The role of Radiological technologists in ALARA implementation and the influence of MED 97/43 on that.

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The European Committee of Radiographers and Radiological Technologists (ECRRT) Expert group on Radiation Protection, performed a survey (year 2002) about the implementation of the Medical Exposure Directive (MED/97/43/Euratom) in 15 EU member countries and 12 non-EU member. Answers came from 20 countries (74%), including 14 of the 15 EU member countries.

Conclusions
The MED has been implemented into the legislation of almost every EU country (12 out of 15) and the radiation protection legislation in 2 out of 6 of the future EU member countries has also been changed in accordance with the MED.

In 16 countries the profession of radiographers is recognised for the role they play in radiation protection (RP) in their legislation. But in many countries they are not the only profession that can have this responsibility and it is interesting to note that professions that don't have much education in RP are named.

In 10 countries radiographers can be approved as clinically responsible for diagnostic examinations. This number is slightly less for radiation therapy (8). In most of the countries (15), radiographers are approved as responsible for the way a diagnostic examination is carried out and in slightly fewer (9) in radiation therapy.

In 16 countries radiographers are approved as technically responsible for quality control of the equipment in diagnostic and in 10 countries in radiation therapy. Medical physicists and engineers are also performing this task in these countries.

In 18 countries, there are requirements for the education of radiographers, but in some these requirements are not enforced. Requirements for continuing education are in place in 8 countries. In 14 countries there is a system of approval or a licensing system for radiographers.

Recommendations
1) The EU commission must be aware of the fact that the implementation of the MED has been very different in the member states and that in some countries, professions that do not have adequate education and training are responsible for justification and optimization of radiation exposure in medicine.

2) If and when the directive is reviewed, there should be clearer instructions to the member countries to focus on competence rather than professions in their RP legislation or connected legislations.

3) It is the opinion of the Expert Group of ECRRT that there is a need for a European Standard for the minimum level of education and training in Radiation Protection.

4) Advise should be given by the ECRRT to representatives from the new EU member states, in connection with the implementation of the MED in these countries.