The Royal College of Radiologists  
Teleradiology Position Statement 2014  
June 2014

Introduction

Teleradiology is the practice of transmission of patients’ radiological images between different locations for the production of a primary report, expert second opinion or clinical review. The different locations can be within the same organisation or between organisations, within the same country or across international boundaries.

The Royal College of Radiologists (RCR) strongly believes that the optimum radiology service is one provided locally where radiologists can maintain a regular dialogue with referrers and with those acquiring the images. Only in this model can patients benefit fully from the integration of imaging into the pathway of care.

Aim of Statement

This aim of this statement is to focus on the governance issues around teleradiology that the RCR believes must be addressed to protect the patient whilst realising the recognised benefits of appropriate use. We identify 13 key principles for ensuring a safe high quality integrated teleradiology service.

The statement takes into consideration recent publications by other international organisations including the American College of Radiology (ACR) (1) and the European Society of Radiology (ESR) (2).

Background

There are circumstances in which remote transmission of images can be beneficial and enhance patient care - such as when seeking a specialist second opinion, when patients are transferred between care settings or in the management of patients with rare conditions. Teleradiology also permits the development of networks of radiological expertise and can be used to support local radiology services by helping to provide cover for temporary local capacity gaps.

These beneficial effects of teleradiology have been highlighted in previous RCR documents (3, 4).

The RCR is aware of the recent rapid development of teleradiology practice affecting patients in the UK and the associated increase in numbers of providers of teleradiology services. These include providers who are based in the UK but also involve the transmission of images across international boundaries where the reporting radiologist
will fall outside the usual regulatory mechanisms which exist to safeguard UK patients and public.

There is no doubt that this technological innovation has made a major contribution to the management of patients but, as with any healthcare act, the patient needs to be assured that there is a reliable governance framework in place to ensure that issues of quality are assured and the safety of the patient is the first priority.

Patient Safeguards

The RCR strongly supports the ESR statement that “Teleradiology should be explicitly defined as a medical act in order to ensure quality of care and patient safety...” and that the same level of guarantee, in terms of quality and safety, must be applied to these services as compared to standard medical acts (2).

The RCR does not agree with the European directive that requires teleradiology to be provided in accordance with the legislation of the teleradiologist’s Member State (country) of establishment and not with the legislation of the member state where the patient underwent the imaging (5). We believe that in some situations this could lead to lower standards of care, regulation and protection than in the UK and does not give a patient in the UK the same level of assurance and legal protection as is the case with other medical interactions.

In all other medical practice in the UK, a doctor has a statutory requirement to register with the General Medical Council and as such must now undergo a process of revalidation to provide assurance that they remain fit to practise. Such safeguards do not apply to teleradiologists located abroad but reporting on images of UK patients. The GMC has recently stated that “it is in the best interests of patients across the UK that all doctors who are delivering telemedicine services meet recognised UK standards of practice.” (6)

The European directive also means that if the patient would wish to seek redress for any harm as a result of error in the process, they would have to deal with a legal system of which they have no knowledge.

If teleradiology is part of a formalised imaging network with agreed and transparent governance systems, there can be benefits to individual patients as well as potential efficiency gains.

The RCR strongly supports the ACR statement that “patients are the primary focus. First and foremost, all teleradiology relationships should be patient centred” (1). We are aware however that teleradiology is not always provided as part of an integrated healthcare system with clear patient pathways. Where there is a lack of effective integration, there is evidence of communication errors, incomplete and non-actionable reports which may require re-imaging with the risk of increased patient exposure to radiation. All these undesirable events lead to potential harm to patients, increased uncertainty and/or anxiety as well as costs to the healthcare system.

Transparency and Consent

The RCR believes that patients should be clearly informed of who will be involved in their medical care. A patient would normally expect the radiologist to be employed by the organisation where the images are acquired. Where this is not the case this
information should always be clearly displayed and not only be available on request.

This view is in line with that of the ESR who state “informed consent can only be obtained if the patient is informed at the site of imaging that their images may be interpreted through a teleradiology service. In addition, the patient should be informed of all the above provisions, including the reporting radiologist’s qualifications, prior to their agreement to accept the service” (2).
**RCR Key Principles for the utilisation and practice of teleradiology**

The following are the 13 key principles that the RCR believes must be followed to ensure a safe high quality integrated teleradiology service:

1. Teleradiology services should always put the safety and well-being of the patient as the first priority. Secondary incentives, financial or otherwise, must always be subsidiary.

2. Teleradiology is a medical act and should therefore be governed by the same systems that safeguard patients in all other medical acts.

3. Teleradiology must be part of an integrated radiology service and be subject to the same governance framework as the rest of the service with all participating radiologists working within a clearly documented quality assurance framework in line with RCR guidance (7, 8). If a service provider was to identify an issue with the service provided by a teleradiologist, it would be the responsibility of the relevant teleradiology company to address this issue. It would not be acceptable for the company to reassign the teleradiologist to a different service provider until the matter was resolved.

4. Patients should be clearly informed if their imaging tests are to be reported by a radiologist working outwith the service where the images were acquired.

5. There should be clear and transparent systems in place for the secure transfer and storage of patient data.

6. The reporting radiologist should be available for ongoing discussion following issue of the initial report with effective communication between the referring doctor and the teleradiologist at all times.

7. A radiologist should always have access to previous imaging and the appropriate clinical history when issuing a report.

8. Teleradiologists should work in an appropriate environment which ensures optimal display of images.

9. The same standards of care must apply to all UK patients irrespective of where their radiologist is based (6).

10. The same level of regulation and protection must be provided for the patient wherever the reporting service is based.

11. All radiological opinions given verbally must be documented.

12. There should be a clear process for the communication of urgent findings in line with RCR guidance (7).

13. The person interpreting the examination and submitting the report to the referring physician must be one and the same.

Finally, although the RCR recognises there is a role for teleradiology, we believe that this should not replace or destabilise the traditional model of on-site, local radiologists.
References


2. ESR white paper on teleradiology: an update from the teleradiology subgroup European Society of Radiology (ESR). Insights into Imaging February 2014, Volume 5, Issue 1, pp 1-8


