



SUPERVISION OF RADIOLOGY TRAINEES IN TRAINING DEPARTMENTS GUIDELINES

FACULTY OF CLINICAL RADIOLOGY



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About the College

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a not-for-profit association of members who deliver skills, knowledge, insight, time and commitments to promote the science and practice of the medical specialties of clinical radiology (diagnostic and interventional) and radiation oncology in Australia and New Zealand.

The College is led by clinicians who are democratically elected by the membership. The ultimate oversight and responsibility for the College is vested in the RANZCR Board of Directors.

The work of the College is scrutinised and externally accredited against industry standard by the Australian Medical Council and the Medical Council of New Zealand.

The Faculty of Clinical Radiology, RANZCR, is the peak bi-national body for setting, promoting and continuously improving the standards of training and practice in diagnostic and interventional radiology for the betterment of the people of Australia and New Zealand.

Our Vision

RANZCR as the peak group driving best practice in clinical radiology and radiation oncology for the benefit of our patients.

Our Mission

To drive the appropriate, proper and safe use of radiological and radiation oncological medical services for optimum health outcomes by leading, training and sustaining our professionals.

Our Values

Commitment to Best Practice

Exemplified through an evidence-based culture, a focus on patient outcomes and equity of access to high quality care; an attitude of compassion and empathy.

Acting with Integrity

Exemplified through an ethical approach: doing what is right, not what is expedient; a forward thinking and collaborative attitude and patient-centric focus.

Accountability

Exemplified through strong leadership that is accountable to members; patient engagement at professional and organisational levels.

Code of Ethics

The Code defines the values and principles that underpin the best practice of clinical radiology and radiation oncology and makes explicit the standards of ethical conduct the College expects of its members.

1. INTRODUCTION

1.1 Purpose and scope

These guidelines prescribe the Royal Australian and New Zealand College of Radiologists® (the College) advice to Heads of Department, Network Training Directors, Directors of Training, Clinical Supervisors and Trainees on safe and appropriate supervision of Registrars in hospital-based training Departments. The scope of the guidelines include imaging studies conducted both during work hours, after-hours and when on-call, and includes imaging studies, interventional and non-interventional procedure.

1.2 Definitions

In these Guidelines:

Network Training Director (NTD) is defined as per Network Training Director Role Description in *Radiology Network Training Policy*.

Director of Training (DOT) is defined as per Director of Training Role Description in *Radiology Network Training Policy*.

Clinical Supervisor (CS) means any consultant radiologist who supervises a session or modality.

Head of Department (HOD) means head of the radiology department for that site.

1.3 Scope

- (a) These guidelines apply to all Radiology trainees (Trainees) accepted by the College to either the 'old' or 'new' Clinical Radiology specialist training programs. All trainees entering the RANZCR Clinical Radiology training program from January 2010 (Australia) and December 2009 (New Zealand) are entering the "new" training program. Trainees who commenced prior to the dates specified above are in the 'old' training program.
- (b) These guidelines extend to all Clinical Radiology training sites accredited by the College within Australia, New Zealand and Singapore.
- (c) These guidelines:
 - (i) Prescribe supervision of imaging studies and procedures conducted during normal working hours.
 - (ii) Prescribe supervision of imaging studies and procedures performed after-hours and on-call.
 - (iii) Define what constitutes a Clinical Supervisor.

1.4 Background

The recommendations for supervision, training and teaching of trainees will provide guidelines to training sites regarding appropriate resource allocation required to obtain and maintain accreditation.

2. IMAGING STUDIES AND PROCEDURES CONDUCTED DURING NORMAL WORKING HOURS

Registrars must conduct their duties under the supervision of a consultant radiologist and the departmental roster must clearly indicate the CS on a daily basis. The College recommends that all trainees have all reports reviewed by a supervising radiologist and ideally supervised face to face, allowing for jurisdictional differences, however degree of supervision may vary depending on the experience and level of training of the registrar. As more experience and seniority are achieved registrars may report in a more independent fashion at the discretion of the CS.

