

**The Royal College of Radiologists**  
**Response to:**  
**Commission of the European Communities**  
**Consultation regarding Community Action on Health Services**

Thank you for asking for the comments of The Royal College of Radiologists on your consultation document regarding Community action on health services.

We have responded to the questions which we feel are within the remit of the College (questions 1 – 4).

We are also very interested in the section of the document on telemedicine (section 2.2) and have produced a detailed appendix outlining our comments on this area.

**Answers to Questions**

1. The impact of imaging being outsourced may be that fewer radiologists are needed locally, which would affect their availability to provide emergency cover around the clock.

However, where PACS has been implemented, departments are beginning to see an increase in patient throughput. Therefore, some extra capacity is likely to emerge, and, as a result, outsourcing, and the additional costs this incurs, may be deemed unnecessary in the current financial climate.

2. This is covered under appendix 1.
3. We feel the EU state where the patient is located should have responsibility for clinical oversight.
4. The EU state providing the care should be responsible for ensuring safety. The issue of redress is difficult, unless a pan-Europe indemnity arrangement is set up. Redress should be from the EU state where care was delivered, but in practice this may prove very complicated for patients.

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## Appendix 1

### Commission of the European Communities Consultation regarding Community Action on Health Services

#### Appendix on Teleradiology

##### Introduction

Section 2.2 describes different kinds of cross-border healthcare, including telemedicine services and remote diagnosis.

Teleradiology is a major component of telemedicine and is the method by which ever increasing numbers of scans and radiographs of EU citizens are being interpreted. Teleradiology provision within the EU often takes place across national boundaries.

**The Royal College of Radiologists feels that teleradiologists who report on UK patients must be subject to the same regulations and standards expected of UK radiologists in order to guarantee patient safety and standards of care.**

Section 2.3 emphasises that 'European competition policy also helps to ensure a level playing field for economic actors providing and financing healthcare and can contribute to the development and improvement of efficient services'. From a UK perspective, this European principle means that all radiologists who report imaging of UK patients must operate on a 'level playing field' which would include regulation, and also processes such as appraisal and revalidation. Each individual teleradiologist would need to be on the UK radiology specialist register.

The following points address in detail the requirements for the regulation of the individual teleradiologist and the teleradiology provider, as regards employment issues, legal issues and patient safety.

##### Employment Issues

Each individual teleradiologist who reports on medical images of EU patients:

- Should be registered with the Medical Regulatory Body of each EU Member State where his/her patients reside.
- Should be on the Specialist Register (or equivalent) of the Medical Regulatory Body of each Member State where his/her patients reside.
- Should have a "Certificate of Current Professional Status" when applying for registration with a Medical Regulatory Body.
- Should be subject to the same regulatory requirements as radiologists of that State. Such specific national medical regulatory arrangements may include processes such as revalidation, recertification, relicensure and annual appraisal.

- Should be subject to the regulations applied to locum doctors by the Medical Regulatory Body in each Member State where his/her patients reside.

Teleradiology companies which provide reporting of medical images of EU citizens:

- Should be registered with the Healthcare Commission or equivalent in each EU Member State where their patients reside, and be subject to its regulations and standards.
- Should be subject to the same Member State Regulations as apply to Medical Locum Agencies.
- Should be required to make a brief standardised return to the relevant national Medical Regulatory Body at the conclusion of every doctor's employment
- Should ensure that teleradiologists reporting imaging of patients in a particular Member State comply with the requirements for regulation, revalidation, annual appraisal and other national Clinical Governance Regulations of that Member State.
- When a teleradiologist changes employer or contracting organisation between relicensure cycles, the previous teleradiology provider should provide the new employer with a standardised record outlining the practitioner's current position in relation to relicensure/recertification/revalidation.

## **Legal Issues**

- Teleradiologists should have individual insurance and indemnity cover for each of the Member States where his/her patients reside. The teleradiology provider should also have adequate medicolegal and insurance cover.
- The teleradiologist provider must comply with the requirements of the Euratom 97/43 Directive including Justification, and optimisation of imaging technique.

## **Patient Safety**

In order to ensure patient safety, the following requirements must be met:

### Linguistic Competence

The teleradiologist must have a proper knowledge of the language(s) of each Member State where his/her patients reside, as required by the EU Qualifications Directive 2005. Linguistic competence has particular relevance to teleradiologists. If reporting imaging examinations at a distance by teleradiology, the clinical contact between the referring doctor and the reporting radiologist is substantially reduced and the need for adequate linguistic competence is even more important for patient safety.

### Communication

A teleradiologist who reports medical images of EU patients must be required to be able to communicate directly with referring Radiology departments and clinicians in order to discuss the clinical background and unexpected diagnoses which may be relevant to the timely management of a patient. The contact phone number of the reporting teleradiologist should be provided on the report. The teleradiologist should be available for consultation during normal UK working hours.

#### Transfer of Data and Information

- All relevant clinical information and details of previous examinations should be provided to the reporting teleradiologist.
- Once the teleradiologist has produced the report, it should be integrated with the patient's notes, electronic records, Radiology Information Systems and should be capable of review by clinicians and at multi disciplinary team meetings as easily as if the reports were generated locally.

#### Confidentiality

Patient confidentiality must be maintained. The teleradiologist should therefore ensure the security and privacy of transmitted patient data, which should comply with relevant EU and National Directives.

#### Clinical Governance

- Teleradiologists who report medical images of EU patients should be subject to the same error feedback, clinical incident reporting, root cause analysis, audit and other forms of Clinical Governance that apply to local Radiologists.
- Teleradiology providers should conduct regular user/clinician surveys. Robust audit procedures should be in place to check the quality and accuracy of reports and the overall therapeutic and clinical impact of the service.

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