



## تعميم رقم (2022/06)

من	:	إدارة التخصصات الصحية/وزارة الصحة العامة
إلى	:	كل منشآت الرعاية الصحية المعنية بتقديم خدمات الأشعة التشخيصية في دولة قطر (القطاع الحكومي والخاص)
الموضوع	:	اعتماد آلية تقديم خدمات طب الأشعة التشخيصية عن بعد (Teleradiology)، وتحديد شروط تسجيل الأطباء ومعايير الجودة
التاريخ	:	٢٢ مايو ٢٠٢٢

"تُهدىكم إدارة التخصصات الصحية أطيب التمنيات"

تسعى إدارة التخصصات الصحية إلى مواكبة التطور المتلاحق في تكنولوجيا الرعاية الطبية، ومراعاة التقدم المستمر في تقنيات التواصل، التي سهلت الوصول إلى الخدمات الصحية المتنوعة، ويسرت تقديم الاستشارات الطبية عن بعد، فضلاً عن دعم الاتصال وتبادل المعلومات بين ممارسي الرعاية الصحية.

وفي إطار مسؤوليته الأصلية عن ضمان جودة الخدمات الصحية المتوفرة للمجتمع القطري، استحدثت الإدارة سياسة لتنظيم تقديم خدمات طب الأشعة التشخيصية عن بعد، مع تحديد شروط التسجيل ومعايير الجودة. إذ تهدف هذه السياسة ومثيلاتها إلى توحيد مستوى الخدمة ودرجة الرعاية المقدمة، على اختلاف آليات تقديمها ووسائل إتاحتها، وسواء كانت رعاية شخصية تُقدّم في المنشأة الصحية، أو استشارة طبية متاحة إلكترونياً.

وتعد هذه السياسة مستهدلاً لسياسة أخرى موسعة تشمل الكثير من الخدمات الطبية/الصحية التي يمكن لآلية الرعاية الصحية عن بعد أن تساهم في تيسير الوصول إليها، من خلال التعاون مع كوادرات طبية/صحية مؤهلة من خارج البلاد ذات مستوى عالمي، وذلك لمواجهة الطلب المتصاعد على الخدمات الصحية، والاستهلاك المتنامي لموارد القطاع الصحي، أسوة بالكثير من الأنظمة الصحية العالمية.

ووفق السياسة المذكورة، يمكن لأطباء الأشعة التشخيصية من خارج البلاد المرخصين في دولهم، التقدم للحصول على ترخيص طبيب زائر، من خلال منشأة صحية مرخصة في دولة قطر، دون الحاجة إلى القدوم إلى الدولة والعمل فيها، إذ يقتصر عملهم على تفسير صور الأشعة المرسلّة إليهم وكتابة التقرير الطبي، والتواصل إلكترونياً مع الطبيب المعالج للنقاش والإجابة على الاستفسارات متى طلب منهم ذلك.

ويجب على هؤلاء الأطباء استيفاء جميع الاشتراطات الفنية المطلوبة من الطبيب الزائر بما في ذلك المؤهلات الأكاديمية، وطبيعة الخبرة العملية ومدتها، لكن بخلاف ذلك يُعفى هؤلاء الأطباء من اشتراطات الفحص الطبي، ودورات الإنعاش القلبي الرئوي، واستكمال متطلبات التطوير المهني المستمر، ويمكنهم تقديم صحيفة الحالة الجنائية الصادرة من دولهم شريطة أن تكون موثقة من وزارة الخارجية القطرية، ويمكنهم أيضاً تقديم شهادات حسن السيرة والسلوك المهني إلى أحد شركات التحقق من المصدر الأولي، مع إرفاق تقرير التحقق بطلب الترخيص، ويجب عليهم أيضاً توقيع نماذج سرية المعلومات وتضارب المصالح، وفيما يتعلق بمنح الامتيازات الجراحية/الطبية، تُفوّض المنشأة الصحية في هذا الأمر على أساس كل حالة على حدة.

وتلتزم المنشأة الصحية التي تقدم هذا النوع من الخدمات باشتراطات الجودة التي تضمن تبادلًا آمنًا لبيانات المريض وتقريره بين المنشأة الصحية وطبيب الأشعة، والقدرة على تخزين هذه البيانات على نحو يضمن خصوصيتها. ويجب عليها تيسير وصول طبيب الأشعة إلى القدر المطلوب من معلومات المريض في الوقت المناسب، ويشمل ذلك التاريخ المرضي والتقارير السابقة، وتتقيد أيضاً بجودة صور الأشعة المرسلّة إلى الطبيب المختص، وألا يؤثر نقلها إلكترونياً على دقتها، ويجب أن يكون هناك تعاقدًا مكتوبًا بين المنشأة وطبيب الأشعة يراعي الالتزامات الطبية والقانونية لكلا الطرفين.

