Profile of the Royal Australian and New Zealand College of Radiologists:

Promoting a Higher Standard of Practice

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The Australian and New Zealand Association of Radiologists was formed in 1935, leading to the foundation of the College of Radiologists in 1949. Today, the Royal Australian and New Zealand College of Radiologists (RANZCR) represents the professions of radiology and radiation oncology and is recognised as the body responsible for standards of practice, training and continuing professional development in both countries.

RANZCR is a not-for-profit company owned and governed by its members. Although financially and legally independent of government, it undertakes funded projects for government on a contract basis.

Australia is a federation of eight states and territories. Each state/territory has a separate government as well as the Australian or federal government. There is one government in New Zealand. New Zealand and each of the Australian states/territories has a college branch to assist in coordinating training and continuing professional development and interacting with government in their region. The college head office is in Sydney and there is an office in Wellington, the capital of New Zealand.

Membership

The college has approximately 2,900 members in Australia, New Zealand and throughout the world. Members comprise fellows, educational affiliates (who are practising but who have qualifications from overseas and not completed the requirements for fellowship), student members (or trainees) and a small number of associate members.

There are approximately 1,600 fully qualified radiologists in Australia and 315 in New Zealand; and approximately 250 fully qualified radiation oncologists in Australia and 40 in New Zealand.

Focusing on radiology, there are around 1,700 fellows or educational affiliates in active practice in the two countries. With a population of 21
million in Australia and 4.2 million in New Zealand, this represents approximately 67 radiologists per 1 million or 1 per 15,000 population. 20% of the Australian and 30% of the New Zealand radiology workforce are female. Of the current radiology trainees 34% are female. 20% of fully qualified radiologists are over age 60 and about 25% are under age 40.

Training

RANZCR is responsible for the training of radiologists and radiation oncologists and conducts five-year ‘apprenticeship’ model training programmes, regularly reviewed and accredited by the Australian Medical Council and the Medical Council of New Zealand. 540 trainees are undertaking five-year training programmes in radiology or radiation oncology.

The college is concerned that the current number of training positions is inadequate to produce the required number of radiologists based on estimated likely retirements in the next five - 10 years and increasing demand. There is no shortage of young doctors seeking to be trained but there are insufficient funded training positions.

Continuing Professional Development

RANZCR conducts a continuing professional development (CPD) programme in which members of the college are expected to participate. It involves accruing CPD points over a triennium with minimum sub-requirements for different kinds of educational activities, including audit. In New Zealand and some Australian states, participation in CPD is a legal requirement for medical registration.

RANZCR runs a major annual scientific meeting each year as well as smaller meetings in the branches. For rural and provincial centres the college has various CPD sessions delivered by videoconference and through the web.

Strategic Planning

In 2005, the college established strategic plans to address current and future challenges and to refocus radiologists as clinical consultants in diagnosis with direct involvement in patient care and clinical problem solving.

A number of challenges and trends in the environment in which radiology operates were identified, including:

• Increasing demand for imaging as clinicians seek to have as much diagnostic information available as possible;
• Greater consumer awareness of and access to imaging technologies;
• Continuing shortage of radiologists and insufficient funding of training positions;
• Increasing workload pressures with a risk of diminishing quality and safety;
• Radiologists and other medical practitioners wanting to control their workloads and to work flexibly and part-time;
• Sub-specialisation of the radiology workforce in response to increasing sophistication of technologies and practice in multidisciplinary teams;
• Increased training in ‘appropriateness of imaging’ in medical schools;
• The need for academic radiology positions in universities to help shape teaching and research;
• The tendency for the health system to treat radiology as a commodity rather than a consultative clinical service;
• More widespread use of imaging in screening and prevention programmes;
• New opportunities and challenges from molecular imaging, and
• Other clinical disciplines continuing to claim ownership of imaging within their spheres of practice.

Within this environment, the college’s strategic priorities include:

• Redeveloping the curriculum for radiology training to reflect modern imaging, best practice education and including a research component;
• Lobbying governments and private sector practices to fund more training positions;
• Developing standards of practice, which promote safe and quality care, including acceptable workloads for radiologists and technical staff;
• Lobbying universities and governments to support academic positions;
• Engaging with key stakeholders to establish structures, a culture and funding mechanisms to promote and support quality services, and
• Improving communications with members and fostering a greater sense of members’ ownership of their professional body.
Quality Use of Diagnostic Imaging Programme

With workforce shortages and rapidly expanding demand for imaging, the pressures to treat imaging as a commodity and to compromise quality services are great.

Key to achieving a vision for quality is the college’s Quality Use of Diagnostic Imaging Programme (QUDI). QUDI is research and development programme providing an evidence base for diagnostic imaging in Australia and New Zealand. The QUDI programme has commissioned a wide range of projects addressing quality issues from the perspectives of consumers, referrers and radiology providers as well as considering economic issues in the delivery of services.

The programme commenced in 2005 with funding provided by the Australian government and managed by RANZCR. Its current annual budget is one million Australian dollars. It promotes safe, effective, efficient and sustainable imaging services that lead to optimal diagnosis and treatment, support consumer choice and empowerment, are delivered by accredited practitioners using evidence-based guidelines, and are sustainable within the national health system ‘budget’.

Other Activities

In addition, RANZCR:

• Has quality assurance programmes in mammography, MRI and CT;
• Offers a voluntary accreditation of practices programme in conjunction with the National Association of Testing Authorities in Australia;
• Works in collaboration with International Accreditation New Zealand in practice accreditation in New Zealand, and
• Supported the foundation of the International Radiology Quality Network (IRQN) to promote quality in radiology through international collaboration, experience sharing and mutual assistance.

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