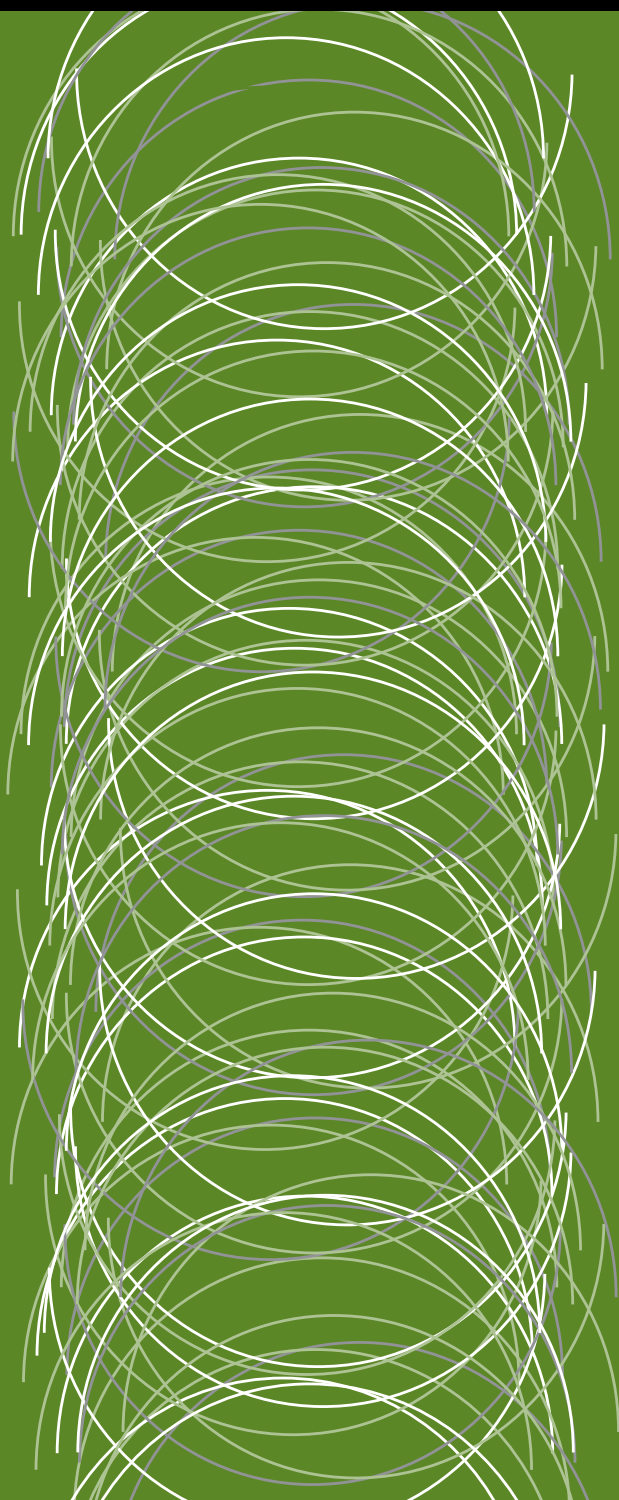


Australian Medical Council Limited

Accreditation Report: The Education and Training Programs of the Royal Australian and New Zealand College of Radiologists

AMC



Specialist Education Accreditation Committee
August 2020
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Australia and Medical Council of New Zealand

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Executive Summary: Royal Australian and New Zealand College of Radiologists

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2019*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The AMC first assessed the training and education programs of the Royal Australian and New Zealand College of Radiologists (RANZCR) in 2001. The College reported plans for major changes to the curriculum and assessment methods for the radiation oncology program and a new radiology program and, in 2009, an AMC team assessed these major changes. Based on this assessment, the AMC granted accreditation until 2014, which was confirmed after a follow up assessment of the College's programs in 2012. The College submitted a comprehensive report in 2014 seeking extension of accreditation and the AMC extended the accreditation of the College's training and education programs, and continuing professional programs to 31 March 2020.

In September 2019, an AMC team completed a reaccreditation assessment of the specialist medical programs leading to the award of fellowship of the Royal Australian and New Zealand College of Radiologists (FANZCR) and the College's continuing professional development programs.

In the same period, the AMC received a complaint by current trainees about the College and the radiology training programs. In the period of October 2019 to January 2020, as the team finalised the accreditation report, the AMC received additional complaints by current and former trainees. The AMC considered these submissions under its complaints process. Where it determined that the complaint was a systematic matter, likely to evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards, the AMC addressed the matter in the accreditation assessment. The complaints relate principally to AMC accreditation standards 1, 3, 4, 5, 6, 7, 8 and 10 and specific areas that included reconsideration, review and appeals processes, conflicts of interest, assessment methods and quality, wellbeing of trainees and accreditation of training sites.

As additional time was deemed necessary to consider these submissions, in March 2020, AMC Directors agreed to an extension of the accreditation of the College's programs to 30 September 2020 and in July 2020 granted a further extension to 31 December 2020, due to delays related to the COVID-19 pandemic.

This accreditation report relates to the College program as presented and reviewed over the course of the assessment. The AMC has considered changes to College education and training programs as a result of the COVID-19 pandemic through a separate process for monitoring those changes and will consider other changes through its regular monitoring process.

The team reported to the **18 August 2020** meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the accreditation decision made by the **17 September 2020** meeting of the AMC Directors and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and

the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The AMC’s finding is that it is reasonably satisfied that the education, training and continuing professional development programs of the Royal Australian and New Zealand College of Radiologists substantially meet the accreditation standards.

The AMC Directors resolved:

- (i) That the Royal Australian and New Zealand College of Radiologists specialist medical programs and continuing professional development programs in the recognised medical specialties of **radiology and radiation oncology** be granted accreditation for **four years**, until **31 March 2024**, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions.
- (ii) That this accreditation is subject to the College providing evidence that it has addressed conditions in the specified progress report as set out in the table below.

Standard	Condition	To be met by:
Standard 1	1 Revise the College’s conflicts of interest policy to: (i) Confirm potential conflicts of interests in relation to examiners are addressed. (ii) Implement procedures to manage conflicts of interest of College officers involved in governance and decision-making in training and education functions. Consistent application of the conflict of interest policy for both trainees and fellows should be applied. (Standard 1.1.6)	2021
	2 Develop and implement a systematic plan to engage with jurisdictions and employers in Australia and New Zealand to enable sustainable, consistent delivery of training programs. (Standard 1.6.1)	2022
	3 Develop and implement a program of effective collaborations and formal partnerships with organisations in the Aboriginal and Torres Strait Islander and Māori health sectors. (Standard 1.6.4)	2021
Standard 2	4 Define how the College’s educational purpose addresses Aboriginal and Torres Strait Islander people of Australia and Māori of New Zealand health, in consultation with relevant committees, health organisations and community representatives. (Standards 2.1.2 and 2.1.3)	2021
	5 Develop and implement program and graduate outcomes aligned with the health needs of the Aboriginal and Torres Strait Islander people of Australia and Māori of New Zealand. (Standards 2.2 and 2.3)	2021
Standard 3	6 Link the framework for professional skills to curriculum content and assessment for both training programs. (Standards 3.1.1, 3.2.3, and 3.2.5)	2021

Standard	Condition	To be met by:
	7 Identify ways for the clinical radiology training program to reflect emerging changes in practice. (Standard 3.2.3)	2021
	8 Develop or curate curriculum content, teaching and learning resources with related assessment outcomes for both training programs to articulate specific learning competencies on cultural competence and cultural safety, and the delivery of high quality and equitable healthcare across a range of settings in Australia and New Zealand. (Standards 3.2.9 and 3.2.10)	2022
	9 Develop mechanisms to centrally monitor the consistent application of the recognition of prior learning policy across the networks of both training programs. (Standard 3.3.2)	2022
	10 Develop mechanisms to centrally monitor requests for flexible training to address any barriers across the networks of both training programs, including rotational requirements. (Standard 3.4.3)	2021
Standard 4	11 Provide access to consistent educational sessions or teaching resources including examination preparation that are clearly mapped to and satisfy core curriculum requirements. Consistent and equitable access and delivery across networks must be assured and facilitated through a centralised source. (Standards 4.1.1 and 4.2.3)	2021
Standard 5	12 Clearly articulate and communicate to clinical supervisors the role of workplace based assessments in determining trainee progression in the radiology training program. (Standard 5.1.1)	2022
	13 Address the format of the Part 2 radiology examination to ensure it is fit for purpose and reflects current practice in relation to: (i) the use of digital images in assessment (Standard 5.2.1) (ii) the use of standardised and calibrated images, whether print or digital (Standard 5.2.3) (iii) calibration of examiners for the specific methods of assessment (Standard 5.2.1)	2021
	14 Ensure blueprinting between workplace based assessment and examinations to demonstrate progressive assessment of clinical and professional skills for both training programs. (Standards 5.2.2 and 5.1.1)	2021

Standard	Condition	To be met by:
	15 Address the reasons for the low pass rate in the Part 2 radiology as part of the assessment reforms. (Standard 5.2.1)	2021
Standard 6	16 Finalise the College's overarching framework and responsibilities for monitoring and evaluation activities across both training programs. (Standards 6.1 and 6.2)	2021
	17 Develop and implement processes to regularly seek and respond to feedback from clinical supervisors on program development. (Standard 6.1.2)	2021
	18 Report the outcomes of monitoring and evaluation activities to all relevant College committees, internal and external stakeholders. (Standards 6.3.1 and 6.3.2)	2022
Standard 7	19 Demonstrate the College's selection guidelines and processes are consistent, transparent, rigorous and fair for both training programs. (Standard 7.1.1)	2022
	20 Publish the mandatory rotation requirements of training networks for both training programs. (Standard 7.1.4)	2021
	21 Develop, implement and monitor the College's plans to increase selection and support of Aboriginal and Torres Strait Islander and Māori trainees to: (i) Provide for appropriate and individual support. (Standard 7.1.3) (ii) Engage with Indigenous health organisations to share learning and development of effective approaches. (Standards 7.1.3 and 1.6.4) (iii) Develop and implement evaluation strategies to measure progress. (Standards 7.1.3 and 6.2.1)	2022
	22 Develop and implement pathways and resources to address trainee concerns safely, and with consistent and timely support, in collaboration with trainees. (Standards 7.4 and 7.5)	2021
Standard 8	23 Develop and deliver centralised support, training and professional development for supervisors to facilitate consistent engagement of training across training programs and networks. (Standards 8.1.3)	2022
	24 Explore and implement methods to leverage the trainee assessment of training sites (TATS) and other methods of evaluation to provide effective feedback to all levels of supervisors involved in training. (Standard 8.1.4)	2022
	25 Formalise the criteria and process for instigating out of cycle accreditation review of sites that are at risk of not meeting	2021

Standard	Condition	To be met by:
	published accreditation standards to ensure the process is transparent for trainees and training networks. (Standard 8.2.1)	
	26 Identify and address variations in the provision of training and education, and rotational requirements across radiology training networks. (Standards 8.2.2 and 7.4)	2021
Standard 9	Nil	
Standard 10	27 Finalise work to align with the guidelines of the Medical Board of Australia in the assessment of specialist international medical graduates including requirements to sit examinations and implementation of the College's upskilling program. (Standard 10.1.1)	2021
	28 Review the interview process of specialist international medical graduates applying for Area of Need positions to be structured, fair and focused on position of employment. (Standard 10.2.1)	2021
	29 Update the College's conflict of interest policy to address concerns about the conflict of interests of interviewers of specialist international medical graduates. (Standards 10.2.1 and 1.1.6)	2021
	30 Develop mechanisms to provide greater support to specialist international medical graduates to access training facilities, supervision and examination resources available to trainees. (Standard 10.2.1)	2021

This accreditation decision covers the College's programs for the recognised specialty of radiology with the fields of specialty practice: diagnostic radiology, diagnostic ultrasound and nuclear medicine. It also covers the programs for the recognised specialty of radiation oncology.

Next steps

Following an accreditation decision by AMC Directors, the AMC will monitor that it remains satisfied the College is meeting the standards and addressing conditions on its accreditation through annual progress reports.

Before this period of accreditation ends in March 2024, the College will undergo a follow up accreditation assessment. The AMC will consider if the College is continuing to meet the accreditation standards, the AMC Directors may extend the accreditation by a maximum of two years (to March 2026). By March 2026, the College may submit a comprehensive report to seek extension of accreditation.

Overview of findings against accreditation standards for specialist medical programs

The findings against the ten accreditation standards are summarised below.

The commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards. Conditions set by the AMC so the College meets accreditation standards are listed in the accreditation decision and are provided below for completeness.

In the tables below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

1. The outcomes of specialist training and education				This set of standards is SUBSTANTIALLY MET
<i>governance</i>	SM	<i>educational resources</i>	M	
<i>program management</i>	M	<i>interaction with health sector</i>	SM	
<i>reconsideration, review appeals</i>	M	<i>continuous renewal</i>	M	
<i>educational expertise</i>	M			

Commendations

- A The commitment and expertise of College staff and fellows in respective Faculties to the delivery and enhancement of excellent and effective training and education programs. The formation of the Training and Assessment Review taskforce is evidence of the College's priority to facilitate change.
- B The clear and comprehensive governance structure that delineates responsibility for training and education at every level.
- C The excellent engagement of consumers and their contribution in the governance structure at Faculty level.
- D The proactive approach to working with jurisdictions and relevant stakeholders on the challenges of the changing role of radiologists and radiation oncologists in view of emerging technologies.

Conditions to satisfy accreditation standards

- 1 Revise the College's conflicts of interest policy to:
 - (i) Confirm potential conflicts of interests in relation to examiners are addressed.
 - (ii) Implement procedures to manage conflicts of interest of College officers involved in governance and decision-making in training and education functions. Consistent application of the conflict of interest policy for both trainees and fellows must be applied. (Standard 1.1.6)
- 2 Develop and implement a systematic plan to engage with jurisdiction and employers in Australia and New Zealand to enable sustainable, consistent delivery of training programs. (Standard 1.6.1)
- 3 Develop and implement a program of effective collaborations and formal partnerships with organisations in the Aboriginal and Torres Strait Islander and Māori health sectors. (Standard 1.6.4)

Recommendations for improvement

- AA Consider in relation to membership on the College Board:
- (i) the appointment of a trainee to provide trainee perspective in College strategy
 - (ii) the appointment of a member with specific expertise in medical education to support training and assessment reforms. (Standard 1.13)
- BB Implement criterion-based decision making over absolute discretion as a single point of decision-making to improve transparency and encourage confidence in procedural fairness. (Standard 1.3.1)
- CC Review the College’s approach to communicating outcomes of the reconsideration, review and appeals process to better explain the process and feedback on actions the College is taking to address themes and issues identified. (Standard 1.3)
- DD Ensure there are sufficient resources available to undertake all the College’s activities in the training and assessment reforms and other initiatives. (Standard 1.5)

2. The outcomes of specialist training and education				This set of standards is SUBSTANTIALLY MET
<i>educational purpose</i>	SM	<i>graduate outcomes</i>	SM	
<i>program outcomes</i>	SM			

Commendations

- E The College has a clear educational purpose to promote and establish high standards of training and professional development.
- F Program and graduate outcomes align with the well-structured, comprehensive curriculum documentation in both training programs.
- G Radiology subspecialisation provides appropriately specialised services in metropolitan settings in Australia and New Zealand.

Conditions to satisfy accreditation standards

- 4 Define how the College’s educational purpose addresses Aboriginal and Torres Strait Islander people of Australia and Māori of New Zealand health, in consultation with relevant committees, health organisations and community representatives. (Standards 2.1.2 and 2.1.3)
- 5 Develop and implement program and graduate outcomes aligned with the health needs of the Aboriginal and Torres Strait Islander people of Australia and Māori of New Zealand. (Standards 2.2 and 2.3)

Recommendations for improvement

Nil

3. The specialist medical training and education framework				This set of standards is SUBSTANTIALLY MET
<i>curriculum framework</i>	<i>SM</i>	<i>continuum of training</i>	<i>SM</i>	
<i>content</i>	<i>SM</i>	<i>structure of the curriculum</i>	<i>SM</i>	

Commendations

- H The College is commended for clear, easy to understand documents outlining the requirements of the clinical radiology and radiation oncology training programs, articulating each stage of training.
- I The alignment between the curriculum documentation, program and graduate outcomes and curriculum requirements are well understood.
- J The rationale for decisions about the structure of the curriculum and corresponding assessment components are underpinned by sound educational theory, related to service needs and stages of training.

Conditions to satisfy accreditation standards

- 6 Link the framework for professional skills to curriculum content and assessment for both training programs. (Standards 3.1.1, 3.2.3 and 3.2.5)
- 7 Identify ways for the clinical radiology training program to reflect emerging changes in practice. (Standard 3.2.3)
- 8 Develop or curate curriculum content, teaching and learning resources with related assessment outcomes for both training programs to articulate specific learning competencies on cultural competence and cultural safety, and the delivery of high quality and equitable healthcare across a range of settings in Australia and New Zealand. (Standards 3.2.9 and 3.2.10)
- 9 Develop mechanisms to centrally monitor the consistent application of the recognition of prior learning policy across the networks of both training programs. (Standard 3.3.2)
- 10 Develop mechanisms to centrally monitor requests for flexible training to address any barriers across the networks of both training programs, including rotational requirements. (Standard 3.4.3)

Recommendations for improvement

- EE Strengthen core research competencies of all trainees by developing and implementing a systemic, centralised approach to the development of research skills. (Standard 3.2.8)

4. Teaching and learning				This set of standards is SUBSTANTIALLY MET
<i>Approach</i>	<i>SM</i>	<i>methods</i>	<i>SM</i>	

Commendations

K Teaching and learning in both training programs are based on clinical practice and supported by a wide range of resources available online, at training sites and through College activities.

Conditions to satisfy accreditation standards

11 Provide access to educational sessions or teaching resources, including examination preparation that are clearly mapped to and satisfy core curriculum requirements. Consistent and equitable access and delivery across networks and sites must be assured and facilitated through a centralised source. (Standards 4.1.1 and 4.2.3)

Recommendations for improvement

FF Consider ways to curate or facilitate the sharing of teaching and learning resources and best practice across training programs and networks. (Standards 4.1.1 and 4.2.3)

5. Assessment of learning				This set of standards is SUBSTANTIALLY MET
<i>approach</i>	<i>SM</i>	<i>performance feedback</i>	<i>M</i>	
<i>methods</i>	<i>SM</i>	<i>quality</i>	<i>SM</i>	

Commendations

L The College has a foundation and comprehensive program of assessment in both training programs with clear alignment to learning objectives and underpinning blueprints. Requirements to complete prescribed assessments are well-documented, publicly available and well-understood by trainees and supervisors across training sites.

M The program of assessment for both training programs includes workplace based assessment embedded as mandatory activities to complement written and oral examinations.

N The responsiveness of the radiation oncology training program to the recommendations of the ACER/Prideaux review and feedback from trainees is commended, particularly in relation to the development of new workplace based assessments, improvements in standard setting for the clinical exam and the increase of one to two sittings of the phase 1 examination to commence in 2022.

O The introduction of the contouring and planning evaluation assessment tool in the radiation oncology training program in response to feedback for more systematic teaching and assessment of these skills.

Conditions to satisfy accreditation standards

12 Clearly articulate and communicate to clinical supervisors the purpose of workplace based assessments in determining trainee progression in the radiology training program. (Standard 5.1.1)

- 13 Address the format of the Part 2 radiology examination to ensure it is fit for purpose and reflects current practice in relation to:
- (i) the use of digital images in assessment (Standard 5.2.1)
 - (ii) the use of standardised and calibrated images, whether print or digital (Standard 5.2.3)
 - (iii) calibration of examiners for the specific methods of assessment. (Standard 5.2.1)
- 14 Ensure blueprinting between workplace based assessment and examinations to demonstrate progressive assessment of clinical and professional skills for both training programs. (Standards 5.2.2 and 5.1.1)
- 15 Address the reasons for the low pass rate in the Part 2 radiology exam as part of the assessment reforms. (Standard 5.4.1)

Recommendations for improvement

- GG Review timelines to advance development in the training and assessment project for clinical radiology. (Standards 5.1.1 and 6.3.3)
- HH Review the pathology content of the Part 2 clinical radiology examination to ensure relevance to current practice. (Standard 5.2.2)
- II Improve the quality and timeliness of feedback on the Part 2 clinical radiology examinations to trainees and supervisors. (Standard 5.3.1)

6. Monitoring and evaluation				This set of standards is SUBSTANTIALLY MET
<i>monitoring</i>	<i>SM</i>	<i>feedback, reporting and action</i>	<i>SM</i>	
<i>evaluation</i>	<i>SM</i>			

Commendations

- P The in-depth evaluation of the College’s governance, curriculum and assessment methods through a comprehensive program of review.
- Q The contributions of trainees, Directors of Training and fellows to the monitoring and evaluation of training programs to inform program and graduate outcomes, and program development through a range of mechanisms, both qualitative and quantitative.

Conditions to satisfy accreditation standards

- 16 Finalise an overarching framework and responsibilities monitoring, and evaluation activities by the College and across both training programs. (Standards 6.1 and 6.2)
- 17 Develop and implement processes to regularly seek and respond to feedback from clinical supervisors on program development. (Standard 6.1.2)
- 18 Report the outcomes of monitoring and evaluation activities to all relevant College committees, internal and external stakeholders. (Standards 6.3.1 and 6.3.2)

Recommendations for improvement

- JJ Consider whether the current biennial radiation oncology trainee feedback survey is sufficiently frequent to achieve monitoring and evaluation objectives. (Standard 6.1.3)
- KK Implement measures to ensure responsiveness to trainee feedback that is both adequate and timely, and communication with trainees about program developments across both training programs is effective (Standard 6.3)

7. Trainees				This set of standards is SUBSTANTIALLY MET
<i>admission policy and selection</i>	<i>SM</i>	<i>trainee wellbeing</i>	<i>SM</i>	
<i>trainee participation in provider governance</i>	<i>M</i>	<i>resolution of training problems and disputes</i>	<i>SM</i>	
<i>communication with trainees</i>	<i>M</i>			

Commendations

- R Trainees are involved in multiple levels of College governance with trainee representatives actively consulted.
- S The establishment of the role of the Trainee Liaison Officer to support the wellbeing of trainees.

