

**EUROPEAN COMMISSION
BE-1049 Brussels
BELGIUM**

RTD ADONIS ARRIVES	DATE:	6/4/09
	N°	122711
	CODE DOSSIER:	

Christian J. Herold
President

Maximilian F. Reiser
1st Vice-President

András Palkó
2nd Vice-President

RE: Green Paper on the European Workforce for Health

Małgorzata Szczerbo-Trojanowska
Congress Committee Chairperson

Yves Menu
**1st Vice-Chairman of the
Congress Committee**

Vienna, April 1, 2009

Dear Sir or Madam,

Lorenzo Bonomo
**2nd Vice-Chairman of the
Congress Committee**

Please find enclosed the response of the European Society of Radiology (ESR) to the Green Paper on the European Workforce for Health.

Adrian K. Dixon
Publications Committee Chairman

Gabriel P. Krestin
Research Committee Chairman

The ESR is the European organisation of the radiology profession, currently with over 44,000 individual members. The Society's mission is to serve the healthcare needs of the general public through the support of science, teaching and research and the quality of service in the field of radiology.

Éamann Breatnach
Education Committee Chairman

Luis Donoso
**Professional Organisation
Committee Chairman**

Fred E. Avni
Subspecialties Committee Chairman

The ESR looks forward to being considered among the stakeholders in any future discussions on the issues raised in the Green Paper.

Guy Frija
**National Societies Committee
Chairman**

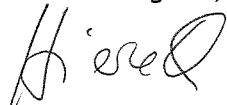
Luigi Solbiati
**Communication & International
Relations Committee Chairman**

Please do not hesitate to contact us should you have any questions or require additional information.

Katrine Åhlström-Riklund
Finance Committee Chairperson

Peter Baierl
Executive Director

With best regards,



Monika Hierath
ESR Department of EU and Public Affairs

DL RTD - F.2	
07. 04. 2009	
ACTION	
INFO	KME

Enclosure:

ESR response to the Green Paper



European Society of Radiology

Response of the
European Society of Radiology (ESR)
to the
**European Commission Green Paper
on the European Workforce for Health**
COM(2008) 725 final

Response of the
European Society of Radiology (ESR)

to the

**European Commission Green Paper
on the European Workforce for Health**

COM(2008) 725 final

March 2009

The European Society of Radiology (ESR) very much welcomes the European Commission Green Paper on the European Workforce for Health. As the European body representing the radiology profession, the ESR is eager to contribute to the consultation process, and looks forward to being considered among the stakeholders in any future discussions on the issues raised in the Green Paper.

On the following pages you will find the ESR position and strategic goals with regard to the issues raised in the Green Paper as a contribution to the stakeholder consultation process. Specifically, we would like to emphasise that radiology has been, and will always be a clinical activity but with a number of features specific to this specialty. Furthermore, the development of newer imaging technologies has placed radiology at the centre of the diagnostic workup and includes both monitoring and performance of therapy in a number of diseases and disorders. This has resulted in a huge increase in the scope of radiology, together with a major increase in the workload of the individual radiologist.

Ad 4.1. Demography and the promotion of a sustainable healthcare workforce

Sustainability of the radiology profession

The aging of the population and thus the aging of the healthcare workforce are certainly of critical importance to radiology and need to receive immediate attention. Presently, several European regions face a shortage of radiologists, mainly due to the ever increasing demand for innovative imaging studies in every patient and in almost every disorder (see above). Issues have also arisen relating to the migration of radiologists across national and continental borders, and frequently to economically privileged countries. Last but not least, we have information suggesting that recruitment of medical students to radiology residency programmes is increasingly difficult in certain countries. With the increasing reliance on radiology for diagnostic and interventional applications, one can anticipate exacerbation of the present staff shortages.

The ESR conducted a survey among its institutional members in 2007, thus obtaining certain demographic data from the responding countries. It showed an average of 104 radiologists per million inhabitants (15 – 215), among which 86 (13 – 171) were specialists, but it did not provide data regarding the age pyramid, thus further information is necessary to properly evaluate the sustainability of the radiology profession.

In the survey, the average proportion of female radiologists found across Europe was 55% (20 – 80%). And in the group of trainees it was 57% (25 – 80%). The estimated number of female radiologists who have reduced their hours to part-time or ceased act of practice altogether because of family commitments was reported as increasing in approx. 50% of the responding countries, indicating the risk of further reduction in workforce numbers.

