

Executive Summary 2009

Royal Australian and New Zealand College of Radiologists

In 2001, the Australian Medical Council (AMC) assessed the education and training programs of the Royal Australian and New Zealand College of Radiologists (RANZCR). RANZCR was one of two colleges that participated in the AMC's pilot of the specialist education accreditation process. This assessment resulted in a decision to grant accreditation to the College for the maximum period, six years, subject to annual reports addressing recommendations made in the AMC Accreditation Report. This accreditation was subsequently extended to 2009 on the basis of a comprehensive report by the College describing developments in its training programs since the AMC accreditation and plans for the next five years.

The College's annual reports to the AMC have outlined plans for significant curriculum development in both radiology and radiation oncology. The 2008 annual report indicated that the College would introduce a new curriculum for the radiation oncology training program in 2009 and for radiology in 2010.

An AMC Team reviewed the College's plans in June 2009, considering the implementation of the radiation oncology curriculum and the plans for implementation of the radiology curriculum. The Team thanks the College fellows and staff for their detailed preparation and for their hospitality.

This Executive Summary provides a short summary of the Team's main findings. It also lists the commendations and recommendations which have been made in the body of the report.

The Team found a number of significant changes was being implemented in radiology and radiation oncology training:

- The College has designed and implemented the curriculum for radiation oncology and is close to finalising development of the curriculum for radiology. Both curricula are based on the CanMEDS¹ framework and seven roles, with the role of 'medical expert' being central.
- The College is enhancing training programs that have been essentially site-specific and practice-based but with centralised examinations. These are becoming programs with appropriately integrated practical and theoretical components.
- The College is introducing a range of assessment tools designed to assess trainees early in their training, to provide constructive feedback to trainees and to promote progressive learning. Tasks are mandatory and none of them is solely formative. Their mandatory nature, and possibly the number and frequency contribute to a risk that these activities will be carried out in compliance with requirements, and not necessarily lead to the intended learning. Expanded training of supervisors who will contribute to the assessment of trainees will be essential to the successful implementation of the new curricula and to the probable future reduced emphasis on the formal examinations. This training will need to address providing feedback to trainees.
- The plans for progression alerts throughout the early stages of training are impressive. Directors of training have received guidelines on identifying trainees who are not meeting the assessment requirements. There was less clarity and guidance for trainees and directors of training on how under-performing trainees will be managed through either remediation or dismissal from training.
- An educationalist external to the College has reviewed the College's examinations. The College has made changes to the Part 2 examinations in radiation oncology and radiology to ensure clinical relevance of all components of those examinations. Both programs intend to retain both of their examinations as hurdle requirements, although other hurdles are also being introduced. Each of the programs should consider the timing of the Part 1/Phase 1 examination in relation to all of the other curriculum and assessment requirements, to the high stakes nature of the examination, and to the impact on trainee progression.

¹ *Annals RCPSC Vol 29 No 4 1996 Skills for the New Millennium pp 207-216*

- The new curricula pose a considerable challenge to the provision of timely and accurate information to trainees regarding their training status. The College recognises the need for a computerised database, with protected access for the directors of training and network directors, to keep track of trainees, their rotations and the many assignments in both programs. This will become more important with the full implementation of the new programs. The College's exploration of the use of purpose-built software to assist in this process is welcomed.
- As it implements the new curricula, the College is moving from a model of accredited departments to a model of training networks. Accreditation criteria are under review, both to relate these more closely to the new curricula and to develop new criteria for training networks. The implementation of training networks is still variable. There is recognition of the need to expand the range of clinical settings used for training, such as in private practice for radiology. There has been some progress in this area and the College's plans for further expansion are commended.
- The RANZCR has developed role statements for the key training supervisors' and directors' positions. These roles are evolving as the new curricula are implemented. The role descriptions will also evolve.
- Most clinical supervisors, directors of training and network training directors were well informed about the introduction of the new curricula. Directors of training on the whole feel supported in their role. The new curricula bring new requirements, however, and expanded training and support will be required. The introduction of network training will be associated with increased record keeping, and there is a need to address issues of administrative support.
- The College has general principles in relation to admission and selection. The process of selection of trainees is devolved to a hospital or network, and the College has little involvement in this process. This leads to variability in selection, which may deviate from the College's vision of the appropriateness of an applicant. The College understands these difficulties and sees the move to network recruitment as facilitating an increasing role in selection.
- The development of new curricula in radiation oncology and radiology has been an opportunity for trainees and fellows to contribute to shaping education and training. This has been welcomed. The College has involved a range of stakeholders over the past two years in reaching the current stage of development and implementation. The processes for program monitoring and evaluation are being reviewed for the new curricula, and will build on the current processes, which are valued by trainees and departments. In radiation oncology, most directors of training, clinical supervisors and trainees have already had opportunities to provide informal feedback, even at this early stage of curriculum implementation. The challenge for the College now is to expand its formal feedback processes, and to implement processes for subsequent curriculum change.
- The Team commends the growing culture of trainee participation in the governance of the College. In radiation oncology, there are trainee representatives on all committees. The newly formed Trainees' Committee is functioning well and the trainees actively drive innovation. In radiology, in line with previous AMC recommendations, the process of formalising a trainee as a full member of College Council is to be finalised later in 2009.