Conditions to satisfy accreditation standards

- 19 Demonstrate the College's selection guidelines and processes are consistent, transparent, rigorous and fair across both training programs. (Standard 7.1.1)
- 20 Publish the mandatory rotation requirements of training networks for both training programs. (Standard 7.1.4)
- 21 Develop, implement and monitor the College's plans to increase selection and support of Aboriginal and Torres Strait Islander and Māori trainees to:
- (i) Provide for appropriate and individual support (Standard 7.1.3)
 - (ii) Engage with Indigenous health organisations to share learning and development of effective approaches (Standards 7.1.3 and 1.6.4)
 - (iii) Develop and implement evaluation strategies to measure progress. (Standards 7.1.3 and 6.2.1)
- 22 Develop and implement pathways and resources to address trainee concerns safely, and with consistent and timely support, in collaboration with trainees. (Standards 7.4 and 7.5)

Recommendations for Improvement

- LL Enable trainees to participate in committee meeting discussions about issues related to individual trainees to ensure effective trainee representation in identification and management of systemic issues. (Standard 7.2.1)

8. Implementing the program – delivery of educational and accreditation of training sites				This set of standards is SUBSTANTIALLY MET
<i>supervisory and educational roles</i>	<i>SM</i>	<i>training sites and posts</i>	<i>SM</i>	

Commendations

T Clearly articulated, transparent and comprehensive accreditation standards and reviews encourage training excellence and is viewed overall positively as a conduit to improvements in training sites. (Standards 8.2.1 and 8.2.2)

Conditions to satisfy accreditation standards

23 Develop and deliver centralised support, training and professional development for supervisors to facilitate consistent engagement of training across training programs and networks. (Standard 8.1.3)

24 Explore and implement methods to leverage the trainee assessment of training sites (TATS) and other methods of evaluation to provide effective feedback to all levels of supervisors involved in training. (Standard 8.1.4)

25 Formalise the criteria and process for instigating out of cycle accreditation review of sites that are at risk of not meeting published accreditation standards to ensure the process is transparent for trainees and training networks. (Standard 8.2.1)

26 Identify and address variations in the provision of training and education, and rotational requirements across radiology training networks. (Standards 8.2.2 and 7.4)

Recommendations for improvement

MM In recognition of the complex role of the Network Training Director/Training Network Director, review and implement ways to provide more active support from the College and opportunities for upskilling. Further attention should also be considered on ways to facilitate effective succession planning for the roles. (Standard 8.1.3)

9. Continuing professional development, further training and remediation				This set of standards is MET
<i>continuing professional development</i>	<i>M</i>	<i>remediation</i>	<i>M</i>	
<i>further training of individual specialists</i>	<i>M</i>			

Commendations

U The College is clearly engaged with and aware of the current and impending requirements of the Medical Board of Australia and Medical Council of New Zealand.

V The online CPD platform has a comprehensive range of learning resource, easily accessible by fellows and supported by the College’s evidence-based approach to identifying activities for CPD.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

- NN Consider the development of content related to health inequities related to the specialties and supporting supervisors to engage with trainees on these aspects of the curriculum. (Standard 9.1.3)

10. Assessment of specialist international medical graduates				This set of standards is SUBSTANTIALLY MET
<i>assessment framework</i>	<i>SM</i>	<i>assessment decision</i>	<i>M</i>	
<i>assessment methods</i>	<i>SM</i>	<i>communication with applicants</i>	<i>M</i>	

Commendations

- W The comprehensive and clear policies documenting the College process for the assessment of specialist international medical graduates published on the College website.
- X The commendable efforts of the College's Senior Project Officer and support staff for applicants at various stages of the assessment process to provide timely and appropriate support.

Conditions to satisfy accreditation standards

- 27 Finalise work to align with the guidelines of the Medical Board of Australia in the assessment of specialist international medical graduates including requirements to sit examinations and implementation of the College's upskilling program. (Standard 10.1.1)
- 28 Review the interview process of specialist international medical graduates applying for Area of Need positions to be structured, fair and focused on position of employment. (Standard 10.2.1)
- 29 Update the College's conflict of interest policy and process to address concerns about the conflict of interests of interviewers of specialist international medical graduates. (Standards 10.2.1 and 1.1.6)
- 30 Develop mechanisms to provide greater support to specialist international medical graduates to access training facilities, supervision and examination resources available to trainees. (Standard 10.2.1)

Recommendations for improvement

- OO Review the purpose of a face-to-face interview for specialist international medical graduates, considering the financial costs to applicants. (Standard 10.2.1)
- PP Consider the assessment of cultural competence linked to the College's overarching strategy in this area. (Standards 10.2.1 and 1.6)

Introduction: The AMC accreditation process

1.1 Responsible accreditation organisation

In Australia, the Health Practitioner Regulation National Law Act 2009 (the National Law) provides authority for the accreditation of programs of study in 14 health professions, including medicine. Accreditation of specialist programs is an essential element of the process and is required before the Board established for the health profession can consider whether to approve a program of study for the purposes of specialist registration. Under the National Law, an accreditation authority is authorised to accredit programs in each profession against approved standards.

Programs and their providers are assessed against accreditation standards, which the National Law defines as standards used to assess whether a program of study and its education provider provide graduates with the knowledge, skills and professional attributes necessary to practise the profession in Australia.

In New Zealand, accreditation of all New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The Australian Medical Council (AMC) is the accreditation authority for medicine under the National Law. Most of the providers of specialist medical programs, the specialist medical colleges, span both Australia and New Zealand. The AMC accredits programs offered in Australia and New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). The AMC leads joint accreditation assessments of binational training programs and includes New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders in these assessments. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the binational colleges to provide additional New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

1.2 Accreditation standards applicable to the accreditation of specialist medical programs

The approved accreditation standards for specialist medical programs are the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015*.

These accreditation standards are structured according to key elements of the model for curriculum design and development and focus on the specific context and environment in which specialist medical programs are delivered. These standards are followed by two standards relating to processes undertaken by the providers of specialist medical training programs on behalf of the Medical Board of Australia.

The relevant standards are included in each section of this report.

1.3 Assessment of the programs of the Royal Australian and New Zealand College of Radiologists

The AMC first assessed the education, training and continuing professional development programs of the Royal Australian and New Zealand College of Radiologists (RANZCR) (referred to as 'the College' in this report) in 2001. The College was assessed during the pilot of the AMC assessment process for specialist medical training programs and the AMC agreed that both Colleges contributing to the pilot would receive full accreditation. Accordingly, the College was granted accreditation for six years until December 2007, subject to satisfactory annual reports to the AMC.

In 2006, the College submitted a comprehensive report to the AMC, seeking extension of accreditation. In a comprehensive report, the AMC seeks evidence that the accredited college continues to meet the accreditation standards and information on plans for the next four to five years. If the AMC considers that the college continues to meet the accreditation standards, it may extend the accreditation. On the basis of the comprehensive report, the AMC extended the accreditation of the College's education, training and continuing professional development programs until July 2009.

In November 2009, an AMC team completed a review of the College's programs, assessing the new curriculum and assessment methods implemented for the radiology and radiation oncology training programs, resulting in accreditation being granted by the AMC until 2014, with a requirement for a follow-up visit by 2012.

In September 2012, a follow-up visit was conducted by an AMC team and on the basis of the visit, the College's training and education programs were confirmed until 31 December 2014, subject to satisfactory progress reports to the AMC. Following the submission of a comprehensive report to the AMC in 2014, the College's accreditation was extended until 31 March 2020, taking accreditation to the full period of 10 years.

Between accreditation assessments, the AMC monitors developments in education and training and professional development programs through progress reports. The College has provided progress reports since its accreditation in 2001. These reports have been reviewed by a member of the AMC team that assessed the program, and the reviewer's commentary and the progress report is then considered by the AMC Progress Reports Sub Committee. Through these reports the AMC has been informed of developments in the College's educational strategy, and education and training policies and programs. The AMC has considered these reports to be satisfactory.

In 2018, the AMC began preparations for the reaccreditation assessment of RANZCR's programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Dr Andrew Connolly to chair the 2019 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures.

Below is a summary of the steps followed in this assessment:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the Royal Australian and New Zealand College of Radiologists; College processes to assess the qualifications and experience of specialist international medical graduates; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided as Appendix One.
- The team met on 4 and 5 July 2019 to consider the College's accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.
- The AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed specialist international medical graduates whose qualifications had been assessed by the College in the last three years.

- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs.
- The team met by teleconference on 5 September 2019 to finalise arrangements for the assessment.
- The team conducted site visits in New Zealand, Victoria, Queensland and New South Wales in September 2019. The AMC conducted teleconferences for trainees and supervisors in the Australian Capital Territory, Northern Territory, South Australia, Tasmania and Western Australia.

The assessment concluded with a series of meetings with the College office bearers and committees from 23 to 26 September 2019. On the final day, the team presented its preliminary findings to College representatives.

1.4 Appreciation

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff in Australia and New Zealand who coordinated the site visits, and the assistance of those who hosted visits from team members.

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These organisations are listed at Appendix Two.

As detailed in the executive summary of this report, the AMC received a complaint by current trainees about the College and its training program. The complaint is not recorded in the list of submissions provided at Appendix Two.

Summaries of the program of meetings and site visits for this assessment are provided at Appendix Three.

Section A Summary description of the education and training programs of the Royal Australian and New Zealand College of Radiologists

A.1 History and management of its programs

Founded in 1935, the Australian and New Zealand Association of Radiology evolved to become the Royal Australian and New Zealand College of Radiologists (RANZCR) (referred to as 'the College' in this report). In 1945, the Association adopted the status of a College and in 1971, was granted a Royal Charter. The College is a not-for-profit organisation for radiologists and radiation oncologists with its registered office at Drutt Street in Sydney, Australia. The College's New Zealand offices are located in Wellington.

The vision of the College is to lead practice in clinical radiology and radiation oncology for the benefit of patients and society, and its purpose is to drive the safe and appropriate use of radiology and radiation oncology to optimise health outcomes through leadership, education and advocacy. Radiology relates to the diagnosis, treatment or monitoring of a patient with the tools of medical imaging, and providing treatments and using imaging equipment in an interventional capacity. Radiation oncology uses electromagnetic or particle radiation to treat cancer and other diseases.

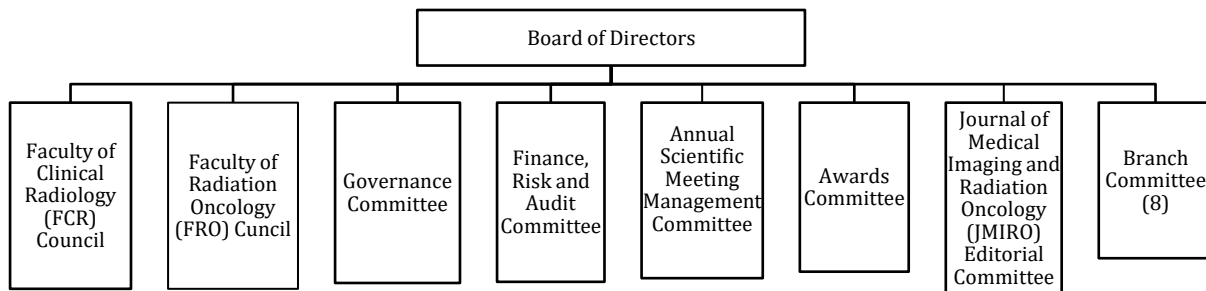
The College offers training programs in radiology and radiation oncology with both programs leading to the award of fellowship of the Royal Australian and New Zealand College of Radiologists. As at May 2019, the College had 4427 members and the membership for both Faculties at the time is shown in the tables below.

Radiology	Australia	New Zealand	Overseas	Total
Fellows	2375	406	122	2903
Trainees	515	103	2	620
Life Membership	69	14	2	85
Educational affiliate	56	50	3	109
Associate	3	0	0	3
Honorary Fellows	9	0	7	16
Total	3027	573	136	3736

Radiation Oncology	Australia	New Zealand	Overseas	Total
Fellows	416	59	32	507
Trainees	130	27	2	159
Life Membership	14	2	0	16
Educational affiliate	0	4	0	4
Associate	0	0	0	0
Honorary Fellows	1	0	4	5
Total	611	92	38	691

The College is governed by the Board of Directors with the Faculties of Clinical Radiology and Radiation Oncology, each headed by a Faculty Council, reporting to the Board. There are eight overseeing branch committees covering Australia and New Zealand, operating under their own terms of reference. In Australia, the branch committees comprise of the Australian Capital Territory (ACT), New South Wales, Queensland, South Australia/Northern Territory, Tasmania, Victoria and Western Australia. A complete list of branch committee office bearers is available on the College website.

The College's governance structure, in effect since 1 January 2013 following a revision and update of the College constitution, is shown in the figure below.



The Board has oversight of the College's strategic priorities, finance and resources. The composition of the RANZCR Board includes the:

- President, appointed by the Directors under the articles of association.
- Dean, Faculty of Clinical Radiology, elected by the Faculty of Clinical Radiology Council.
- Dean, Faculty of Radiation Oncology, elected by the Faculty of Radiation Oncology Council.
- Chairperson of the New Zealand Branch, elected from the Branch.
- Three members or life members, elected under the articles of association.
- A person who is not a member of the College, co-opted by the Board.

The RANZCR Strategy to 2021 describes five pillars set by the Board of Directors to guide the College's organisational activities over the next three years. The five pillars are:

Engagement: Create an environment that delivers highly valued services to members and encourages proactive involvement by members in College activities.

Advocacy: Influence decision makers in order to support members to provide quality outcomes-driven services to patients in a constantly changing environment.

Education: Deliver best practice medical education programs to ensure our members are safe competent and current.

Clinical Excellence: Lead the development of refinement of professional practice standards in clinical radiology and radiation oncology.

Organisational Governance and Stability: Support effective governance and decision-making through our members and staff working together to grow the College's capacity.

The Faculty of Clinical Radiology and the Faculty of Radiation Oncology provide the key functions and responsibility in relation to the RANZCR Fellowship Training and Continuing Education Programs, including responsibility for the assessment of overseas trained specialists and oversight of professional standards. Following a governance restructure in 2013, both Faculties are each governed by a Council with a tiered committee structure to optimise alignment with Board strategic priorities and improve efficiencies within the organisation. Each Council is

chaired by an elected Dean and includes a chief censor, trainee member and the RANZCR President among its membership. Since 2017, two deputy chief censor posts were created in each Faculty to support key areas of training, curriculum and examination. The College uses the term 'clinical radiology' to refer to the radiology Faculty, Committees and training program while the legislated name 'diagnostic radiology' in Australia and 'diagnostic and interventional radiology' in New Zealand is recognised. The Committee structure for the Faculty of Clinical Radiology and Faculty of Radiation Oncology is provided at Appendix Four and Appendix Five.

Faculty of Clinical Radiology

Council

The Faculty of Clinical Radiology Council comprises of the following representatives:

- Dean – chairs the Council and elected from within.
- Chief censor – appointed by Council following an expression of interest to the membership.
- Chief of Professional Practice – appointed by Council following an expression of interest to the membership.
- Nine fellows or life members, elected from the membership.
- A student member – nominated by the related trainee committee.
- Up to two co-opted members; one position is currently filled by a consumer representative nominated by the Consumers Health Forum.
- RANZCR President, ex-officio.

Office Bearers

The office bearers on the Faculty Council are the Dean, chief censor, and chief of professional practice. On the Clinical Radiology Education and Training Committee, the office bearers are the chief accreditation officer, and two deputy chief censors who chair the curriculum assessment committee and examination review panel.

Key Training and Education Committees

Reporting to the Council, the following Committees have key functions and responsibilities in relation to the RANZCR Clinical Radiology Training and Education Program:

- **Tier 1: Clinical radiology education and training committee (CRETC):** responsible for training, education and examination conduct and structures. This Committee is chaired by the chief censor, appointed by the Faculty Council following a process of expression of interest. The chief censor is appointed for three years and may be eligible for reappointment for a further three year term. No fellow may serve for more than six years. The membership of the clinical radiology education and training committee includes:
 - RANZCR President.
 - Faculty Dean.
 - Chief accreditation officer.
 - Eight branch education officers (including New Zealand).
 - Chair, curriculum assessment committee.
 - Chair, examination review panel.
 - Chair, IMG committee.
 - Clinical radiology trainee.

- **Tier 2: Clinical radiology curriculum assessment committee (CRCAC):** responsible for the development, implementation and review of the clinical radiology curriculum and training program.
- **Tier 2: International medical graduate (IMG) committee:** reports across both clinical radiology and radiation oncology Faculties and is responsible for ensuring consistent and strong IMG processes in Australia and New Zealand.
- **Tier 3: Clinical Radiology Examination Review Panel (CRERP):** responsible for setting, review and development of clinical radiology examinations.
- **Tier 1: Professional practice committee (PPC):** responsible for the development, implementation and review of post fellowship professional enhancement and development, including subspecialty program certification.
- **Tier 2: Continuing professional development (CPD) committee:** responsible for the CPD program for clinical radiology.
- **Tier 1: Clinical radiology trainee committee (CRTC):** represents clinical radiology trainees within the Faculty and provides a link between trainees and other committees.

The Committee for Joint College Training in Nuclear Medicine is a joint committee of RANZCR and the Royal Australasian College of Physicians (RACP) that oversees advanced training in nuclear medicine (which is a field of specialty practice in the specialty of radiology) and accredits training sites.

Faculty of Radiation Oncology

Council

The Faculty of Radiation Oncology Council comprises of the following representatives:

- Dean – chairs the Council and elected from within.
- Chief censor – appointed by Council following an expression of interest to the membership.
- Ten fellows or life members, elected from the membership, of whom two must reside in New Zealand.
- A student member – nominated by the related trainee committee.
- Not more than two co-opted members; one position is currently a consumer representative.
- RANZCR President, ex-officio.

Office Bearers

The three office bearers are the Dean, chief censor and chief accreditation officer.

Key Training and Education Committees

Reporting to the Council, the following Committees have key functions and responsibilities in relation to the RANZCR Radiation Oncology Training and Education Program:

- **Tier 1: Radiation Oncology education and training committee (ROETC):** responsible for training, education and examination conduct and structures. This Committee is chaired by the chief censor, who is appointed by the Faculty Council following an expression of interest to the membership. The chief censor holds office for three years following appointment and is eligible for reappointment for one further term. No fellow may serve as chief censor for more than six consecutive years. and membership comprises:
 - Faculty Dean.
 - Chief of examinations (deputy chief censor).

- Chief and deputy chief accreditation officer.
- Training network director representative.
- Up to two co-opted positions.
- A radiation oncology trainee committee representative.
- Designated New Zealand member.

The Council has designated one deputy chief censor as chief of examinations and a second deputy chief censor will be allocated to another role in the education structure.

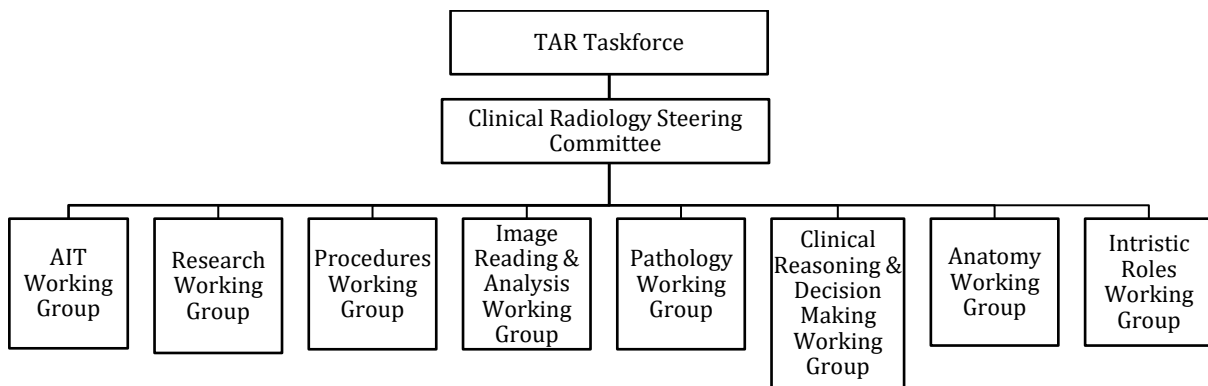
- **Tier 2: Training Network Directors (TND):** supports and promotes policies for radiation oncology training networks in Australia, New Zealand and Singapore.
- **Tier 2: International medical graduate (IMG) committee:** reports across both clinical radiology and radiation oncology Faculties and is responsible for ensuring consistent and robust IMG processes in Australia and New Zealand.
- **Tier 2: Phase 1 and Phase 2 Examination panels:** responsible for setting, review and development of the Phase 1 and Phase 2 radiation oncology examinations.
- **Tier 1: Radiation Oncology trainee committee (ROTC):** represents radiation oncology trainees within the Faculty and provides a link between trainees and other committees.

