of the outcome; cooperation with other specialists and staff, as appropriate, regarding practical aspects of medical radiological procedures; obtaining information, if appropriate, on previous examinations; providing existing medical radiological information and/or records to other practitioners and/or the referrer, as required; and giving information on the risk of ionising radiation to patients and other individuals involved, as appropriate;

All the above roles are in the current practical remit of Radiographers, but Article 4 (66) defines "practitioner" as a *medical doctor, dentist or other health professional who is entitled to take clinical responsibility for an individual medical exposure in accordance with national requirements*. This should also explicitly list radiographers separate from the 'other professionals', e.g. "practitioner" as a *medical doctor, dentist, radiographer or other health professional who is entitled to take clinical responsibility for an individual medical exposure in accordance with national requirements*.

CLINICAL IMPACT: Inclusion of radiographers as practitioners will avoid implementation difficulties related to Articles 22 4(e): information provided to and consent gained from individuals exposed to non-medical imaging examinations; Article 55 2g: additional requirement for justification of carers; Article 57c justification of examinations; Article 57d: providing information on benefit / risks from radiation and Article 62: checking pregnancy status; all of which currently require the practitioner to perform these duties – a likely impractical requirement in most radiology practices.

If Radiographers cannot be defined as Practitioners within a Member State, then it is vital that Radiographers are specifically added to the following Articles, namely 55:2d, 56:6, 57:1c, 57:1d, 59, 60:3c, 60:3d, 60:3f, 61:2, and 62:1.

Article 4 (74) 2 defines a new role for Radiation Protection Officer with examples of specific duties defined under Article 84:2, however Article 84:3 adds that *'The task of the radiation protection officer may be carried out by a radiation protection unit established within an undertaking or by a radiation protection expert'*. As all these duties are practical and technical aspects related to radiation protection the EFRS believe that this role is ideally suited to Radiographers and national societies should encourage the addition of Radiographers separately to Article 84:3, for example: *The task of the radiation protection officer may be carried out by a radiation protection unit established within an undertaking or by a radiation protection expert or by a suitably qualified Radiographer'*.

Article 4 (85) defines referrers as *'means a medical doctor, dentist or other health professional who is entitled to refer individuals for medical radiological procedures to a practitioner, in accordance with national requirements'*; however the inclusion of suitably qualified radiographers as referrers may also provide efficiencies and benefits when additional / alternate imaging is required (e.g. pre-operative chest X-rays following neck of femur fracture diagnosis)

The above list is not exhaustive and radiographic practice varies from country to country so all national societies are encouraged to read fully the published BSS Directive to check for other areas where the role of the Radiographer can be expanded during the transposition of the Directive at national level. This is of particular importance where this has been translated into the various European languages to ensure consistency.

References

- European Commission (2014). Council Directive 2013/59/Euratom. Official Journal of the European Community. January 14th. Available from <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=OJ%3AL%3A2014%3A013%3ATOC>
- European Commission (1997). Council Directive 97/43/Euratom. Official Journal of the European Community. 30th June