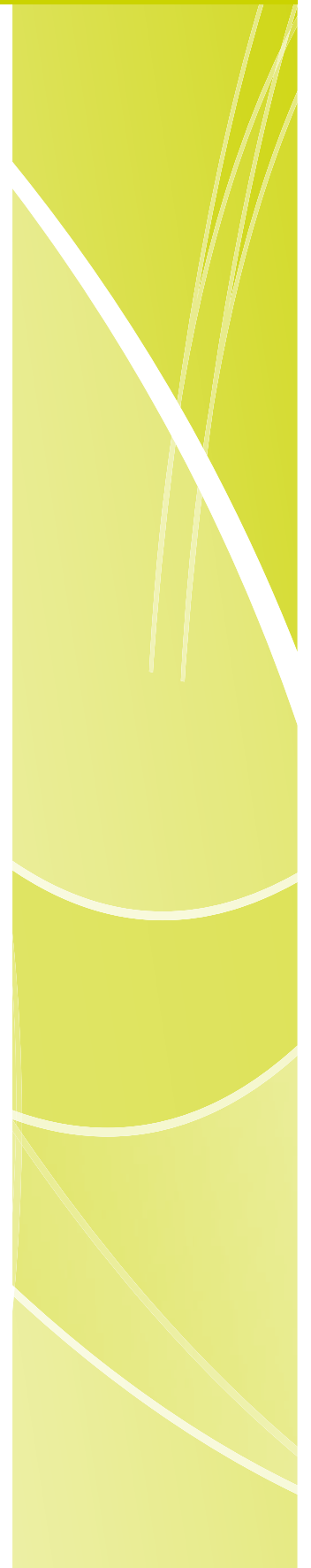


# Standards for the recording of second opinions or reviews in radiology departments



# RCR Standards

The Royal College of Radiologists (RCR), a registered charity, exists to advance the science and practice of radiology and oncology.

It undertakes to produce standards documents to provide guidance to radiologists and others involved in the delivery of radiological services with the aim of defining good practice, advancing the practice of radiology and improving the service for the benefit of patients.

The standards documents cover a wide range of topics. All have undergone an extensive consultation process to ensure a broad consensus, underpinned by published evidence where applicable. Each is subject to review four years after publication or earlier if appropriate.

The standards are not regulations governing practice but attempt to define the aspects of radiological services and care which promote the provision of a high-quality service to patients.

## Current standards documents

*Standards for a results acknowledgement system*

*Standards for iodinated intravascular contrast agent administration to adult patients, Second edition*

*Standards for radiofrequency ablation (RFA)*

*Standards for the introduction of new procedures and new devices*

*Standards for providing a 24-hour diagnostic radiology service*

*Standards for patient confidentiality and PACS*

*Standards for providing a 24-hour interventional radiology service*

*Standards for the communication of critical, urgent and unexpected significant radiological findings*

*Standards for Self-assessment of Performance*

*Standards for Radiology Discrepancy Meetings*

*Standards in Vascular Radiology*

*Standards for Ultrasound Equipment*

*Standards for Patient Consent Particular to Radiology*

*Standards for the Reporting and Interpretation of Imaging Investigations*

*Cancer Multidisciplinary Team Meetings – Standards for Clinical Radiologists*

*360° Appraisal – Good Practice for Radiologists*

*Individual Responsibilities – A Guide to Medical Practice for Radiologists*

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# Foreword

The Royal College of Radiologists (RCR) is pleased to issue this guidance, which has been developed by Dr Neelam Dugar and the PACS & Teleradiology Special Interest Group with contributions from the Professional Support and Standards Board. It is important for all radiologists to take note of these standards as they help define our professionalism. We hope that members and Fellows of the RCR will find them useful.

## Dr Tony Nicholson

Dean of the Faculty of Clinical Radiology  
The Royal College of Radiologists

# Introduction

The majority of radiology reports are issued by single reporters. Although double reporting occurs in some hospitals as part of the audit process, such reports and images are not viewed at multidisciplinary team (MDT) meetings and, therefore, the images may not be seen by any other individual qualified to comment. However, there are a significant number of imaging investigations from all modalities that either receive a second opinion in MDT meetings, are seen and commented on at the request of another radiologist or clinician, or which are reviewed during the course of routine day-to-day practice and a second report felt necessary. The advice below relates to those situations where a second report or opinion is given, which differs from the first report. This advice is issued at a time when electronic requesting systems are a rarity in the United Kingdom. However, much of the advice is relevant in the absence of electronic requesting and should be considered when specifying the future requirements of such systems.

# Radiology reporting workflow where a single opinion is issued

The workflow for requesting and recording one opinion on imaging examinations is well defined.

