



MEDIA RELEASE

Tuesday, 19 December 2017

New Standards for Teleradiology

Patients in Australia and New Zealand can expect improved healthcare services with a new set of standards governing teleradiology by The Royal Australian and New Zealand College of Radiologists (RANZCR).

Teleradiology is a form of telehealth where an image is acquired in one location and reported by a clinical radiologist in another. It can provide a real benefit to patients, particularly by providing greater access to people living in remote communities or by assisting in staffing smaller hospitals that struggle to maintain out-of-hours coverage or subspecialty expertise.

Outgoing RANZCR President Dr Greg Slater welcomed the new standards, which feature 13 key principles covering issues including image quality, safety, registration and licensing of treatment practitioners and record-keeping procedures.

“Teleradiology has become an important part of modern healthcare, allowing round-the-clock access for patients to the specialist expertise from a radiologist,” he said.

“Radiology is absolutely critical to the diagnosis and treatment of a patient’s condition and must be governed by the highest possible standards of practice.

“RANZCR’s Teleradiology Standards set the benchmark for this maturing subsection of practice to ensure that clear quality parameters are in place for the delivery of patient care delivered from sites using teleradiology.”

Incoming RANZCR President Dr Lance Lawler, who will commence his two-year term on January 1 2018, said teleradiology should be used to complement and support an on-site clinical radiologist.

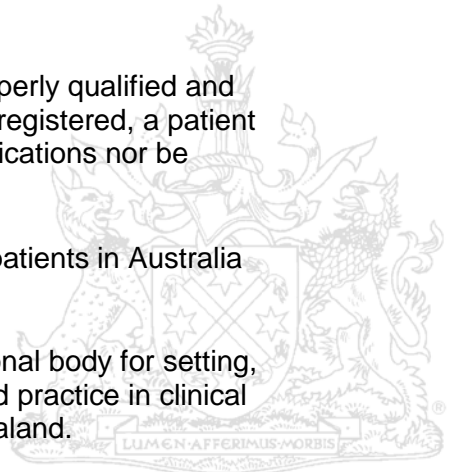
“It is paramount that the high-quality standards of care that patients expect must not be threatened or undermined,” Dr Lawler said.

“Patients must be confident that the care they receive via teleradiology is no different to what they would receive from an on-site practitioner.

“Patients must be sure that the doctor providing the services is properly qualified and registered in the patient’s home country. If a doctor is not properly registered, a patient can neither have assurance that their doctor has appropriate qualifications nor be subject to disciplinary proceedings if needed.

“RANZCR’s top priority at all times is the health and well-being of patients in Australia and New Zealand.”

This is the latest pro-active initiative by RANZCR, the peak bi-national body for setting, promoting and continuously improving the standards of training and practice in clinical radiology for the betterment of the people of Australia and New Zealand.



The Teleradiology Standards can be found on the RANZCR website,
www.ranzcr.com.au

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Notes:

The Teleradiology Standards are encapsulated by 13 key principles covering issues including image quality, safety, registration and licensing of treatment practitioners and record-keeping procedures.

The key principles will be incorporated into the *RANZCR Standards of Practice for Diagnostic and Interventional Radiology*. These can be found at www.ranzcr.com.au/our-work/quality-standards

Key Principles in full:

1. Teleradiology must be carried out in a manner that is in the best interests of the patient and their medical care.
2. Communication channels between the reporting radiologist and referring clinician should be established to report on urgent findings.
3. An on-site clinical radiologist is the preferred model of service delivery; teleradiology is supplementary to comprehensive on-site clinical radiology.
4. Image quality and image interpretation must not be compromised by the use of teleradiology reporting.
5. The reporting radiologist must be registered and indemnified in the jurisdiction of image acquisition and appropriately trained, certified and credentialed as necessary for the site of image acquisition such that the patient can pursue litigation, or other complaint resolution processes, in the jurisdiction of image acquisition.
6. The Teleradiology Service Provider having an adequate understanding of the language, cultural differences and specialist vocabulary of the jurisdiction of acquisition is essential.
7. The medical imaging technologist must be licensed and registered in the jurisdiction of image acquisition, adequately trained in the use of teleradiology equipment/software used at that site, and under the overall supervision of an appropriately registered clinical radiologist.
8. A clearly defined service agreement between the Acquisition Site and Teleradiology Service Provider must be in place with a mechanism to deal with urgent or unexpected findings (including their direct communication to the referring clinician and patient).

9. Teleradiology Service Providers should comply with all data protection standards specified in the country or jurisdiction of acquisition with policies for data security to protect patients and compliance with relevant legislation.

10. Robust quality control and audit procedures for clinical radiologists and equipment should be in place and documented and they must comply with local radiation safety requirements.

11. The professional standards applying to both on-site provision and teleradiology are the same or as close to the same as possible.

12. Real time consultation is available between the medical imaging technologist or referring clinical team and the reporting radiologist that includes advice regarding the appropriateness of imaging referrals.

13. A formal documentation system must be in place to record and log the identity of the reporting radiologist and the date and time of reporting.