



The Royal Australian and New Zealand College of Radiologists

ACCREDITATION GUIDELINES FOR DEPARTMENTS OF DIAGNOSTIC RADIOLOGY

These Guidelines apply to the accreditation, for registrar training, of Diagnostic Radiology departments and practices located within Australia and New Zealand.

AIM

The aim of accreditation is to ensure that a minimum acceptable standard of facilities (staff, equipment, diversity of clinical material and tuition) is available for the proper training of registrars in Diagnostic Radiology.

1 REQUIREMENTS FOR ACCREDITATION

The requirements for accreditation are considered under four headings –

(i) GENERAL

- a) It is the responsibility of the relevant Department to provide adequate resources for the training of its registrars.
- b) The Department seeking accreditation and its hospital must provide the documentary evidence requested by the College (Appendix I) before the application will be considered.
- c) The registrars must have the opportunity of seeing the full range of diagnostic radiology. It is the responsibility of the hospital and the Department to arrange appropriate rotation to other centers if this is considered necessary by the College to fulfill this requirement.

(ii) PHYSICAL RESOURCES

- a) The Department will usually be situated in a University-accredited teaching hospital radiology department. Where this is not the case the department or practice must create formal links with a University-accredited teaching hospital radiology department.
- b) For the purposes of accreditation, a hospital must have a sufficiently large number of occupied beds and a sufficiently large out-patient attendance to supply an adequate range of material for the radiology department. In general, it is considered that a hospital at which a registrar will undertake the bulk of general training should have not fewer than 250 beds. These beds should be allocated in a reasonable ratio between general medicine and its sub-specialties and general surgery and its sub-specialties.

There should be no undue use of beds for purely geriatric or nursing home type treatment.

In addition, there should be a minimum attendance at the out-patients of the order of 40,000 per annum. There should be a casualty and emergency section at the hospital with a minimum attendance of 35,000 patients per annum.

- c) Specialist hospitals, such as pediatric or chest hospitals, where a registrar will undertake specialized training should have a sufficiently large number of beds, outpatients and where applicable, emergency patients, that the registrar will be exposed to a wide range of pathology in patients referred to the radiology department.
- d) Equipment
- (i) There must be compliant general radiological equipment.
 - (ii) There must be access to up to date equipment for –
 - mammography;
 - ultrasound;
 - computerized tomography;
 - magnetic resonance imaging;
 - nuclear imaging; and
 - angiography and interventional radiology.
 - (iii) There should be a unit record system in the hospital, preferably for non-public as well as public patients and classified in such a way as to enable reviews and surveys to be made.
 - (iv) The Department's medical and x-ray records must be of a standard which permit adequate analysis and follow-up.
 - (v) The Department must have a library which, as a minimum, includes –
 - The textbooks recommended in the Diagnostic Radiology Syllabus.
 - the following journals unless they are readily accessible in a complete medical library –
 - The Journal of Medical Imaging and Radiation Oncology
 - Clinical Radiology
 - Radiographics
 - Radiology
 - The American Journal of Roentgenology
 - The Radiologic Clinics of North America
 - Seminars in Roentgenology
- Together with a wide range of journals covering subspecialty areas of imaging, viz.:
- Ultrasound
 - MRI
 - Neuroradiology
 - Musculoskeletal
 - Abdominal
 - Chest
 - Mammography
 - Paediatrics
 - Interventional
- (vi) The department must have access to audio visual facilities to permit the presentation of lectures, demonstrations and teaching.

(iii) HUMAN RESOURCES

- a) There must be fully trained staff in the department with qualifications recognized by either the Australian or New Zealand Medical Council. There must be a ratio of at least one full-time equivalent specialist for 1.5 registrars in the department.

The trained staff must be available readily to supervise and assist with registrars' work. The workload per full-time or equivalent full-time specialist must be such as to allow this role to be undertaken.

The internationally recognized work-load for a specialist engaged in administration, routine work and teaching is 7,500 examinations per annum.

It is considered that the upper work-load limit should not exceed 12,000 examinations per annum for those engaged in registrar teaching.

