



EFOMP CRITICAL REVIEW OF THE
DRAFT EC GUIDELINE ON
CLINICAL AUDIT



The European Federation of Organisations in Medical Physics (EFOMP) was founded in 1980. The current membership covers 35 national organisations which together represent more than 6000 physicists and engineers in the field of Medical Physics

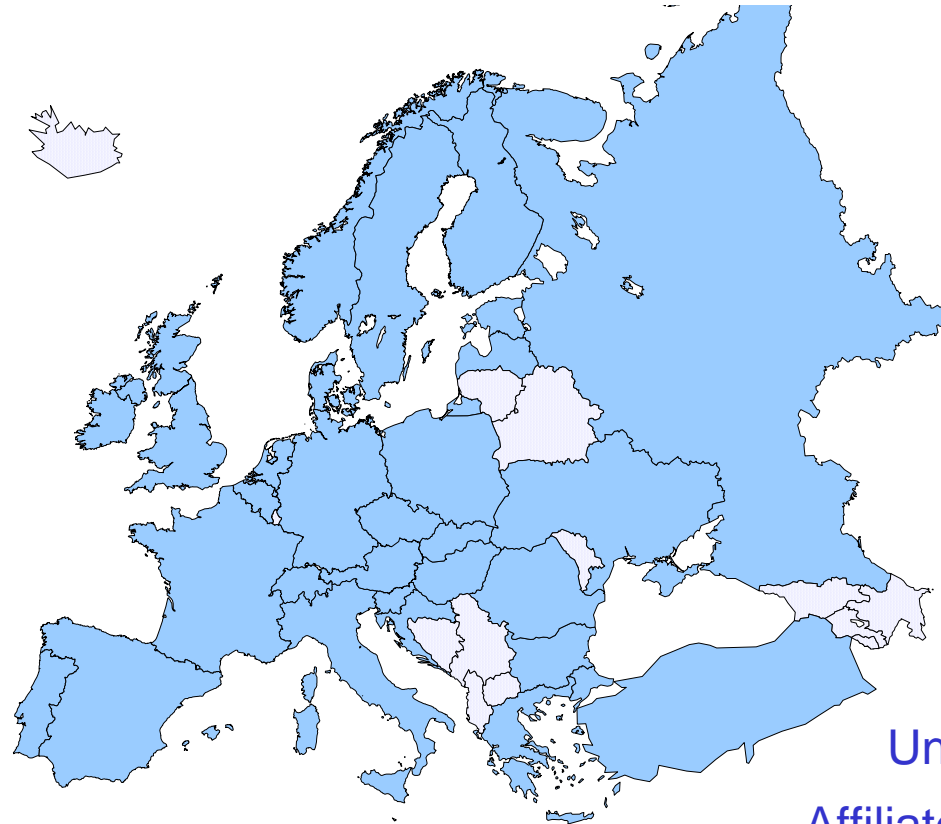
The mission of the Federation is:

- To harmonise and advance Medical Physics at an utmost level both in its professional clinical and scientific expression throughout Europe
- To strengthen and make more effective the activities of the National Members Organisations by bringing about and maintaining systematic exchange of professional and scientific information, by the formulation of common policies, and by promoting education and training programmes



State Members, 2005

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35 NMOs



General comments

- This document is very well structured and it presents the requirements for, as well as, the expectations from a Clinical Audit of a Diagnostic Radiology Practice. EFOMP support this document as a whole. According to EFOMP the document seems realistic and flexible enough to be applied in all EU countries.
- EFOMP list of suggestions have been elaborated within the EFOMP EU Committee Matters and will be discussed during the Officers Meeting and EFOMP General Assembly the 2nd European Congress of Medical Physics to be held 18-23 September in Krakow so that to ensure that all comments fully represent the point of view of the organization.



Some detailed comments (1)

- Image quality assessment should be included for diagnostic radiology as a minimum physical evaluation too. The EU gold standard for diagnostic radiology is to achieve the best possible accurate radiological interpretation of the image by adequate image quality, comparable throughout Europe and reasonably low radiation dose per study.



Some detailed comments (2)

- It should be mentioned that IAEA is also currently preparing the document. “Guidelines for Clinical Audits of Diagnostic Radiology Practices: A Tool for Quality Improvement”, last draft of June 2008. The general similarities or discrepancies –if any- between both documents should be mentioned.



Some detailed comments (3)

Pg 19, Table 1.

- During the “Process” the image quality estimation, the knowledge of the image rejection rate and procedures to detect and recognize image artefacts should be a priority too.



Some detailed comments (4)

Pg 20. Lines 10-29

- A paragraph stressing the importance of optimization should be added. Image quality evaluation is of a major importance from the point of view of optimization not only patient dose, although essential.



Some detailed comments (5)

Pg 20. Lines 31-

...It is appreciated that auditing the clinical outcome may be very difficult...

- However this should be the main goal of the audit process since all other stages are usually covered by QC and QA programs and inspections. The document should encourage to develop strategies to cover this point, i.e., to promote surveys, to check if all clinical studies are well documented and informed, to ask to the medical doctor prescribers if the outcome is enough and worthwhile, and so on.



Some detailed comments (6)

Pg 34. Line 37-49.

- *Further, depending of the scope and level of the activities, the team should also include a medical physicist with up-to-date experience in the practices to be audited. For the clinical audit of radiotherapy, a physicist should always be included in the team. As a general guidance, the following minimum composition of the team is suggested:*
 - *for conventional radiology: radiologist and radiographer*
 - *for more sophisticated radiology: (CT, interventional radiology, etc): radiologist, medical physicist and radiographer*
 - *for nuclear medicine: nuclear medicine specialist (physician), medical physicist and a technologist, and radiopharmacist for big NM units*
 - *for radiotherapy: radiotherapy oncologist, medical physicist, radiation therapy technologist (RTT)*



Some detailed comments (6)

- In any case the presence of a medical physicist is essential even for conventional radiology. New digital acquisition systems, image displays, imaging digital processes, CAD software, are complex and require the expertise of medical physicists to evaluate them correctly. i.e., the impact on clinical image perception of a correct calibration of a digital image display to the DICOM curve is essential.
- The degree of experience for the medical physicist should be “medical physics expert” as defined by EFOMP in all cases.
- For the clinical audit of radiotherapy is especially important that a “medical physics expert” should always be included in the team, not simply a “physicist”.



Some detailed comments (7)

Pg 46. Section 8.2.3 Personnel and training.

It could be added as references the EFOMP policy statements (see www.efomp.org):

- N. 7: Criteria for the Staffing Levels in a Medical Physics Department Sept. 1997 [Physica Medica XIII (1997) 187-194]
- N. 8: Continuing Professional Development for the Medical Physicist, (March 1998 [Physica Medica XIV (1998) 81-83]
- N. 9: Radiation Protection of the Patient in Europe: The Training of the Medical Physics Expert in Radiation Physics or Radiation Technology [Physica Medica XV (1999) 149-153]
- N. 10: Recommended Guidelines on National Schemes for Continuing Professional Development of Medical Physicists. [Physica Medica XVII (2001) 97-101]
- Guidelines for education and training of medical physicists in radiotherapy, Teresa Eudaldo et al., Radiother. Oncol. 70 (2004) 125-135
- Report by the EFOMP ETP Committee: The Present Status of Medical Physics Education and Training in Europe. New perspectives and EFOMP Recommendations.



Some detailed comments (8)

Section 9. Specific Audit Criteria

- It could be added as separate items some specific audit criteria for installation accredited for screening (i.e. mammography screening) and for pediatric patients.



Thank you very much for your attention