Governance of training and assessment reforms

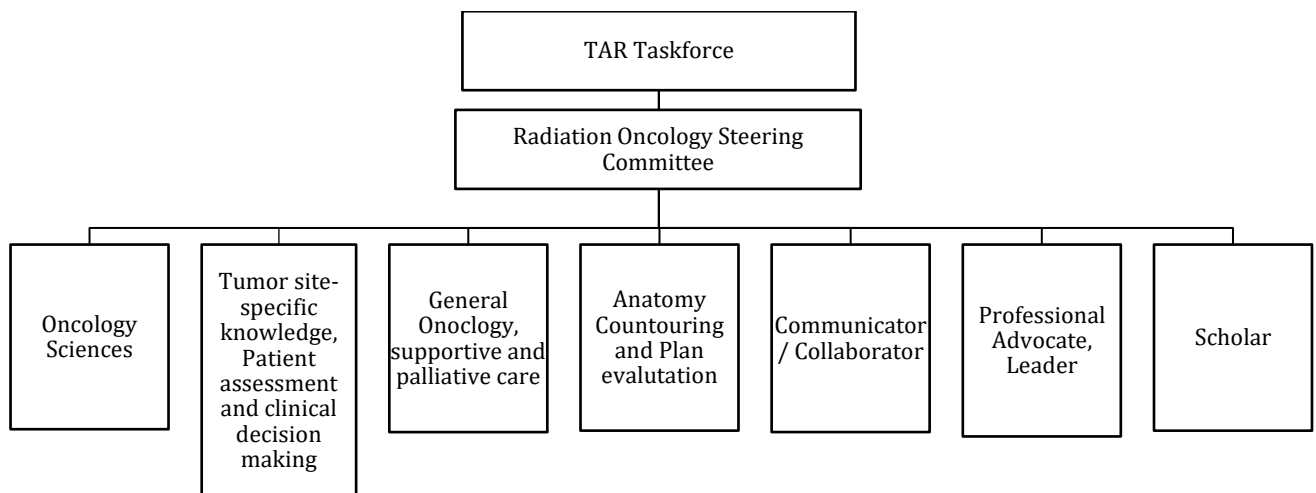
The College established the training and assessment reforms (TAR) taskforce in 2016 following the commissioned review of its assessment processes for Fellowship training across both Faculties by the Australian Council for Educational Research (ACER) and Professor David Prideaux, emeritus professor of medical education at Flinders University. The 2014 and 2015 ACER/Prideaux reviews made detailed recommendations across four key areas: constructive alignment, programmatic assessment, and the radiology and radiation oncology examinations. The TAR taskforce is chaired by the RANZCR President and reports to the Board, providing oversight of the implementation of the recommendations of the ACER/Prideaux reviews through steering committees and working groups for clinical radiology and radiation oncology.

The TAR steering committees are supported by working groups aligned to program areas (eight for clinical radiology and seven for radiation oncology) reviewing the curricula to align to current practice. Both specialties will focus on aligning workplace based activities with assessments.

Faculty of Clinical Radiology



Faculty of Radiation Oncology



Managing Conflicts of Interest

The College first established a conflict of interest policy in July 2011 and this policy has been reviewed by the Board in 2013, 2014 and 2016. The *Conflict of Interest Policy*, the principal policy document, provides a framework for office bearers, members on committees, staff, members and stakeholders to identify, declare and manage conflicts of interest during meetings. This policy is available publicly on the College website. Conflicts of interest is a standing agenda item for all College committee meetings to allow for routine identification and declaration of conflicts of interests based on items on the agenda. For the Board and Faculty Councils, this information is stored in a conflict of interest register and is reviewed annually. The *Conflict of Interests Policy* is used alongside other relevant policies governing College committees, including the:

- Privacy Policy and Confidential Information Policy.
- Code of Ethics.
- Handbook for Board of Directors, Faculty Councils and Committee Members.
- Branch Handbook.
- Meeting Conduct Guidelines.

Reconsideration, Review and Appeal of Decisions Policy

The College has a *Reconsideration, Review and Appeal of Decisions Policy* approved by the RANZCR Board and implemented through the authority of the Chief Executive Officer (CEO). The policy is publicly available on the College website. The policy outlines a three stage process with two

stages of impartial review built-in, and works together with the College's *Conflict of Interest Policy* and *Consideration of Special Circumstances Policy*. The policy stages are:

- Phase One: Reconsideration of the original decision by the decision-maker.
- Phase Two: Review of the original decision by a more senior body within the College.
- Phase Three: Formal appeals process by an appeals committee, specifically constituted for that purpose.

The following decisions can be subject to a reconsideration, review or appeal under this Policy:

- In relation to assessment of progress of trainees (including admission, dismissal or recognition of training).
- Applications for admission to fellowship.
- Applications from International Medical Graduates (IMG) for assessment (including examinations or training required to be undertaken by IMGs).
- Accreditation of training of networks, hospitals, units, teaching centres or supervisors.
- In relation to financial status of fellows, trainees and other members.
- Other decisions of the Board, Faculty Councils or College committees as the Board may determine from time to time.

The role of the CEO in the process is to ensure due consideration is given to each case at every stage, all relevant information has been submitted and if additional evidence is required, conflicts of interests are submitted and recorded, and that the appeals committee is constituted and its hearings take place in accordance with due process.

The outcome of each appeal is reviewed by the RANZCR Board and by the decision-maker. The Board reviews appeal outcomes for systemic issues and risks, and the decision-maker considers the policy or process implications and specific accommodations relevant to the applicant's case. The CEO and Head of Specialty Training of the College further review the implications and themes emerging from the appeal hearing, Board or Committee deliberations to identify learnings from each appeal and how outcomes may be applied to other candidates.

The College's reaccreditation submission indicates the College has had six formal appeals from 2013 to 2018. This systematic review of the appeals process and decisions has resulted in the review and subsequent clarification of the following policies:

Old Policy	New Policy
Trainee in difficulty policy	Performance and progression Remediation Withdrawal from training <i>[From 2017 radiation oncology and 2018 for clinical radiology]</i>
RANZCR radiology Part 1 examination – eligibility to attempt, successful completion removal from the training program policy (version 2) RANZCR format, marking and pass/fail criteria for the Part 1 and Part 2 radiology examinations (version 2.2)	Clinical radiology Part 1 examination policy Clinical radiology Part 2 examination policy <i>[From 30 November 2018]</i>

Old Policy	New Policy
<p>RANZCR release of results to candidates and directors of training for the Part 1 and Part 2 radiology examinations</p> <p>RANZCR eligibility to attempt the radiology Part 2 examination and successful completion of the Part 2 examination policy (2013)</p>	

A.2 Outcomes of the RANZCR Fellowship Training Programs

The College outlines a range of activities in its memorandum of association relevant to its educational purpose as described in its articles of association as setting specific objectives for the Faculty of Clinical Radiology and Faculty of Radiation Oncology. By-laws for both Faculties state the purpose of their establishment. As outlined in the RANZCR Strategy to 2021, the College explicitly emphasises its educational purpose through three of its five pillars – Education, Clinical Excellence and Advocacy – with specific action areas to guide the College’s priorities.

The program outcomes for both radiology and radiation oncology are based on the CanMEDS Framework, consisting of seven roles encompassing the competencies of each medical specialty. These roles are medical expert, communicator, team work/collaborator, manager/leader, professional, researcher/scholar and patient support/health advocate. In line with the recommendation of the ACER/Prideaux review, the TAR steering committee and its eight program working groups for radiology and seven for radiation oncology, are reviewing the curricula to update them to current clinical practice, defining learning outcomes and developing appropriate assessment tools to measure performance against outcomes. The curricula review will include the introduction of entrustability scales for clinical and professional activities.

The current graduate outcomes for each medical specialty are divided into learning competencies and categories of knowledge.

	Radiology	Radiation Oncology
Learning competencies	The seven roles, medical and non-medical, are defined with the required skills and learning objectives trainees are expected to acquire by the end of training.	The seven roles, medical and non-medical, are defined and expanded with learning outcomes describing the abilities and competencies of a radiation oncologist.
Categories of knowledge	<p>Core syllabus is divided into three knowledge categories:</p> <p>Category 1: Must know</p> <p>Category 2: Important to know</p> <p>Category 3: Useful to know.</p>	<p>Levels of achievement for learning outcomes are:</p> <p>[D]: Detailed level of knowledge and ability to apply knowledge in clinical settings</p> <p>[G]: General level of knowledge and minimal application</p> <p>[I]: Ability to perform specific activity essentially independently</p> <p>[S]: Ability to perform specified activity under supervision.</p>

A.3 RANZCR Fellowship Training Programs in Radiology and Radiation Oncology

The current RANZCR curriculum framework for the radiology and radiation oncology training programs has defined stages of training based on program and graduate outcomes that are publicly available. The ACER/Prideaux review found both training programs have explicit training curriculum statements conforming to the principles of curriculum design, however, alignment of the curriculum, workplace based assessments and examinations was needed. The RANZCR Board agreed with the recommendations and plans to finalise the TAR project in 2019, with implementation planned from December 2020 for New Zealand trainees and from February 2021 for trainees in Australia and Singapore.

Radiology

Current Program

Radiology is a five year training program in two parts with curriculum including medical and non-medical expert roles drawn from the CanMEDS framework:

- Part 1 (three years): General radiology training.
- Part 2 (two years): Systems-focused rotations for advanced radiology training.

The medical expert role has curriculum content that includes patient care and safety, key conditions in early training, applied imaging technology, report writing, key conditions in early training, radiological anatomy, pathology and radiodiagnosis of specific body systems. Each component of the curriculum is classified as category 1, 2 and 3, shown in the table above, to determine levels of knowledge required. Key training milestones are identified in each year of training to assist trainees and supervisors to understand training and assessment requirements.

Non-medical expert roles are determined by the need for skills in communication, teamwork, patient support and advocacy, professionalism, management and administrative skills, and research and education. Trainees are assessed in these non-medical expert roles through assessment undertaken by the Director of Training and multisource feedback at specific training points. Research and education skills are assessed by the trainee completing project requirements. Identifying patients from culturally and linguistically diverse backgrounds and providing culturally sensitive care, according to the training sites' policies, are included in the curriculum. The understanding of Aboriginal and Torres Strait Islander and Māori health is identified for further development within the TAR.

Radiology trainees have the opportunity to undertake nuclear medicine training and can apply in year 4 for commencement in year 5 and 6. Trainees are expected to complete all requirements of their radiology training prior to commencement. The nuclear medicine training program is administered by the RACP through a joint training program and trainees who complete training will have dual credentials.

New Program

While the program and graduate outcomes are not expected to change substantially, the TAR review aims to update curriculum content and develop assessment approaches (workplace based assessments and examinations) that are explicitly linked to more detailed learning outcomes. To date the TAR review of the clinical radiology training program has involved a review of procedural skills, foundation sciences, imaging analysis/clinical decision-making and non-medical expert competences. In these areas, explicit learning outcomes have been mapped to teaching and learning opportunities and assessments. In some cases, new assessments have been developed and piloted. For example, a formal assessment has been developed to be undertaken at six months of training to determine competencies with key condition scenarios that will enable supervisors to determine the trainee's level of competency prior to being permitted to go on-call.

A pilot has taken place in 19 training sites across Australia and New Zealand and feedback to contribute to the assessment tool is being considered. Significant further work is planned over 2019-2021 to increase curriculum and assessment content on cultural competency and cultural safety. Similarly, significant work on developing workplace based assessments and improving the format and approach to examinations is planned for 2020-2021.

Radiation Oncology

Current Program

The radiation oncology is a five-year training program with curriculum and assessments aligned to the CanMEDS framework and learning outcome statements classified as D, G, I and S, as defined in the table above.:

- Phase 1 (two years): Foundation modules and clinical assignments.
- Phase 2 (three years): Statistical Methods, Evidence Appraisal, and Research (SMART).

Curriculum outcomes are aligned to each CanMEDS role and detailed statements are provided for the 'medical expert' role and these learning objectives form two major parts of the curriculum:

- Oncology Sciences

The section comprises radiation and oncology physics, radiation and cancer biology, anatomy and pathology.

- Radiation Oncology Central Knowledge and Skills Summary (ROCKSS) and the Medical Expert Summary (MES)

ROCKSS provides an overview of the clinical competencies required by the radiation oncologist at the time of completion of training and a detailed framework for the scope of radiation oncology training and practice. Medical expert supplements direct trainee's learning to specific tumour sites and clinical situations and are used in conjunction with ROCKSS, pathology and anatomy documents.

Non-medical expert roles are defined as communicator, collaborator, manager, health advocate scholar and professional. The level of achievement is determined by the trainee's ability to perform specified activities independently and supervisors may use learning outcomes to direct trainees to appropriate learning opportunities. There are five intercultural learning modules available for completion on the learning management system (LMS) and the curriculum seeks to address the CanMEDS roles of the collaborator, communicator and professional. Trainees may be provided direct feedback on their performance through the mini-CEX, Clinical Supervisor Assessment, Director of Training Assessment and multisource-feedback.

New Program

As with the clinical radiology curricula, components of the radiation oncology curricula have been reviewed with explicit learning outcomes identified and linked to teaching and learning opportunities and assessments. Development for the radiation oncology curriculum is more advanced. New oncology sciences workshops have been piloted in New South Wales and New Zealand with positive feedback received from trainees. New content and assessment methods for contouring and planning skills are being refined following feedback from pilots, and a new practical observation assessment tool to assess clinical skills is being piloted. As with the clinical radiology curriculum, significant further work is planned to develop content and assessment on cultural competence and safety.

Each training program will move to replace the term "non-medical expert" with intrinsic roles, aligning with CanMEDS physician competency framework. The updated curricula for both training programs will also include development of content to support understanding of the

relationship of health and culture, including Aboriginal and Torres Strait Islander and Māori health.

Completion of training

Trainees may extend the training duration of both the radiology and radiation oncology training programs beyond five years subject to completion of identified milestones. The radiation oncology training program requires all trainees to complete training within 10 years of commencement. There is an *Interrupted and Part Time Training Policy* applicable to both training programs to allow trainees flexibility in their training. Applications may be made through the online trainee information management system (TIMS), reviewed and approved by the relevant training site Director of Training and the College.

There are processes for the recognition of prior learning and to identify comparability to the training program. The clinical radiology training program has a recognition of prior learning policy available on the College website. All applications are considered through the clinical radiology education and training committee. The radiation oncology training program considers individual cases on the basis of merit. The College is developing a uniformed policy to support decision processes across both training programs.

The following tables outline the outcomes of recognition of prior learning applications from 2016 to 2018 for both clinical radiology and radiation oncology training programs.

Clinical Radiology	2016	2017	2018
Application granted in full	1	0	0
Application granted in part	1	0	0
Application not granted	0	0	1
Total	2	0	1

Radiation Oncology	2016	2017	2018
Application granted in full	0	1	0
Application granted in part	0	0	0
Application not granted	0	0	0
Total	0	1	0

A.4 Teaching and learning

The College has a network model of training supported by training site accreditation processes to ensure a comprehensive and supported learning experience for trainees. Training networks consist of training sites linked together by their composition and related training experiences as determined by geographical and population diversity. In Australia, they are usually state-based. The teaching and learning methods for the clinical radiology and radiation oncology training programs involve a range of approaches including formal and informal learning opportunities at accredited training sites and through the College itself. The trainees' progress is monitored through the College's online trainee information management system (TIMS) and online modules are available for trainee access on the learning management system (LMS).

The key roles in the training network and sites involved in teaching of trainees are:

- Directors of Training (DoTs) are appointed to ensure trainees have appropriate supervision within their training sites, access to relevant teaching and learning opportunities and provide

feedback to assess the trainees' skills and behavior, incorporating advice from a range of workplace professionals through multi-source feedback (MSF). DoTs also are responsible for ensuring the accreditation standards of the College are achieved within training networks and sites.

- Clinical supervisors, who are consultant clinical radiologists or radiation oncologists, supervise the individual trainee at accredited training sites, are involved in teaching activities and share responsibility for in-training assessments to be completed with the trainees. Clinical supervisors are instrumental to training delivery and provide support to the trainees at their training sites.

A training day at the College's Annual Scientific Meeting (ASM) for radiology and radiation oncology trainees includes teaching sessions and trainee presentations planned by the radiology and radiation oncology trainee committees.

Education modules on appropriate imaging referrals, developed within the radiology training program, are available to all trainees as a learning resource. These modules are interactive with aims to improve appropriate medical imaging referrals to influence patient assessment and care, using validated evidence-based clinical decision rules to determine diagnosis, prognosis, and subsequent treatment.

For development of non-medical expert skills, trainees have access to a variety of courses on topics including communication, management, leadership and cultural awareness, available on the LMS. The College's website also has resources available for the development of ethics and interpersonal skills.

Radiology

The training curriculum was updated in October 2015 to include the CanMEDS mapping table and experiential training requirements in bone mineral densitometry, computed tomography, coronary angiography and computed tomography colonography. In October 2017, the radiology adverse events register was removed and an appropriate local adverse events register was introduced to clarify reporting requirements for experiential training requirements. Trainees participate in teaching and learning activities at their training sites including observation of procedures/examinations, completion of in-training assessments, formal teaching sessions and completion of experiential training requirements in the radiodiagnosis curriculum, mapped across the medical expert core areas in the training program. To support research requirements, the branch of origin session during the College's ASM showcases the most outstanding presentation from each branch. This event is open to all trainees from years 1 to 5 and participating branches hold an annual presentation evening for trainees to present their research as prescribed by training research requirements.

Further learning opportunities are being developed within the new training program:

- The clinical radiology written report guideline, an online module, was developed to improve the quality of radiology reports and imaging interpretation.
- To provide general awareness of imaging processes, a minimum one week will be available to trainees to shadow radiographers within the first month of training.
- Trainees will be required to perform a total of 100 procedures of basic interventional radiological procedures to demonstrate core skills in needle placement for biopsy and injection, vascular access and drain placement. An online learning activity relating to cultural competency will be included in the new training program.

- Developing skills to undertake research projects will be made available for trainees. Requirements for oral presentation of research projects at training sites or branch level offer opportunities for skill development in communication and critical-thinking.
- Consideration is being given to a structure of three or four month rotations into sub-specialty areas in the final year of training, supporting trainees' interests and need for additional experience.

Radiation Oncology

The training curriculum has two editions, released in 2008 and 2012 respectively. In 2017, clinical assignments were removed from the program in response to feedback that the process was onerous. These assignments are being replaced with facilitated network-based workshops. Trainees participate in a range of teaching and learning activities at their learning sites including multidisciplinary meetings, audits (peer review meetings, morbidity and mortality, and planning) and formal topic-based tutorials. These are mapped across the CanMEDS concepts and around the seven key roles of a radiation oncologist.

Trainees preparing to sit for the Phase 1 and Phase 2 examinations are supported with access to an annual preparation course held prior to each examination. The Phase 1 exam preparation course includes a foundation element with didactic lectures to supplement trainees' knowledge in radiation oncology physics, radiation and cancer biology, and anatomy. The Phase 2 exam preparation course is only open to trainees who have passed the Phase 1 examination. The SMART workshop is organised annually to provide opportunities to enhance capabilities in statistics, critical appraisal of medical literature and research methodology. While radiation oncology-focused, the SMART workshop is available to trainees in both training programs.

As part of the curriculum review, these learning opportunities are planned:

- Phase 1 oncology sciences workshops are being developed to replace clinical assessments with three different facilitated workshops for trainees planned within the first two years of training.
- Case-based discussion will be updated to provide a template for trainees to document and reflect on their clinical experience and will also be used as an assessment tool.
- Practical Oncology Experiences (POE) are being designed as quarantined time for an observational activity to understand technical aspects of radiation oncology with a report and discussion template introduced. This will replace the current clinical oncology case reports.
- Online learning activities are being developed to include modules on leadership, statistics and cultural competency.

Piloted in 2018 to positive response from supervisors and trainees, the contouring and planning evaluation (CPE) assessment tool improved the quality of feedback between clinical supervisors and Directors of Training, and trainees benefited from increased exposure to contouring and planning activities.

A.5 Program assessment

The clinical radiology and radiation oncology education and training committees assume responsibility for the respective training programs on behalf of their Faculty Councils, supported by a number of additional committees and examination panels. The chief censor is a member of the respective Faculty Councils, and education and training committees, and deputy chief censors are members of the education and training committees.

In radiology, the deputy chief censors are designated to be chairs of the curriculum assessment committee and radiology review panel. Examination panels in anatomy, applied imaging and radiology set, review and develop Part 1 and Part 2 of the radiology examinations.

In radiation oncology, the deputy chief censors are designated chief of examinations and chief of training and assessment. The Phase 1 and Phase 2 radiation oncology examination panels are responsible for setting, reviewing and developing the examinations.

The radiology and radiation oncology training programs have a comprehensive program of assessments to assess trainees' preparedness for independent practice. As described earlier, the radiology training program is divided as Part 1 and 2 and the radiation oncology training program, Phase 1 and 2. Assessments are structured to relate to the relevant points in training, and include workplace based assessments, experiential and formal examination components. Workplace based assessments are designed as formative assessments supervised by Directors of Training and completion is recorded on the College's trainee management information system (TIMS). Milestones for completion are outlined in curriculum documents available on the College's website.

The ACER/Prideaux review provided a holistic review of the College's assessments and examinations, recommending the development of a framework based on the outcomes of the training programs and improving the relationship between workplace based assessments and examinations. As a result of the review, blueprinting was undertaken for all examinations in radiology except the *viva* examination, and in radiation oncology, for both Phase 1 and Phase 2 examinations. Since 2016, the TAR steering committees and working groups in both the Faculty of Clinical Radiology and Faculty of Radiation Oncology have undertaken comprehensive steps to review and reform the assessment and examination process. The reforms focused on learning outcomes/syllabus reviews, the assessment framework, assessment tools and learning activities, and milestones/decision-making points.

The College's *Consideration of Special Circumstances Policy* is available on the College's website and applies to trainees of both radiology and radiation oncology Faculties and international medical graduates. Trainees and IMGs are also advised of this policy in official College documents at various stages of training, and through Directors of Training, and trainee liaison officer (TLO) site visits. The chief censor may seek advice from the related education and training committee in consideration of cases. The TLO role was created to provide a link between the trainees and the College. The TLO regularly visits training sites to meet with trainees with a focus of providing particular support to trainees in rural and remote sites, advice to all trainees as well as supervisors on College policies and resources to resolve any challenging issues.

Radiology

The ACER/Prideaux review identified consistency, quality control and psychometric robustness in examination processes as challenges with the need to provide training to new examiners. This led to a significant number of recommendations to implement as part of the TAR project. A number of recommendations are being implemented in the key areas of examination development and administration, examination scoring processes and review, and the removal of borderline results from overall scoring and the *viva* score sheet.

