

North East and north Cumbria

Specialty Training

School of Radiology - Training Suite Information Governance Policy

Scope

This policy is concerned with the collecting, storage, use and disposal of images in the Northern School of Radiology Training Suite (“MacLab”)

Background

In late 2014, the Northern School of Radiology will open a network of 13 iMacs running OsiriX, which acts as a simulation training suite.

Collecting Images

1. Images will be collected from the iMacs already networked to Trust PACS. As such, these images should already have undergone an OsiriX level of anonymisation.
2. Images will be copied to portable encrypted hard drives supplied by the School.
3. An alternative to hard drive transfer is digital transfer using secure servers. The School will be using Huddle, which holds IL2 certification (ie compliant with current NHS information governance requirements).
4. Images will be transferred to the Server iMac in the MacLab for cataloguing.
5. Trust Caldicott rules will be followed.

Patient Consent

It is the School’s understanding, based upon published RCR and GMC guidance (see notes below), that explicit consent is not required from individual patients in order for anonymised non-identifiable images to be used for the purposes of teaching and training in the environment envisioned by the MacLab. (This is the same as current routine practice within Departments across the Region.)

Suite Use

Access is limited to the following:

- a. School personnel
- b. Approved Radiology Trainers (ie who have undergone familiarisation and suite

- use training)
- c. Radiology registrars who have undergone their familiarisation and suite use training
 - d. Other Specialities by application and who have undergone the appropriate training.

Use of the Image Archive

1. Training within the suite
2. No images will be removed from the Suite without written permission of the Head of School or one of the TPDs, and then only for educational purposes. Educational purposes include the preparation of teaching materials or for publication where there is a genuine educational benefit (journal, book chapter, e-learning modules).
3. Images will not be sold for commercial purposes.
4. Images may, at the discretion of the School Board, be shared with other Radiology Schools around the UK for the sole purpose of promoting higher quality radiology training.
5. Images may, at the discretion of the School Board, be shared with the Royal College of Radiologists for the purposes of their Validated Case Archive or r-ITI.
6. Where images are shared with a third party, there will be a written undertaking that the images will not be sold on for commercial benefit, and will remain the property of the School of Radiology

Ownership of the Case Archive

Images will remain the sole property of the School of Radiology.

Image Disposal

If, for whatever reason, the Suite were to close, the case archive would be transferred to another Trust teaching collection, fate to be decided by the School Board. The hard drives of the iMacs are to be wiped, and if the hardware is still useful, to be gifted to radiology departments for the purposes of teaching/training.

Notes

The RCR's guidance¹ 2012, states in section 7, "Consent for the use of imaging in teaching and training":

¹ Standards for patient consent particular to radiology, 2nd Ed.
https://www.rcr.ac.uk/docs/radiology/pdf/BFCR%2812%298_consent.pdf

“Imaging is now central to the practice of medicine, and training doctors to interpret medical images is, therefore, crucial to the provision of high-quality care. This is, of course, central to the training of clinical radiologists. In the development of training programmes, and the use of images to underpin that training, departments of clinical radiology must ensure that patient images are, wherever possible, anonymised to ensure patient confidentiality. This, of course, is not always possible and frequently not desirable, particularly when the process of anonymisation could compromise patient care and safety. This may occur in ‘live case’ situations where teaching is opportunistic, such as during reporting sessions, during the course of multidisciplinary team meetings (MDTMs), or during the review by colleagues and trainees of difficult cases.

The RCR supports the concept of ‘anonymise or ask’ proposed by the Patient Information Advisory Group (PIAG, now the National Information Governance Board for Health and Social Care [NIGB]) and recognises that both processes are intended to be thorough.

However, processes for eliciting consent for the use of images in teaching radiologists, other professionals and medical students are not yet well established. Departments of clinical radiology and NHS trusts need to provide information about the nature of the training environment to patients in a number of ways. This will include posters within the hospital and the department, information contained within patient appointment letters, patient information sheets and general information provided by the trust. Every effort should be made:

1. To ensure that patients are aware of the information
2. To communicate the nature and importance of teaching in clinical practice in ways understandable by the patient.

Consultation with the trust’s Caldicott Guardian will ensure that processes of anonymisation and consent are robust.”

And, the GMC’s guidance, “Making and using visual and audio recordings of patients”² states:

“Recordings for which separate consent is not required

10 Consent to make the recordings listed below will be implicit in the consent given to the investigation or treatment, and does not need to be obtained separately.

- Images of internal organs
- Images of pathology slides

² Making and using visual and audio recordings of patients http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp

Training Suite Information Governance Policy

- Laparoscopic and endoscopic images
- Recordings of organ function
- Ultrasound images
- X-rays”

And

“12 You may disclose or use any of the recordings listed in paragraph 10 for secondary purposes without seeking consent provided that, before use, the recordings are anonymised; for example by the removal or coding of any indentifying marks such as writing in the margins of an X-ray (see paragraph 17).”

And

“17 You may disclose anonymised or coded recordings for use in research, teaching or training, or other healthcare-related purposes without consent. In deciding whether a recording is anonymised, you should bear in mind that apparently insignificant details may still be capable of identifying the patient. You should be particularly careful about the anonymity of such recordings before using or publishing them without consent in journals and other learning materials, whether they are printed or in an electronic format.”