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Teleradiology: The Way Forward Defining Our New Role

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Teleradiology is now widely used for the transfer of images, and for providing reports and secondary advice. It has the potential to profoundly change the way radiology is practiced and may well alter not only the established structure of radiology, but also the training of radiologists. The traditional model of the radiologist working in a practice or hospital and dealing with the cases requested by local clinical specialist colleagues is being partly replaced by reporting undertaken in distant centres with communication between radiologist and clinician by email or telephone. Work undertaken out of the normal working day is reported by teleradiology services, which may be provided in the US, Europe, or beyond.

A substantial network of reporting is now established in Scandinavia, providing specialist reporting to small centres that do not have a radiologist or who require second opinions. In the UK, the government has directly contracted and purchased MR imaging and reporting services that are being provided from outside the country without any involvement of local radiologists, thus changing dramatically the consultation process and relationship with local clinical colleagues. The potential for the development of large reporting centres with groups of radiologists undertaking and being trained in a limited range of examinations is real and will completely remove the clinical involvement and broad knowledge and flexibility of the present generation of radiologists.

Changing Working Practices

The present view that radiology is best practiced close to the patient and that radiologists provide a much wider function than simply reporting, is being challenged. Analysis of radiologists' time and work in the Netherlands has shown that reporting occupies less than 50% of the workload, with many other roles including justification of the examination, choosing the most appropriate imaging, comparing previous examinations with the present test, discussing results with the referring clinicians who are usually well known to them, participating in multidisciplinary meetings and advising on follow-up investigations being some of many additional roles. Radiologists must also work together to research new technologies and to apply them appropriately in the clinical setting.

Conclusion

It is therefore vital for the patient that their images do not become a commodity and that radiology as a clinical specialty, does not disintegrate. The European Association of Radiologists (EAR) in conjunction with the radiology section of the Union of European Medical Specialists has produced a series of guidelines for the use of teleradiology, to ensure that the patient receives the best quality of service from radiology. These emphasise the importance of the relationship of the radiologist with the patient and the treating clinician. They also stress the importance of the local radiologists being closely involved with the teleradiology service so that patients' imaging care is managed in a coordinated way and that previous tests can be compared and the overall results discussed with the patient and the clinician. It is vital that hospital managers integrate teleradiology fully into their onsite imaging services for patient management, film storage and long term care and use such services to enhance their own services where necessary and not as a cost cutting measure bypassing and undercutting the core local services.

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