يُرجى مراجعة السياسة المرفقة للاطلاع على المزيد من المعلومات التفصيلية.

شاكركم لكم حسن تعاونكم

إدارة التخصصات الصحية/وزارة الصحة العامة

للاستفسار، يرجى التواصل على البريد الإلكتروني:

dhpregration@moph.gov.qa



<b>Policy Name:</b> Teleradiology regulation
<b>Policy Code:</b> MOPH/DHP/Reg./BL
<b>Version Number:</b> 1
<b>Developed by:</b> Registration Section - DHP
<b>Reviewed by/Date:</b>
<b>Approved by/ Date:</b>
<b>Date Effective:</b>
<b>Date of Due Revision:</b> TBD
<p><b>Validity:</b> This policy is the main and valid policy until updated, replaced or canceled by Department of Healthcare Professions.</p> <ul style="list-style-type: none"> <li>Update, replacement or cancellation of this policy may occur when needed. However, all healthcare practitioners and parties shall comply with this policy.</li> </ul>

## DOCUMENT CONTROL

### Revision History

Name	Date	Changes	Version

### Reviews by REGISTRATION DEPARTMENT - DHP

Name	Date	Organization/Position	Version

Submitted false or misleading experience certificate to obtain a license



## 1. Introduction & background

Teleradiology is the practice of transmission of patients' radiological images between different locations to produce a primary report, expert second opinion or clinical review. The different locations can be within the same organization or between organizations, within the same country or across international boundaries.

### Top Five drivers of Teleradiology

1. Shortage of Radiologists in certain countries/regions.
2. COVID-19 impact which is contributing to a surge in patients requiring diagnostic examinations, such as chest X-ray or computed tomography (CT).
3. Increased demand for more specialized modalities due to the clear relationship between the complexity of a diagnostic examination and the length of read time.
4. Increased use of cloud-based technology which makes the implementing of information technology (IT) for teleradiology less complex.
5. Technology advances in improving the three key ingredients of a successful teleradiology service — speed, accuracy and workflow/decision support, for instance:
6. The DHP has received a request from the main healthcare facilities mainly HMC, Sidra and Qatar Armed Forces asking for regulation and approval of teleradiology as an approach to overcome the above-mentioned challenges.

## 2. Policy Statement

- **DHP mandates the reporting radiologist (from outside Qatar) to be licensed by DHP as a locum and fulfill all the licensing requirements / standards including verification, qualification, and experience requirements (see appendix A ).**
- In addition, the DHP Standard on Teleradiology provides that «physicians who provide the official, authenticated interpretation of images transmitted by teleradiology should maintain licensure appropriate to delivery of radiologic services at both the transmitting and receiving sites. A physician also should be credentialed by and have medical staff privileges at every facility at which he or she provides imaging services.
- The purpose of DHP mandating out-of-Qatar physicians to obtain and maintain a license to practice teleradiology is to ensure high quality medical care and professional integrity in the practice of radiology by establishing guidelines for standards of care governing outsourcing of radiologists' services.

## 3. Definitions:

### Teleradiology

is the practice of transmission of patients' radiological images between different locations to produce a primary report, expert second opinion or clinical review? The different locations can be within the same organization or between organizations, within the same country or across international boundaries.

**Reporting Radiologist** is the physician who will not be physically present within the State of Qatar and will be remotely participating in reporting cases through the teleradiology program/ solutions.

## 4. Abbreviations

- DHP: Department of HealthCare Professions.
- HCPs: Healthcare Practitioners.



## 5. Scope

This policy applies to:

Radiologist physicians working from remotely from outside Qatar as per contractual agreement with healthcare facility based in Qatar.

## 6. Guidelines/procedures

- The reporting radiologist should sign a patient confidentiality form Plus conflict-of-interest declaration.
- Teleradiology should enhance and complement local diagnostic services and there must be no overall detriment to the quality of diagnostic imaging services in the healthcare system in Qatar
- The use of teleradiology should not undermine the normal clinical workflows within the radiology department
- There should be an uninterrupted flow of data from the point of request for imaging to the acknowledgement of receipt of the imaging report by the requesting clinician. These standards reflect that the patient should benefit from the same quality of care as in the optimized hospital setting. The safety and wellbeing of the patient should be the priority and primary focus. First and foremost, all teleradiology relationships should be patient centered’.
- Since teleradiology is not always provided as part of an integrated healthcare system with clear patient pathways. Thus, the following general framework standards need to be fulfilled for the transmission of data, the reporting of that data, the communication of the results and quality assurance of the reports. Patient safety and confidentiality are paramount There should be regular audit of this by DHP.

