

The Integration of Advanced Trainees into Radiation Oncology Private Practice

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Abstract

Adelaide Radiotherapy Centre is the private practice provider of radiation oncology services in South Australia. In 2004, it decided to have advanced trainees integrated into the practice.

The purpose of this study is to -

1. Ascertain whether this has been a benefit for the trainees.
2. Decide whether the practice should continue with advanced training.
3. Decide methods to improve the training for trainees.

Keywords: Advanced trainee; Registrar; Private practice

Introduction

Adelaide Radiotherapy is the only radiation oncology private practice in South Australia. It was formed in 1985. For the first 20 years, radiation oncologists without trainees have worked in the practice.

In 2004, the practice decided to have advanced trainees or registrars in the practice. The practice thought that it wanted to help the profession and this would be a worthwhile activity. Adelaide Radiotherapy Centre was seeing well over half of all radiation oncology cases in South Australia. Therefore, registrars would be able to broaden their experience by working at Adelaide Radiotherapy Centre.

The author approached the college to seek accreditation. The Chief Accreditation Officer visited the practice and granted provisional partial accreditation at that time. Full accreditation was not given because Adelaide Radiotherapy Centre did not have pediatric cases, brachytherapy, total body irradiation or stereotactic radiotherapy. Since then, pediatrics' and brachytherapy have become an integral part of the practice's work.

At the time, there was some concern from the Chief Accreditation Officer that Adelaide Radiotherapy Centre was not a suitable environment for advanced trainees. The training of registrars was always at public hospitals where a broad spectrum of activities could be done and more time could be devoted to training. At the time, Adelaide Radiotherapy Centre may have been the only private practice in Australia seeking accreditation for advanced trainees. It was felt that some of the partners who were seeing over 700 new cases per year (College recommends 250) at the time would not have enough time to devote to training. There were also logistic problems of trying to integrate a trainee who could really only see "public" patients into a private practice.

However, the partners were keen to be involved in training. Adelaide Radiotherapy Centre had two sites – St. Andrews and Flinders Private Hospital. Both sites had "public" patients from other public hospitals having radiotherapy.

Since 2004, and up to the end of 2009, there have been three trainees.

A review of the training was done by sending a questionnaire to all three trainees. The purpose was to ascertain whether training had been a "worthwhile" experience at Adelaide Radiotherapy Centre and

to decide whether the practice should continue with this process. The questionnaire asked how the training might be improved.

Methods

Adelaide Radiotherapy Centre has three sites. The trainees spent over 90% of their time at the Flinders Private Hospital site. This is adjacent to the public hospital, Flinders Medical Centre. Therefore, both private and public patients were treated at this site. The trainees saw the public new patients, follow ups and treatment reviews with consultant supervision. They were also able to see patients in the public hospital and do ward consultations.

A questionnaire was sent to the three advanced trainees. The questionnaire specifically detailed examination preparations, supervision and clinical learning. The questions are included in Appendix 1.

The examination preparation questions specifically asked whether Adelaide Radiotherapy Centre provided teaching, whether it was satisfactory and how it might have been improved.

The supervision questions detailed the frequency, level and whether it was done in certain circumstances.

The clinical learning questions allowed a scale of four choices from strongly disagree, disagree, agree and strongly agree. The second part asked again how these areas might be improved.

Results

All three trainees that had been through Adelaide Radiotherapy Centre responded. All trainees have been through the old curriculum. One trainee was a Part Two candidate and the other two were Part One

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candidates. In radiation oncology, trainees must pass Part One and Part Two before becoming specialists.

The training program in Australia (and New Zealand) is five years. Two trainees spent two years in the practice and the other one year. Therefore, they spent between twenty to forty percent of their total training time at our practice.

The radiation oncology registrars have been through Adelaide Radiotherapy Centre from 2004 to 2009. In 2007, there was no trainee.

The examination preparation for the part two candidate showed the practice providing teaching for both the written and oral components. Trial examinations were done for the written component and long cases were done for the orals. However, the practice could have provided more short cases and there was no manual planning or tumour pathology teaching provided.

The part one candidates had formal teaching in physics with some informal teaching in radiation biology and anatomy. It was felt more formal teaching in these areas could have been provided.

There were four supervision questions. All candidates felt the level of supervision was "about right". The second question dealt with frequency of supervision and two out of three indicated that it was at least weekly with the Part 2 candidate indicating it was at least monthly.

The third and fourth questions showed the most disparity. Two out of the three registrars felt that they received supervision when required, but the third did not. Things were shown for the first time to one out of the three trainees, but not the other two.

The clinical learning section had similar answers with the exception that the part two trainee felt there was not enough access to varieties of patients and clinical problems. This person also felt more isolated at work because there were no other registrars to confer with or study.

Otherwise, the three trainees felt they had access to learning resources; teaching and training was important in the department; allocated time was given; clinical workload was not too heavy; a supportive environment was present, and not too much time was spent on non productive work.

The other activities mentioned were regular peer review and journal club.

Discussion and Conclusion

Adelaide Radiotherapy Centre is the private practice provider of radiation oncology services in South Australia. There have been three advanced trainees since 2004. 2007 was the only year without a trainee.

The results of the questionnaire are satisfactory indicating that the practice should continue with trainees. Indeed, at a partners' meeting, it was unanimously decided to continue with training. It should be noted all three trainees passed their examinations whilst at Adelaide Radiotherapy Centre. It is therefore assumed that the practice contributed in some way to the success of the candidates.