The Team was impressed with the progress made by the College and commends those who have contributed to the development of the new programs in radiation oncology and radiology. Clearly the Team visited at a time of transition. Many of the changes are in their early stages of implementation and some of the College's plans need to be progressed urgently. The AMC notes that since the Team's review the College has continued the work of implementing its curricula, including consideration of the recommendations contained in this report.

Commendations and recommendations

Commendations

- A The leadership and dedication of the office bearers and staff in facilitating the new educational direction taken by the College.
- B The College's defined graduate outcomes for the radiation oncology and radiology training programs.
- C The Radiology Curriculum Advisory Committee on:
- the development of an overall structure and plan for the five years of training;
 - its attention to early training in key conditions, patient safety and report writing before trainees go on-call.
- D The Faculty of Radiation Oncology on:
- the clear structure of the curriculum including learning outcomes linked to the phase of training;
 - the increased feedback to trainees regarding their performance during training.
- E The requirement that all trainees, in both programs, are trained in research skills.
- F The College's flexible and supportive approach for trainees who request interrupted training time.
- G Plans to introduce assessment tools to address the broad spectrum of competency.
- H Changes in the College's approach to assessment including: the introduction of a variety of tools for in-training assessment, including assessing clinical performance and a range of tools designed to assess trainees early in training; clear guidelines on the timing and purpose of each assessment task; and plans to use portfolios to maintain trainee records.
- I The College's employment of the external education advisor and the review of the validity and reliability of the examinations.
- J Changes to the content and questions that will make the examinations more clinically relevant.
- K The College's surveys of candidates following the Part 2 examinations.
- L The introduction of processes to improve the frequency of performance feedback to trainees.
- M Clear progression plans and guidelines indicating which assessment tasks are required to be completed after each six months of training.
- N The College's processes for educational affiliates to become fellows of the College without the need to pass the Part 2 examination.
- O The tools developed by the College to seek trainee and supervisor feedback on training processes, such as the Clinical Learning Environment Survey.
- P The initiative of the College in establishing the 'Travelling Roadshow' to communicate with and to seek feedback from trainees and fellows, and the College's plans to continue these activities.

- Q The opportunity for trainees to provide feedback regarding their training sites.
- R The growing culture of trainee participation in governance, innovation and development, particularly in the Faculty of Radiation Oncology.
- S The College's support for directors of training and network directors.
- T The Trainee Assessment of Training Terms in radiation oncology and radiology.
- U The results of the joint effort by the RANZCR and the Australian Diagnostic Imaging Association to obtain additional funds for training positions in expanded settings.
- V The College's steps to address falling CPD program participation rates for radiation oncology.

Recommendations

That the RANZCR:

- 1 *Further explore ways in which the governance of the College may be streamlined.*
- 2 *Investigate strategies to facilitate information sharing between committees and across educational programs.*
- 3 *Engage more fully with other specialist colleges to promote collaborative educational activities.*
- 4 *Continue to build positive relationships with health jurisdictions and health service organisations to strengthen training capacity.*
- 5 *Give priority to monitoring the introduction of the curriculum requirements in both programs in relation to the workload placed on trainees, trainers and training institutions in the early stages of training. Modifications should be communicated to the training sites and to the AMC in the College's annual reports.*
- 6 *Give priority to completing development of the radiation oncology Phase 2 assessment tasks and the learning portfolio.*
- 7 *Investigate opportunities to share research resources and promote the development of research skills for trainees in both programs.*
- 8 *Develop explicit guidelines for flexible training requirements.*
- 9 *Implement a policy on recognition of prior learning that recognises demonstrated competences achieved and educational requirements satisfied, and gives trainees appropriate credit towards the requirements of the training program.*
- 10 *Take opportunities to promote radiology and radiation oncology to potential trainees in the undergraduate and prevocational stages of training.*
- 11 *Encourage fellows to be actively involved in the medical training continuum and, where appropriate, provide training for fellows.*
- 12 *Continue to explore the use of an expanded range of educational methods and modalities across all the competencies, including the potential for simulation training.*

