

# **ROUNDTABLE 3**

***“Meeting radiation protection needs  
in healthcare settings  
with limited infrastructure”***

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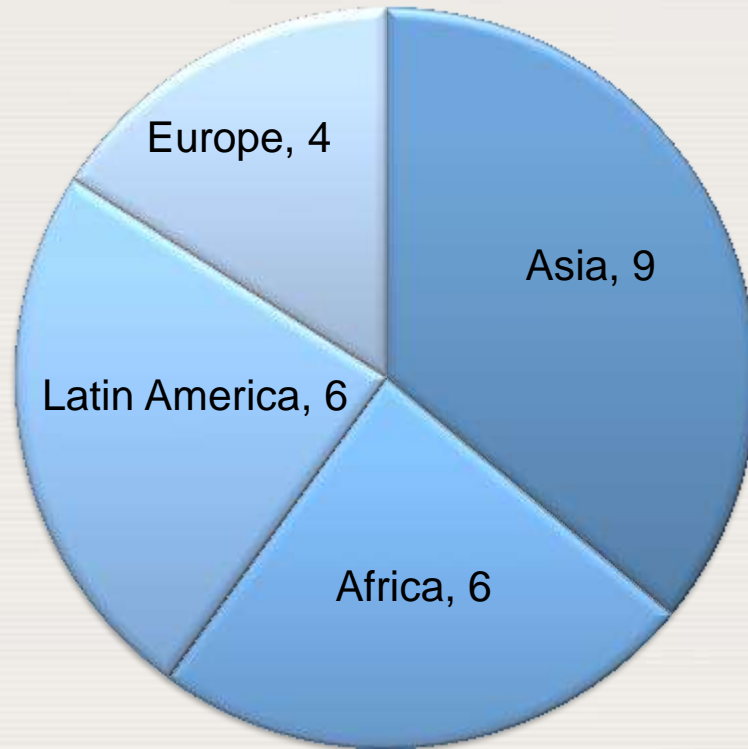
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**IAEA**

International Atomic Energy Agency

# Distribution of the 25 papers by region



# Highlighted examples

- Isoardi et al. (Argentina) have established that in some developing countries the role of the Medical Physicist is not formally recognized, and regulations as well as health authorities do not take into account “*patient protection*” as a strategic issue to avoid unnecessary exposure.
- Nüsslin (IOMP) emphasizes the education and training of Medical Physicist as part of cancer control programmes in developing countries.
- It was highlighted by Touzet et al. (Argentina) how positive results are reached when a national programme of radiation protection in medicine is implemented and conducted jointly with medical societies. The paper describes the 8 years’ experience of a Joint Commission that includes the societies of: radiation protection, radiology, nuclear medicine, radiation oncology, cardiology, pediatrics, medical physicist.

# Highlighted examples

Martins (Brazil) recounts some aspects of radiotherapy that particularly affect the implementation of radiation protection principles in developing countries, such as:

- Adequate equipment purchase
- Installation
- Wrong information of the TPS
- Calibration and independent verification
- Staff training
- Adequate maintenance program

# Highlighted examples

- Seguya et Kavuma (Uganda) have performed a study to establish the level of radiation protection in private facilities in the country. The results showed that the compliance with radiation protection measures is very limited due to the absence of optimization programmes, quality control test on equipment and the misuse of radiation protection devices.
- Ngotho (Kenya) highlights the role of education and training on radiation protection for medical staff, and also for regulators in through regional meetings, national training courses, workshops and expert missions.

# Highlighted examples

- Vassileva (Bulgaria) reports that a huge step has been made in her country to upgrade the level of radiation safety but despite the good results reached, further efforts are needed, such as the development of university training programmes, the involvement of stakeholders, and the update of the regulatory framework for medical exposure.
- Dash Sharma (India) recognizes that although radiotherapy is well regulated, it is not feasible for operators to carry out QA programmes at the desired frequency because of higher patient load per machine, which increases the probability of human error in dose delivery and the potential occurrence of accidents.

# Highlighted examples

- Sonawane et al. (India) have observed that a number of pre-owned/refurbished X ray equipment are being procured and installed and their market is growing rapidly in the country, mainly due to low cost and easy availability. The regulatory body has framed “Guidelines” to bring such X ray equipment under regulatory surveillance for ensuring their safe use.