It has to be emphasised that the absolute figures alone do not fully describe the situation as the legally allowed workload (examination/hour, hours/day, etc.) of radiologists varies dramatically from one country to another.

One approach, which has recently been advocated to cope with the shortage of radiologists, could be to introduce and promote the concept of assistant radiologists, which implies a more advanced level of training on top of radiographer education, with a more advanced level of practice. Currently, the radiological community in Europe has diverging views on this concept and will discuss it in greater detail internally, as well as with other professional groups. For example, the discussion process will involve the European Federation of Radiographer Societies (EFRS) in order to have a clear definition of the concept and roles of radiologists and radiographers.

A radiological act is made of four major steps which are regulated by EU Directive DG97-43. Examinations should be justified by reference to accepted appropriateness criteria; examinations should be completed according to the optimisation principle in order to decrease the patient radiation exposure to as low as possible; the monitoring of all radiological examinations requires medical supervision and advice; the interpretation and reporting of radiologic findings is by definition a medical act.

Ad 4.3. Training

A high quality clinical imaging service provided by modern radiologists is one of the most important factors in the success of the speciality. High standards of radiology care include best possible diagnostic, interventional and therapeutic procedures, which by reducing errors and complications prioritises patient safety. Such quality service requires a strong commitment from radiologists and department leaders, but also support from hospital administrators, managers and healthcare officials.

Radiologists must remain committed to continuous learning not only to maintain but to improve their skills and performance. This process of life-long learning is defined in the policy document of the UEMS on continuing professional development (CPD) and is specifically addressed for radiologists by the ESR/UEMS radiology section policy document¹. The scheme is based on the acquisition of credits granted to radiologists for attending educational courses or scientific meetings, participating in local or regional educational activities, actively pursuing research and scientific activities such as writing scientific literature, attending clinico-radiological meetings and grand rounds, taking part in audits, and performing self-directed and distance learning including e-learning.

The cornerstone of continuing education in radiology remains the participation at major educational and scientific meetings such as the European Congress of Radiology (ECR), meetings of the European Subspecialty Societies as well as National Societies and courses in individual countries run by experts.

These meetings are the occasions when updated high-quality teaching material is 'harvested' for present and future use. Under the auspices of the ESR, all the teaching material which is presented at these meetings is stored and made available through e-learning tools with 24/7 accessibility, thereby providing a cost-effective way to constantly align the training of European radiologists to the increasing demands of an ever evolving profession. The e-learning portfolio developed by the European Society of Radiology is very rich (EURORAD, EPOS, e-ECR, EDIPS, e-PACS; see www.myesr.org) and is intended to be augmented with more interactive features (based on the successful Interactive Teaching Sessions of the ECR) and with CME crediting.

An equally important aspect of continuing education includes private study, journal reading, conducting and publication of research, presentation of scientific papers and performance of audit. Another method of professional improvement includes spending time with experts and learning new information and techniques in and out of an individual radiologist's workplace. In many countries it is necessary for radiologists to demonstrate to their registering authorities that they have undertaken this process. It is important to underline that a credit system to monitor these activities is widely used in both Europe and the United States of America. The ESR/UEMS radiology section policy document identifies a distribution of credits which allows flexibility for these activities.

Developing additional skills is also necessitated through incorporation of technical developments, and/or the advent of new imaging modalities or new interventional procedures. Ongoing learning objectives should be planned in a systematic, co-ordinated and structured approach.

The ESR calls for standardised European training curricula and structures for all radiologists. The Society feels strongly that standardisation of training is the optimal method of harmonising standards of radiology service throughout Europe. This is of increasing importance in the light of the ever more widespread use of cross-border services including telemedicine. The ESR is strongly opposed to a diminution of training standards and qualification requirements as a potential solution for Europe's difficulties with regard to radiology manpower.

E-health literacy presents a great challenge for the years ahead and must be incorporated in future training curricula.

¹ European Association of Radiology and Union Européenne des Médecins Spécialistes (UEMS) Radiology Section and Board, CME/CDP Guidelines, Nov. 2004

Ad 4.4. Managing mobility of health workers within the EU

The ESR welcomes the EU provisions on the freedom of establishment and movement of health professionals, as this allows staff shortages to be alleviated in certain regions as well as the rationalisation of workforce supply in a broader sense. In this context, a number of issues need to be addressed:

1. In the field of radiology, the reporting of images is often outsourced to a distant location, either within the EU or, increasingly, outside the EU. For good patient care it is essential to ensure that radiologists and health professionals in general practicing in EU member states (coming from within the EU or from countries outside of Europe) meet the qualification and training requirements of the country where patients receive the services. This is the only way in which patients' safety and rights are guaranteed.
2. Reporting radiologists should be registered (and be on the specialist register for radiology) with the appropriate medical directory of the country of residence of patients for which they provide a reporting service. They should have a good working knowledge of the language of the member states of residence of patients for whom they provide the service.
3. There need to be strict and adequate monitoring and accreditation mechanisms in place in order to verify the qualification, training and CPD of this workforce.