Key areas of work in development are:

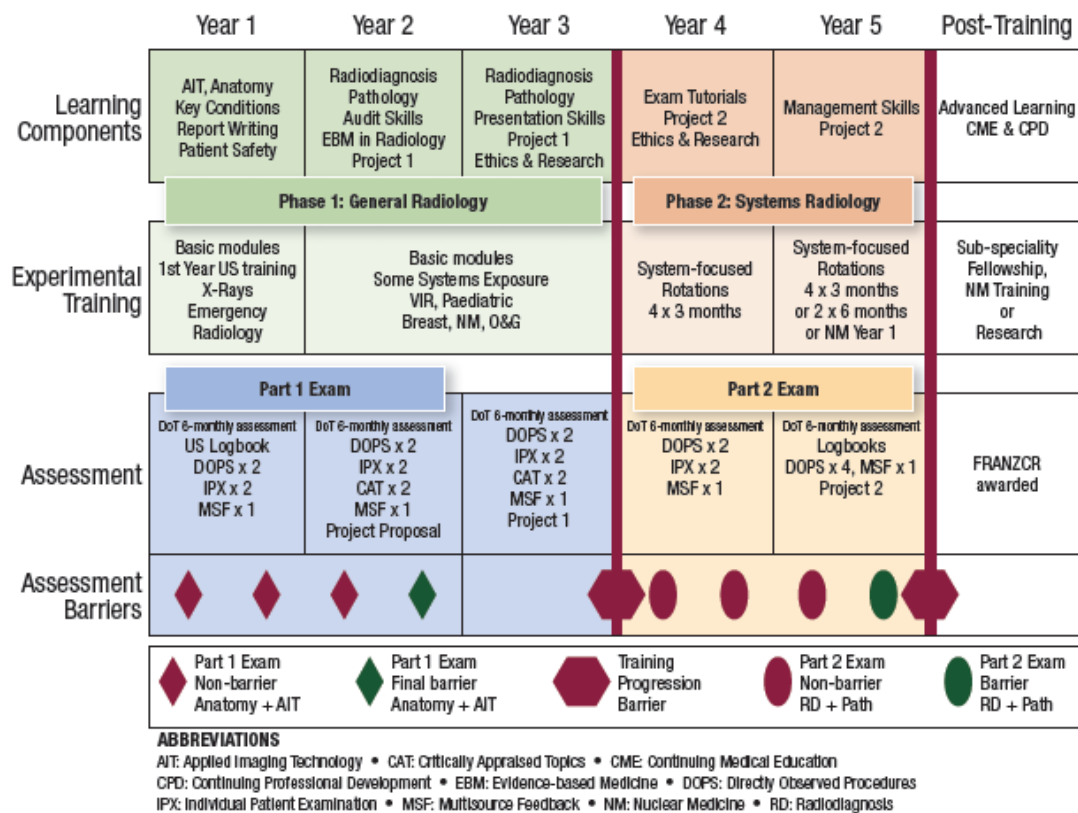
- Collecting data to allow for a more detailed performance breakdown and to provide more useful feedback to trainees in relation to examination results.
- Developing training pathways for more formalised examiner training in Part 1 and Part 2 examinations, including annual workshops to update and collaborate with examiners.

- Refining marking templates.
- Standardising of *vivas*, including review of the current format of examination and investigating alternative formats for standardised digital examination delivery.

Since the ACER/Prideaux review, the Faculty's examination review panels have undertaken blueprinting, in consultation with ACER as required. The standard setting process is developed by multiple stakeholders, including related examination review panels and ACER. The pass standard is set by the relevant examination review panel. The passing standards for all written examinations are criterion-referenced, and modified versions of the Angoff method are used for standard setting depending on the exam format.

The overall low pass rate for the Part 2 fellowship examinations is acknowledged by the College and the data from 2016 to 2018 is provided in Appendix Six. In 2019, ACER will undertake an analysis of available data to determine if there are systemic explanations and if further reforms are required. The ACER/Prideaux review has improved the robustness of the examinations that include changes to blueprinting processes, examiner training and formal standard setting for all written examinations. For *viva* examinations, changes have included monitoring examiner behavior and providing direct feedback, and removal of a borderline result.

The key milestones for completion of workplace based assessments and examinations for each year and phase of training are outlined below:



The workplace based assessments in radiology consist of three components:

1. Workplace based assessments

Assessment	Frequency	Requirements
Direct observation of procedural skills (DOPS)	Two a year Four in year five	Focused observation of a clinical procedure
Mini-individual patient exercise (mini-IPX)	Two a year (years 1-4)	Assessment of skills in interpreting diagnostic images for specific patients
Director of training assessment	Two a year	Assessment of strengths and weaknesses in non-medical expert roles
Multi-source feedback (MSF)	Once a year	Assessment of trainee behavior, interactions and skills by a variety of observers
Trainee assessment of training sites (TATS)	Two a year	Trainee ratings of training location and experience

2. Experiential component

The experiential component and related training requirements are set for general x-ray, breast imaging, interventional radiology, magnetic resonance (MRI), nuclear medicine, obstetrics and gynaecology, paediatrics/neonatal, bone mineral densitometry, computed tomography coronary angiography and computed tomography colonography.

3. Project requirement

Trainees complete a number of projects during training with a focus on developing research skills. These requirements are:

Project	Requirements
Critical incidents	One a year
Critically appraised topics (CATs)	Two a year for years 2 and 3
Project 1	Proposal year 2 submitted by year 3
Project 2	Proposal year 3 submitted by year 4

4. Examination requirement

Formal examinations are conducted in two parts - the Part 1 examination and the Part 2 examination (also the fellowship examination). The written examinations are facilitated electronically at the Clifton Training Centres through a bespoke online examination system by external provider, Genix. Part 1 is held in Sydney, Perth and Auckland, and Part 2 is conducted only in Sydney. The *viva* examination has been conducted at the AMC's National Test Centre in Melbourne since May 2017, in response to several ACER/Prideaux recommendations in relation to security, consistency and examiner training, and to support the transition to electronic delivery of *viva* examination cases in future.

The completion requirements for the Part 1 and 2 radiology examinations are:

PART 1 – must be completed within two years of commencing training (excluding College approved interrupted training time)	
e-AIT Paper 1	10 essay questions in three sections
e-AIT Paper 2	100 MCQs
e-Anatomy Paper 1	15 short answer questions
e-Anatomy Paper 1	“write short notes on <structure>” 8 short cases with 3 parts per case (identification, diagrams and explanations)

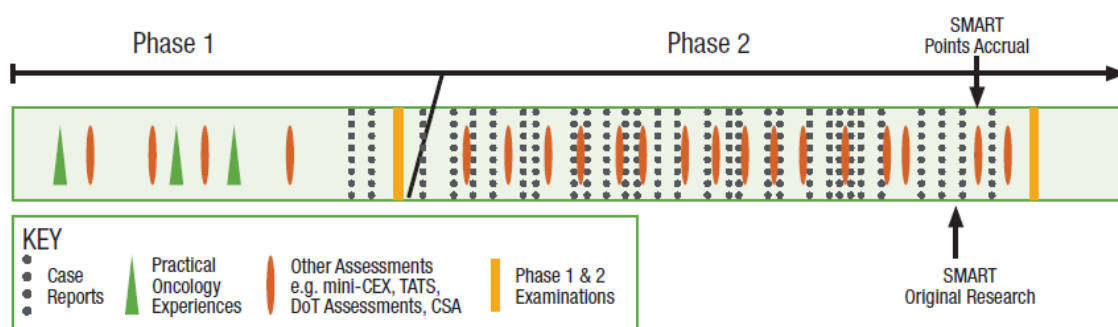
PART 2 FELLOWSHIP – cumulative progress; all components must be completed within two years of first sitting (excluding College approved interrupted training time)	
e-Film Reading	8 short answer questions using Radiology film cases
e-Radiology	100 MCQs
e-Pathology	100 MCQs
Vivas	Live, oral film reading/pathological image exams 7 Viva topics to be passes – 6 body systems + 1 Pathology Multiple cases within each Viva

Feedback on examination performance is provided through candidate result letters. Candidates may request feedback on failed components. Candidates are also provided examiner comments. For the *viva* component, a feedback template has been developed for use by examiners in the feedback letter to identify areas for performance improvement.

Radiation Oncology

The ACER/Prideaux review identified an already strong examination process and recommended the development of the examinations as part of a long-term assessment process with the adoption of a more collaborative approach with examination review panels. The blueprinting of the radiation oncology examinations is undertaken by the chief of examinations and appointed lead for each series of the Phase 2 examination. The blueprinting of the Phase 1 examination is undertaken by the chief of examinations and Phase 1 co-leads. The pass standards for the radiation oncology examinations are well-established and examination panels consult with ACER on standard setting. The role of pathology in the Phase 1 examination was reviewed and removed in 2018 and an annual item-writing workshop for examiners was implemented.

The key milestones for the radiation oncology program for completion of workplace based assessments and examination for each year or phase of training are:



The workplace based assessments in radiation oncology consist of:

1. Ratings

Assessment	Frequency	Requirements
Mini-clinical evaluation exercise (Mini-CEX)	1 per three months of training	Observation and rating of a patient encounter
Clinical supervisor assessments (CSA)	1 per three months of training	Supervisor ratings of strengths and weaknesses according to CanMEDS roles
Director of Training assessment	1 per six months of training	Collation of other assessments strengths and weaknesses under CanMEDS roles
MSF	1 per 12 months of training	Assessment of trainee behaviour, interactions and skills by a variety of observers
TATS	1 per six months of training	Trainee ratings of training location and experience

2. Experiential component

Trainees must complete the experiential requirements and practical oncology experiences before sitting the Phase 1 examination. Trainees spend logged practical sessions with other disciplines, including experience with treatment machines, planning and oncology imaging.

Experience	Requirements
Case reports (logbooks)	30 to be completed prior to applying for phase 2 examination
Statistical methods, evidence appraisal, & research for trainees (SMART)	20 points to be accrued from approved activities completed prior to applying for phase 2 examination
Research manuscript	Required prior to applying for phase 2 examination
POEs	Three (eight-hour sessions) to be completed prior to applying for phase 1 examination

3. Examination requirement

Formal examinations are conducted in two phases: Phase 1 examinations and Phase 2 examinations (also the fellowship examination).

- The Phase 1 examination is paper-based, to be completed after 36 months of accredited training. Examinable components comprise of three oncology sciences: anatomy, radiation and cancer biology, and radiation oncology physics. In consultation with ACER and relevant College examination governing bodies, the pathology component was withdrawn from the Phase 1 examination in 2017 as a significant percentage was covered in the radiation and cancer biology curriculum.
- The Phase 2 examination comprises both written and *viva* components. It is generally attempted by trainees in year 5. The examination covers all aspects including diagnosis, management and technical aspects of planning and delivery of radiation therapy. The written components are paper-based and *viva* components take place at accredited teaching departments in Australia and New Zealand.

Examination results are provided through candidate result letters and feedback on unsuccessful components is provided with specific feedback from examiners for the Phase 2 examination. Additional feedback can be requested and is provided directly to the trainees' Director of Training by the co-lead examiner for the Phase 1 examinations. Candidates required to re-sit the Phase 1 examination must meet with their Director of Training to formulate a training plan, which is provided to the chief of examinations. For Phase 2 examinations, the chief of examinations provides feedback to candidates.

A.6 Monitoring and evaluation

The College coordinates a suite of monitoring and evaluation activities to regularly review its training and education programs with contributions by trainees, fellows and educational affiliates. The ACER/Prideaux review found the College needed to create a more robust culture of ongoing and systematic evaluation, outcome reporting and demonstrating action based on findings. The development of a formal evaluation framework, which is planned to be completed by the end of 2019, is expected to inform the overarching aims of the evaluation framework across both programs, IMG assessments and CPD activities. The proposed structure is organised according to the domains of curriculum review, teaching and learning, assessment, and education policy. Ongoing IT systems integration and move to managing data digitally will enhance the capabilities of the College to analyse its data and cross-reference results, allowing more efficient reporting and action-taking.

Current monitoring and evaluation activities and their outcomes are reported through the College's governance structure with formal measures in place to ensure regular reporting to the Board. The College's regular monitoring and evaluation activities include:

Activity	Frequency	Owners
<i>Training Sites</i>		
Trainee assessment of training sites (TATS)	Once every six months of training	CR education and training committee, and training accreditation working group
Training accreditation site visit interviews	Five year cycle	RO education and training committee

Activity	Frequency	Owners
CR training site accreditation census	Biannual	CR education and training committee
RO facilities survey	Biennial	RO economic and workforce committee
<i>Trainees</i>		
TLO site visits and reports	Quarterly committee reports	CR education and training committee
Evaluation survey of TLO role	Annual	RO education and training committee
CR and RO trainee feedback survey	CR - Annual; RO - Biennial	
CR <i>viva</i> candidate exam feedback	Each exam series	CR examination review panel
RO <i>viva</i> candidate exam feedback		RO education and training committee
<i>Fellows</i>		
CR new fellows survey RO recent graduates survey	Annual	CR workforce committee RO economics workforce committee
CPD feedback survey	Triennium end	CPD Committee (CR) Post Fellowship Education Committee (RO)
<i>Examinations</i>		
CR <i>viva</i> examiner feedback survey	Biannual	Examination committees
<i>Examination evaluations</i>	Each exam series	
<i>Directors of Training</i>		
Radiology and radiation oncology Director of Training surveys	Annual	CR education and training committee RO education and training committee
Radiology and radiation oncology Director of Training workshops	Biannual	

The College reviews its records of data to monitor trends occurring among training sites, trainees, Directors of Training and the industry, and to inform allocation of resources and event management. Trainees, Directors of Training, heads of department, allied health teams and relevant hospital personnel are interviewed in training site accreditation visits. In addition to providing support to both trainees and Directors of Training, the TLO provides informal feedback

to the College on issues raised by these groups. The trainee assessment of training sites (TATS) is a confidential online assessment for trainees to rate training locations and training experiences over a range of dimensions. The TAR project involves representation by trainees and Directors of Training to provide insight on how proposed changes could affect the training program and the implications for teaching and operational activities.

To facilitate opportunities for communication and collaboration, the Faculty of Clinical Radiology established a forum in 2018 for its Network Training Directors (NTDs). The radiation oncology education and training committee has a Training Network Directors (TNDs) subcommittee to provide recommendations and feedback on the training program. Trainees are able to provide feedback via the trainee forum at the Annual Scientific Meeting and the trainee committees. The College undertook a member engagement survey in 2016 with the intent of promulgating knowledge of the College's strategic goals among its membership, gaining insight into their members' viewpoints, identifying potential areas of improvement in training, CPD and research and ensuring high quality standards of practice.

The College engages with health consumer representatives within its governance structures. Health consumer representatives are also invited by some trainees to comment on communication skills through the multisource feedback (MSF) assessment. The *Targeting Cancer* and *InsideRadiology* websites provide up-to-date information and resources to consumers and health professionals. The College maintains relationships with other specialist medical colleges to share educational expertise and activities. It is enhancing its engagement with Indigenous communities through membership and collaboration with the Australian Indigenous Doctors' Association (AIDA), Leaders in Indigenous Medical Education (LIME) Network, and Te Ohu Rata o Aotearoa (Te Ora).

The College has an established process of consulting government and regulatory bodies to align its activities with health sector priorities and workforce planning. Increased communication with state health workforce jurisdictions has resulted in increased support for training posts through the specialist training program (STP). Information on the outcomes of the training programs are published in the College's annual report and regular feedback is given to stakeholders through monthly Faculty-specific e-newsletters and the quarterly publication, *Inside News*.

A.7 Trainee selection and support

Selection

The College's selection process is facilitated through its training networks, and is a key activity described within the radiology and radiation oncology network training policies. Trainees are selected and employed into a network, and assigned to work at any site within that network. The process has two steps:

- 1 Candidates are recruited and selected into a training network.
- 2 Successful trainees submit an application to the College to join a training program which is to be submitted within two weeks of starting in the accredited training position.

The College has trainee selection guidelines for the radiology and radiation oncology training programs to provide guidance on fair and objective recruitment processes. These guidelines include eligibility requirements, selection criteria and managing the application and interview process. Candidates are able to access process overview documents to identify relevant processes for selection. Network training directors (radiology) and training network directors (radiation oncology) are often panel chairs for the selection process.

Most training networks in Australia are state-based and selection therefore generally takes place at the centralised state network level. There are a number of notable differences in the radiology training program:

- In Victoria, the Postgraduate Medical Council of Victoria (PMCV) has facilitated selection since 2015.
- In New South Wales, administrative support for selection into the three local training networks is provided through the Health Education and Training Institute (HETI) and NSW Ministry of Health.

Upon commencement in their respective training programs, all trainees are required to submit a completed application form and sign a trainee compact, a document that sets out trainee obligations, including duty of care to patients, when undertaking specialist training through the College.

The College is currently undertaking a review of its selection processes. In 2016 the College commissioned the Work Psychology Group to develop evidenced-based selection review criteria and this involved a job analysis, validation survey and subsequent consultation. A group of fellows were identified by the College to work with the Work Psychology Group for the duration of the job analysis project. The review included an evaluation of existing documentation and consultation with key stakeholders. The analysis defined professional competencies required to work as a radiologist or radiation oncologist and a framework comprising of eight competency domains was developed. These are communication and interpersonal skills, critical thinking and decision-making, professional integrity and ethical behaviour, patient focus, self-awareness and resilience. These will be referred to as professional competencies and included in the updated guidelines. In 2019, the College is consulting with training networks and employers to assess the alignment of local processes with the College's selection guidelines, with the results of this consultation to be integrated with the newly adopted professional competencies to develop new selection guidelines. The proposed timeline is for the revised selection guidelines to be presented to the relevant College committees in 2020.

As part of its review of selection guidelines and processes the College is seeking to address its limited recruitment of Aboriginal, Torres Strait Islander and Māori trainees and also to increase the selection of rural-origin trainees. The College has sought to identify cultural ethnicity at the time of application since 2015. The College's *Rural and Regional Needs Assessment Report (2015)* highlighted that issues with selection contribute to the current geographic maldistribution of the workforce in radiology and radiation oncology and workforce shortages in non-metropolitan areas. Options to increase recruitment of applicants who satisfy rural origin criteria and selection of Aboriginal, Torres Strait Islanders and Māori trainees are being considered by the education and training committees. The College currently has one Māori trainee in the clinical radiology training program in New Zealand.

The College publishes mandatory requirements of the radiology and radiation oncology training programs related to rotations through training sites on the College website. Specific details of rotations are determined by the Clinical Radiology Network Training Director or Radiation Oncology Training Network Director, and network governance committee as needed, in consultation with trainees. All new trainees are advised during recruitment of the expectation of rotations and the College aims to provide a minimum of six months' notice for rotations that require relocation, to allow trainees to make appropriate arrangements. Trainee concerns about rotations are discussed with Directors of Training in the first instance with further escalation to the Network Training Director/Training Network Director, training site human resources department or junior medical officer unit as appropriate. The College's *Review, Reconsideration and Appeal of Decisions Policy* is also an avenue for resolution.

Radiology

Trainees can spend a maximum of four years at a single training site within their five-year training program. Rotations in the training network include a minimum of one private rotation and one rural or regional rotation and each training network must provide the opportunity for all trainees to experience training at these sites. Training sites are approved and monitored through the College's training site accreditation program.

The number of radiology trainees entering the College program in Australia and New Zealand from 2016 to 2018 provided below:

	ACT	QLD	NSW	SA/NT	TAS	VIC	WA	NZ	SING	Total
2016	3	24	37	11	1	23	10	20	0	129
2017	3	23	31	13	4	25	9	19	0	127
2018	4	17	30	10	2	25	10	19	0	117

Radiation Oncology

Trainees can spend a maximum of four years at a single training site and must rotate to a separate site for a minimum of 12 months before sitting for the Fellowship examination within the five-year training program. Rotations between departments in the training network are generally six months at a minimum, but can be shorter in duration.

The number of radiation oncology trainees entering the College program in Australia and New Zealand from 2016 to 2018 is provided below:

	ACT	QLD	NSW	SA/NT	TAS	VIC	WA	NZ	SING	Total
2016	0	2	10	1	0	6	0	6	0	25
2017	2	3	10	1	0	5	1	4	0	26
2018	0	6	12	1	2	5	1	6	0	33

Trainee participation in governance and communication with trainees

Trainee engagement is facilitated primarily through the clinical radiology and radiation oncology trainee committees that are standing committees of each Faculty Council. Eight trainees are elected to each trainee committee, representing each training network in Australia, New Zealand and Singapore (for radiation oncology only). Trainees are eligible to participate between the end of their first year of training and prior to completing their full-time training requirements, and there are no limits to re-election other than the requirement to be a trainee. Appointment is for a term of one year, beginning on 1 January each year. Trainee committees meet via teleconference, face to face during RANZCR's annual scientific meeting (ASM) and at a committee handover meeting at the end of the year. The College supports teleconference facilities, catering for face-to-face meetings and travel expenses for the committees' annual handover meetings. Trainees self-fund travel, accommodation and registration for the ASM meeting.

The College communicates and disseminates information to trainees in a variety of ways, including through quarterly e-news updates, *Inside News* newsletter, the College website, written notifications of changes to policy, social media posts and the trainee information management system (TIMS).

Trainee wellbeing

The College has policies and guidelines outlining the principles of the training programs, underpinning program and operational decisions. The following policies are designed to provide a framework for management of issues and help guide trainees through the training programs:

- Reconsideration, review and appeals policy.
- Consideration of special circumstances policy.
- Interrupted and part-time training policy.
- Grievance policy.
- Code of ethics.

Trainee in difficulty policies were withdrawn and replaced with three new policies for each discipline for radiation oncology in 2017 and for radiology in 2018. The policies are publicly available on the College website. These are the:

- Performance and progression policy.
- Remediation policy.
- Withdrawal from training policy.