Such arrangements should occur only where there is bilateral agreement between the consultant and trainee.

For the majority of their first year registrars should not report studies unless they are under the direct supervision (consultant physically present) of the CS and those studies are reviewed by the CS.

Interventional procedures should be directly supervised by the CS (in the room), unless there is prior agreement as to competence of the registrar and the CS is on site and available at short notice.

No matter what the level of supervision, the name or initials of the CS for the clinical area should be included in the written report. One means of implementing this is to have the CS's name in full when they have reviewed the films and have had direct input into the report. If a registrar is acting more independently because it is bilaterally agreed (trainee and CS) that they are sufficiently competent, the CS may be indicated in brackets.

3. IMAGING STUDIES AND PROCEDURES CONDUCTED AFTER-HOURS AND ON-CALL

3.1 Experience Level Before On Call Duties Begin

A minimum period of at least four months should elapse before a registrar begins to perform independent after-hours' duties or duties on call. This is a decision made locally by the HOD and/or the NTD and/or DOT and/or the CS in conjunction with the trainee. This time may be extended depending upon the skills and knowledge of the registrar and this decision may rest upon demonstration of adequate competences, particularly in relation to *Key Conditions in Year 1 of Training*.

3.2 Imaging Studies

As indicated above, a local decision based upon registrar capacity is made as to when such activities may begin, provided that at least 4 months training have been completed. This decision must be based upon agreement between the trainee and HOD, NTD, DOT or CS. Whenever the process begins, the registrar must have a clearly designated CS who is on duty or on call with them.

The CS must be readily approachable and prepared to attend personally if there is any doubt as to the imaging findings, the trainee's capacity to correctly elicit them or their ability to make appropriate diagnoses and management recommendations. The trainee must be encouraged to seek advice from the CS where there is uncertainty on their part.

The name or initials of the CS must be included in any reports produced by the on call registrar.

3.3 Procedures

Circumstances in which trainees may perform non-interventional (e.g. fluoroscopy) and interventional procedures on call are more limited as greater experience is required before these procedures may be performed. In general, trainees will have completed Phase 1 training before this may occur but the level of intervention and nature of the procedure as well as trainee capacity will determine when such procedures may be performed.

A CS should be present for these procedures unless a prior decision has been made by the trainee and the CS that the trainee can perform a given procedure safely. This requires more than simply being aware of the steps involved but capacity to assess indications, contraindications, the clinical situation and the capacity to manage the range of complications that may arise during or after the procedure.

When such procedures are reported, the name or initials of the CS on call must be included.

3.4 Review of After Hours Studies and Procedures

All plain films and other studies and procedures performed by trainees after hours should ideally be reviewed within 24 hours, preferably face to face upon arrival of the CS in the morning, so that any alterations in the trainee's report may be communicated to the relevant clinical team as soon as possible.

The College recommends that all trainees have all reports reviewed by a supervising radiologist and ideally supervised face to face, allowing for jurisdictional differences, however degree of supervision may vary depending on the experience and level of training of the registrar.

4. ACCREDITED SUPERVISION

A CS may only be accredited when they are:

- (a) a Fellow of the RANZCR or Educational Affiliate who has been granted full specialist recognition as a radiologist by means of entry into the specialist register or other category as deemed appropriate by the relevant State or Territory medical board.
- (b) a Fellow of another Australia/New Zealand College in the case of specific sub-specialty training.

5. CHANGES TO THIS GUIDELINE

The College may amend this guideline at any time and will ensure that future amendments comply with applicable law.

6. RELATED POLICY AND GUIDELINE DOCUMENTS

- *Supervision, Training and Teaching of Radiology Trainees - Protected Time Policy*
- *Accreditation of Training Time for Trainees Working After Hours or On Call Policy*
- *Trainees and Unaccredited Sites Policy – Radiology*
- *Code of Ethics*

