

Executive Summary: Royal Australian and New Zealand College of Radiologists

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2011*, describes AMC requirements for accrediting specialist programs and their education providers.

An AMC Team assessed the major change to education, training and continuing professional development programs of the Royal Australian and New Zealand College of Radiologists (RANZCR) in 2009. On the basis of this assessment, the AMC granted accreditation of the radiology and radiation oncology education, training and continuing professional development programs of the College, until December 2014 subject to satisfactory progress against the recommendations in the accreditation report and a follow-up assessment in 2012.

In 2012, an AMC Team completed the review of the College's programs, considering the progress against recommendations made by the 2009 AMC Team. The Team reported to the 6 December 2012 meeting of Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors within the options described in the AMC accreditation procedures.

This report presents the Committee's recommendations, as presented to the December 2012 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law Act 2009*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study as providing a qualification for the purposes of registration.

The AMC's finding is that overall the education, training and continuing professional development programs of the Royal Australian and New Zealand College of Radiologists meet the accreditation standards. Since its accreditation in 2009, the College has largely addressed the recommendations made by the AMC. An effective management structure supports the College's education and training programs. The College has successfully implemented a new curriculum in Radiology and effectively achieved input into curriculum planning and implementation. The College has excellent communication channels with trainees and trainee feedback mechanisms for both training programs are in place and functioning well. The College continues work on developing networks in Radiology and further consolidation of Radiation Oncology networks.

The December 2012 meeting of AMC Directors resolved:

- (i) That the accreditation of the education and training programs and continuing professional development programs of the Royal Australian and New Zealand College

of Radiologists be confirmed to 31 December 2014, subject to satisfactory progress reports to the AMC.

- (ii) That this accreditation is subject to the conditions set out below:
- (a) By 29 March 2013, evidence that the College has addressed the following condition from the accreditation report:
- 2 Complete the approval process and implement the Recognition of Prior Learning Policy. (Standard 3.4)
- (b) By the 2013 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 3 Develop and implement a policy concerning disadvantage and special consideration in assessment for both programs. (Standard 5.1)
 - 16 Finalise draft policy concerning retraining of fellows who have been absent from practice for a significant period, and for remediation of underperforming fellows. (Standard 9.2)
- (c) By the 2014 comprehensive report, evidence that the College has addressed the following conditions from the accreditation report:
- 1 Complete Phase 2 Radiology requirements, including all teaching, learning, and assessment components, to inform the trainees in the training program. (Standard 3.2)
 - 4 Monitor and report on the assessment load for all those involved in assessments (trainees, supervisors, assessors, and College staff) as the curricula are rolled out, including a review of the use of specific assessment formats. (Standard 5.1)
 - 5 Implement the Training Information Management System (TIMS) and evaluate the system's performance in providing effective performance feedback. (Standard 5.2)
 - 6 Develop and implement the assessment quality assurance processes including assessment blueprinting, methods, item analysis, standard setting, and security issues related to examination administration around all test formats for both programs. (Standard 5.3)
 - 7 Evaluate the outcomes of the Siggins Miller curriculum evaluation project. (Standard 5.3)
 - 8 Develop the online orientation program for overseas-trained specialists. (Standard 5.4)
 - 9 Implement the process for expediting to fellowship applicants determined to be partially comparable. (Standard 5.4)
 - 10 Develop the workplace-based assessments of Overseas Trained Specialists (OTS). (Standard 5.4)
 - 11 Evaluate the uptake of the Radiology Integrated Training Initiative (R-ITI) and implement the Learning Management System. (Standard 6.1)
 - 12 Strengthen the College's formal involvement in the selection of trainees, the monitoring of consistent application of selection criteria, and the measuring of outcomes. (Standard 7.1)

- 13 Develop a governance framework around training issues, including a trainee representation structure to ensure curriculum is delivered as intended at all training sites. (Standard 7.2)
- 14 Ensure that both of the Continuing Professional Development (CPD) programs incorporate practice review and a compulsory cultural competence component for New Zealand fellows, when these are mandated by the Medical Council of New Zealand. (Standard 9.1)
- 15 Formalise the process and criteria for assessing and recognising CPD providers. (Standard 9.1)

This accreditation decision covers the College’s programs for the recognised specialty of radiology with the fields of specialty practice: diagnostic radiology and diagnostic ultrasound. It also covers the programs for the recognised specialty of radiation oncology.

In 2014, before this current period of accreditation ends, the AMC will seek a comprehensive report from the College. As well as reporting on the conditions listed under (c) above, the report should outline the College’s development plans for the next four to five years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of five years (to December 2019), taking accreditation to the full period which the AMC will grant between assessments, which is ten years.

At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC Team.

Overview of findings

The findings against the nine accreditation standards are summarised below.

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 5 to 6). The Team’s commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.

1. The Context of Education and Training (governance, program management, educational expertise and exchange, interaction with the health sector and continuous renewal)	Overall, this set of standards is MET
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Commendations

- A The development of a management structure that effectively supports education, and the recruitment and development of the staff within this structure.

Recommendations for improvement

Nil.

2. The Outcomes of the Training Program (purpose of the training organisation and graduate outcomes)	Overall, this set of standards is MET
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Commendations

Nil.

Recommendations for improvement

Nil.

