

## Volume 9 - Issue 4, 2009 - Editorial

By Editor-in-Chief Prof. Iain McCall

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Dear Readers,

The concept of auditing the quality of care provided by a healthcare facility and of clinical outcome, is not a new one. However, in a number of countries the importance of auditing clinical work has risen rapidly up the agenda and is now included as a quality standard for healthcare facilities. Evidence of involvement in the audit of the quality of care is also likely to be one of the factors taken into account in the revalidation of specialists, where this is being introduced by national governments.

For clinical audit to be of value, it must be structured. Radiological practices, procedures and outcomes must be measured against agreed standards of good radiological practice, and the full audit cycle completed. The audit cycle initially identifies the quality of one's own performance and potential reasons for limitations of performance. A series of recommendations will then be made and a plan of action plotted to implement changes to raise the level to the expected standard. Finally, a re-audit is undertaken to define whether these changes have been successful. Audit is therefore an ongoing and continuous process, which must involve all personnel in the department to ensure total ownership by the team.

The European Union has recently addressed the issue of clinical audit in relation to the EURATOM directive 97/43, which stipulates that EU member states are required to implement clinical audit 'in accordance with national procedures'. Despite the 10 years that have passed since the directive, implementation of clinical audit at a national level has been variable and not comprehensive.

The EU has now developed guidelines for clinical audit that have been subjected to rigorous critical reviews by major scientific professional organisations and further introduced and discussed at an international workshop. These guidelines are designed to assist in the implementation of clinical audit at a national level and produce a degree of uniformity into the process. The European Society of Radiology (ESR) has also established an audit and standards committee to assist radiologists and radiology departments to implement clinical audit. It may also be possible in future to undertake multicentre audits to increase the harmonisation of services.

This edition of the journal includes four articles by authors who have been closely involved in these initiatives, to throw further light on recent developments in clinical audit. These stories highlight the main issues from surveying which countries are most active in implementation of audit at present, to examining why it is not yet fully integrated across the EU. Undoubtedly, clinical audit will cease to be optional and will increasingly become a requirement to satisfy the regulatory authorities and our patients that the quality of care we provide is of a high standard. It is incumbent on us all to embrace this process.

As usual, we welcome your thoughts and feedback. Please send your comments to [editorial@imagingmanagement.org](mailto:editorial@imagingmanagement.org)

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