

Restricted Registration for Radiology Residents at UWO

Terms of Reference, March 2008

**Diagnostic Radiology Residency
Schulich School of Medicine, University of Western Ontario
Restricted Registration
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The purpose of this document is to provide information about the practice of Restricted Registration (RR) during the province-wide pilot phase, as it applies to the Diagnostic Radiology Residency at the University of Western Ontario. These terms of reference are designed to ensure that this practice does not interfere with the clinical and/or academic training and experience of residents within the program.

Background

In 2004 the College of Physicians and Surgeons of Ontario proposed the practice of RR for Residents. RR also known as “limited licensure” is defined as: “*Residents registered in postgraduate medical education programs leading to certification with the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada who provide clinical services for remuneration outside of the residency program.*” (Council of Ontario Faculties of Medicine).

In September 2006, the Ontario Ministry of Health and Long Term Care identified Restricted Registration as a potential solution to the health human resources challenges in the province. In November 2006, the Post-Graduate Medical Education Councils of Faculties of Medicine (PGE-COFM) approved a proposal to the CPSO and the MOHLTC. At the request of the Minister and after consultations with stakeholders, including CPSO, PAIRO and other medical schools, the University of Toronto has developed a pilot project for RR. The pilot has proceeded with the utmost concern for patient safety and comfort level of the stakeholder groups. Supervision is a top issue. The Project Officer is Laura Silver.

A limited license differs from an educational license in that it enables residents to deliver patient care outside of their formal educational training program, *within an area of practice in which they have demonstrated expertise.* There must be *appropriate* supervision from an independently licensed physician and *residents’ practice would be appropriate to their level degree of training.* UWO is the first Ontario medical school to introduce RR in diagnostic radiology.

What Limited Licensure Is Not

Prior to the licensure changes of 1993, after completing a one-year general rotating internship residents received a general unlimited license to practice medicine. This practice was referred to as moonlighting and during their specialty training, residents worked extra shifts outside their residency training programs, covering hospital wards, emergency departments and providing locums. RR is *not* a return to this practice.

STANDARD EXPECTATIONS AND REGULATIONS

In conjunction with the CPSO, MOHLTC, PGME-COFM, The Council of Academic Hospitals of Ontario (CAHO), Professional Association of Interns and Residents of Ontario (PAIRO) and the University of Toronto, standard guidelines and expectations have been created for **ALL** residents participating in the program. These guidelines are summarized below:

1. The Program director will have full authority to refuse any resident permission to participate in the pilot or to discontinue their involvement after an application has been accepted;
2. There is NO opportunity for residents to contest a denied application during the pilot phase;
3. Residents must, at a minimum, have successfully completed the MCCQE Parts I and II, 18 months of residency training and be in good academic standing;
4. Each participating program will develop further criteria and training requirements for residents;
5. No resident will be allowed to work in environments which compromise the safety of patients, the resident themselves or their educational training of their home program. The CPSO clearly states:

“The College affirms that neither patient safety nor the well-being of residents be compromised for the purpose of meeting the administrative/staffing needs of hospitals or the personal financial concerns of residents.”

6. Residents MUST work in environments only at their level of training and level of supervision, as expected by their program;
7. The PAIRO-CAHO contract MUST be followed and no exceptions will be made – residents must finish an RR shift at least 12 hours prior to resuming the academic responsibilities of their program:

“...consistent with the collective agreement, residents will be bound by a 1 in 4 call maximum for both residency and extra-rotational shifts. A resident must not schedule an extra-rotational shift such that he/she is post call from this shift on a day in which they have regularly scheduled resident clinical duties.”

8. Residents wishing to work in Emergency Departments or Intensive/Critical Care Units must have successfully completed training in Advanced Trauma Life Support (ATLS) and Advanced Cardiac Life Support (ACLS).