However, the questionnaire has highlighted some areas that could be improved.

More formal teaching in anatomy and radiation biology could be offered for part one candidates. For part two candidates, manual planning and tumor pathology could be more emphasized.

There is a perception that in part one examination, it is difficult for radiation oncologists to be teaching the core subjects as they are

not always clinically relevant and the subject matter has been forgotten by practicing clinicians. However, in part two training, the subject matter is more "clinically relevant". These concerns could be rectified by the new curriculum which appears more clinically focused. The new curriculum was in the process of being implemented and is now used.

The disparity in the supervision questions may have arisen because of the level of experience of our trainees. The two more senior trainees indicated that they were not necessarily shown how to do things the first time, but the other trainee who had just began advanced training strongly indicated that he was shown. There may also be a "learning" process from the consultants who have become more attuned to training as the years have passed.

The isolation and lack of variety felt by the part two trainee was not noted by the other two latter trainees. One reason for this was the Part two trainee was the only person in South Australia at that stage of training. There were also no coordinated tutorials with the Royal Adelaide Hospital at the time, a situation which has now been remedied. The formation of the "network" will also help this. This begun in 2010. A network involves all the hospitals in a defined area which includes South Australia, Tasmania and Northern Territory. In South Australia, tutorials are arranged on a Thursday afternoon and both radiation oncology centres in South Australia send their trainees to these tutorials.

One of the problems encountered by Adelaide Radiotherapy Centre is that it is only partially accredited. Therefore, registrars had to move on to another institute unless they had already done enough accredited time in a fully accredited institution. This has resulted in two of our trainees shifting elsewhere. There has been a feeling amongst the partners and in particular the Director of Training that the practice has put in all the hard work at training trainees at a junior level only to see them move on. There has been a feeling that other institutes benefit from the hard work initiated by the practice. This problem has been partially resolved by the inclusion of Adelaide Radiotherapy Centre in the network. From 2010, registrars will rotate between the Royal Adelaide Hospital and Adelaide Radiotherapy Centre, Tasmania and Northern Territory.

There is practically no data on advanced trainees in private practice. A survey in 2008 by Holt et al. [1] examined the learning activities of Australasian trainees. This very interesting survey found that with Part One candidates, 83% had physics teaching, 88% had radiobiology teaching and only 52% had anatomy teaching. However, there is no direct data on trainees in private practice. The only possible reference mentions two responses from partially accredited trainees who may or may not have been in private practice.

Surveys by the American [2] and Canadian [3] Colleges also provide useful information, but again there is little information specifically on private practices.

There may be a perception that trainees in private centers do not have enough time for training because the job is too service orientated. This results in trainees spending a disproportionate amount of time seeing patients, but not enough time on training and learning. My questionnaire does not seem to bear this out. The work culture at Adelaide Radiotherapy Centre has been that consultants see their own patients. A substantial number of our patients are fully private and therefore not directly accessible to our trainees.

A potential logistic problem was access by trainees to private patients. Trainees sometimes are not allowed to see private patients

by themselves. This was circumvented by trainees sitting in with consultants to see interesting private patients (with permission) and allowing trainees to be involved in planning with supervision. Interesting cases were all presented at peer review.

Private practices may not be the only places where training might be perceived as inadequate for young doctors. An Australian Medical Association survey (2009) found that many public hospitals no longer had the culture of environment for high quality medical education [4]. The survey showed that public hospitals are not doing enough to foster a teaching culture. The focus may be so much on service delivery that medical education and training are hindered [4].

Another potential problem was isolation of private practice trainees from their peer group. Fortunately, the Royal Adelaide Hospital has been supportive and joint tutorials have been arranged. Centralized web based learning as suggested by Sidholm et al. [5] may help this problem in the future.

The study has some weaknesses. The small numbers of trainees (three) could not be helped. There is only one trainee at the practice at a time and two of our trainees had been present for two or more years. A survey that would encompass advanced trainees in private practice throughout Australasia may result in larger numbers. However, even if this were done, the numbers would never be large.

Many of the questions were subjective. However, studies of this type will always inherently have questions of this type. This is not a randomized clinical study. Perhaps the most telling assessment is that all three trainees passed the Part One or Part Two examinations whilst at Adelaide Radiotherapy Centre or soon after leaving it.

Another shortcoming is the retrospective nature of this questionnaire. The questionnaire was sent out in 2009, but two of the trainees were in the practice in 2004 – 2006. Correct recall of events from several years ago is always difficult. In the future, questionnaires may be sent out at the completion of training at the practice.

Adelaide Radiotherapy Centre had a new trainee from 2010

onwards. The practice is now part of a network involving South Australia, Northern Territory and Tasmania. This will result in registrars rotating to the practice at 6-12 month intervals. The new trainee will be involved in a new curriculum which has a greater emphasis on ongoing evaluation, assignments and multiple examinations rather than two large examinations at the beginning and end of training.

An ongoing monitoring of Adelaide Radiotherapy Centre's quality of training will be pursued. We believe that private practice training trainees offer a unique perspective and should be continued. The author would like to collate data from other private practices involved in training for future reference.

Conclusion

Private practices can successfully be involved in the training of advanced trainees in radiation oncology. There are always areas for improvement and our practice will continue to monitor training closely.

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