

COMPLIANCE WITH RCR STANDARDS FOR ACTIONABLE RADIOLOGY REPORTING :

91.7%
reports with a clear conclusion
(up from 80.4% at baseline)

A TWO-CYCLE AUDIT AT NEWHAM UNIVERSITY HOSPITAL

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BACKGROUND



- Actionable reporting is essential for safe patient care
- RCR standards define minimum expectations for radiology reports
- Local compliance with these standards requires regular audit

METHODS

A baseline audit (Jan/Feb 2026) assessed reports against five RCR actionable-reporting standards. Departmental interventions were implemented, and a re-audit of 60 reports was performed (Apr/May 2026) against a target compliance of 100%.

AIM



To assess compliance of radiology reports with RCR actionable reporting standard

RCR STANDARDS FOR ACTIONABLE REPORTS

- ✓ Include a clear conclusion
- ✓ Answer the clinical question
- ✓ Provide a differential diagnosis where appropriate
- ✓ Provide advice regarding the next management step where clinically relevant
- ✓ Avoid ambiguous terminology

TARGET COMPLIANCE: 100%

RE-AUDIT RESULTS (n = 60)



April / May 2026

RCR Standard	Compliance
Conclusion Present	55/60 (91.7%)
Clinical Question Answered	60/60 (100%)
Differential Diagnosis Provided	55/60 (91.7%)
Advice Regarding Next Step	40/60 (66.7%)
Ambiguous Terminology Avoided	60/60 (100%)

COMPARISON OF AUDIT CYCLE



Standard	Baseline Jan/Feb 26	Re-Audit Apr/May 26	Change
Conclusion Present	80.4%	91.7%	+11.3%
Clinical Question Answered	94.6%	100%	+5.4%
Differential Diagnosis Provided	92.9%	91.7%	-1.2%
Advice Regarding Next Step	66.1%	66.7%	+0.6%
Ambiguous Terminology Avoided	100%	100%	Maintained

KEY FINDINGS



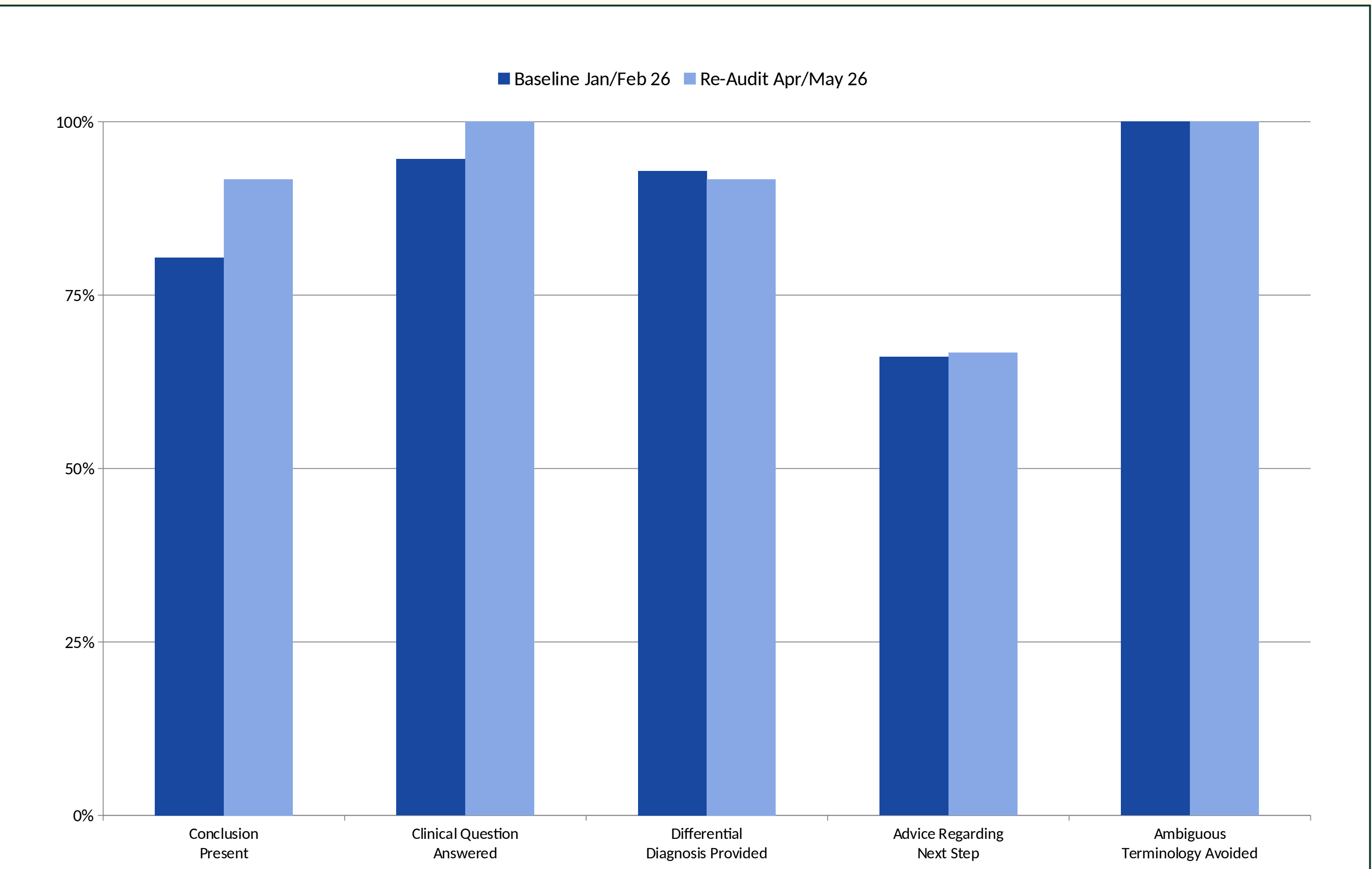
- Conclusion present in 91.7% of reports (from 80.4%)
 - Clinical question answered in 100% of reports (from 94.6%)
 - No ambiguous terminology identified ; maintained at 100%
- ⚠️ Differential diagnosis provision slightly reduced (92.9% → 91.7%)
- ⚠️ Advice on next management step improved only marginally (66.1% → 66.7%) remains the weakest standard

GOVERNANCE INTERPRETATION

The re-audit shows that interventions implemented after the initial audit have been effective, particularly in improving structured conclusions, directly answering the clinical question, and maintaining clear, unambiguous reporting language.

Provision of explicit management recommendations remains inconsistent and should be the primary focus of the next improvement cycle

BASELINE vs RE-AUDIT COMPLIANCE



Reference: The Royal College of Radiologists. Standards for the Interpretation and Reporting of Imaging Investigations. RCR, London.

CONCLUSION



The re-audit demonstrates sustained compliance with key RCR reporting standards and significant improvement in report conclusions and clinical question answering. Further work is required to improve the consistency of actionable management recommendations, the principal area for ongoing quality improvement

RECOMMENDATIONS



- Continue departmental education on RCR Actionable Reporting Standards
- Reinforce inclusion of a clear conclusion, differential diagnosis and actionable next-step advice
- Incorporate high-quality actionable reports as teaching examples
- Repeat surveillance audit in 6 months to assess sustainability
- Refine inclusion criteria for next-step advice standard to exclude cases with no clinically relevant next step (per RCR wording), for more accurate measurement in Cycle