- b) A Specialist who is a member of staff shall be designated the Director of Training. The College suggests that this preferably not be the Director of Radiology.
- c) The name of the Director of Training shall be notified to the Chief Censor in Radiology of The Royal Australian and New Zealand College of Radiologists each year.

The Director of Training will be responsible for overseeing the training programs of all registrars in the department. The Director of Training must be a Fellow of the Royal Australian and New Zealand College of Radiologists or equivalent. The Director of Training will carry out a formal evaluation of each trainee annually and return a copy of the assessment form to the Chief Censor in Radiology at the College office.

- d) Arrangements should be made to ensure that Radiology registrars have access to Laboratory Services at all hospitals within the Network. The medical specialists (in areas such as pathology, bacteriology, biochemistry, haematology etc) in the Laboratory Services should be available for consultation with Radiology registrars.

(iv) EDUCATIONAL ACTIVITIES

- a) The Director of Training must organize a teaching course which covers adequately the subjects of training laid down in the College Syllabus.
- b) The Director of Training must formally meet at least twice a year with registrars and at those meetings each registrar's progress must be reviewed.
- c) During the training period the registrar must acquire competence in reporting in all the commonly performed special investigations.
- d) *CT Scanning, Ultrasound, Nuclear Imaging and MRI:* There must be adequate basic training in each of these modalities with experience of at least six months in ultrasound, three months in CT Scanning and MRI and a minimum of two weeks experience in Nuclear Imaging. If this training cannot be provided within the Department, it is mandatory that arrangements be made for it to be obtained elsewhere.

- e) *Paediatrics*: A period of three months full-time or equivalent training in paediatrics, preferably in a specialist hospital, is required for each registrar.
- f) *Vascular Ultrasound*: Access to peripheral, arterial and venous vascular ultrasound must be provided.
- g) *Tutorials*: At least one (1) formal tutorial per week from qualified staff must be received by the registrars. The content of these tutorials must give a wide coverage of imaging during the training period.
- h) *Structured Lectures*: The registrar must have available and be free to attend a structured series of lectures in medical imaging technology, anatomy, pathology and radiodiagnosis.
- i) *Film Library*: There must be a comprehensive film library containing examples of the vast majority of radiological pathology.
- j) *Unit Conferences*: Conferences between the department of radiology and other units within the hospital should be held regularly and the registrars should be able to attend these.
- k) *Hospital Teaching*: There should be adequate teaching sessions in the hospital such as orthopaedic, gastro-entomological and chest unit conferences and grand rounds which are open to radiological registrars and which these registrars should attend.

There must be adequate general medical library covering all facets of medicine and the hospital must subscribe to a good range of current radiological and general medical journals. The Library should have access to on-line literature-search facilities.
- l) *Accreditation by other Colleges*: There should be a high proportion of hospital training posts accredited by other Colleges which will ensure that an adequate spectrum of work in these areas is referred to the department of radiology.
- m) *Presentation of Papers and Research Projects*: It is highly desirable that the staff of the department be involved in presentation of papers at the Annual Scientific Meeting of The Royal Australian and New Zealand College of Radiologists. Active involvement in basic and clinical research also will be the hallmark of a fully-functional teaching hospital department. To this end, ready access to word-processing, power-point and slide-making facilities should be available.
- n) *Individual Registrar Courses*: The course of training of each individual registrar must conform to College requirements and is subject to individual approval by the Education Board, through the Chief Censor in Radiology.
- o) *Branch or Regional Training Programs*: The setting up of a system of rotation of registrars on a Branch or regional basis is encouraged to facilitate training, provided that the requirements specified in this document are met.

- p) *Definition of Tutorial:* A tutorial is a teaching session on medical imaging, which may be a didactic lecture-demonstration or preferably a film quiz and which is conducted in addition to work-bench teaching, unit conferences and structured lecture courses. In the case of registrars proceeding to the Part I FRANZCR examination, a tutorial may relate to Medical Imaging Technology and Anatomy, rather than to medical imaging.