The website also has a wellbeing information page that provides information on support available within the College and identifies external resources of support. The College's process for training site accreditation and policies are designed to set the minimum standards for delivery of training for each training program with standards relating to training welfare, and the learning environment.

Resolution of training problems and disputes

Concerns relating to training and supervision not resolved at the local training level are overseen by each Faculty's education and training committee. Trainees may apply under the terms of the Reconsideration, Review and Appeals Policy for any issues not resolved to satisfaction. Bullying and harassment complaints are managed through the Grievance Policy.

A.8 Supervisory and training roles and training post accreditation

The College has developed several roles to support trainees through the training program within a training network.

Clinical supervisors

The College does not appoint clinical supervisors. They are consultants in training centres instrumental in providing feedback and guidance to trainees. In the radiation oncology training program, the role of clinical supervisors are critical as they play a particularly active role in supporting trainees to complete assessments.

Directors of Training (DoT)

Directors of Training are nominated by employers and each accredited training site has at least one Director of Training. Clinical radiology Directors of Training are appointed by the clinical radiology education and training committee initially for a three year term, with the option for the appointment to be renewed, Radiation Oncology Directors of Training are appointed by the radiation oncology education and training committee with continued tenure at the Committee's discretion.

Acting also as the College's representatives for training within the accredited training department, Directors of Training are responsible for the structure and quality of training, with at least one Director of Training in each accredited site ensuring trainees develop clinical and professional skills and undertaking evaluation of trainees' skills through formal and informal assessments.

Network Training Directors (NTD) and Training Network Directors (TND)

Clinical radiology network training directors and radiation oncology training network directors are the central point of contact for the College, ensuring high-quality training and supervision of all sites within their network. They provide leadership for Directors of Training and coordinate training matters within the network. The training site accreditation program monitors the role of these directors.

Research Mentors

Research mentors provide support and advice to trainees on academic and research activities across all training sites.

Branch Education Officers (BEO)

Branch education officers represent the College to support the clinical radiology training programs in each Australian state and in New Zealand. They are members of the clinical radiology education committee and provide an important link between the College, trainees, training departments and state health authorities. BEOs support accreditation, examination and international medical graduate (IMG) processes.

Education Support Officers

Education support officers are appointed as a requirement of network training and are responsible for administrative support to the TND/NTD.

Supervisor Training

All Directors of Training are provided with a framework for the training program with the *Clinical Radiology Director of Training Information & Resources Pack* and the *Radiation Oncology Director of Training Information and Resources Guide*. The College's LMS provides educational resources on the role of a manager, providing performance feedback and advice on communication skills.

Workshops for Directors of Training are also conducted every year, providing a forum to share issues related to training and contribute to professional development. These workshops are held in rotation around Australia and New Zealand, and Directors of Training are expected to attend at least one workshop a year. Clinical supervisors are also now invited to participate in these workshops.

The College introduced induction sessions for new Directors of Training in 2017 to provide orientation and training in a range of areas including implementing the training curriculum, completing trainee assessment, managing site rotations, identifying and supporting trainees not meeting requirements, and understanding examination requirements and interpreting assessment outcomes.

Supervisor Performance

The College has implemented several methods to garner feedback on supervisor performance. These include the trainee assessment of training sites (TATS), training accreditation site visits, TLO site visits, trainee feedback surveys and through the trainee committees. The effectiveness of Directors of Training is routinely evaluated through the site accreditation process and training sites. STP posts are required to submit progress reports twice a year to track performance of

these positions. Supervisors monitoring these programs are required to provide these reports. Feedback is monitored regularly by the education and training committees of both disciplines and identified issues are addressed either directly or through the Directors of Training workshops.

Examination assessors

Three examination panels and sub committees of the clinical radiology education and training committee set, review and develop the Part 1 anatomy, Part 1 applied imaging technology or Part 2 clinical radiology fellowship examinations. Examiner positions are filled through an expression of interest and appointed by the Faculty of Clinical Radiology Council's appointments committee. Applications for examiners for the clinical radiology fellowship Part 2 *viva* examinations are considered by the clinical radiology examination review panel. Appointments are for a three year term, with an opportunity to be reappointed for two additional three year terms.

The Phase 1 and Phase 2 examination panels, and sub committees of the radiation oncology education and training committee set, review and develop the radiation oncology Phase 1 or Phase 2 fellowship examination. Several assessor roles contribute to examination development – the pathology assessor, Phase 1 assessor, Phase 1 expert advisor and Phase 2 clinical examiner. Applications are considered by the radiation oncology education and training committee, and initial appointments for 12 months. Subject to satisfactory performance, appointments may be extended for three to five years with further annual reappointment options available afterwards.

Members of both examination panels and examiners participate in workshops and training related to standard setting, blueprinting, question and examination development. New examiners participate in workshops led by ACER. In the radiology training program, the College gathers feedback on the effectiveness of its examiners through a voluntary survey of examiners and candidates at the end of each examination series. In addition, lead examiners monitor *viva* examinations and provide direct verbal feedback to examiners. The clinical radiology examination review panel is now considering providing written feedback. In radiation oncology, the chief censor has largely overseen the training and monitor of assessors, giving feedback during the development and operation of examinations. With the appointment of the chief of examinations, opportunities to evaluate and provide feedback to examiners will be prioritised.

Training post accreditation

Oversight and monitoring of training site accreditation processes is the responsibility of the clinical radiology and radiation oncology education and training committees. Chief accreditation officers are clinical leads appointed to oversee the accreditation programs. To manage potential conflicts of interest, the chief accreditation officer does not participate in site visits in the officer's home state. The chief accreditation officer's responsibilities are delegated to the deputy chief accreditation officer in radiation oncology, while in the radiology training program, a senior fellow from another branch takes up these responsibilities. Since 2018, the College supports the operations of training site accreditation with the appointment of an accredited systems auditor as senior project officer.

The College's *Accreditation Standards for Education, Training and Supervision of Clinical Radiology Trainees* and *Radiation Oncology Accreditation Standards and Criteria for Training Networks and Sites* set out the standards and processes to be adhered to by training sites and networks across Australia, New Zealand and Singapore.

The accreditation cycle is five years for both training programs, including an initial assessment. Out of cycle reviews may be considered at the discretion of the education and training committees of chief accreditation officers. Training sites are assessed against the relevant discipline's accreditation standards and decisions related to accreditation are subject to the reconsideration, review and appeal of decisions policy.

Radiology

A total of 142 radiology departments are accredited across Australia, New Zealand and Singapore as of March 2019. Site accreditation activities are detailed below.

	ACT	QLD	NSW	SA/NT	TAS	VIC	WA	NZ	SING	Total
Total number of accredited sites	3	26	28	16	8	31	13	16	1	142
Number of sites visited	1	7		9				5	1	23
Number accredited – new sites	1	7	4			1				13
Number accredited – reaccruited sites	1	7	2	9			1	5	1	26
Number not accredited								1	2	3
Number of applications received		13	2			2	1			18
Training sites at risk	1	2	5					3		11

New training sites complete and submit the *Application for Full Accreditation as a Radiology Training Site* form with supporting documents to the relevant chief accreditation officer and branch education officer to review. A site visit to the new training site will be arranged if required. Private practice sites applying must obtain a linked accreditation with a fully-accredited training site in the network. Interim reviews of accredited training sites occur every three years and renewal of accreditation every five years. Training sites complete the self-assessment section of the accreditation report and submit this to the College in the third year of their accreditation cycle. This is reviewed by the clinical radiology education and training committee. At the fifth year of the accreditation cycle, a site visit by an accreditation team is undertaken 12 months prior to expiry of accreditation.

The accreditation standards cover the following criteria:

Goal 1: The training site promotes the welfare and interests of trainees.

Goal 2: The training site ensures clinical radiology trainees have the appropriate knowledge, skills and supervision to provide quality patient care.

Goal 3: The training site provides a wide range of educational and training opportunities that are aligned with the requirements of the training program curriculum.

Each goal has a number of standards and criterion for the training site to completed as a self-assessment.

Site assessment visits are conducted by the chief accreditation officer or a delegated representative, such as an accreditation panel radiologist, and members of College staff. Following the site visit, a confidential preliminary report is provided to the director of training,

department director and branch education officer. Training sites are allowed the opportunity to highlight inconsistencies or factual errors. The preliminary report is presented to the clinical radiology education and training committee to consider and the committee's decision is then communicated to the training site and branch education officer. The chief accreditation officer authorises the report to be distributed to the network training directors and hospital or practice executives as determined to be appropriate.

Radiation Oncology

Radiation oncology has a total of 47 departments accredited across Australia, New Zealand and Singapore as at March 2019. Site accreditation activities are detailed below.

	ACT	QLD	NSW	SA/NT	TAS	VIC	WA	NZ	SING	Total
Total number of accredited sites	1	9	16	3	2	8	1	6	1	47
Number of sites visited		9		3				6		18
Number accredited – new sites										0
Number accredited – re-accredited sites		9		3				6		18
Number not accredited							1			1
Number of applications received		1								1
Training sites at risk		1					1			2

New sites seeking to become a training site are required to join a relevant training network based on geography or available training experience. A request to join the network is decided by the network governance committee and the process of accreditation begins after this formal process. Interim reviews of accredited training sites are conducted every three years and renewal of accreditation every five years. Training sites must complete the *Radiation Oncology Self-assessment Form* along with providing verifying evidence. Section A is completed by the Training Network Director and the new site completes Section B. The relevant chief accreditation officer reviews applications. Site assessment visits are arranged for new training sites and renewal of training site accreditation. The chief accreditation officer may decide to conduct site visits at the three year interim review.

The accreditation standards for networks cover:

- Governance: a network must comprise of a minimum of two training sites and have a clear governance structure in relation to training delivery.
- Network Training Environment: a network must build and continuously evolve its training environment and meet minimum training and facility standards.

- Network Workforce Arrangements: outlines principles surrounding the recruitment, retention, supervision and support of the trainee workforce within training sites.

The accreditation standards for network training sites cover:

- Governance: a training site must belong to an endorsed training network and have a clear governance structure in relation to training delivery.
- Training Environment: a training site must build and continuously evolve its training environment.
- Physical Environment: a training site must meet the expectations of physical environment requirements.
- Workforce Arrangements: outlines important principles surrounding recruitment, retention, supervision and support of trainees at training sites.

The accreditation standards comprise of a number of specific sub-standards for networks and training sites to complete a self-assessment against.

Site assessment visits are completed by the chief accreditation officer or delegated representative – another radiation oncologist, and a member of College staff. During the visit, the accreditation team meets and interviews a pre-arranged list of hospital personnel and tour relevant hospital departments. Following the visit, a confidential report is provided to the training network director, department director and director of training on the site evaluation against the accreditation standards with conditions and areas of improvement identified. This report is an opportunity for the training site to advise the College of inconsistencies and factual errors. The preliminary report and recommendations are then presented to the radiation oncology education and training committee to consider and make a decision on accreditation.

Outcomes of training site accreditation

The outcomes of new training site accreditation and assessment for existing training sites is based on a rating of an A to D scale.

NEW SITES

Level	Definition	Outcome	Follow-up
A	Good potential training experience, no concerns with proposed training	Accredited	As per 5yr accreditation cycle
B	Good potential training experience, some concerns with proposed training program which require monitoring	Accredited – <i>Provisional</i>	Progress report and/or follow-up site visit in 3-12 months
C	Significant concerns noted with proposed training program which must be addressed before training program can commence	Not accredited	Site advised to reapply for accreditation at a later date once noted concerns have been addressed
D	Multiple significant concerns with proposed training program, site not considered appropriate for training	Not accredited	Site requested to refer to accreditation standards

ESTABLISHED SITES

Level	Definition	Outcome	Follow-up
A	Completely satisfactory in all areas, no significant issues, suggestions for improvement only	Extended to 3yr/5yr date as per normal accreditation cycle	Note any suggested improvements for next review/site visit
B	Satisfactory in most areas, some issues noted which require correction but are not significant enough to prevent extension of accreditation		Site to submit report after agreed period of time confirming noted issues have been corrected. Failure to comply may result in downgrade to Level C
C	Significant issues noted which must be corrected before accreditation can continue long-term	Conditions applied to accreditation, extended short-term only, until issues satisfactorily addressed	Report/s to be submitted confirming compliance with conditions, follow-up site visit may be required. Failure to comply may result in downgrade to Level D
D	Multiple significant issues seriously impacting quality of training. Immediate action required, future accreditation in doubt		Report/s to be submitted confirming compliance with conditions, follow-up site visit. Failure to comply may result in loss of accreditation

The College monitors progress of training sites meeting accreditation standards through progress reports. The chief accreditation officer and College staff review the report to determine if the training site continues to meet accreditation standards and is satisfactorily addressing recommendations within appropriate timeframes. The outcomes of the report are reviewed by education and training committees and may result in an adjustment of accreditation ratings or a decision that accreditation should be withdrawn from the training site.

A.9 Continuing professional development, further training and remediation

The College mandates that all fellows in active clinical practice participate in CPD. The program is also available to non-fellows and educational affiliates in Australia and New Zealand who are active members of the College. There are currently 2787 clinical radiology and 474 radiation oncology participants registered in the College CPD program.

The minimum requirements are set out in the *RANZCR CPD Compliance Policy* and align with established requirements set by the Medical Board of Australia (MBA) and Medical Council of New Zealand (MCNZ). Both radiology and radiation oncology members are required to complete a minimum of 30 points per calendar year and 180 points each triennium. Each Faculty publishes on the College website a CPD Handbook that outlines minimum requirements and the range and type of activities available for members. The Clinical Radiology CPD Committee and the Radiation Oncology Post-fellowship Education Committee provide oversight of the CPD programs. Reporting to the respective Faculty Councils, each committee develops policies, frameworks and documents to support the CPD program and members. Requirements for each triennium are approved by respective Faculty Councils.

The CPD program is designed to support ongoing learning and ensure currency of knowledge and skill. Recent changes to the CPD program and governance structure are:

- The Faculty of Radiation Oncology, anticipating changes from the MBA, implemented amendments to CPD requirements in 2019. To assure safe and high quality patient care, impending MBA reforms will include the nomination of a CPD home, supporting doctor wellbeing and identifying practitioners at risk of poor performance. To familiarise members with these changes, the annual CPD point requirement will increase to a minimum of 50 points annually and 180 points each triennium from one of three professional performance framework categories – undertaking educational activities, reviewing performance and measuring outcomes.
- Due to the complexity of the clinical radiology practice, the Faculty of Clinical Radiology introduced the Professional Practice Committee (PPC) as an additional governance tier to manage the CPD program in 2019. The PPC is chaired by the chief of professional practice, a new office bearer position.

In clinical radiology, points must be accrued in a minimum three of the seven categories, with multiple subordinate activities available:

- Professional and clinical governance.
- Teaching, training and supervision.
- Self-directed learning.
- Research.
- Publications and presentations.
- Attendance at conferences and meetings.
- Maintenance of professional standards.

The College encourages participation in education and training activities to enhance cultural competence by allocating two points to an hour of activity in this category. Members are also encouraged to select CPD activities relevant to their scope of practice and self-identified learning needs. A template is made available for members to complete that supports detailing of scope of practice to relevant CPD categories and activities. This is in line with impending reforms by the MBA and MCNZ, though at this time documenting a professional development plan is not compulsory. The College has invested in developing frameworks for scope of practice for both disciplines and in 2018, the Faculty of Radiation Oncology endorsed a *Radiation Oncology Scope of Practice*. The Faculty of Clinical Radiology had also commenced developing its scope of practice from 2018.

The current CPD program is underpinned by a set of principles under the CanMEDS framework, endorsed through the College's governance structure and published in the CPD handbooks for both Faculties. A transition plan to address coming CPD reforms by the MBA and MCNZ has been established by the College to align the existing program with new requirements. A review was conducted in 2018 by the CPD governance committees of both disciplines to determine transitional requirements for the 2019 – 2021 triennium. The outcome of the review was a coordinated plan to introduce requirements for MBA reforms first through the Faculty of Radiation Oncology, due to the smaller cohort of members, prior to rollout for clinical radiology in 2021.

The College's learning portal assists members with tracking compliance against requirements and provides a library of CPD activities. An annual CPD survey audits compliance against established criteria and also captures member feedback for continuous quality improvement. The College has a *CPD Compliance Policy* outlining requirements and monitoring procedures. A random sample of 7% of members are audited annually to assess compliance. The College's compliance rates have improved from 92% in 2012 to 99.5% in 2017. Members who are non-

compliant will be presented to the College Board for termination of fellowship of membership, following the failure to comply with correspondence from the College and governance boards. There is an established process of responding to MCNZ regarding compliance to the CPD program for clinical radiologists and radiation oncologists in New Zealand.

The College provides advice to fellows resuming practice to ensure compliance with requirements of the CPD triennium and facilitates contact with the CPD committee during the recency of practice process as required. The documents, *Recency of Practice Guidelines for Clinical Radiology* and *Recency of Practice Guidelines for Radiation Oncology* are available on the College websites, and outline the requirements of the MBA, MCNZ and the Singapore Medical Council. The College receives very few formal requests for re-entry to practice.

The College has guidelines on *Re-entry to practice, retraining and remediation for clinical radiology* and guidelines are being developed for radiation oncology. To manage retraining and remediation, a joint working group was formed with CPD committees of both disciplines. Fellows are identified as underperforming through the CPD process annually and at the end of each triennium. The College, however, currently receives few requests for assistance with retraining, re-entry and remediation.

A.10 Assessment of specialist international medical graduates

The College undertakes processes of assessment of specialist international medical graduates in radiology and radiation oncology for the purposes of specialist recognition by the MBA and MCNZ. In Australia, the College provides two assessment pathways for specialist international medical graduates to practice: specialist recognition and area of need. The College also assesses applications of support for short-term training positions for specialists or specialists in training to supplement their skills not available in their current situation. The framework for these pathways are detailed in the *IMG Assessment Policy (Australia)* on the College's website. A formal IMG policy document for New Zealand is in development to formalise current arrangements according to the memorandum of understanding between MCNZ and Vocational Education and Advisory Body (VEAB).

Specialist recognition

The assessment is conducted as a face-to-face interview with two fellows of the College. The possible outcomes are:

- not comparable
- partially comparable
- substantially comparable.

Partially comparable applicants are required to sit the RANZCR Part 2 or Phase 2 examinations either with or without a period of training in a College accredited training site in a non-accredited position.

Area of need

Applicants for assessment for area of need positions must successfully obtain an offer of a position before being assessed by the College. The assessment involves a face-to-face interview, clinical case scenarios, and for clinical radiology applicants, film-reading components. The applicant is also assessed for the specialist recognition pathway during this process. A criterion to be considered suitable is a minimum of five years in a training site accredited by a national body or minimum five years clinical experience as a consultant at an accredited clinical radiology or radiation oncology training site.

Short-term training

Applicants write directly to Directors of Training at relevant training sites to enquire about opportunities for upskilling in a particular modality offered in an advanced training or fellowship position. This is an option often taken up by specialist recognition pathway applicants planning to sit the radiology Part 2 examination. Applicants are eligible to work for a limited time in the position as a registrar and a list of available training sites for both training programs is available on the College website.

Assessment and outcomes

The IMG Committee provides oversight and ensures the robustness of the assessment process, and has been restructured to include representatives from both Faculties from Australia and New Zealand. The Committee's membership includes the assessment panel chairs from both Faculties. The College conducts IMG assessor training every three years, following recruitment of IMG assessors.

The clinical radiology IMG assessment panel comprises of a branch education officer, who sits on the clinical radiology education and training committee and has undergone IMG assessor training, and a trained IMG assessor. Both assessors are to be from different states and one must be a former IMG. In New Zealand, the assessment panel comprises the branch education officer, VEAB chair and another IMG assessor.

The radiation oncology IMG assessment panel comprises of a senior assessor, who is a Director of Training, and the other is a training network director and member of the radiation oncology education and training committee. Both are trained IMG assessors. There are only two assessors in radiation oncology and based in Australia, due to the low number of applicants.

The IMG assessment panels can make the following determinations for applicants in Australia:

Specialist recognition assessment pathway decisions	
SC	The assessment panel can determine whether the candidate meets the criteria for peer review and how much peer review the IMG requires, up to 12 months
PC	The assessment panel determines whether the candidate meets the criteria for partially comparable and the possible upskilling requirements up to 24 months the IMG requires
NC	If the IMG is deemed to require more than 24 months upskilling then the candidate is to be found NC

Area of Need assessment pathway decisions
Suitable for the position – any restrictions of scope of practice and the level of supervision required in the position
Not suitable for the position

The MCNZ is responsible for decisions on eligibility for registration for New Zealand applicants and these decisions are not linked to the applicant's eligibility for fellowship. The assessment panel makes a recommendation and submits it to MCNZ, which advises the applicant of the outcome.

The College's *Reconsideration, Review and Appeal of Decisions Policy* pathway is available to applicants.

Section B Assessment against specialist medical program accreditation standards

B.1 The context of training and education

1.1 Governance

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

1.1.1 Team findings

The Royal Australian and New Zealand College of Radiologists (RANZCR) has an established governance structure to oversee the delivery of two specialist medical programs, one in radiology and one in radiation oncology as well as the assessment of specialist international medical graduates in these specialties, and the College's continuing professional development programs for fellows of both specialties.

The College undertook a major review of its governance structures and functions from 2010 to 2011. As a result, the College established the Board of Directors and two Faculty Councils, one for Radiation Oncology, and one for Clinical Radiology. The Board and Faculties are supported in their work by highly skilled and dedicated staff and there is engagement of many fellows in College activities and programs.

The Board oversees and resources work plans of the Faculties and clear terms of reference dictate committee structures and functions within both Faculties.

The Board membership includes the respective Deans of both Faculties, who are in turn elected by the relevant Faculty Council. In addition, the Chair of the New Zealand branch of the College is a Board member and the broad Fellowship of the College elects three Radiation Oncology members and three Clinical Radiology members. Finally, a non-College member is co-opted to the Board.