3. The Education and Training Program – Curriculum Content (framework; structure, composition and duration; research in the training program and continuum of learning)	Overall, this set of standards is MET
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Commendations

- B Radiology: The Team commends the implementation and monitoring of the new curriculum.
- C Radiation Oncology: The education materials, emphasis on in-training assessment and feedback are exemplary. Trainees and fellows indicated a high level of support and satisfaction for the curriculum at an early stage, assisted by successful communication from the College.
- D The curricula for Clinical Radiology and Radiation Oncology are clearly laid out and readily accessible such that all fellows in a supervisory role and trainees will be aware of training requirements.
- E The College’s significant efforts and resources invested in multi-channel communication with trainees and fellows, particularly the close involvement of staff from the College’s Training Assessment and Accreditation unit in delivering the road shows.
- F The development of the Training Information Management System (TIMS) system as a unified portal for trainees and fellows.

Recommendations for improvement

- AA Radiology: monitor and report on the introduction of requirements and early assessment tasks, particularly focussing on the workload that it may place on trainees and supervisors. (Standard 3.1)
- BB Consider flexible ways in which trainees might meet the research learning objectives, such as through modules or courses. (Standard 3.2)

4. The Training Program – Teaching and Learning	Overall, this set of standards is MET
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Commendations

- G The College has taken a holistic approach integrating its Learning Management System, CPD online and Training Information Management System. Significant work has been completed to provide e-learning resources, some of which will be provided to all Colleges.
- H The Team commends the College for its allocation and use of resources including a most impressive use of web-based tools related to the introduction of curriculum requirements since the 2009 AMC assessment.
- I The Team notes the favourable impact on learning behaviour through integrating exam preparation into clinical teaching and learning. Radiation Oncology trainees recognise the clinical assignments as a valuable and significant part of exam preparation.

Recommendations for improvement

Nil.

5. The Curriculum – Assessment of Learning (assessment approach, feedback and performance, assessment quality, assessment of specialists trained overseas)	Overall, this set of standards is SUBSTANTIALLY MET
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Commendations

- J E-MCQ implementation is the result of effective collaboration between College staff and fellows to manage and deliver an innovative assessment process that mirrors contemporary practise.
- K The development and implementation of a comprehensive suite of workplace-based assessments embedded within both training programs.

Recommendations for improvement

- CC Develop systems to ensure that all patient images sourced for College examinations and teaching have appropriate permissions. (Standard 5.3)

6. The Curriculum – Monitoring and Evaluation (Monitoring, outcome evaluation)	Overall, this set of standards is MET
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Commendations

- L The College has effectively used the road shows to seek input into curriculum planning and implementation processes. Stakeholders spoke positively of the value of these events and perceived the College representatives to be both attentive to their

issues and genuinely responsive. Examples were provided of changes that had come about as a result of such discussions. This is commendable and it is acknowledged that it is not always possible to achieve such uptake and engagement.

- M The Team is encouraged by early evidence of a systematic approach to gather trainee feedback and trainees' apparent satisfaction with current feedback methods. Examples include the Radiation Oncology Trainee Assessment of Training Terms (TATTS) and Radiology Trainee Assessment of Training Sites (TATS) systems, the evolving trainee committee system and representation processes and plans to strengthen and develop them into the future, as well as the responsiveness and professionalism of College staff.

Recommendations for improvement

- DD Development and internal integration of a formal framework to ensure focussed evaluation. The Team recommends increased coordination of evaluation activities at a College level and across both programs of training. In the next report to the AMC the College is asked to report on any progress with the creation of an internal evaluation framework. (Standard 6.1)

7. Implementing the Curriculum - Trainees (admission policy and selection, trainee participation in governance of their training, communication with trainees, resolution of training problems, disputes and appeals)	Overall, this set of standards is MET
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Commendations

- N The Team commends the excellent communication with trainees and encourages the College to continue their efforts.

Recommendations for improvement

- EE Develop trainee involvement at the local committee level and provide professional development for trainee representatives. (Standard 7.2)

8. Implementing the Training Program – Delivery of Educational Resources (Supervisors, assessors, trainers and mentors; and clinical and other educational resources)	Overall, this set of standards is MET
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Commendations

- O The Team commends the College for the development of the Supervision and Protected Time Guidelines for Directors of Training which endorses minimum mandatory protected time for Directors of Training and supervisors to undertake their training duties.
- P The College is to be commended on the progress in establishing a network accreditation program for Radiation Oncology.

Recommendations for improvement

- FF The shift in emphasis to workplace-based assessment means that training and feedback for supervisors and assessors is of increasing importance, and will need to be further developed. The Team welcomes the College's consideration of a system for collecting and delivering feedback on individual supervisor performance, planned for 2013. (Standard 8.1)
- GG Report on development of networks in Clinical Radiology and further development and consolidation in Radiation Oncology, including accreditation policies and standards. (Standard 8.2)

9. Continuing Professional Development (programs, retraining and remediation)	Overall, this set of standards is MET
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Commendations

- Q The development of an online facility for fellows to manage CPD activities and for the College to monitor individual participation in the CPD program.

Recommendations for improvement

- HH Take steps to simplify and align the components of the Radiology and Radiation Oncology CPD programs and in particular ensure equivalence in requirements for satisfactory participation. (Standard 9.1)