



Policy Library

Position Statement on International Clinical Teleradiology

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The RANZCR believes that the establishment of a robust foundation and framework of quality and safety principles is essential as a first step in assisting with the development of standards in relation to the expanding use of International Clinical Teleradiology.

Several overseas and global professional organisations, including the Royal College of Radiologists (RCR), the American College of Radiologists (ACR), the European Association of Radiologists (EAR), and the International Radiology Quality Network (IRQN), have published on this topic.

The RANZCR has reviewed and considered the documents published by these professional organisations. The RANZCR considers that the following 10 points, based on principles drawn together by the IRQN, summarise important, common and recurring principles articulated by the profession in relation to International Clinical Teleradiology.

1. Should be in the Best Interests of Patient Care

- Any arrangement should ensure that consultation between the patient, their treating clinicians and the clinical radiologist in the choice of radiological investigation and subsequent interpretation is maintained. This is critical to the optimum utilization of diagnostic imaging and good patient care
- Should ensure workload levels do not negatively impact the quality of care and interpretation accuracy.

2. Uniform Standards of Care

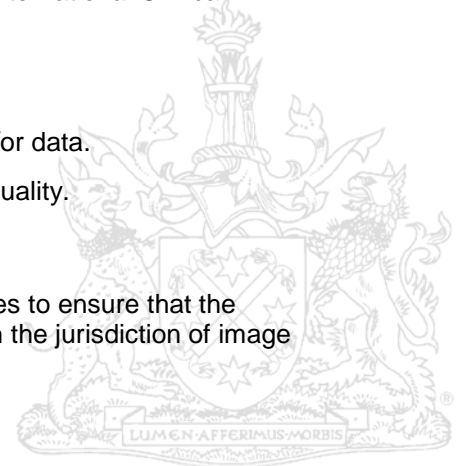
- International clinical teleradiology shall be practised under uniform standards to meet community's needs.
- Minimal requirements as summarized under the IRQN Principles of International Clinical Teleradiology should be adopted.

3. Image Quality Cannot be Compromised

- No loss of clinically significant diagnostic image quality (CSDIQ) and/or data.
- The radiologist at the referring site should be responsible for image quality.

4. Radiologist

- It is the responsibility of the practice contracting Teleradiology services to ensure that the reporting teleradiologist is appropriately registered and indemnified in the jurisdiction of image acquisition.



- The radiologist providing the report should be a qualified specialist and meet the appropriate training, registration, certification, licensure, revalidation, credentialing, malpractice insurance and continuing professional development requirements for the referring and interpretation countries.
- The radiologist must be board certified or credentialed in the country of acquisition.
- The radiologist must be qualified in modality.
- The radiologist must be credentialed at the referring site.
- The radiologist must be licensed at both the referring and interpretation sites.
- Liability coverage at both the referring and interpretation sites is governed by international law. However, a plaintiff should not be required to litigate in a foreign country.

5. Communication

- Adequate understanding of the language of the referring site, including idiomatic use and specialist vocabulary, is essential.
- The interpreting radiologist should be available and able to communicate directly with the referring site and / or referrer to discuss the clinical background, findings for an urgent study or an unexpected diagnosis.

6. Radiologic Technologist

- The radiologic technologist must be:
 - Certified;
 - Trained in teleradiology; and
 - Under supervision of the transmitting site radiologist.

7. Documentation

- A Service Agreement should clearly define and document the legal arrangements and responsibilities between the referring and interpreting sites.
- Urgent or significant unexpected findings should be transmitted to the referring clinician and/or the patient.

8. Security

- The sites should comply with all data protection standards as specified by the local country.
- Policies and procedures for security of patient identification and image data should be documented.
- Measures to safeguard the system against intentional or unintentional corruption should be in place.
- Guidelines should be documented for the use of teleradiology data for education and research.

9. Ethics

- A system to document electronic "fingerprints" of interpreting radiologist, including verification of routing, should be in place to prevent "ghosting" of reports.

10. Quality Control

- Proper audit procedures should be established which are consistent at both the referring and interpreting sites.
- The radiologist should participate in the quality assurance process and be involved in documenting that process.
- Policies and procedures for monitoring and evaluating effective management, safety and proper performance of equipment should be in place.