2 DOCUMENTATION OF EDUCATIONAL ACTIVITIES IN THE DEPARTMENT.

The following should be available for inspection by the Chief Accreditation Officer on request:

- a) Roster of the weekly activities with educational value in which the registrars must participate.
- b) Listing of all formal educational sessions (tutorials, seminars, journal clubs, and lecture courses) during the period relevant to the accreditation review.
- c) Documentation of the time allocated per week to formal teaching activities, independent of clinical contact.

3 APPLICATION FOR RANZCR ACCREDITATION OF A DEPARTMENT OF DIAGNOSTIC RADIOLOGY

- a) Requests for accreditation and review of accreditation must be forwarded to the Chief Censor in Radiology of The Royal Australian and New Zealand College of Radiologists.
- b) The Chief Censor in Radiology will request the necessary information in the appropriate form (Appendix I).
- c) The application and supporting documents will be forwarded by the Chief Censor in Radiology to the Chief Accreditation Officer and the Branch Education Officer who together will act as an Accreditation Committee.
- d) An Accreditation Committee can request whatever additional information deemed necessary. The Branch Education Officer will assist the Chief Accreditation Officer in the collection of data and the evaluation of training programs.
- e) In the case of a new department, a site visit by the Branch Education Officer will be made. Site visits to departments already accredited will be made from time to time (see Item 5).
- f) The Chief Accreditation Officer will make a written recommendation to the Education Board on the level of accreditation which should be granted.

- g) The levels of accreditation which are available are –
- (i) **Full Accreditation** – the standard is high and complies totally with requirements.
 - (ii) **Provisional Accreditation** – the standard is good but deficiencies have been identified which require correction before full accreditation can be granted. It is granted for a certain period of time after which accreditation will be withdrawn if the deficiencies remain uncorrected.
 - (iii) **Partial Accreditation** – for certain hospitals and other institutions where specific training is undertaken for certain periods. This will always be in association with a fully-accredited institution.
 - (iv) **Conditional Accreditation** – serious deficiencies have been identified and need to be corrected to meet the accreditation standards in a time period specified. The purpose is to allow departments which have temporarily breached accredited standards to take corrective measures within a specified time period. Failure to correct the deficiencies in the prescribed time-frame will result in withdrawal of accreditation.
- h) Private practices may be accredited for registrar training. This may be during the pre-Fellowship program or as a post-Fellowship Advanced Training Position.

Prior to accepting a trainee, the practice must obtain partial accreditation with a fully accredited training department.

Initial assessment of the practice's suitability to provide training will be by the Branch Education Officer (BEO) or alternate. The BEO will report to the Chief Accreditation Officer who will make a recommendation on behalf of the Education Board.

4 REVIEW OF ACCREDITATION

- (i) Accredited departments must submit documentation for review/extension of accreditation in December of the year before their current accreditation expires. This is to allow the report to be considered by the Chief Accreditation Officer whose recommendation will be considered by the first meeting of the Education Board in the New Year and the final determination made by the College Council.
- (ii) Accredited departments must provide annually in March, the names and qualifications of the full-time and part-time consultant staff, fellows and trainees together with details of major equipment acquisitions. This notification shall go through the Chief Accreditation Officer. Changes of departmental head or Director of Training should be notified to the Chief Censor in Radiology as soon as they occur.
- (iii) The accreditation status of a department may be reviewed at the request of that department provided the appropriate application form and supporting documentation (indicating the change of circumstances) are provided.
- (iv) Generally, the status of fully-accredited departments should be reviewed every three years by desk audit and every five years by a visit by the Chief Accreditation Officer and Branch Education Officer or their deputies. (See under Site Visits)

The status of departments holding provisional, partial or conditional accreditation will be reviewed as determined by the Chief Accreditation Officer and Branch Education Officer.

5 SITE VISITS

- (i) The site visits should be conducted every five years.
- (ii) Site visits will be made by the CAO or an alternative nominated by the Chief Censor in Radiology. The CAO will stand aside when site visits are being made in his/her home state and his/her place will be taken by a senior Fellow from another Branch, appointed by the Chief Censor in Radiology.