**Standard 1 Data transfer:** there should be clear and transparent systems in place for rapid, secure transfer and review of images and, where necessary, storage of patient data. Data transfer must be secure so that patient confidentiality is maintained. Technical standards evolve and data transfer must reflect this. There should be no inappropriate delays in data transfer. Healthcare facilities should strive to ensure the data is as easy to appropriately view outside as inside their organization.

**Standard 2 Reporting:** reporting must be to the same standard independent of where and by whom the data is reported. Teleradiologists must have access to the same breadth of patient information as they would in the base healthcare facility. This must include patient details, current and previous clinical information, previous examinations (reports and images) and laboratory data. The data must be viewed in an environment using equipment (hardware and software) of at least the same standard as would be expected in the facility.

**Standard 3 Communication of the results:** the same person should interpret the examination and issue the report to the referring clinician and should be clearly identified, with the results communicated and integrated into the base hospital’s radiology information system picture archiving and communications system (PACS) and electronic patient record (EPR) in a timely manner. Where results are especially urgent, the teleradiologist should be able to have a discussion with the referrer and/or the responsible clinician. The reporting radiologist should be available for ongoing discussions and any clarifications of the initial report. Any verbal opinions given during discussions must be documented.

**Standard 4 Quality assurance:** teleradiology should be part of an integrated radiology service and be subject to the same governance framework as the rest of the service, with all participating radiologists working within a clearly documented quality assurance framework in line with institution guidelines.

- **The healthcare facility will have the full responsibility of implementing the standards** in order to ensure quality of care and patient safety with alignment of whole service approved standards.
- There should be a comprehensive contractual agreement between the facility and teleradiology provider The medico-legal responsibilities of the referring healthcare facility and those of the reporting teleradiology service must be clearly defined.



- For any transferred images, and in case of any technical errors or issues. the remote technical teams should be available to fix any future issues at the remote facility either inside or outside Qatar.

## 7. References

Standards for the provision of teleradiology within the United Kingdom Second edition [https://www.rcr.ac.uk/system/files/publication/field\\_publication\\_files/telerad\\_standards.pdf](https://www.rcr.ac.uk/system/files/publication/field_publication_files/telerad_standards.pdf)

<https://www.theabr.org/>

<https://www.acr.org/>

[https://books.google.com.qa/books?id=fWG992BSyc8C&pg=SA1-PA25&lpq=SA1-PA25&dq=guidelines+for+standards+of+care+governing+outsourcing+of+radiologists%E2%80%99+services+ACR&source=bl&ots=SBCFzoF9J8&sig=ACfU3U1jmFRu-m7fF\\_zzFDSdmRBM\\_\\_rH2Q&hl=en&sa=X&ved=2ahUKEwiZ1oC-ofz1AhVWSPEDHVUOA\\_cQ6AF6BAgPEAM#v=onepage&q=guidelines%20for%20standards%20of%20care%20governing%20outsourcing%20of%20radiologists%E2%80%99%20services%20ACR&f=false](https://books.google.com.qa/books?id=fWG992BSyc8C&pg=SA1-PA25&lpq=SA1-PA25&dq=guidelines+for+standards+of+care+governing+outsourcing+of+radiologists%E2%80%99+services+ACR&source=bl&ots=SBCFzoF9J8&sig=ACfU3U1jmFRu-m7fF_zzFDSdmRBM__rH2Q&hl=en&sa=X&ved=2ahUKEwiZ1oC-ofz1AhVWSPEDHVUOA_cQ6AF6BAgPEAM#v=onepage&q=guidelines%20for%20standards%20of%20care%20governing%20outsourcing%20of%20radiologists%E2%80%99%20services%20ACR&f=false)

[https://www.researchgate.net/publication/350148685\\_Teleradiology\\_public-private\\_partnerships\\_in\\_Saudi\\_Arabia\\_a\\_review](https://www.researchgate.net/publication/350148685_Teleradiology_public-private_partnerships_in_Saudi_Arabia_a_review)

## 8. Related Policies/Circulars/Guidelines

- Guidelines related to physicians' registration & licensing
- Circular 23/2020

Attachments

N/A

## Appendix A (Requirements for registration and licensing)

The applicant should fulfil all the requirements for evaluation and licensing for locum physicians except the following:

- waive the following requirements (not needed) :
  1. Medical Test & chest X-Ray.
  2. CPR courses.
  3. QID.
  4. CPD/CME point requirements for renewal
- Amendments of the following requirements:
  1. Police Clearance shall be from the home country and attested by MOFA of his country and the Qatari embassy in that country.
  2. The certificate of good standing from the concerned authority shall be verified by a verification company.
- Privileging the teleradiology's physicians can be delegated to the institutional privileging committee (HMC & SIDRA) , other facilities to be discussed on a case by case bases .