

2019

**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

**RESPONSE TO SELECT COMMITTEE ON ESTIMATES REPORT 2018-19
RECOMMENDATION 78
RADIOLOGY TRAINING ACCREDITATION AT
CANBERRA HOSPITAL**

**Presented by
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Minister for Health
November 2019**

The Select Committee on Estimates 2018–2019 tabled its report on the inquiry into the Appropriation Bill 2018–2019 and the Appropriation (Office of the Legislative Assembly) Bill 2018–2019 (the Report) on 31 July 2019.

Recommendation 78 of the Report recommends that:

“The ACT Government, provide a detailed plan to the Assembly on measures being implemented to ensure the radiology training accreditation moves back to an A grade accreditation rating within the next 12 months.”

Canberra Health Services (CHS) has taken a comprehensive approach to improving its Radiology training program in keeping with the Royal Australian and New Zealand College of Radiology (RANZCR) recommendations, which were made by RANZCR following a visit to CHS on 19 March 2019.

In order to support the recommendations, CHS has appointed two new Directors of Training in Radiology, a new Clinical Director of Medical Imaging and a new Executive Director for Medical Imaging to enhance and strengthen the supervision and management of Radiology trainees, and to improve the quality and experience of radiology training.

RANZCR Recommendations:

- 1. Establish System Focused Rotations to ensure that trainees in their 4th and 5th years of training have exposure to a systems-based training environment. Rotations should be for 4-6 sessions a week, for 3-month blocks in 4th year, and 3 or 6 month blocks in 5th year. Further details are available at RANZCR *Systems Focused Rotations, and Implementation of Systems Focused Rotations*.**

Body systems-focused reporting has been introduced, and rotations have been established through the subspecialty areas of breast, obstetric and women’s imaging, paediatrics and nuclear medicine. A new rural rotation to Orange Base Hospital began in February 2019, which has received excellent feedback from the registrars. These developments improve the program’s fulfilment of the experiential training requirements of the curriculum.

- 2. Immediate implementation of a formal teaching program for trainees aligned to the Clinical Radiology Training Program Curriculum.**

A formal teaching program has been implemented with daily tutorials/lectures.

3. First year trainees should complete teaching in Key Conditions, with site based assessment, before they commence on call work.

First year trainees undergo a formal two-stage test process prior to commencing after-hours work to ensure they are competent to commence this stage of their practice, which involves being onsite alone with off-site consultant cover. During their first two after-hours shifts, a second on-site registrar is present to support them.

4. Development and delivery of a departmental orientation program with relevant documentation for all trainees commencing at Canberra Hospital.

Registrar recruitment now aligns with the college Selection Guideline. An orientation program and a registrar training manual have been developed for new registrars, which is provided to them electronically and in hard copy. A more formal method of addressing trainees in difficulty has been implemented, in line with College guidelines.

5. A more formalised and regular teaching schedule with protected time blocked off in the trainee's roster each week to allow for tutorials which are aligned to the curriculum. Report writing skills, patient safety and non-medical expert roles (e.g. communication skills) should also be incorporated into this teaching.

A formal teaching program has been implemented with daily tutorials/lectures.

6. Provide further information related to the details and timelines of the purchase and installation of the new equipment including the MR machines and US machines to the College.

A capital replacement strategy has been implemented with the acquisition of new Single-Photon Emission Computed Tomography, upcoming procurement of new ultrasound machines and plans underway for updated Magnetic Resonance Imaging, Interventional Radiology and breast tomosynthesis for the symptomatic breast clinic.

7. Support the Directors of Training attendance at College annual Directors of Training Workshops to ensure they are up to date with changes to the training program.

Two new Directors of Training in radiology have been appointed. They have been positively received by the radiology registrars and Medical Imaging department. These

training supervisors are supported by the Clinical Director to attend Director of Training workshops, to advance their abilities in the role.

- 8. Immediately seek to recruit to the two vacant consultant positions to ensure that the department has appropriate levels of resourcing to ensure safe practice for patients and trainee supervision.**

All intensive care and neonatal intensive care x-rays and an increasing number of inpatient x-rays are now reported at CHS, which has been enabled through the recruitment of more CHS radiology staff specialists.

The increased number of radiology staff specialists has also facilitated better support of clinical meetings and quality assurance activities, and improved rostering and leave cover.

- 9. Ensure recruitment processes are reviewed to align with the College's Training Selection Guidelines. Provision of documentary information related to the upcoming 2018 recruitment period is to be provided to trainees well in advance of the process and provided to the College.**

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- 10. Where appropriate and recommended, put into practice the College's policies related to trainee performance, progression and Trainees in Difficulty including documentation and development of learning or remediation plans.**

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- 11. Provide further information and a timeline of the return of the currently outsourced Paediatric x-rays to the department to support the trainees Experiential Training Requirements.**

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- 12. Review the mechanisms currently in place for consultant rostering and leave arrangements to ensure adequate consultant cover to provide a safe training environment.**

The increased number of radiology staff specialists has also facilitated better support of clinical meetings and quality assurance activities, and improved rostering and leave cover.

- 13. The Clinical Director and Directors of Training should work together with the Executive and Chief Medical Officer to develop strategies to improve the culture within the department.**

Two new Directors of Training in radiology have been appointed. They have been positively received by the radiology registrars and Medical Imaging department. These training supervisors are supported by the Clinical Director to attend Director of Training workshops, to advance their abilities in the role.

A new Clinical Director of Medical Imaging has been appointed, with appropriate operational management duties. This director has also been positively received in the department.

A new Executive Director has been appointed for the medical imaging department, who has provided excellent leadership including transitioning to a new management structure to allow the department to meet training and services requirements.

- 14. Canberra Hospital needs to establish a network including private and rural sites to enable trainees to rotate during their training. The establishment of linked accreditation with Breast Screen ACT is also recommended to ensure trainees receive sufficient exposure to Breast Imaging.**

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paediatrics and nuclear medicine. A new rural rotation to Orange Base Hospital began in February 2019, which has received excellent feedback from the registrars. These developments improve the program's fulfilment of the experiential training requirements of the curriculum.

15. Trainees' rosters need to allow all trainees to meet the Experiential Training Requirements. In particular insufficient access to the areas of Breast, Nuclear Medicine, Obstetrics and Gynaecology as well as Paediatrics are of concern.

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