**Issuing addenda to radiological reports: ensuring that discrepant reports discovered at MDTs are properly recorded [QSI Ref: XR-704]**

**Descriptor:**

An audit to ensure that, in line with RCR guidance, variations from original reports detected on MDT second readings are documented [2].

**Background:**

Review of imaging prior to MDTs and discussions at MDT meetings often generate radiological opinions which differ significantly from the original radiological reports. Best clinical practice dictates that these should be recorded routinely.

## The Cycle

**The standard:**

- Major differences of opinion and discrepancies in radiology reports should be recorded. These may be identified before a MDTM or at the MDT meeting by the MDT radiologist

- The new opinion is recorded by the MDT facilitator within the MDTM record but should also be notified to the original reporter

- A dated, addendum or supplementary comment should be issued on PACS

- Cases reviewed may have been imported to the local PACS from another hospital. If so, any disagreement with the original report is recorded in the MDTM record and a local arrangement made to ensure the difference of opinion is discussed with the outside hospital MDT co-ordinator and conveyed to the original reporter to enable an addendum or supplementary report to be issued on the outside PACS

- Significant Radiological discrepancies should be reviewed at the local Radiology Events and Learning Meetings (REALMs)

**Target:**

100% of all significant disparities from original reports identified by the MDT process are recorded as addenda or as supplementary comments on PACS or recorded as conveyed to an external MDT co-ordinator on the MDTM record.

## Assess local practice

**Indicators:**

All significant disparities from original reports identified by the MDT process and recorded by the MDT co-ordinator have at 14 days post-identification:

1. The second opinion stated in the MDTM record

2. Either an appropriate addendum on PACS or in the case of an outside report a comment in the MDTM record that the difference in opinion was conveyed to the outside hospital MDT co-ordinator

3. If there is a significant Radiological discrepancy, the case is reviewed at the local Radiology Events and Learning Meetings (REALMs)

**Data items to be collected:**

Three fields on a spreadsheet:

1. An identifier for each discrepant report identified by the MDT process

2. For each locally generated report, a yes/no answer to the question, “Has a search of PACS indicated that either an associated appropriate addendum, has been recorded.”

3. For each outside hospital generated report, a yes/no answer to the question, “Is there a record in the MDTM notes that a difference of opinion been reported to the outside hospital MDT co-ordinator.”

4. Number of such cases reviewed at REALM

**Suggested number:**

30 cases.

**Suggestions for change if target not met:**

1. Review of the processes for addendum with the MDT co-ordinators

2. Review with all MDT attenders the importance of maintaining an accurate record at MDT meeting and discussion at departmental clinical governance meetings

3. Identification of person or persons whom will be responsible for ensuring addendum or discrepancies will be appropriately fedback to the primary reporterand where appropriate reviewed at the local REALM (this maybe the MDT lead, core MDT Radiologists, MDT facilitator or other designated persons).

**Resources:**

• MDT radiology lead: Time to record discrepancies prior to MDT, 5 minutes per case and to discuss discrepancies identified with non-MDT radiologist colleagues

• MDT coordinator: Time to record discrepancies during MDT, 5 minutes per case

• MDT coordinator: Time to check PACS for addenda and modifications – 5 min recurring, excel spreadsheet or similar

**References:**

1. The Royal College Of Radiologists. [Standards for the recording of second opinions or reviews in radiology departments.](http://www.rcr.ac.uk/standards-recording-second-opinions-or-reviews-radiology-departments) London: The Royal College Of Radiologists, 2010.
2. The Royal College of Radiologists. Cancer multidisciplinary Team Meetings – standards for clinical radiologists. 2nd Edition: London. The Royal College of Radiologists 2014. Ref: BFCR (14)15.
3. The Royal College Of Radiologists. Lifelong learning and building teams using peer feedback 2010. . The Royal College of Radiologists 2017. Ref: BFCR (17)5.<https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr175_lifelong_learning_building_teams.pdf>

**Editor's comments:**

Initially, a single high volume MDT (for example, lung cancer) may be subjected to the process, with extension to other MDTs once process is established.

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