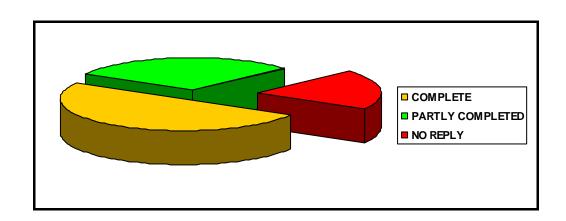




# **ANSWERED QUESTIONNAIRES: 32/39 (85%)** MANY ONLY PARTLY COMPLETED

- 20 (51%) complete
- 12 (31%) were incomplete (no teleradiology or outsourcing in their countries)

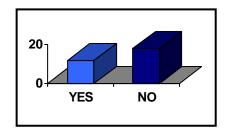
NO REPLY: 7/39 (18%)



# Of the replied questionnaires:

1.) Did you participate in the **previous** teleradiology/ outsourcing survey?

> YES: **12** (40%)(60%)NO: 18



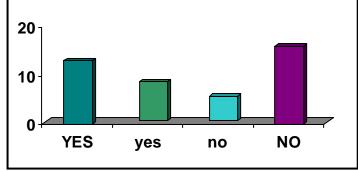
2.) Are you aware of the **Teleradiology guidelines** produced by the EAR and UEMS Radiological section?

YES: 13 (45%)

NO: **16** (55%)

If yes, have you read it? a)

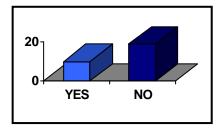
> YES: 8 (62%)NO: 5 (38%)



# In the largest teaching centre of your radiology training scheme:

3.) Has the level of **teleradiology/outsourcing increased** over the past year?

YES: 10 (34%) NO: 19 (66%)



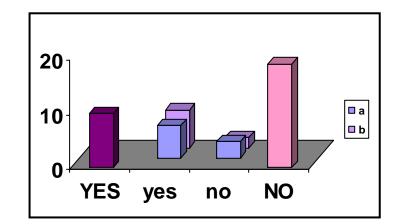
4.) Does the outsourcing of work (for example MRI scans) have an **impact on your training**?

YES: 10 (34%) NO: 19 (66%)

If yes, how so?

a) <u>Less routine work</u> to get confidence recognizing normal range of appearances:

YES: 6 (66%) NO: 3 (33%)



b) <u>Less complicated work</u> to get confidence recognizing specialized cases:

YES: 7 (77%) NO: 2 (23%)

5.) If outsourcing is a problem, which **modalities** are outsourced? If yes, what percentage?

Outsourcing was found to be a problem mostly in MRI.

**Plain Films: YES:** 1 (7%) 3=10-20% 1 (100%)

NO: 14 (93%)

**Ultrasound: YES: 3** (**20%**) 3=10-20% **3** (**100%**)

NO: 12 (80%)

**CT scans: YES:** 7 (46%) 3=10-20%: 5 (71%)

**NO:** 8 (54%) 4=21-50%: 2 (29%)

MRI scans: YES: 10 (66%) 3=10-20%: 6 (60%)

**NO:** 5 (33%) 4=21-50% 3 (30%) 5=51-70%: 1 (10%)

**Intervention:** YES: 2 (13%) 3=10-20%: 2 (100%)

NO: 13 (87%)

# 6.) Overall, how much work of the above mentioned is given away?

Most countries give away less than 20% of the work. No countries outsource more than 50% of the work.

```
0=0-10% 6 (33%)

1=10-20% 9 (50%)

2=21-50% 3 (17%) Hungary, Slovak Republic, Spain

3=51-70% 0 (0%)

4=71-100% 0 (0%)
```

# 7.) Which company does the work?

Don't know: 11 (61%)
Private practice: 2 (11%)

**Companies:** 4 (22%) (Euromedics, Premeo, Medical Alliance, Capio)

**Hospital:** 1 (6%)

# 8.) In which country does the reporting take place?

Don't know: 5 (29%)
Own country: 7 (41%)
Other countries: 5 (29%)

to Spain: 3 (Iceland, Sweden, UK)

**to Belgium:** 1 (Netherlands)

to Netherlands: 1 (UK)

to Russia1 (Uzbekistan)to Ireland1 (Switzerland)

## 9.) Who **decides** on outsourcing?

# Most outsourcing is a hospital decision.

Government decision: 3 (17%)
Regional decision: 2 (11%)
Hospital decision: 11 (61%)
Other: 1 (6%)
Don't know: 1 (6%)

## 10.) Who is **paying** for outsourcing?

 Government:
 2 (11%)

 Regional:
 4 (22%)

 Hospital:
 6 (33%)

 Other:
 1 (6%)

 Don't know:
 4 (22%)

 Not payed:
 1 (6%)

## 11.) Do **patients know** who is reporting their images?

YES: 8 (44%)
NO: 7 (38%)
Don't know: 3 (17%)

# 12.) How are **clinicians** reacting to the outsourcing?

The clinicians' complaints are mostly about the lack of interaction with the radiologists or difficulty in contacting the outsourcing site. There seems to be fewer complaints on the quality of the scans and reports.

a) Complaints about quality of reports:

YES: 5 (29%) NO: 8 (47%) Don't know: 4 (24%)

b) Complaints about the quality of the scans:

YES: 5 (29%) NO: 10 (59%) Don't know: 2 (12%)

c) Complaints about lack interaction/discussion/feed-back opportunities:

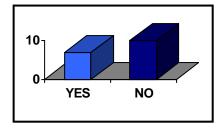
YES: 8 (47%) NO: 6 (35%) Don't know: 3 (17%)

d) Complaints about difficulty contacting outsourcing site:

YES: 4 (24%) NO: 6 (35%) Don't know: 7 (41%)

13.) Are you having to do more **double-reporting** because of outsourcing?

YES: 7 (41%)
NO: 10 (59%)
Don't know: 0 (0%)



14.) Is anyone **auditing** the oursourcing service?

YES: 3 (17%) NO: 5 (29%) Don't know: 9 (53%)

# **COMMENTS:**

# UK:

- Plans to integrate radiology training into outsourced work are not likely to be effective because privately done imaging has to be cost effective and training takes time and resources away from the profit margin.
- Further outsourcing (especially abroad) will have a serious impact on the quality of training in the future.

#### **DENMARK:**

- Clinicians want an answer in danish, it makes outsourcing difficult.

- A pilot project of outsourcing to Eastern Europe discontinued

#### **SWEDEN:**

- Some clinicians have complained since they are not familiar with the "language" used by outsourcing doctors. Usually we have a tight connection with our clinicians and they know what we mean when we say certain things in the reports.

#### **UZBEKISTAN**

- It takes place in unusual clinical situations and when we radiologically examine VIP persons

#### **BELGIUM**

- Outsourcing not allowed in our institutions.

#### **SPAIN:**

- Outsourcing is clearly limiting training, especially in MRI-MSK.
- In our Hospital in particular, we do one rotation of MRI in the private practice which performs most of our outsourced studies, which could be a suggestion to see more MRI.

### **ITALY:**

- In my hospital there isn't a real "outsourcing": it is cooperation by an Italian company (Medipass) who bought two PET-CT scanners and provides to the tech staff, but trainees and nurses and others M.D. come from my institution. The scanners are located inside my hospital.

#### **NORWAY:**

- As the Capio is hiring our own consultants to read MRIs there are no complaints from our clinicians, but trainees are left out and cannot learn from the examinations.

**RTF BOARD** 

2008-02-11