ISRRT’s View on Radiation Protection Culture in Medicine

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ISRRT

Represents 94 national Societies (countries)
More than 500,000 radiographers

We are on a mission:

To improve the delivery of healthcare to people around the world...promoting
• Quality Patient Care,
• Education and
• Research.
Support of our colleagues in Haiti
ISRRT’s relationships and commitment

ISRRT collaborates with
• WHO, IAEA

And supports the
• BONN call for Action (IAEA and WHO)
• Justification of the medical examinations (IAEA, HERCA),
• SMART Tracking Dose (IAEA)
• Clinical Audit in Radiology (QUADRILL-IAEA)
Primum Non Nocere
First Do No Harm

Hippocrates, around 400bc
Primum Non Nocere

Accidents in Radiology
Primum Non Nocere

Accidents in Radiotherapy

Malfunction of a linear accelerator at a hospital in France (2009).
When does an accident occur?
Culture - Safety Culture

Can be seen as a concept that describes the shared corporate values within an organization which influences the attitudes and behaviors of its members.
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Safety culture is a part of the overall culture of the organization and is seen as affecting the attitudes and beliefs of members in terms of health and safety performance (Cooper, 2000).
Safety Culture as a component of the National Culture

it’s a small part of the organizational culture, which is part of an industrial and ultimately a national culture.

“Paper” Policy vs Carried out Policy

However good the safety management system of an organization is, the way it exists on paper does not necessarily reflect the way it is carried out in practice. It is the safety culture of the organization which will "influence the deployment and effectiveness of the safety management resources, policies, practices and procedures"

(Kennedy and Kirwan, 1998).
Radiation Protection Safety Culture

The 4 “R”s in Radiation Safety Culture are
- Regulators
- Referrals
- Radiographers
- Radiologists
Radiographers and Justification

Radiographers according to their experience, knowledge, professional skills and behavior can understand whether the specific referral of the specific patient can lead to an answer to the patient’s clinical problem.
Radiographers and Optimization

The majority of the imaging examinations with ionizing radiation are performed by the radiographers.
Radiographers and DRL’s

Radiographers should compare doses given by them with the National or International standards for the same examination and to adjust their practice with what is evidence well supported into the literature.
Radiographers, Staff and public Safety

Radiographers ensure the radiation protection, including dose limits, to all radiologic staff- including supportive staff- careers and public.
ISRRT is strongly committed

To influence radiographers
• For providing the best practices to patients and their families,
• By acting as interface between the physicians and available technology to produce the best possible imaging or treatment result for their patients
ISRRT is an ambassador of the Radiation Protection Safety Culture, through the Radiographers
• to patients,
• to physicians and
• to health professionals, world widely.
How to engage patients in RPCM improvement

ISRRT CODE OF ETHICS

To Patients/ Clients

• Hold professional patient/client relationships confidential. Communicate with patients/clients/ relatives in a respectful manner
How to engage patients in RPCM improvement

ISRRT CODE OF ETHICS
To Patients/ Clients

- Provide patients/clients/relatives with the information necessary, including radiation dose, making informed decisions about their examinations and treatments as well as encouraging their full participation in treatment decisions and goals
How to engage patients in RPCM improvement

ISRRT CODE OF ETHICS
To Patients/ Clients

• Respect patients’/clients’ privacy, self-governance and autonomy.
ISRRT 2016 research award and Philips DoseWise Competition

based on the following topic:-

'Optimisation of medical exposure based on the Bonn Call for Action - Action 2 Enhance the implementation of the principle of optimization of protection and safety' also there is a DOSEWISE annual award in cooperation with Philips
## PLENARY SESSION IV

**ISRRT' point of view**

### 5 Key issues for establishing and maintaining RPCM

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<td><strong>1.</strong> RTs are acting as patient’s advocates to the RP.</td>
<td>• ISRRT’s “Code Of Ethics”</td>
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<td><strong>2.</strong> RTs are implementing the Optimization Principle for each individual patient.</td>
<td>• Partnership with WHO, IAEA, HERCA.</td>
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<td><strong>3.</strong> RTs should compare doses given with the national/international standards for the same examination and adjust them using evidence based support.</td>
<td>• Partnership with WHO, IAEA, HERCA, Bonn Call for Action</td>
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<td><strong>4.</strong> Rts are acting as the Interface between physicians and the available technology to produce the best possible result either for imaging or treatment.</td>
<td>• ISRRT’s “Code OF Ethics”</td>
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| **5.** ISRRT promotes RPSC actively by announcing research awards and by making partnership for awards to that subject with the industry. | • **ISRRT’s £5000 award**  
• **Phillips DOSEWISE award** |
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Thank You