- 13 *Consider developing assessment policies that apply to both programs including a policy relating to disadvantage and special consideration.*
- 14 *Continue to carry out blueprinting of all of the assessment processes against the curricula and the competencies, ensuring that the blueprinting covers the full spectrum of the seven competencies.*
- 15 *In relation to in-training assessment tasks:*
- *clarify the potential demands of these tasks on directors of training and clinical supervisors, and monitor the capacity of supervisors and directors to implement these new assessments;*
 - *expand the training for directors of training and clinical supervisors responsible for assessing trainees;*
 - *reconsider the purpose, number and frequency of the in-training assessment tasks in implementing processes that will promote formative assessment for learning.*
- 16 *As a matter of urgency make public clear criteria and standards against which written assignments are to be assessed.*
- 17 *Review the performance of trainees in the new Phase 1 examinations to ascertain the impact of the new curriculum and assessment tools on pass rates.*
- 18 *Prior to changing the timing and frequency of these examinations, consider the potential impact on trainee's opportunities to meet the progression requirements.*
- 19 *Continue to develop the examinations in line with the new curricula and the recommendations of the 2004 external advisor.*
- 20 *Develop and implement:*
- *expanded training for directors of training and clinical supervisors in giving feedback to trainees and in managing the under-performing trainee;*
 - *a policy on progression that can potentially apply to both programs.*
- 21 *Undertake ongoing, regular review and evaluation of the progression requirements and Trainee Progression Alerts to ensure that trainees are not being inappropriately hindered in their training.*
- 22 *Develop a secure, central database, accessible by directors of training, to permit tracking of trainee progression.*
- 23 *Evaluate the reliability and validity of all assessment methods as an integral part of the ongoing evaluation of the whole programs. The evaluation policy and processes should be appropriate for both programs.*
- 24 *For each examination, formalise and publish explicit performance standards that can be reliably applied across the whole examination and from one examination to the next.*
- 25 *Develop systematic plans to monitor and evaluate:*
- *the feasibility of implementing all of the proposed in-training assessment tools;*
 - *the impact of the new in-training assessment tools on trainee learning.*

- 26 *Establish a process to evaluate the pass rate and impact on trainee learning of the Part 2 examinations.*
- 27 *Use the educational objectives established for the radiology and radiation oncology programs to inform the process of assessment of overseas-trained specialists.*
- 28 *Report in annual reports to the AMC on:*
- *the development of formal processes for seeking feedback from supervisors and trainees which are separate to the training portfolio, and for responding to feedback in a timely and transparent fashion;*
 - *plans to evaluate the implementation of the new curricula.*
- 29 *And specifically the Faculty of Radiation Oncology, make its selection criteria more easily accessible to prospective trainees.*
- 30 *Report in annual reports to the AMC on progress towards more formal involvement in the selection of trainees, the monitoring of consistent application of selection criteria, and the measuring of outcomes.*
- 31 *Consider creating opportunities for trainee input into the Training Program Assessments Committee.*
- 32 *Complete the development of documents defining the roles of each member of the training and assessment teams.*
- 33 *Consider ways to support training sites in providing protected time for trainers.*
- 34 *Consider the establishment of a mentoring system.*
- 35 *Continue to advocate at a national, state and territory level with health departments for funded training positions and training infrastructure support.*
- 36 *Progress the implementation of the proposed training network structure with some urgency.*
- 37 *Report in annual reports to the AMC on the revision of accreditation policy, criteria and standards for training sites/posts for radiation oncology and radiology.*
- 38 *Consider the development of a single simplified CPD framework for both radiation oncology and radiology to facilitate management and promotion of the program to fellows, with support from a dedicated College-wide CPD committee.*
- 39 *Consider making participation in CPD activities compulsory for all fellows and establishing sanctions for non-participants.*
- 40 *Establish a formal process for retraining of fellows who have been absent from practice for a significant period, and for remediation of under-performing fellows.*

Recommendations on accreditation

The AMC Guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures* list the options available to the AMC in deciding on the re-accreditation of education and training programs. They also provide separate options for the accreditation of major changes to an accredited specialist medical training program, as follows:

- 1 Accreditation for a period up to two years after the full new program has been implemented depending on satisfactory annual reports. In the year before the accreditation ends, the training organisation will be required to submit a comprehensive progress report to the AMC. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.

Accreditation may be subject to certain conditions being addressed within a specified period. The conditions may include a requirement for follow-up assessments to review progress in implementing the program.

- 2 Accreditation of the new program may be refused where the AMC considers that the training organisation cannot implement and deliver the complete specialist medical education and training program at a level consistent with AMC Accreditation Standards.

The Specialist Education Accreditation Committee considered that the changes being made fit the AMC definition of major change to accreditations programs. The Committee recommends:

- (i) That the AMC grant accreditation of the radiology and radiation oncology education, training and continuing professional development programs of the Royal Australian and New Zealand College of Radiologists until December 2014, subject to the following conditions:
 - that an AMC assessment team review the implementation of the radiation oncology and radiology training programs by December 2012;
 - that in the usual annual reports to the Specialist Education Accreditation Committee, the College comment on its response to the recommendations in the Accreditation Report;
 - that the College's first annual report comment specifically on:
 - the implementation of the radiology curriculum in 2010;
 - mechanisms to monitor the introduction of the curriculum requirements in both programs in relation to the workload placed on trainees in the early stages of their training and the implications for service delivery;
 - the development of the radiation oncology Phase 2 assessment tasks and learning portfolio;
 - progress in the blueprinting of assessment against the curricula and the seven competencies;
 - the publication of criteria and standards against which written assignments are to be assessed;
 - progress in the development of networked training.
- (ii) That in the year before expiry of the accreditation, the College submit a comprehensive report to the AMC. If, on the basis of the report, the Specialist Education Accreditation Committee advises that the College's programs continue to be delivered successfully, and that the College is maintaining the standards of education and resources necessary to support its programs, the AMC Directors may extend the accreditation to the maximum available period before the next AMC assessment by site visit occurs.