Each Faculty has a Council that oversees all the committees of the relevant faculty and the terms of reference for each Faculty Council and their committees are clearly documented. Both Faculty Councils have mandated membership from all states, the ACT and New Zealand, as well as trainee and consumer representation. The Faculty committee structures are subdivided into tiers of

responsibility with clear terms of reference and plans of accountability through to the Faculty Council and ultimately the Board.

The Faculties have a joint International Medical Graduate committee and a joint Training and Assessment Reforms (TAR) Taskforce reporting to the Board. The governance structure allows for joint Faculty committees as necessary to address issues of commonality across both Faculties.

Both Faculties rely heavily on the work of fellows to assist in the delivery of the Faculty's functions and this is a considerable strength of the College. The team noted the workloads of the chief assessors is very high and a similar observation was made in the ACER/Prideaux review. The team also noted a relatively small number of fellows appear to be undertaking the majority of the assessment design and resulting implementation and this perhaps limits the capacity and speed of the assessment reforms. The College is strongly encouraged to undertake a process to identify fellows with experience, expertise and an interest in medical education, and facilitate upskilling of these identified fellows. Succession planning for the senior College education roles is essential.

The team noted there is no trainee of either Faculty on the Board, but each Faculty Council has a trainee representative. The team recommends the College consider the value that could be obtained by having trainee representation at Board level.

The team notes the formation of the Māori, Aboriginal and Torres Strait Islander Executive Committee (MATEC) in August 2019 to support the College's initiatives to facilitate culturally competent and safe practice, and to effect long-term health outcomes.

The College takes conflicts of interest and its application seriously. A conflict of interest form must be completed annually to support ongoing management of conflicts of interest. The policy was well understood by College members interviewed during the assessment and the College provided examples of the application of the policy in meetings. The policy document is clear and provides detailed examples for conflicts that may arise in meetings and research. It addresses the potential conflicts that may arise for examiners but does not provide enough detail in this area.

During the assessment, the team noted there are three circumstances that need to be addressed in the policy:

- Some trainees reported having paid to attend non-College derived courses conducted by College fellows, who are also examiners.
- There was also an examiner conflict of interest in relation to SIMG assessment when the interviewer was also an examiner for a later examination relevant to their overall assessment. Candidates reported this inhibited them from raising concerns about the interview and SIMG assessment process. After identifying these issues, the College responded promptly to begin updating its policy in this regard. The College must confirm that these updates have been made.
- Subsequent to the team's accreditation visits and meetings, the team became aware of some complaints from current and former trainees against named senior office holders. In one instance, the College has initiated an independent review of the complaint and the College's response. The conflicts of interest policy does not specify in what circumstances office holders and those with education roles should step down from their roles while complaints about them are investigated.

1.2 Program management

The accreditation standards are as follows:

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
 - planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures

- setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
- setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
- certifying successful completion of the training and education programs.

1.2.1 Team findings

Both Faculties have well-functioning committees to address program management for the educational and professional development aspects of radiology and radiation oncology. Each Faculty Council clearly understands the importance of these roles as core components of their work. The Faculties have transparent and well-documented processes to certify successful completion of the relevant specialist training program. The College has a joint committee to oversee all aspects of the assessment of applications from international medical graduates seeking specialist registration in Australia and New Zealand. While Australia and New Zealand are separate sovereign nations, the College has effective processes to address any differing legal requirements when assessing IMG applications. Similarly, the continuing professional development committees of both Faculties are aware of, and responsive to, the differing requirements for CPD set by the regulatory bodies in Australia and New Zealand.

1.3 Reconsideration, review and appeals process

The accreditation standards are as follows:

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

1.3.1 Team findings

The College has clearly documented policies and processes for reconsideration or review and appeals most often occur as a result of examination or assessment processes and/or in relation to removal from the training program. The processes and timelines to be followed are well-documented and the team reviewed a number of examples where the processes had been applied appropriately. The College collates data on requests for reconsideration and appeals, and major trends such as features of applications relating to examinations. This information is referred to the relevant Faculty committees to respond to as required. The College also provided examples of responding to themes identified in systematic review of the processes. The team notes that the low pass rate for the Part 2 clinical radiology exam continues to be a significant source of applications and the TAR project aims to address concerns about this exam.

Despite these efforts, trainees at a number of training sites felt that the College's process did not involve a genuine review and did not fully understand the process. The slow pace of change to the Part 2 clinical radiology exam may be one reason why trainees at some sites continue to have a poor view of the processes (this is addressed further under Standard 5). Following the team's accreditation visits and meetings with the College, the AMC received a number of complaints from former and current trainees. The team understood a number of complaints are known to the College and these raise significant questions about the way in which trainee concerns have been handled and how policies have been applied. Although the College has a process for managing complaints, there may be a lack of additional avenues for stakeholders to raise concerns in the College's current process and additionally, more than a single point of accountability in the review of a complaint (i.e. through the CEO or College staff) should be considered in order to demonstrate

good governance. The team is concerned the current process leaves the College vulnerable to accusations of a lack of procedural fairness.

In light of this, the team recommends the College seek independent review of its complaints policy and process in managing trainee concerns to ensure consistent application and safe avenues for issues to be raised. In the interim, the team recommends that the College review its communication strategies to better articulate how the process is managed and the actions the College is taking to address key themes/issues identified in these processes.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

1.4.1 Team findings

In 2014, the College commissioned an external educational review by Professor David Prideaux. As a result of the review, the Board contracted Professor Prideaux and the Australian Council for Educational Research (ACER) to work with the College to finalise recommendations for major reforms to the training programs of both faculties.

The ACER/Prideaux report has resulted in a plan of work that is resourced by the Board and overseen by the Training and Assessment Reforms Taskforce. A number of reforms have been identified, such as, increasing constructive alignment between the curricula, the workplace based assessment and the examination and development of blueprinting, and standardised examination items have been initiated and a timeline for other changes has been accepted by the Board. The team acknowledges the successful introduction of a number of work place based assessments in the radiation oncology training program, and in particular, the work to improve training and assessment in contouring and planning skills.

The introduction of a number of reforms requires considerable time and resource investment from the College. Given the Board's governance role in setting investment priorities and holding the Faculties to account for progress, the College may wish to consider whether the membership of the Board provides sufficiently robust oversight of Faculty work and if the Board is effective in advocating for stakeholders such as trainees in both Faculties. There has been notably slower progress on assessment reforms in the clinical radiology training program since the delivery of the ACER/Prideaux report. In support of the training and assessment reforms, the Board may wish to consider additional Board membership, with specific expertise in medical education and assessment.

Physical delivery of the significant majority of the training programs in both Faculties relies on the cooperation of service providers, both public and private. The team notes the significant and widespread impact of service demands on both trainees and supervisors. This is a threat to the quality and depth of the training experience in both Faculties and the team notes the important role the Board may need to adopt in advocating at state and national levels for the protection of training and the expansion of training opportunities.

Collaboration with other educational and training bodies is well established. The College has important links particularly with North American and European professional bodies to share educational strategies and resources with online links to educational resources available to trainees in both Faculties. Furthermore, the College is an active member and participant in multi-collegial organisations such as the Council of Presidents of Medical Colleges in Australia and the Council of Medical Colleges in New Zealand. Membership of these latter two organisations also

allows for a pan-professional advocacy role at state and national levels on matters of common interest.

The conjoint approach taken with the Royal Australasian College of Physicians to provide Nuclear Medicine training for radiologists is an example of a very collegial and successful partnership.

1.5 Educational resources

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

1.5.1 Team findings

The College executive structure is clearly articulated and includes a direct report to the chief executive from the senior executive responsible for specialty training across both faculties. The head of the Specialty Training is responsible for oversight of the administration and delivery of all aspects of training in the College.

Beginning in 2016, the College has actively reviewed and refined the resourcing and functioning of the speciality training unit (STU) and made a number of key appointments to enhance its capability and capacity. The College has acknowledged the need for contingency planning to ensure uninterrupted delivery of the core functions of the STU.

Information technology plays a key role in the delivery and support of educational material. The senior executive for Information Technology directly reports to the chief executive. Some key recommendations of the ACER/Prideaux report rely on technological developments within the College, particularly in the area of the radiology Part 2 *viva* examination. The team is concerned by the College's timeline for full implementation, planned for 2023, of digital technology in this examination, and notes the College intends begin in 2021 with the Part 1 exam. The team sees a need to fully digitise the relevant components of the radiology Part 2 examination as a matter of urgency, certainly for the 2021 assessments, to ensure that the assessment format reflects specialty practice.

Much of the successful delivery of the training programs in both Faculties is based on effective training at individual sites and across training networks. Training site and network accreditation is, therefore, critically important to the effective delivery of education and training. Expansion of training sites and configuration of networks to deliver maximum effectiveness in both Faculties is an ongoing challenge for the College, given the commissioning of private services in regional/remote centres and curricula requirements for rotation across subspecialties

Many of the ACER/Prideaux reforms accepted by the College also require supervisor training and support across both specialties. Administration of training site and network accreditation as well as supervisor support and training occurs through the STU. In light of the further demands for work in these areas and for effective communication of changes affecting trainees, the College may wish to consider whether it has sufficient resources currently assigned to undertake these activities.

1.6 Interaction with the health sector

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

1.6.1 Team findings

The College interacts with a wide array of health sector organisations, including professional and community groups. Community engagement, as evidenced by the strong consumer representation on both Faculty Councils, is a strength of the College.

The team notes the work done by the Faculties to engage with state and national bodies in relation to issues affecting training sites and networks. A key aspect of this engagement is to try to address the challenges of establishing training in private facilities providing publicly funded clinical radiology services. While recognising the increased engagement with states, territories and health administrators in New Zealand, the team sees a need for the College to further strengthen its ability to advocate with funders, employers, and private providers to ensure greater access to, and protection of, training opportunities. The College should consider how this is resourced and the various roles of Board members, Faculty and College executive staff in supporting this engagement.

Similarly, there are complex challenges in relation to the network and rotational model that require significant engagement across networks, with health services and jurisdictions. Across multiple networks, the team heard concerns about:

- Cost implications for trainees undertaking rotations away from their main training site, especially in relation to short-term accommodation.
- The challenge of implementing rotations where trainees were required to relocate from or with their families.
- A lack of consistent access to training opportunities for the paediatric, obstetrics and gynaecology requirements of the training program.
- Missed opportunities for training in regional and rural centres with a good generalist casemix that could not support the full sub-specialty requirements in the curriculum.

The team acknowledges the Faculties have begun addressing some of these challenges, for example, adjustments in the composition of training networks to address the need for trainees to relocate, especially for short training periods. Further proactive engagement with jurisdictions and private providers to protect and enhance training opportunities is required to maximise training opportunities whilst minimising disruption to trainees.

The College has recently developed a framework for Indigenous health to guide the College's work on Indigenous health initiatives affecting Aboriginal, Torres Strait Islander and Māori communities and doctors. This is important progress, however, the College itself acknowledges much remains to be done at a College level to meet the needs of Indigenous communities, patients, trainees and fellows. The team endorses the College's desire to continue this work and recommends the College consider developing partnerships with Indigenous organisations and communities as well as establishing effective processes to attract, retain and support Indigenous trainees and fellows.

1.7 Continuous renewal

The accreditation standards are as follows:

- The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

1.7.1 Team findings

The College is a sector-leader in relation to the impact of emerging technologies in the delivery of health care such as artificial intelligence. State and national governments seek advice and dialogue with the College in this aspect of development and the College has stimulated important discussions at both provider and regulator levels in both Australia and New Zealand.

The team notes there are opportunities for the College to further refine aspects of the training program to prepare trainees for their roles as effective members and leaders of multidisciplinary teams. Multi-disciplinary care is well-established and is now seen as best-practice across many aspects of healthcare. The team acknowledges the Faculty of Radiation Oncology has made significant progress in this domain and acknowledges the proposed changes to workplace based assessment in the radiology training program offers considerable scope to appropriately skill trainees in these important roles.

Although the team has identified areas of curriculum and assessment development in clinical radiology that require more urgent attention, in general, the College's commitment to continual renewal can be seen in the resourcing and prioritisation of the Training and Assessments Reforms Taskforce, led by the College President.

Commendations

- A The commitment and expertise of College staff and fellows in respective Faculties to the delivery and enhancement of excellent and effective training, and education programs. The formation of the Training and Assessment Review taskforce is evidence of the College's priority to facilitate change.
- B The clear and comprehensive governance structure that delineates responsibility for training and education at every level.
- C The excellent engagement of consumers and their contribution in the governance structure at Faculty level.
- D The proactive approach to working with jurisdictions and relevant stakeholders on the challenges of the changing role of radiologists and radiation oncologists in view of emerging technologies.

Conditions to satisfy accreditation standards

- 1 Revise the College's conflicts of interest policy to:
 - (i) Confirm potential conflicts of interests in relation to examiners are addressed.
 - (ii) Implement procedures to manage conflicts of interest of College officers involved in governance and decision-making in training and education functions. Consistent application of the conflict of interest policy for both trainees and fellows must be applied. (Standard 1.1.6)

- 2 Develop and implement a systematic plan to engage with jurisdictions and employers in Australia and New Zealand to enable sustainable, consistent delivery of training programs. (Standard 1.6.1)
- 3 Develop and implement a program of effective collaborations and formal partnerships with organisations in the Aboriginal and Torres Strait Islander and Māori health sectors. (Standard 1.6.4)

Recommendations for improvement

- AA Consider in relation to membership on the College Board:
- (i) the appointment of a trainee to provide trainee perspective in College strategy
 - (ii) the appointment of a member with specific expertise in medical education to support training and assessment reforms. (Standard 1.13)
- BB Implement criterion-based decision making over absolute discretion as a single point of decision-making to improve transparency and encourage confidence in procedural fairness. (Standard 1.3.1)
- CC Review the College's approach to communicating outcomes of the reconsideration, review and appeals process to better explain the process and feedback on actions the College is taking to address themes and issues identified. (Standard 1.3)
- DD Ensure there are sufficient resources available to undertake all the College's activities in the training and assessment reforms and other initiatives. (Standard 1.5)

B.2 The outcomes of specialist training and education

2.1 Educational purpose

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

2.1.1 Team findings

The College has a clearly defined purpose for the specialty medical training programs for clinical radiology and radiation oncology, and sets high standards of training and education for trainees and continuing professional development for fellows. The College's vision is to lead best practice in clinical radiology and radiation oncology for patients and society and its mission is to drive safe and appropriate use of radiology and radiation oncology to optimise health outcomes. The College's dedication to best practice is defined in its values statement and by the College's Strategy to 2021 that includes education and clinical excellence as strategic priorities to guide and deliver programs and initiatives for its specialist training and continuing professional development. The College's memorandum of association list ten activities directly related to its educational purpose set out in its articles of association that state the purpose and objectives of the Faculty of Clinical Radiology and Faculty of Radiation Oncology.

The College has developed an extensive network of internal and external stakeholders and demonstrates a communicative approach to developing its strategies and policies. The team noted trainees are integral members of the College, and are represented within the College governance structure and consulted on key policy matters. The trainee committee is actively represented within both Faculties. Feedback and input from its members are regularly sought on various developments and consultation is facilitated through the College website, email and social media platforms. The InsideRadiology and TargetingCancer websites are the College's tools to engage with the public and members of other medical disciplines such as general practitioners. The College's engagement with external community members is positive and prioritised with the appointment of consumer representatives on each Faculty Council.

The community responsibilities in the College's purpose and values statement should address the healthcare needs of the communities it serves with aims to reduce health disparities in the community. Clear statements addressing the improvement of health outcomes for Aboriginal and Torres Strait Islander people of Australia and Māori of New Zealand need to be embedded in the College's educational purpose. The team notes the College's intent to address this with various initiatives in development including commissioning a review of the College's programs in relation to Indigenous health and forming a Māori, Aboriginal and Torres Strait Islander Executive Committee. The team recommends formally consulting with relevant stakeholders to define its purpose in this aspect.

The College's commitment to establishing high standards within the training programs for trainees and post training for fellows has been noted by the team. The development and delivery of teaching and learning resources is currently largely coordinated by training networks, Network Directors and Directors of Training. The College could consider how its role and responsibility as an education provider can be expanded through developing and curating the College's own teaching and learning resources and/or centrally facilitating coordinated delivery

of teaching to improve consistency across networks and ensure alignment with program and graduate outcomes.

The team noted there was opportunity for the College to be more actively involved in shaping rural and remote placements for trainees in keeping with support for clinical practice, reflecting community health needs and overall healthcare initiatives in rural settings.

2.2 Program outcomes

The accreditation standards are as follows:

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

2.2.1 Team findings

The College has clearly defined program outcomes in the curricula of the radiology and radiation oncology training program to support the aim of producing high-quality generalists in both programs. Seven role competencies, based on the CanMEDS Framework, have been identified as key roles to be achieved by trainees and these are clearly specified with role statements of both training programs as medical expert and non-medical expert roles. There is strong consensus across diverse training sites that the College's approach is the right one for the training programs. Further development to define these roles is expected within the new curricula for radiology and radiation oncology over the next two years, and each discipline will replace the term 'non-medical expert' with 'intrinsic' roles to align with the CanMEDS physician competency framework. The team encourages the College to clearly align 'intrinsic' roles with the evolving role of their trainees and fellows in the workplace with greater involvement in patient management and interventional procedures.

The development of specific resources for cultural competence and safety should be incorporated into all aspects of training and education, and continuing professional development.

The College has created two positions for data analysts to further strengthen support for training and workforce planning strategies in addressing health inequities and service needs across Australia and New Zealand. The College's training programs focus on developing generalists in its fields of practice during training and subsequent post-training fellowships build on the generalist program. This approach imbues confidence in appointments to consultant roles following completion of training, in particular within metropolitan hospitals where many radiology positions are subspecialist. The team notes the College has a good working relationship with the Royal Australasian College of Physicians, resulting in a clear set of program outcomes for its nuclear medicine training program.

2.3 Graduate outcomes

The accreditation standards are as follows:

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

2.3.1 Team findings

The College's graduate outcomes are identified clearly in curriculum documents for both training programs and are publicly available. The College's training programs have been noted by the team to be generally acknowledged across diverse training sites and stakeholders to produce graduates of a consistently high quality.

The team endorses the College in its work on constructive alignment of graduate outcomes to assessment tasks in line with the recommendations of the ACER/Prideaux review, aligning *viva* examination processes to appropriate technology developments and current clinical practice and to include tasks in assessment processes related to the health of Aboriginal and Torres Strait Islander people of Australia and the Māori of New Zealand.

Commendations

- E The College has a clear educational purpose to promote and establish high standards of training and professional development.
- F Program and graduate outcomes align with the well-structured, comprehensive curriculum documentation in both training programs.
- G Radiology subspecialisation provides appropriately specialised services in metropolitan settings in Australia and New Zealand.

Conditions to satisfy accreditation standards

- 4 Define how the College's educational purpose addresses Aboriginal and Torres Strait Islander people of Australia and Māori of New Zealand health, in consultation with relevant committees, health organisations and community representatives. (Standards 2.1.2 and 2.1.3)
- 5 Develop and implement program and graduate outcomes aligned with the health needs of the Aboriginal and Torres Strait Islander people of Australia and Māori of New Zealand. (Standards 2.2 and 2.3)

Recommendations for improvement

Nil

B.3 The specialist medical training and education framework

3.1 Curriculum framework

The accreditation standards are:

- For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

3.2 The content of the curriculum

The accreditation standards are:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
- The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.
- Additional MCNZ criteria: Cultural Competence: The Training Program should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training program that contribute to the cultural competence of trainees.

3.1 and 3.2 Team findings

The College has overarching frameworks for its curricula and the team considered documentation for both radiology and radiation oncology to be aligned with program and graduate outcomes for each stage of training. Both training programs are aligned to CanMEDS roles and framework. Feedback from supervisors and trainees indicated the information provided within the documents was clear and well-understood. As part of the TAR project, there have been curricula developments for each training program, which are monitored and evaluated through the Clinical Radiology Curriculum Assessment Committee and the Radiation Oncology Education and Training Committee. The TAR project commenced in 2017 and the College plans to finalise project plans in 2019, with implementation planned from 2021. Both training programs contained curricula covering essential scientific foundations, clinical and professional skills, and competence in technical requirements needed for each discipline. The curriculum content for both training programs is considered to be comprehensive and highly relevant to practice, with opportunities for further refinement, and generally delivered in departments with a more general casemix.

The revised training programs will not fundamentally change the program and graduate outcomes but will increase emphasis on developing professional skills associated with identified 'intrinsic' roles. These roles are communicator, collaborator, leader, health advocate, professional and scholar. This is an important development as medical professionalism is critical to practice as is working effectively with related disciplines, and could be enhanced through further inclusion of professionals of other disciplines in assessments such as multisource feedback.

The requirement to complete a research project is an integral part of the curriculum with a number of approaches available to trainees. Trainees reported that support for developing research skills and techniques was highly variable and specific to the training site. There are guidelines provided in both curricula for completing research components and each training program has annual events such as the radiation oncology SMART workshop. In addition, clinical radiology has the branch of origin session at the College's Annual Scientific Meeting to support research efforts of trainees. However, a systemic approach managed more centrally by the College to define core research competencies required, would improve robustness of the process, enabling equity and access to resources for all trainees across both training programs.

The curricula of both training programs contain requirements relating to learning about cultural safety and developing skills in cultural competence, with some learning modules available on the LMS. However, the content currently available is inadequate to satisfy a professional domain required by medical practitioners in Australia and New Zealand and the teaching and demonstration of cultural competence is not embedded in trainee education. The College acknowledges the importance of cultural competence and has taken initial steps to address this through the TAR project that is undertaking a review of the curriculum to specifically ensure the needs of Indigenous communities and health outcomes are supported and the College's recently developed framework for Indigenous Health.