SPECIFIC EXPECTATIONS AND REGULATIONS: Diagnostic Radiology Residency, UWO

In addition to the minimum guidelines mentioned above, the Diagnostic Radiology Residency Program at the University of Western Ontario has outlined the following requirements:

1. The educational mandate of the residency training program will take priority at all times. RR will not supercede nor interfere with the clinical and academic goals and objectives for radiology residents on clinical or research rotations, either stated or implied. Neither will RR interfere with resident participation in any educational aspects of the Residency (e.g. Journal Club, Research Day, Visiting Professor Nights etc)
2. Program Director has the right to deny/remove any/all residents from RR at any time. There is no appeal process for this practice;
3. During this pilot phase, RR practice will be limited to two main scenarios:
 - a. Contrast injection coverage for CT/MR injections in the teaching hospitals within the UWO orbit, beginning after 18 months of PGY training (typically January of the PGY2 year). The resident must have had formal training in the management of contrast reactions.
 - b. Permission for RR outside the UWO orbit may be granted by the PD for one week locums (during a resident's vacation week) during the PGY5 year. The resident must provide evidence that the locum meets appropriate educational goals (e.g. meeting CanMEDS objectives), and the locum must be in a centre where there is a practicing group of radiologists who can act as resources and provide backup;
4. Residents will not be placed in circumstances where their own safety or the safety of patients could be compromised;
5. Residents must have completed a minimum of 18 months of postgraduate clinical training and have passed the LMCC part II to participate in the RR program;
6. Residents participating in the RR program must have good academic standing within the program and have achieved a PASS evaluation on all rotations. "Borderline PASS" evaluations will significantly undermine chances of having locum RR approved in PGY5 year;
7. Residents must be certified in Advanced Cardiac Life Support (ACLS) to participate in RR;
8. Residents must obtain required CMPA coverage;
9. The maximum allowable frequency of RR shifts is 6/month and the total number of shifts must be PAIRO-CAHO compliant;
10. The Residency Training Committee will monitor this activity. Resident Site Coordinators at each teaching site are responsible to uphold the integrity of the program. Concerns about misuse of RR can be brought forth to the Program Director and RTC by any faculty or resident member of the Department of Radiology and Nuclear Medicine.

11. The pilot project and all RR shifts must address all CaNMEDS educational objectives. Any rotation that does not meet these needs or deviates from them will not be granted. (Appendix A)

Justin Amann

Program Director, Diagnostic Radiology Residency Training Program

APPENDIX A: CanMEDS Goals and Objectives for Limited Licensure Pilot Project

1) Professional

- deliver highest quality care with integrity, honesty and compassion
- exhibit appropriate personal and interpersonal professional behaviours
- always works with patients, families and staff in best interest of patient

2) Health Care Advocate

- identify the important determinants of health affecting patients
- identify and prevent risk factors for disease and injury
- contribute effectively to improved health of patients
- advocate for patients in their time of need

3) Scholar

- develop, implement and monitor a personal continuing education strategy
- critically appraise sources of necessary medical information
- contribute to radiologic literature

4) Medical Expert

- demonstrate diagnostic and therapeutic skills for ethical and effective patient care
- access and apply relevant information to radiology practice
- demonstrate effective consultation services with respect to patient care and education
- skills that will be maintained and improved:
 - management of imaging patients
 - approach to common radiologic problems
 - triage, protocol and interpretation of studies using various modalities
 - performance of common procedures (fluoroscopy, image guided biopsy)

5) Manager

- utilize resources effectively to balance patient care, learning needs and outside activities
- allocate finite health care resources wisely
- work effectively and efficiently within the larger healthcare organization

- utilize information technology to optimize patient care, life-long learning and other activities

6) Communicator

- communicate effectively with:
 - o patients/families – establish relationships – e.g. explaining procedures, obtaining consent
 - o staff - technologists, nurses, colleagues, other health professionals, support staff
 - o most responsible physician
- obtain/synthesize relevant history from requisitions, charts, PACS, patients /families, or other sources
- dictate effective reports
- discuss appropriate information with patients/families, allied health professionals and other members of the health care team
- ensure and protect appropriate patient confidentiality within the doctor-patient relationship

7) Collaborator

- consult effectively with other physicians and health care professionals
- contribute effectively to other interdisciplinary team activities
- Be able to work effectively with other members of interdisciplinary teams in a collaborative, professional manner, including, but not limited to – physicians, nursing, pharmacy, etc.