The workflow with 'status updates' for requesting and recording of preliminary radiological opinions includes:

1. Requested (Ordercomms [OCS])
2. Request vetted (radiology information system [RIS])
3. Request on hold, with reason (RIS)
4. Scheduled or appointment given (RIS)
5. Cancelled, with reason (RIS/OCS)
6. Arrived/attended (RIS)
7. Did not attend (RIS)
8. Exam performed (RIS)
9. Exam not performed, with reason (RIS)
10. Report dictated (RIS)
11. Unauthorised/unverified report (RIS)
12. Authorised/verified report (RIS)
13. Report amended/addendum added (RIS)
14. Report acknowledged (OCS).

# Recording of second opinions

## General principles

It is essential that the radiologist who is reviewing images previously reported by a different radiologist and therefore giving a second opinion has access to the original report. It is best practice to provide second opinions on images in the presence of the original report. The original reporter will usually have had more time to review and report the imaging and often has access to other relevant local, patient and clinical information.

When a second opinion is given, the established value of double reporting should always be recognised.<sup>1</sup>

Similarly, it is well recognised that face-to-face clinico-radiological discussions in a MDT meeting improve patient care and clinical quality, allowing images to be viewed in a different setting and frequently with additional clinical information. Second opinions significantly altering the content of a report in this setting should be further reviewed in discrepancy meetings as part of the radiology department's clinical governance arrangements.<sup>2</sup>

In the NHS, an increasingly large proportion of cross-sectional and isotope imaging is subject to second opinion at MDT meetings and through audit.

If a radiologist is providing a verbal second opinion on an imaging investigation – particularly if this differs significantly from the original opinion – it is important that this is documented. It is unwise for a radiologist to offer a different verbal opinion to an original report without documentation of such within the original RIS/picture archiving and communication system (PACS) reporting system. Having no documentation puts referring clinicians in difficulty as the different opinions will be in different systems: RIS/PACS documenting the original opinion and the patient's notes recording the second opinion.

From a patient safety perspective, it is important that second opinions given in MDT meetings, which differ significantly from the initial report, are recorded immediately on the RIS. The additional time required for a radiologist to do this should be recognised during job planning as part of a radiologist's commitment to clinico-radiological meetings.

From a clinical quality and patient safety point of view, it is important that if a referrer finds that a radiology opinion does not fit with the clinical picture, he/she must be able to request a second opinion on the same examination without considering any issues of professional competence. The referrer must also know that such a requested second opinion will be officially recorded.

The radiologist providing the second opinion/review should always make the primary reporter aware of such addenda. Where possible, it is good practice to discuss different views and opinions with the radiologist issuing the initial report for the reasons stated above. Such discussions can occasionally be difficult and will always require a sensitive and empathetic approach to stimulate learning and improvement in radiological performance.

Where addenda to primary reports are added by secondary reporters, the RIS should credit the secondary reporter with the appropriate workload unit.

# Radiology reporting workflow where a second opinion has been given (RIS and electronic requesting)

On the electronic requesting system, the clinical user should be able to:

- Request a second opinion or review by the primary reporting radiologist after providing more clinical information
- Request a second opinion/review from a specific radiologist.

Therefore, the requesting system requires a 'review requested' status. This should automatically appear in the work list of the specific reporting radiologist as 'review requested'.

The second opinion should appear as a 'report addendum', which would then require acknowledgement/verification.

The above applies where a second opinion has not been requested but where in the course of day-to-day activity, a primary imaging report is considered inaccurate or incomplete.

## Cross enterprise recording of radiology second opinions

With increasing centralisation of cancer, trauma and stroke services, there is a requirement for the transfer of images via PACS between trusts. Similarly, patients are often discussed in an MDT meeting at one clinical site, although imaging and reports may originate from a different hospital.

For the reasons stated above and from the patient safety aspect, it is always best practice for the primary report to be transferred along with the patient's images. The extra administration time required is essential for improving patient care. If this does not happen, clinical quality is compromised and consequently patients are put at risk. Data sharing is improving in the NHS, but is by no means perfect. Currently, manual processes using email, with copy and paste into RIS, are often required. Radiologists in different trusts need to insist that the original opinions are provided when giving a second opinion. Equally important is that where a second report is provided, it is recorded and made available to the primary trust. Again recognition of the additional time required for this is both essential and evidence of good, co-operative patient-focused practice.

The point-to-point image transfer portal is the main mechanism for pushing images between trusts in England. Other systems are in use elsewhere in the UK. While these are just adequate for transferring images, they are not adequate for transferring reports. In the near future, cross enterprise document sharing (XDS) will support access to primary reports between hospitals within the integration profile of Integrating the Healthcare Enterprise (IHE).

Approved by the Board of the Faculty of Clinical Radiology: 19 February 2010

# References

1. The Royal College of Radiologists. *Standards for Self-assessment of Performance*. London: The Royal College of Radiologists, 2007.
2. The Royal College of Radiologists. *Standards for Radiology Discrepancy Meetings*. London: The Royal College of Radiologists, 2007.

### Citation details:

The Royal College of Radiologists. *Standards for the recording of second opinions or reviews in radiology departments*. London: The Royal College of Radiologists, 2010.

ISBN: 978-1-905034-45-1 Ref No. BFCR(10)6 © The Royal College of Radiologists, April 2010

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