The College is also an active participant in the MCNZ's work regarding cultural competence and cultural safety in New Zealand, however, as the College acknowledges, there is much to be accomplished in this sphere. There are plans for more learning activities to be included in the training program and the College's strategy to enhance these aspects of the curriculum need to be properly resourced to succeed. The College is also encouraged to consider avenues of learning beyond online modules to support development.

The College's strategy does not appear to contain strong theme-related content covering health inequity and systemic barriers to high-quality health services and trainees across multiple training sites were not able to clearly articulate the role of the specialist in the delivery of safe, high-quality and cost effective health care across Australia and New Zealand. There seemed to be a lack of knowledge on the link between cultural competence and health equity in some training sites. The College is encouraged to develop effective strategies to improve trainee knowledge and

increasing the emphasis of these aspects within the curriculum, given the key role of its trainees and fellows have in delivering and influencing health service design. The development of work-place based assessments offers a mechanism to reinforce the importance of cultural competence for trainees.

Radiology

The current training program for radiology has a clear framework and the curriculum is readily available on the College website. The training program is also undergoing curriculum renewal, however, progress has been notably slower compared to the radiation oncology training program. Rapidly developing technologies have the potential to significantly enhance or change the way clinical radiology is practiced. The College must use the opportunity of the TAR to identify ways for the radiology training program to reflect the changing role of a clinical radiologist in the context of the increased application of telemedicine, the effect of developing technologies such as in artificial intelligence, and emerging areas of practice such as interventional radiology.

Similar to the radiation oncology training program, seven roles of a radiologist have been identified – medical expert and non-medical expert roles (communicator, collaborator, manager, health advocate, scholar and professional) and will be labelled as intrinsic roles within the new training curriculum with greater emphasis and mapped assessments. The team noted reports from radiology departments, and other health professionals, across training sites, where communication skills were identified as an area of improvement, particularly in a multidisciplinary setting.

Through discussions with supervisors and related health professionals, the team identified opportunities for more structured learning and assessment in areas where practice is changing. For example:

- Planning for and participation in multidisciplinary meetings, an increasingly core role requirement as increasingly sophisticated technology is applied to the reading of images.
- Managing engagement with patients and other health professionals effectively at a distance, given the increasing application of telemedicine.

The team observed that using logbooks, as part of experiential training requirements, to record and track trainee performance in undertaking various procedures was producing a variable quality of experience across training sites. The College should develop or facilitate the sharing of teaching and learning experiences related to core curricula content and quality assure delivery across training sites and networks to ensure a more consistent training experience.

Nuclear medicine subspecialty training

The College and the Royal Australasian College of Physicians offer a joint training program in nuclear medicine. Clinical radiology trainees can join in year 4 of their training. Trainees are expected to successfully complete all requirements of their clinical radiology training, including the part 2 examination. The program is administered by the Royal Australasian College of Physicians and supported by the Royal Australian and New Zealand College of Radiologists. The training program is reported to be well organised with a defined structure and successful trainees are accredited to practise as a specialist in nuclear medicine in Australia or New Zealand.

Radiation Oncology

The training program has clear curriculum documentation outlining the requirements, of each stage of training. A Siggins Miller review (2012 -2014) found the curriculum to be comprehensive and useful in training. The seven key roles that relate to a radiation oncologist - medical expert, communicator, collaborator, leader, health advocate, scholar and professional - have clearly defined role statements. There was a strong consensus on the need for continuous improvement

particularly in areas where gaps have been identified resulting from the changing role of a radiation oncologist and developments in technology. Work is well underway to address these aspects practically within the new curriculum under the key roles of leader and communicator.

The team noted the revised training program is moving ahead with pilots of some aspects of the new curriculum, such as on contouring and planning skills, commencing. Early feedback from supervisors the team spoke to was positive. The College is encouraged to utilise working groups and external consultants to ensure competencies in communication and collaboration are well-articulated and measured within the new curriculum.

3.3 Continuum of training, education and practice

The accreditation standards are:

- There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

3.3.1 Team findings

The College has taken considerable effort to thoughtfully design its training programs and overall curriculum. Both training programs utilise a phased approach built around assessments with training milestones which indicate a progressive approach to learning, and later into continuing professional development. The rationale for decisions about the structure of the curriculum with corresponding assessment and examination components, for example, in relation to the knowledge focus in the initial years of specialty training was underpinned by sound educational theory, related to both service needs and curriculum requirements in later years of training.

The College is working towards a combined recognition of prior learning policy for both disciplines and the implementation of the new policy should address central monitoring of applications and decisions to ensure consistency as there appeared to be variability in the way research experiences for trainees in Australia and New Zealand were considered.

3.4 Structure of the curriculum

The accreditation standards are as follows:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

3.4.1 Team findings

The structure and requirements for progression at each stage of both training programs is clear and are mapped to learning outcomes. The duration of training for both programs appear adequate and appropriate. As will be discussed under Standard 5, there needs to be interdigitating between the curriculum elements, the progressive attainment of curriculum competencies through the workplace based assessment (and subsequently to a programmatic and entrustment approach) in such a way that a progressive curriculum element attainment through the program is matched with progressive assessment linked to this curriculum.

The completion rate for both training programs is high in spite of the low number of candidates passing summative examinations on the first attempt. This demonstrates there are degrees of flexibility for trainees who require additional time for development. There are options available for trainees to undertake part-time, interrupted and other forms of flexible training within both training programs through training networks. However, there is variability between training sites and networks on how these options are made available and communicated to trainees. The team notes the College has an Interrupted and Part Time Training Policy applicable to both radiology and radiation oncology trainees, and trainees apply through the Trainee Information Management System (TIMS) for their request to be reviewed and approval to be granted through the relevant training site and Director of Training. The College then reviews the approved requests to see if the trainee is required to supply supporting documentation to accommodate the approval of the request. To ensure consistent application of the policy, the College should move towards centrally monitoring requests for flexible training, and subsequent decisions, augmenting this with providing the College's support to local training networks to increase the ability to accommodate trainee requests within the requirements of both training programs. Trainees who are participating in interrupted training should also be provided continuous access to TIMS, to support ongoing engagement with learning during periods of leave.

Radiology

Trainees rotate through 'system-focused' rotations once they have completed the basic training in general radiology. There are opportunities for subspecialist interest development in the final year of training with a number of trainees and fellows indicating they would like the College to develop certification processes for subspecialist radiology. Should the College consider this, it might be of value to consider how advanced training rotations might intersect with subspecialist pathways.

Radiation Oncology

The training program provides a progressive approach to specialist skills acquisition with a view of moving towards a programmatic and entrustable approach to assessment, closely linked to the curriculum and the progressive acquisition of skill and competence. This is a positive direction and accords with the ACER/Prideaux review.

Commendations

- H The College is commended for clear, easy to understand documents outlining the requirements of the clinical radiology and radiation oncology training programs, articulating each stage of training.
- I The alignment between the curriculum documentation, program and graduate outcomes and curriculum requirements are well understood.
- J The rationale for decisions about the structure of the curriculum and corresponding assessment components are underpinned by sound educational theory, related to service needs and stages of training.

Conditions to satisfy accreditation standards

- 6 Link the framework for professional skills to curriculum content and assessment for both training programs. (Standards 3.1.1, 3.2.3, and 3.2.5)
- 7 Identify ways for the clinical radiology training program to reflect emerging changes in practice (Standard 3.2.3).
- 8 Develop or curate curriculum content, teaching and learning resources with related assessment outcomes for both training programs to articulate specific learning competencies on cultural competence and cultural safety, and the delivery of high quality and equitable healthcare across a range of settings in Australia and New Zealand. (Standards 3.2.9 and 3.2.10)
- 9 Develop mechanisms to centrally monitor the consistent application of the recognition of prior learning policy across the networks of both training programs. (Standard 3.3.2)
- 10 Develop mechanisms to centrally monitor requests for flexible training to address any barriers across the networks of both training programs, including rotational requirements. (Standard 3.4.3)

Recommendations for improvement

- EE Strengthen core research competencies of all trainees by developing and implementing a systemic, centralised approach to the development of research skills. (Standard 3.2.8)

B.4 Teaching and learning

4.1 Teaching and learning approach

The accreditation standards are as follows:

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

4.1.1 Team findings

The team confirmed the College's radiology and radiation oncology training programs employ a wide range of teaching and learning approaches that include:

- formal teaching sessions
- workplace based and observation activities
- access to online modules
- research components
- learning days
- workshops.

Training activities to be completed by trainees as part of the training program are documented within the curriculum documents for both training programs, made available on the College website. The College also provides trainees with access to a range of high quality, online teaching resources from educational providers in the USA and the UK. The network model of training provides trainees with opportunities for relevant exposure to a range of teaching experiences and specialty subjects through rotations at various training sites within the network.

The team noted there was significant variability particularly across radiology training sites in the teaching of core curriculum content and examination preparation. Although site accreditation processes check trainees have access to training opportunities and teaching, the quality and content is not systematically benchmarked across training sites and networks. In one training network, trainees reported that at some sites, trainees did not have access to the expected education sessions. There is also considerable burden on individual training sites to deliver teaching and provide access to training opportunities. The College needs to increase equity of access to training from a centralised source. These methods could include curating a centralised set of learning materials, derived from locally produced resources, to ensure and support consistent delivery of teaching for all training sites and networks.

As discussed in Standard 2, the College's education purpose, program and graduate outcomes need to address the needs of the Aboriginal and Torres Strait Islander peoples of Australia and the Māori of New Zealand and Standard 3 indicates the College's need to review and revise the content of the curriculum to articulate specific learning competencies. Teaching and learning resources developed to satisfy this need should be mapped to program and graduate outcomes and content of the curriculum.

4.2 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.

- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.2.1 Team findings

Both radiology and radiation oncology training programs encourage self-directed, peer-to-peer learning as well as participation in multidisciplinary meetings. There is a clear focus on practice-based learning outcomes with trainees engaged directly in patient care and demonstrating increasing responsibility relevant to their specialty. There are structured sessions delivered by each discipline to support trainees to understand their role in healthcare and working effectively in interdisciplinary teams. Trainees are able to utilise the College's online management systems to track their progress and access online modules. The trainee portfolio is considered to be clear, comprehensive and useful to both trainees and Directors of Training in identifying any deficiencies in training. For site accreditation purposes, reports can be generated through TIMS to identify assessment trends in various training sites. A new learning management system will enhance trainee's ability to monitor their learning activities and is planned to be launched in 2021. Trainees in some training sites indicated they were not fully aware of all the learning modules available and the College could explore ways of making this information clearer and accessible to both trainees as well as supervisors.

The ACER/Prideaux review recommendations focused on assessment processes and constructive alignment of programmatic assessment methods with entrustable professional activities, and teaching and learning across both training programs. The development of entrustable professional activities with related descriptors and rating scales is likely to lead to greater consistency in teaching and learning opportunities. These rating scales will be valuable to guiding workplace based assessments and will assist in articulating the relationship between workplace based assessment and formal examinations.

The team noted new technologies and methods are being integrated to support the delivery of curriculum and assessment. Trainees also appreciated the network-based seminar programs that bring trainees together for core teaching sessions. It is viewed as an effective mechanism to ensure high-quality standardised teaching and peer-to-peer learning opportunities.

Commendations

- K Teaching and learning in both training programs are based on clinical practice and supported by a wide range of resources available online, at training sites and through College activities.

Conditions to satisfy accreditation standards

- 11 Provide access to educational sessions or teaching resources, including examination preparation, that are clearly mapped to and satisfy core curriculum requirements. Consistent and equitable access and delivery across networks and sites must be assured and facilitated through a centralised source. (Standards 4.1.1 and 4.2.3)

Recommendations for improvement

- FF Consider ways to curate or facilitate the sharing teaching and learning resources and best practice across training programs and networks. (Standards 4.1.1 and 4.2.3)

B.5 Assessment of learning

5.1 Assessment approach

The accreditation standards are as follows:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

5.1.1 Team findings

The College has a strong foundation of comprehensive and documented programs of assessment in both training programs clearly aligned with learning objectives. The College has based its current approach to assessment on the ACER/Prideaux review conducted in 2014 with further review of implementation in 2015.

Both formative and summative assessment methods are used and workplace based assessments form a significant component of the College's assessment processes in both training programs. The team observed the Part 2 radiology and Phase 2 radiation oncology *viva* examination, and spoke with trainees and supervisors across several training sites and networks. Requirements to complete prescribed assessments for both training programs are clearly documented, readily available for trainees and supervisors on the College website, and were reported to be well understood.

The assessment process is supported by the College's Consideration of Special Circumstances Policy that applies to both clinical radiology and radiation oncology Faculties, to enable trainees to advise the College of adverse circumstances beyond their control that have affected their performance. The team noted there were occasions where the policy was perceived to have been applied inconsistently. The College is encouraged to engage with trainees on the application of the policy to address these perceptions to ensure trainees' concerns are fully responded to in a fair and consistent way.

Radiology

The training program has a clear program of workplace based assessments throughout different stages of training. The team heard reports from clinical supervisors and trainees in some training sites that workplace based assessments could be construed as a "need to do" component to satisfy program requirements. There did not generally appear to be a deep understanding that workplace based assessments should be used to guide trainee development. For clinical supervisors to understand the training journey for each trainee better in overall assessment of competence, such iterative assessments could be graded in a way that the progressive acquisition of competence was clear. As part of the TAR review, the College has identified the goals of moving towards a programmatic and entrustment approach to assessment and improving understanding of the purpose of workplace based assessment for trainees and clinical supervisors, including the sharing of best practice in conducting experiential training requirements across training sites as noted in Standard 3.

The team also noted some assessments require typewritten responses within time limits and this posed constraints for trainees who are less proficient in typing and may be inadvertently penalised with less time to complete the assessment. This issue was generally noted for the Part 1 clinical radiology examination and the College may wish to consider how trainees can be better supported.

The Part 2 radiology examination thoroughly assesses discrete components of knowledge and skill, however, there seems to be a supposition that this process equates to preparedness for specialist practice. The College may wish to consider having a holistic approach, such as, an overall consideration of the trainees' training journey and their readiness for consultant practice as part of the Part 2 radiology examination.

Radiation Oncology

The radiation oncology program of assessment aligns with overall competency requirements of the training program and provides clear guidance to assessment and completion requirements. The progressive strengthening of the radiation oncology training program towards a programmatic assessment and entrustment approach has been a positive development, particularly for the administering of workplace based assessments. It is possible for progressive judgements to be made on candidates' competency attainment. Radiation oncology trainees and clinical supervisors demonstrate an understanding that workplace based assessments evaluate progressive acquisition of competency. Their use in the training program suggests that they are being genuinely viewed as a marker of improving competency. Such an approach positively emphasises the importance of these iterative workplace based assessments. The Phase 2 viva examination's purpose is to carry out a complete approach to the assessment of the complex patient and functions well as an assessment for program completion.

The radiation oncology training program has developed new assessment tools to incorporate entrustability scales. These are the:

- Contouring and planning evaluation (CPE) assessment tool to track ongoing development of key clinical skills, and to improve the quality and delivery of feedback.
- Clinical assessment tool (CAT) to be used in real time to enable supervisors to provide immediate feedback on trainee performance in examining a patient.
- Communication skills feedback assessment used to assess trainees' communication skills in everyday practice with the Kalamazoo essential elements communication checklist.

5.2 Assessment methods

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

5.2.1 Team findings

The ACER/Prideaux review and subsequent TAR project have guided the College's focus and emphasis on improving the assessment methods in the radiology and radiation oncology training program, resulting in various assessment modalities being used in both training programs. The examinations of both training programs are blueprinted to the curriculum and there are standard setting processes in place that continue to be reviewed and improved in consultation with ACER. The ACER/Prideaux review clearly sets a direction that the College is encouraged to continue to ensure longer term and greater investment in workplace based assessments such that they form an increasingly substantial bedrock of trainees' performance assessment and acquisition of competence to better reflect the range of clinical and professional skills required for practice.

The team identified that trainees work closely with their clinical supervisors who check and validate their work and progress on a regular basis. Numerous opportunities are presented for systematic appraisal of performance. The College could also consider a more clearly articulated approach to the assessment of progressive competency through workplace based assessments in both training programs to better guide trainees. The progressive acquisition of defined competencies, as would be measured in an entrustment approach, combined with programmatic assessment and a competency rubric, would better define an assessment pathway.

There appears to be two Direct Observation of Procedural Skills (DOPS) assessments per year for radiology (4-5 in final year) and the radiation oncology program has planned 20 half-day Practical Oncology Experiences (POE) to be undertaken throughout the training in the new curriculum. For such procedural disciplines in radiology and radiation oncology, the College should review the procedural elements in both disciplines to blueprint DOPS or POEs as assessment activities or to the relevant curriculum learning objectives.

The weighting and depth of knowledge required in the pathology component in the examinations of both training programs may be beyond the required knowledge for general practice in radiology and radiation oncology. The College is encouraged to examine the content of the pathology section of the Part 2 radiology examination and Phase 2 radiation oncology examination and consider how well it is blueprinted to the curriculum and knowledge requirements.

The assessment of the research components of the program was considered by trainees in a number of training sites to be poorly articulated. The College is encouraged to consider a refresh of the research assessment elements.

Radiology

The radiology program uses a broad range of workplace based assessments including direct observation of procedural skills (DOPS) and mini-individual patient exercise (mini-IPX) and these are assessed against the CanMEDS framework. The team noted that although the program of assessment includes various workplace based assessments, many trainees and clinical supervisors were predominantly focused on the examinations. As highlighted earlier in the report, formative assessments and workplace based assessments should be considered as supporting training progression. There appears to be disconnect between the assessing of acquisition of competence through summative assessments, and the reality of using workplace based assessment to help drive learning. The team considered that the College needs to do more

work to transmit to fellows and trainees more detailed information on the purpose of workplace based assessment in the overall process of assessment.

The College has taken important steps to calibrate assessors and increase quality assurance of the Part 2 examination, including the move of the Part 2 *viva* examination to the Australian Medical Council's National Test Centre in Melbourne, which was viewed by examiners to be a positive development. There are good pre- and post-examination briefings for examiners. However, this examination remains a significant source of concern for trainees and supervisors across many training sites.

Urgent work is required to ensure the examination reflects current workplace practice and the low number of trainees passing all components of the examination is indicative of the need to prioritise assessment redesign and increase support for trainees in examination preparation. The College is encouraged to prioritise its identified move to a standardised OSCE-type assessment, reducing the number of cases and more rapidly developing the new marking rubric that has been planned in order to address continuing concerns from trainees and supervisors that standard setting remained less than optimal.

Currently, examiners use their own library of non-standardised radiology films in the examinations. In addition to concerns about lack of standardisation, trainees, supervisors and health jurisdictional representatives expressed concerns that printed films continue to be used in the Part 2 *viva* examination, although these are not used in the hospitals and clinical settings in Australia and New Zealand. There was a strong call for the College to use digital images in examinations to mirror the trainees' experience at their training sites and in current workplace practice. This is particularly important in CT and MR image interpretation. The use of a standard set of digital images, all previously set to an agreed standard is within the College's assessment reforms timeline but needs to be implemented as a priority to improve standard setting and examination outcomes. The team findings under Standard 1.5 also stressed the importance of digitisation and standardisation. The combination of these give rise to the high number of complaints from trainees seeking reconsideration of their examination results. Standardisation of the radiology films will contribute to providing assurance of fairness and quality of the College's assessment methods for all trainees across training sites and networks.

Radiation Oncology

The radiation oncology training program has a range of methods used in assessment, and the importance of using workplace based assessments to assess and manage trainee learning is advanced. Having workplace assessment in authentic settings indicates that there is understanding in the radiation oncology training program of the purposes and intent of assessment and an embedding of these practices within the workplace. Radiation oncology trainees generally report higher confidence in the relevance of workplace based assessments than clinical radiology trainees. The radiation oncology trainees have an understanding that formative assessments are preparing them for consultant practice, and recognise the College's effort to utilise progressive competency assessments. The radiation oncology training program is moving towards a programmatic and entrustment approach to its assessments. This direction is welcome and encouraged.

The assessments in radiation oncology are blueprinted to the curriculum with expected outcomes from the training program. A considerable amount of work has gone into the CanMEDS framework and alignment was ensured with this approach. There are thorough methods used

and cross-checking of blueprinting. The chief censors have important roles in blueprinting of assessments. However, it has been noted that the work of the chief censor is very high and this applies to both College training programs. In radiation oncology, an increase in the number of attempts from one sitting to two sittings of the Phase 1 exam, to commence in 2021, is an important initiative to respond to the needs of radiation oncology trainees.

In radiation oncology, where there are patients/human subjects used in the Phase 2 examinations, by necessity the clinical material is non-standardised. However, the examiners are well-calibrated therefore, ensuring a reliable assessment of skill. Standard setting has been achieved utilising consultation and input from ACER. There were no identified concerns from radiation oncology trainees on standard setting of this examination. Standard setting of the radiation oncology examination continues to be developed and refined. The radiation oncology Phase 2 examinations are considered to be well run with good examiner briefing, relevant formats and appropriate care given to the introduction of a new standard setting method.

5.3 Performance feedback

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.3.1 Team findings

The College has a number of formal mechanisms to provide assessment feedback to trainees on examination performance and following the ACER/Prideaux review, approaches were improved in the radiology training program to provide Directors of Training appropriate feedback to assist trainees' development. Similar approaches are being developed within radiation oncology. Trainees who are struggling in training programs are identified early through Director of Training reports and the workplace based assessments. The College and, in particular, the Directors of Training institute remedial-type training to assist the trainee to improve in identified areas.

The College has policies to identify issues with trainee performance and conduct remediation in training, according to the relevant training program. The College recently introduced the performance and progression policy for each training program to replace the trainee in difficulty policy, taking into account the variations in training sites and networks. It is anticipated that the policies for each training program may be merged. Any concerns with patient safety are relayed through the Directors of Training to the training site Clinical Director and thus provides a College response to patient safety or other trainee competence concerns.

Radiology

Trainees from a number of sites reported that feedback on their assessment performance was of limited use and at times, slow. The Part 2 examination, in particular, has a low pass rate and many requests for reconsideration. Improving the quality and timeliness of feedback (along with changes to the format of the examination) may help to reduce the high rate of reconsideration requests.

