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Guide to the Appropriate Use of Teleradiology

As a result of developments in imaging technology and information technology, as well as improvements in communication, the pathway for the digital transmission of images was cleared. It is essential to understand how our organisations can integrate this new technology with the interest of the patient in mind, and it is with this as our foundation that, since 2005, the "Guide for the appropriate use of Teleradiology" created by the "Société française du radiologie" (Sfr/French Society of Radiology) has become the reference point for the deployment of teleradiology in our country.

The Role of the Radiologist

Digital transmission of images ought, in principle, to allow for improved patient care – however, it can also lead to dysfunctions. The role of the French Society of Radiology (SFR) is to promote best practice, including innovation, and at the same time to avoid the 'not so good' practices! Digital image transmission also makes us reflect on the role of the radiologist and think about the following paradox; while teleradiology geographically distances the radiologist from his patient, patients increasingly need to interact with their radiologist. The transmission of images can be used for maintenance of radiology sites without a radiologist, but should also be used to support isolated or small teams, justifying their part in regional healthcare organisations.

In radiology departments, the patient pathway is organised according to steps that include the examination request, validation of the request, reception of the patient, information and consent for performing the exam, and patient safety and monitoring. The radiologist is responsible for this organisation and for supporting the patient. To separate these processes may give them more autonomy but it will dilute the medical responsibility of the radiologist: for example, the request is made by Dr. A, validation by B, technical part completed by C, security provided by D, account completed by E, image archiving by F, management of the accounts by G – each stage of the process would have an individual person in charge, geographically disparate and enabled by modern technology. In this extreme situation (which mirrors some industrial organisations), the act of medical radiology would no longer exist, responsibilities would be watered down and the role of the radiologist would be reduced to that of an image reader.

The SFR Teleradiology Working Group

In this context, the objectives behind the creation of the SFR working group on teleradiology were firstly to share common experiences, their advantages and limits, communicate with institutional and individual stakeholders, and work in conjunction with all players up to a European level on all aspects of teleradiology. None of the group members had a conflict of interest.

The first objective of the group was to audit our radiology colleagues who were involved in teleradiology. The audit is now available on the SFR site (<http://sfrnet.org>) as an instructional document, rich in advice and ideas and available to everyone. The teleradiology charter, the outcome of all these experiences, is a summary of good organisational strategies. The first text box lays out some ground rules and key definitions for teleradiology. The specifications of the medical convention teleradiology (www.sfrnet.org) should be able to help each of us in this area.

Activities in the Field of Teleradiology

Group members also participated in a number of conferences where the voices of radiologists were heard and, we hope, appreciated. The European Society of Radiology (ESR) e-health group was enriched by the work of French radiologists. They were also present during the joint session with the European Commission in charge of the telemedicine directive, at the European Congress of Radiology (ECR) in 2010.

Communications regarding the work of the teleradiology group are held each year at the JFR (Journées Française du Radiologie) congress. During 2010 the sessions were held together with the SFR Management Working Group meeting and the SFR Emergency Room Working Group, a joint session including the members of the French Society for Emergency Radiology. SFR Teleradiology Working Group Members were involved in the support of the Professional Council of Radiology/G4, during the telemedicine debates of the "Hospital, patients, health, territories" (HPST) law and the reports on telemedicine (Simon-Acker and Lasbordes) referenced our work; contacts with the institutions concerned with the drafting of the telemedicine decree, following the HPST law are numerous and yet the decree has still not appeared. A convention on good practice in teleradiology should bind together the French National Authority for Health (HAS) and SFR.

A territorial or regional organisation of teleradiology appears to act more and more as the guarantee of good practice. It is through regional organisation that good practices in teleradiology may be encouraged and, hopefully, promoted. Certain deviations, particularly some bids made by hospital managers, show that the risks of a certain 'demedicalisation' of the radiological act, are still present and cannot be overcome simply by strong involvement of all the radiologists in the healthcare organisations of their territory or region.

