

Contribution of Estonian Society of Radiology (ESR) to discussions on proposed Health Service Directive

ESR has received the UEMS-POC comments by Dr. Fitzgerald on the Health Service Directive. This document has been revised at the ESR Supervisory Board meeting on January 20th, 2007.

The UEMS-POC comments present a thorough analysis of several issues concerning teleradiology. ESR sees the importance of pan European regulation and fully supports the process.

We would like to review some comments and make some notes on them.

Regarding registration requirements of teleradiologists who report on medical images of E.U. patients we fully agree that the radiologist

- Should have individual insurance/indemnity cover for each of the Member States where his/her patients reside.
- Must have a proper knowledge of the language(s) of each Member State where his/her patients reside, as required by the E.U. Qualifications Directive 2005. However, we would like to comment that this might prevent smaller nations from using teleradiology services provided by experienced radiologists from other European countries where knowledge of small languages such as Estonian is very unlikely. There must also be an option that parties could use different reporting languages if there is clear evidence that both parties benefit from it.

We also see that radiologists should be on the Radiology Specialist Register of the Medical Regulatory Body of each Member State where his/her patients reside and registered with the Medical Regulatory Body of each E.U. Member State where his/her patients reside **if required by local authorities**.

We would like to pay special attention to communication requirements. In this regard teleradiology has to follow all demands that are valid for “non-teleradiology”.

- Communication between teleradiologist and referring physician should be regulated in detail in the contract between teleradiology provider and referring institution. It should benefit from all the current communication technology e.g. phone, fax, mobile communication, VOIP etc. Possibilities of online discussion are present (eg Skype) and possibilities of online conferencing should be studied thoroughly.
- It is evident that the near future will provide us with new powerful communication tools and teleradiology should carefully follow and, if applicable, use those tools.
- Teleradiologists and referring institutions should benefit from the use of modern radiology information systems. Remote use of the health care institutions information system should position the teleradiologist into the same network with referring physician enabling the teleradiologist to work on the same level with radiologist working on site.

Regulation of Teleradiology Providers

- Regarding Teleradiology companies which provide reporting of medical images of E.U. citizens we would like to emphasise that registration of

companies is a complex issue that should be in concordance with EU regulations. Company should be registered with the Healthcare Commission or equivalent in **one of the** E.U Member State. We consider that registration of radiologists with the Medical Regulatory Body of each E.U. Member State where his/her patients reside is sufficient.

- The quality of teleradiology service should be ensured by detailed contracts between providers and consumers and also by registration of radiologists in the country where the patients reside.
- It is desirable that UEMS radiology section in collaboration with EAR and local societies will work out general requirements for the contracts between a teleradiology provider and a consumer.
- Should be subject to the same Member State Regulations as apply to Medical Locum Agencies.
- Our note to the statement: “At the conclusion of every doctor’s employment, teleradiology providers should be required to make a brief standardised return to the relevant national Medical Regulatory Body”, is that we do not have such practice in our country.

It should be also defined that teleradiology inside each EU country has to be treated in same manner as cross-border teleradiology except language and financial issues. We have noticed that use of modern technology in “non-teleradiology” gives it a lot of teleradiology aspects.

Teleradiology being a part of medical care should be a means of providing EU citizens with high quality radiology service independent of the location of the patient or the radiologist. From the viewpoint of Eastern Europe we feel that teleradiology is also a powerful tool preventing brain-drain from Eastern Europe while creating the possibility for every citizen of the EU to benefit from a wider European experience.

The Estonian Society of Radiology supports the idea of the establishment of a formal European radiology diploma. This would also simplify the registration procedures inside the EU.

Thank you one more time for the opportunity to express our views in teleradiology in conjunction with the health Service Directive.

On behalf of ESR,

Peeter Ross

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