European Society of Radiology

EC Guidelines project: Conclusions and Recommendations

Conclusions and recommendations are based on the Survey of 30 European countries carried out in the spring of 2012, the European Workshop in Vienna on 20-21 September and decisions reached at meetings of the Steering Committee, taking into account information from expert advisors, feedback from stakeholder organisations and further correspondence with national organisations participating in the survey. Of particular note is the number of national organisations which have reported back efforts made, during the course of the project, to make guidelines available in their member states.

Conclusions:

1. Agreement that European imaging referral guidelines (Guidelines) are essential.
2. A single set of European Guidelines is preferred. This was made clear at the European Workshop in Vienna (the Workshop)
3. National Guidelines either developed de novo through accepted methodology or adopted, adapted and translated are alternatives.
4. Guidelines must include radiation dose information.
5. Guidelines must include specific advice for imaging children.
6. Guidelines must include specific advice for the pregnant women and unborn child.
7. Guidelines should be evidence-based and where evidence is not available, there should be consensus for recommendations.
8. Stakeholders should include patients and their carers in addition to referrers, radiological practitioners, radiographers, regulators and other professionals involved in the process.
9. The survey of representatives of radiological and nuclear medicine societies and also competent authorities from 30 European countries including all EU member states (the Survey) had responses from all countries with a response rate of 89%.
10. Responses from the Survey showed that imaging referral guidelines were available in two thirds of the European Countries known to have legal requirement for guidelines and in only one third of those countries where a legal requirement for guidelines is not known.
11. The Survey showed that respondents in 21/30 countries were aware of legal requirements for Guidelines. During the course of the project and since the Survey was carried out, respondents in a further 7 European countries have reported awareness of the legal requirement for Guidelines. This takes the total **number of countries in which a legal requirement for Guidelines has been identified to 28/30**.
12. The Survey showed that respondents in 18/30 countries were aware of the availability of Guidelines nationally. During the course of the project and since the Survey was carried out, respondents in a further 7 European countries have reported availability of referral guidelines mostly through work in progress to make such guidelines available. This takes the **total number countries with guidelines available or in preparation to 25/30**.

13. In both the Survey and Workshop there was agreement that additional measures were needed to reinforce the use of Guidelines.
14. Educational initiatives are in place but further measures would be helpful. Possible measures include: radiation protection awareness in undergraduate and specialist training curricula, as part of lifelong learning (continuing professional development) of referrers as well as educational messages and radiation dose in reports.
15. **Clinical Decision Support (CDS) systems to facilitate access, use and compliance were highly favoured** both in the Survey and at the Workshop. An "add-on" system interfacing with existing radiology information systems and electronic requesting systems was preferred. A CDS system should not replace the role and responsibility of the radiological practitioner with respect to justification.
16. Clinical audit should be used for monitoring of Guidelines' availability, use and implementation. Although non-mandatory, such audits have the ability to produce considerable quality improvement. Both external audit and local internal audit are needed.

Recommendations:

1. Clearer and stronger European measures to encourage both availability **and use** of referral guideline. Such measures should be made centrally or through European radiological competent authorities.
2. European Guidelines. These may be produced initially by a combination of existing national Guidelines, developed using accepted methodology, under the auspices of a European professional organisation. European Guidelines must contain dose information and must include separate advice for children, the pregnant women and the unborn child.
3. Development and integration of **Clinical Decision Support** (CDS). This should interface with existing electronic requesting systems (computerised physician order entry systems) and radiology information systems.
4. Encourage educational initiatives. Such initiatives should complement European Medical ALARA Network (EMAN)[1] and Medical Radiation Protection in Education and Training (MEDRAPET)[2]. Both referring and radiological practitioners will benefit. Initiatives such as life-long-learning should be encouraged.
5. Both external audit and local internal audit are needed for monitoring. External audit has been addressed through a previous European project[3], but further measures to promote local internal audit are needed.

[1] http://www.eman-network.eu/
[2] http://www.medrapet.eu/
[3] EC guidelines on clinical audit for medical radiological practice
http://ec.europa.eu/energy/nuclear/radiation_protection/doc/publication/159.pdf