

NZRDA Presentation to the RANZCR

Clinical Radiology Directors of Training Workshop

2 August 2018



Topics for Discussion

- What are the trends/common issues registrars face in the workplace?
- What factors need to be considered when a trainee is not progressing?
- What initiatives or approaches to addressing poor progress or performance are in line with the MECA; and
- What are some examples of best practise? and
- What procedures should our College be aware of?



And if we have time....

- Worsening Radiologist Workforce Crisis
- Opportunities and barriers for training in provincial NZ
- Abolition of confidential referees and references for RMOs



What are the trends/common issues registrars face in the workplace?

Balancing the DHB requirements of service provision with learning opportunities beneficial to training.

- It can be difficult to attend multidisciplinary meetings (where there is great radiologic-pathologic correlation and presentation of interesting and difficult cases) due to service commitments.
- The requirement to report inpatient studies rather than outpatient studies (which results in an excellent knowledge of acute hospital patient type pathology but relatively scarce experience seeing less common pathology, which is typical of that seen in exams).
- Excessive workload on consultants can limit tutorials despite these being very valuable to us.
- Workload including exam study/projects/onerous on call roster



Tele Radiology and AI

- If utilised for afterhours work then this can be beneficial to trainees in terms of work/life balance and more time to study, but will result in a reduced number of cases seen by the trainee.
- When implemented appropriately and agreed by mutual discussion of all the personnel involved (i.e. Consultants / Registrars / MRTs) can be very valuable resources.
- Tele radiology to cover for on call gaps when no consultant/reg combo is available or the overnight acute calls - this will allow less hectic on call roster for both registrars and consultants.
- It doesn't have to be an "either or" situation....it should be complementary to the work done by in-house team. This will benefit the consultants i.e. less fatigue and the registrars i.e. less regular on call thus more study time.
- Why don't we have a centralised DHB delivered (Cooperative?) tele radiology service?



Appropriate Feedback and Constructive Criticism

- Need for more constructive feedback earlier rather than later (i.e. in the 6 monthly DoT review session) to know if the team/Consultants have any concern regarding the trainee's progress. It is very frustrating when you only hear about these concerns at the end of the year when all you hear throughout the year are "good reports/good ultrasound scans" etc in your day to day practice.
- Initiatives or approaches to addressing poor progress or performance - in theory, they should identify the trainee who is underperforming, discuss the underperformance with the trainee and redirect / support the trainee on how to improve the performance. Don't leave "negative feedback" until the end of the year feedback session: it is not helpful.
- Sometimes personality clashes between trainee and certain consultant is viewed as "underperformance" or "concern" and is included in the formal College assessment.



What's in the MECA?

The parties to this Agreement acknowledge that where an employee is appointed to a recognised training post, participation in the appropriate recognised training programme is a condition of employment.

The parties acknowledge that the education of employees under a provisional general scope of practice is determined by the Medical Council and all other RMOs are training under the supervision of district health board employees and in the case of training programmes, the appropriate professional College or vocational registration training body.

Given the importance of education and training for RMOs in so far as it is within the control of the party(s) there will be no change to the manner in which these services are provided unless agreed between the parties and set out in this agreement.

And then there is Schedule 8...@!



After the fact....

PG provisions – “taking a case” against an employer for unjust or unfair treatment (the “fair and reasonable employer”) includes provision of training or incorrectly managed allegations of under / poor performance.

So what does NZRDA look for when assessing a Personal Grievance?



Principles of Natural Justice



What factors need to be considered when a trainee is not progressing?

Turning this around....

- Do they know?
- Were they told and given sufficient information to understand the issue?
- Did they have an opportunity to respond?
- Was due consideration given to the response?
- How did you help?
- What support do they need?
- Timeframes and explicit objective outcomes
- Meeting obligations, timely re-assessment and moving on....



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