Ad 5. Impact of new technology: Improving the efficiency of the health workforce

The advent of new imaging technologies, in particular with regard to e-health services has brought some great advantages and also a series of new challenges and threats to the radiology profession^{2,3}. There are some important issues that need to be addressed by the professional bodies of our specialty and by EU legislation:

- a. It is of utmost importance that teleradiology is defined as a medical act and thus clearly remains the responsibility of the radiologist. In this context, it is pivotal to clearly discriminate teleradiology (as a medical act) from telemonitoring, which is a more technical procedure than a clinical activity.
- b. In the view of the ESR, the primary goal of teleradiology is not to create new business opportunities, but to improve the quality of services, to alleviate staff shortage and, most importantly, to improve patient care by referral for a specialist opinion. The ESR is of the opinion that the use of teleradiology must not be justified solely on cost and efficiency terms, as these may neglect issues of patient safety and quality assurance. It is important to note that published studies proposing that telemedicine actually increases efficiency in terms of workflow and economics refer mainly to telemonitoring.
- c. Teleradiology implies that the patient's images and relative clinical information are sent to a radiologist at a remote site. It must be guaranteed that this medical act does not lack quality due to missing clinical context or language issues.
- d. The regulation of telemedicine and teleradiology should be the responsibility of the member state where the patient undergoes the imaging procedure or telemedical referral. All radiologists and other doctors practicing cross-border telemedicine must be subject to the regulatory requirements valid in the country in which the patient accesses healthcare. Details of the registered health professional in

² European Society of Radiology, Teleradiology in the European Union, Nov. 2006

³ European Society of Radiology, Teleradiology, Nov. 2006

the member state of treatment, and the responsibility for any possible disciplinary issues should be shared between the relevant member states.

- e. Radiologists involved in remote reporting must have individual insurance and indemnity coverage for each of the states where their patients reside.
- f. Most importantly, when teleradiology is being employed, the patient must be given comprehensive information regarding the reporting service. Teleradiology should not be performed without patient consent.

The ESR is currently working on the development of a position paper on the Telemedicine Communication published by the European Commission in November 2008 and will be happy to submit this document within this stakeholder consultation as soon as it is available.

The preparation of this official ESR statement was coordinated by Professor Guy Frija in his role as ESR National Societies Committee Chairman and ESR Executive Council member.

ESR Executive Council (March 2009 - March 2010)

Christian J. Herold, Vienna/AT, **President**

Maximilian F. Reiser, Munich/DE, **1st Vice-President**

András Palkó, Szeged/HU, **2nd Vice-President**

Małgorzata Szczerbo-Trojanowska, Lublin/PL, **Congress Committee Chairperson**

Yves Menu, Paris/FR, **1st Vice-Chairman of the Congress Committee**

Lorenzo Bonomo, Rome/IT, **2nd Vice-Chairman of the Congress Committee**

Adrian K. Dixon, Cambridge/UK, **Publications Committee Chairman**

Gabriel P. Krestin, Rotterdam/NL, **Research Committee Chairman**

Éamann Breatnach, Dublin/IE, **Education Committee Chairman**

Luís Donoso, Sabadell/ES, **Professional Organisation Committee Chairman**

Fred E. Avni, Brussels/BE, **Subspecialties Committee Chairman**

Guy Frija, Paris/FR, **National Societies Committee Chairman**

Luigi Solbiati, Busto Arsizio/IT, **Communication & International Relations Committee Chairman**

Katrine Åhlström-Riklund, Umeå/SE, **Finance Committee Chairperson**

Peter Baierl, Vienna/AT, **Executive Director**

Vienna, March 2009

ESR Office

Department of EU and Public Affairs

Neutorgasse 9/2a

AT-1010 Vienna, Austria

Tel: +43 1 533 40 64-200

Fax: +43 1 535 70 41

eu-affairs@myesr.org

myESR.org

© all rights reserved by the EUROPEAN SOCIETY OF RADIOLOGY (ESR)

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.