Clinical supervisors reported receiving feedback on trainees' assessment performance, although this mainly goes to the Directors of Training, who are expected to convey this information to supervisors. The feedback received by the team was that Directors of Training are very well informed of their trainees' development in their training sites, however, specific clinical supervisors are dependent on the individual Director of Training and may not be fully apprised of the feedback provided to trainees.

The College is addressing the quality of the feedback of the examinations and has progressively moved to provide systematic feedback to trainees who fail components for a second time and detailed narrative feedback for trainees who failed for the first time on request. The College should give further consideration to the quality and timing of feedback to candidates given the significant and anticipated changes in assessment.

Radiation Oncology

Radiation oncology trainees reported they received good feedback post assessment and Directors of Training were briefed well on the outcomes of the trainees in their training sites. Individual supervisors relied on the local Director of Training conveying information on their trainees to them. The team noted there were apparent and good working relationships between the Directors of Training and clinical supervisors and this is to be commended.

5.4 Assessment quality

The accreditation standards are as follows:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

5.4.1 Team findings

The College's commitment to the widespread assessment reform in both training programs is noteworthy. The Board and Faculties provide clear direction for both training programs, prioritising the implementation of the recommendations of the ACER/Prideaux review. The College held specialty training days in 2016 to further the progress of the recommended reforms and the Board formed the TAR (training and assessment reforms) taskforce. There is a TAR steering committee for each program with a number of working groups. As has already been noted, both Faculties are adapting their training programs following the ACER/Prideaux reform review, through the oversight of TAR project and College governance structure.

The team has noted the Faculty of Radiation Oncology has progressed significantly further in the review of its training program, and the pace of reform appears appropriate. Although the Faculty

of Clinical Radiology is progressively introducing improvements of its assessment methods and processes, the response to the recommendations of the ACER/Prideaux review is noticeably slower. Swifter and more specific action is required in the radiology training program, particularly in the development of workplace based assessment and review of the Part 2 examination, to facilitate the recommended changes.

The use of multisource feedback as an element of workplace based assessment is a welcome development although it should be noted that self-selection by trainees may lead to a skewed response in some cases. Given the critical nature of professionalism within the curriculum, assessment of professionalism, as part of the Part 2 radiology examinations, should be considered.

Radiology

The causes for the low pass rate identified in the Part 2 examination appear to be multifaceted. The reasons include feedback provided on the examination standards; the examination design requiring passes across different components; a lack of standardised examination format; the use of print film instead of digitised images not reflecting trainee practice; individual trainees' decision to focus on certain examination components in one year and sitting further components in another year; and a lack of consistent examination preparatory materials available. There is also evidence to indicate clinical supervisors and Directors of Training in some training sites review trainee performance in workplace based assessment to advise trainees on their readiness to sit the Part 2 examination. However, this does not appear to be a consistent practice as trainees indicated clinical supervisors were generally not closely connected with summative examination processes like the Part 2 radiology examination, and did not tend to provide advice in this aspect. Articulating and communicating to supervisors the connection between progressive assessment and the Part 2 examination underscores the need to quicken the pace of reform in the radiology training program. The College should continue to review its assessment methods and the quality of its practices to identify and address the reasons for the low pass rate in the Part 2 examination.

The use of digital, pre-selected, calibrated and standardised images, along with standardised 'stations' for the other components would reduce error, improve reliability and more accurately assess competence. The move towards a more programmatic approach to assessment that combines an OSCE-type format for a reduced exam with a review of the overall trainee training performance, logbook, and workplace based outputs, Director of Training and clinical supervisor reports and professionalism assessment is noted to be a positive development and will likely to provide a more rounded view of candidates' performance.

Radiation Oncology

The receptivity of the Faculty of Radiation Oncology to the recommendations of the ACER/Prideaux review to new educational changes is commendable. The team noted the related developments in workplace based assessment and improvements to standard setting for the Phase 2 clinical examination and assessments overall appear to be fair and valid. New assessment methods, as part of the ACER/Prideaux review, are being introduced and the rate of change within the training program appears appropriate. The management of the radiation oncology training program and implementation of change is more centralised by necessity due its smaller size and there were no significant concerns expressed regarding different training sites.

Commendations

- L The College has a foundation and comprehensive program of assessment in both training programs with clear alignment to learning objectives and underpinning blueprints. Requirements to complete prescribed assessments are well-documented, publicly available and well-understood by trainees and supervisors across training sites.
- M The program of assessment for both training programs includes workplace based assessment embedded as mandatory activities to complement written and oral examinations.
- N The responsiveness of the radiation oncology training program to the recommendations of ACER/Prideaux review and feedback from trainees is commended, particularly in relation to the development of new workplace based assessments, improvements in standard setting for the clinical exam and the increase of one to two sittings of the phase 1 examination to commence in 2022.
- O The introduction of the contouring and planning evaluation assessment tool in the radiation oncology training program in response to feedback for more systematic teaching and assessment of these skills.

Conditions to satisfy accreditation standards

- 12 Clearly articulate and communicate to clinical supervisors the role of workplace based assessments in determining trainee progression in the radiology training program. (Standard 5.1.1)
- 13 Address the format of the Part 2 radiology examination to ensure it is fit for purpose and reflects current practice in relation to:
 - (i) the use of digital images in assessment. (Standard 5.2.1)
 - (ii) the use of standardised and calibrated images, whether print or digital. (Standard 5.2.3)
 - (iii) calibration of examiners for the specific methods of assessment. (Standard 5.2.1)
- 14 Ensure blueprinting between workplace based assessment and examinations to demonstrate progressive assessment of clinical and professional skills for both training programs. (Standards 5.2.2 and 5.1.1)
- 15 Address the reasons for the low pass rate in the Part 2 radiology exam as part of the assessment reforms. (Standard 5.4.1)

Recommendations for improvement

- GG Review timelines to advance development in the training and assessment project for clinical radiology. (Standards 5.1.1 and 6.3.3)
- HH Review the pathology content of the Part 2 clinical radiology examination to ensure relevance to current practice. (Standard 5.2.2)
- II Improve the quality and timeliness of feedback on the Part 2 clinical radiology examinations to trainees and supervisors. (Standard 5.3.1)

B.6 Monitoring and evaluation

6.1 Monitoring

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.
- Trainee feedback is specifically sought on proposed program changes to ensure existing trainees are not unfairly disadvantaged by such changes.

6.1.1 Team findings

The College monitors its training and education programs through a number of mechanisms including surveys and face-to-face feedback activities. The outcomes of these activities are managed through the College governance structure and are escalated to the Board to ensure implementation and consistency. The College commissioned the ACER/Prideaux assessment reviews in 2014 and 2015 that formed the foundation of substantial educational reform across the College in the areas of assessment, curriculum and governance. The team identified that many of the recommended changes have been implemented with timelines for implementation of other recommendations extending over the next few years. While the ACER/Prideaux report is the formative review guiding the College's TAR Project, a number of other external and internal reviews have been conducted by the College over recent years, including of the training networks, specialist pathways for international medical graduates and continuing professional development. Supplementing this ongoing process of educational reform, the College utilises a number of tools to monitor its programs and activities. The College surveys a range of stakeholders including trainees, Directors of Training and College fellows. Monitoring and evaluation takes place across a range of areas including trainee and Director of Training experiences, graduate outcomes, workforce needs, training site accreditation, and continuing professional development.

Trainees contribute to monitoring through a number of mechanisms, including trainee assessment of training sites (TATS), site accreditation visits, trainee surveys and episodic evaluations, such as the viva feedback survey. Trainee feedback has been sought on proposed program and assessment changes in both the radiology and radiation oncology training programs and there is an expressed commitment by the College to ensure the implementation of these changes do not unfairly disadvantage trainees. Examples of the College responding to trainee feedback include implementation of workplace based assessment focused on planning and contouring to improve exposure to these activities within the radiation oncology training program; the establishment of an informal working group to address after hours reporting and workloads and the introduction of teaching on developments in artificial intelligence in the radiology training program. However, the team also found examples where the College had not

responded adequately or within an appropriate timeframe to feedback from trainees. The most striking example of this related to the Part 2 Radiology examination. Among some trainees, the perception that the College did not respond adequately to feedback had affected trainees' engagement with feedback processes.

In both the radiology and radiation oncology training programs, the College gathers feedback from Directors of Training via annual Directors of Training surveys and directly during the Directors of Training workshops. The College has taken several measures in response to feedback from Directors of Training in both specialty programs, including the introduction of Directors of Training induction and Directors of Training workshops, which are held twice yearly for radiation oncology and three times yearly for clinical radiology. The team found that the College does not have established instruments to elicit feedback from supervisors who are not also Directors of Training. The College should ensure there are instruments and processes to systematically seek and respond to supervisor feedback as part of its monitoring and evaluation functions to inform program development.

The AMC had recommended that the College develop a formal evaluation framework in previous assessment reports. In 2019 the College has developed a draft monitoring and evaluation framework, by outlining plans for the College's monitoring and evaluation activities with proposed frequency, evaluation outcomes, stakeholder groups involved and the committees responsible for the management of these activities. The College has acknowledged the need to finalise its monitoring and evaluation framework. In doing so, the College should ensure the frequency of each instrument is appropriate and the developed program is integrated and can sustainably facilitate regular cycles of monitoring, evaluation, implementation and review in support of the College's overall strategic priorities. The team notes that the detailed draft framework also addresses trainee experience, which is a positive inclusion.

Radiology

The team found evidence of a commitment to ensure that trainees were informed about changes to the training program, particularly in regards to assessment. Trainees demonstrated awareness of planned changes that had already been decided, such as the separation of the written and *viva* components of the Part 2 examination. The team also found there is a high level of awareness among senior office bearers relating to the key concerns affecting the trainee group. The institution of an annual trainee survey is a positive development that has likely contributed to this. However, the team found that this awareness had not translated into a perception of responsiveness to trainee issues identified in monitoring and evaluation activities. Trainees and fellows particularly cited a lack of responsiveness in relation to the Part 2 examination, where ongoing concerns were expressed relating to the lack of a standardised format, use of hard films, low pass rates and expense of both the examination fees and preparation courses, which many felt compelled to attend. There were also generally low levels of awareness of the TAR Project and consultations that had taken place as part the curriculum review process beyond the trainees directly involved in relevant committees. Improving the responsiveness to trainee feedback, as well as the timelines and communication of changes that have been implemented may help to improve this perception as well as engagement with monitoring and evaluation activities.

Radiation Oncology

The team observed a high level of awareness of curriculum and assessment changes. Several trainees reported having been directly consulted on proposed changes, including trialling proposed new workplace based assessments. The College should consider whether conducting the RO Trainee Survey biennially, as opposed to annually, is sufficient to achieve its monitoring and evaluation objectives relating to trainees.

6.2 Evaluation

The accreditation standards are as follows:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

6.2.1 Team findings

The College utilises a number of important survey instruments to assess program and graduate outcomes. The clinical radiology New Fellows Survey and radiation oncology Recent Graduates Survey measure important demographic and workforce trends. Outcomes assessed include the proportion of clinicians engaged in rural practice, self-perception as generalists or sub-specialists and distribution between public and private practice. The radiology workforce survey and radiation oncology workforce census assess similar themes across a broader span of the workforce from trainees to experienced fellows. These instruments also collect information about the proportion of respondents engaged or interested in teaching and supervision. The trainee surveys conducted by both radiology and radiation oncology training programs provide information on experiences within each training program that are also relevant to assessing program and graduate outcomes. These instruments provide valuable feedback on the outcomes of the College's training programs. Ensuring the outcomes of these instruments are reported to all relevant committees, including education and training committees, could enhance the ability to assess whether training programs are achieving the stated program and graduate outcomes and responding to identified community needs.

The College utilises a number of other tools to assess its program and graduate outcomes. Quantitative measures of program outcomes include the number of accredited trainees, training positions and accredited sites. The review of multi-source feedback responses for the trainee cohort, provides feedback on the attainment of various graduate outcomes, incorporating the views of various stakeholders including allied health professionals and patients. Informal feedback is gathered from a range of stakeholders including the Trainee Liaison Officer and those who participate in College committees, including consumer representatives, Directors of Training, Training Network Directors and Network Training Directors.

Radiology

Defining, monitoring and evaluating graduate outcomes is particularly challenging in the radiology training program, which is among the most exposed of all medical specialties to new technologies disrupting current practice. The information collected in the New Fellows Survey

includes specific assessment of respondents' confidence levels across a range of reporting and procedural skills, assessing different modalities and anatomical areas. Although a limited sample, this tool assesses outcomes of the radiology training program very meaningfully and is particularly relevant given the need for graduates to maintain competence in the rapidly changing landscape of medical imaging. The presence of a consumer representative on the Workforce Committee allows the perspective of a community stakeholder to contribute to the evaluation of whether the radiology training program is meeting community needs and workforce expectations.

Radiation Oncology

Following the identification that the radiation oncology training program was not providing adequate training exposure to achieve the desired outcomes in planning and contouring, assessments have been modified to address this gap, demonstrating appropriate responsiveness by the committees in the radiation oncology training program to the outcomes of monitoring and evaluation activities.

6.3 Feedback, reporting and action

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

6.3.1 Team findings

The College reports the results of its monitoring and evaluation activities through its governance and administrative structures. This is the main method of sharing results with a range of stakeholders, who participate in College committees, including trainees, fellows, Directors of Training, Training Network Directors, Network Training Directors, international medical graduates, key office bearers and consumer representatives. The College communicates the results of monitoring and evaluation surveys more widely through periodic reporting in the *Journal of Medical Imaging and Radiation Oncology*, in newsletters and on its website.

The team notes the College's effort to further clarify avenues of reporting in the draft Monitoring and Evaluation Framework. The team also noted scope for the communication of monitoring and evaluation results to be further enhanced in some areas, including between committees whose responsibilities are both relevant to a particular instrument. In the draft Monitoring and Evaluation Framework, the outcomes of the Recent Graduates Survey and Workforce Census are reported to the Radiation Oncology Economics and Workforce Committee, and the New Fellows Survey and Workforce Survey are reported to the Clinical Radiology Workforce Committee. The valuable insights gained from these instruments relating to program and graduate outcomes could enhance the ability of education and training committees to undertake regular program review.

The College has a highly developed risk register, which it uses to manage risks to the quality of its training and education programs. The Finance, Risk and Audit Committee are responsible for the risk register and report directly to the Board of Directors.

Radiology

The team noted that concerns relating to the Part 2 examination have been identified for several years and are listed on the risk register. The College should endeavour to ensure that concerns relating to the quality of training programs are managed in a timely manner that is proportionate to the level of perceived risk. Trainees and fellows demonstrated limited awareness of the curriculum and assessment changes that had taken place to date in response to monitoring and evaluation activities. There is scope to improve communication of the results of monitoring and evaluation activities to stakeholders, particularly the results of the College's response to feedback from trainees.

Radiation Oncology

The Team noted that trainees demonstrated a high level of awareness of curriculum and assessment changes, including changes the pathology assessment. The new curriculum changes, move to conduct the Part 1 examination twice per year, and the increase to three allowable attempts at this examination, all demonstrates responsiveness to feedback from trainees.

Commendations

- P The in-depth evaluation of the College's governance, curriculum and assessment methods through a comprehensive program of review.
- Q The contributions of trainees, Directors of Training and fellows to the monitoring and evaluation of training programs to inform program and graduate outcomes and program development through a range of mechanisms, both qualitative and quantitative.

Conditions to satisfy accreditation standards

- 16 Finalise an overarching framework and responsibilities monitoring and evaluation activities by the College and across both training programs (Standards 6.1 and 6.2)
- 17 Develop and implement processes to regularly seek and respond to feedback from clinical supervisors on program development (Standard 6.1.2)
- 18 Report the outcomes of monitoring and evaluation activities to all relevant College committees, internal and external stakeholders. (Standards 6.3.1 and 6.3.2)

Recommendations for improvement

- JJ Consider whether the current biennial radiation oncology trainee feedback survey is sufficiently frequent to achieve monitoring and evaluation objectives .(Standard 6.1.3)
- KK Implement measures to ensure responsiveness to trainee feedback that is both adequate and timely, and communication with trainees about program developments across both training programs is effective. (Standard 6.3)

B.7 Trainees

7.1 Selection

The accreditation standards are as follows:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
 - use the published criteria and weightings (if relevant) based on the education provider's selection principles
 - are evaluated with respect to validity, reliability and feasibility
 - are transparent, rigorous and fair
 - are capable of standing up to external scrutiny
 - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the training program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

7.1.1 Team findings

The College adopted guidelines in 2014 for the selection of trainees into the radiology and radiation oncology training programs. Documents providing an overview of the selection process are available on the College website for both training programs in each Australian network as well as New Zealand. In Australia, most training networks are state-based, and recruitment is therefore undertaken at a centralised state network level. For networks whose composition is different, selection is undertaken at the local network level. In New Zealand, selection into both programs is through a centralised national recruitment scheme. The team noted the guidelines for selection have been administered in variable ways across different training networks and this variability of the application of selection guidelines has been observed by the College.

The College has commenced a review of the selection process, with a view to updating the current selection guidelines, improve consistency and support the selection of rural-origin and Indigenous trainees. This has involved commissioned research from the Work Psychology Group to identify the professional competencies that are desirable among prospective trainees. The professional competencies that have been identified and validated will be incorporated into the new draft selection guidelines. Once the draft guidelines are complete, they will be subject to a process of internal and external consultation, with the aim of implementing the new guidelines in 2020. The College plans to review its selection tools to improve the ability to monitor consistency and ensure quality in the selection process and to incorporate mechanisms to promote the selection of Indigenous trainees and trainees of rural origin. The College should

move to develop a centralised system or a strong quality assurance process to ensure policies are consistent, transparent, rigorous and fair.

The College has acknowledged the importance of supporting the selection of Indigenous trainees into its training programs. The College has sought to identify the ethnicity of its trainees since 2015 and there is currently one trainee who has identified as being of Māori descent in New Zealand. The College has sought to promote training in radiology and radiation oncology to pre-vocational Indigenous doctors through advertisement of these opportunities at the Australian Indigenous Doctors' Association conference and the Te ORA Hui-ā-Tau Expo in New Zealand. The College also offers a scholarship for Indigenous trainees. The College is encouraged to continue to explore strategies to increase awareness of opportunities to pursue careers in radiology and radiation oncology among Indigenous students and graduates. Efforts should be focused to develop this area and evaluation strategies implemented to measure progress. The College should also continue to grow its engagement with Indigenous health organisation such as Leaders in Indigenous Medical Education (LIME), Australian Indigenous Doctors' Association (AIDA) and Te Ohu Rata o Aotearoa (Te ORA) to development of effective strategies.

As the College has identified in its Indigenous Taskforce Outcomes Report, strategies to increase recruitment of Indigenous trainees should be complemented by strategies to promote retention in its training programs. The College's efforts to recognise the need to encourage and support Indigenous trainees is promising and the College could strengthen its efforts in this area through greater recognition of the needs of many Indigenous trainees. The need to clearly articulate support for Aboriginal and Torres Strait Islander and Māori trainees should include robust plans to provide support throughout the trainees' time in training and during early career establishment.

Trainees who are successful in gaining a position complete their training through a network training model. Network training is governed by the Clinical Radiology Network Training Policy and the Radiation Oncology Network Training Policy. Mandatory requirements of the training programs are published online on the College's website, including periods of rural training and rotation through a range of training sites. However, this is not necessarily the case for all training networks. The College should ensure that mandatory requirements and rotations throughout training sites are published online for each training network to ensure that prospective trainees have access to this information prior to application.

The team noted that the College endeavours to provide trainees with at least six months' notice for rotations that require relocation, except in exceptional circumstances. Each radiology training network must provide the opportunity for all trainees to experience placements at regional or rural, and private training sites. Trainees can seek exemption by approaching their Directors of Training or Network Directors. If the trainee is not successful, they can approach their hospital's head of department or human resource department and, in clinical radiology, trainees may approach their branch education officer. If the trainee's concern regarding mandatory requirements of the training program are not able to be resolved through these avenues, the College's *Review, Reconsideration and Appeal of Decisions Policy* is available to trainees.

7.2 Trainee involvement in governance

The accreditation standards are as follows:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.2.1 Team findings

The College's articles of association define trainees as "student members." Student members can be co-opted to any committee within the College. Students members may, subject to the prior approval of the Chairperson of the meeting, attend but not vote at general meetings of the College.

Trainees are represented at multiple levels of the College's governance structure. There is a Clinical Radiology Trainee Committee (CRTC) and Radiation Oncology Trainee Committee (ROTC). Trainees in many training sites were aware of both these committees, how to contact their representative and were able to cite having participated in elections for these committees. Eight clinical radiology trainees are elected to the CRTC, of whom at least one is a trainee in New Zealand. It is intended that all Australian states and territories are represented on the committee. Eight radiation oncology trainees are elected to the ROTC, with one from each of the eight training network. The Trainee Committees generally meet via teleconference, with these facilities provided through the College. The College also supports an annual face-to-face handover meeting where travel and catering is provided. The Trainee Committees also meet face-to-face at the Annual Scientific Meeting, with catering and room hire provided, but travel, accommodation and registration funded at their own expense.

Representatives of the respective Trainee Committees sit on the majority of the College's committees, including each Faculty Council, Education and Training Committee, Research Committee, committees responsible for curriculum development, and the Training and Assessment Reform (TAR) steering committee and working groups. Through the Trainee Committees and the representation its members provide on other committees, trainees are consulted on a range of issues relating to the governance of their training. Trainees are excluded from committee discussions that relate to other individual trainees. The team believes trainees should only be excluded if they have a personal conflict of interest. This procedure is administered under the conflict of interest policy, with the interpretation that being a trainee is an inherent conflict of interest. However, removing the trainee representative from committee discussions relating to trainees who have encountered difficulties in their training reduces the effectiveness of trainee representation for these individual trainees. It also means that trainee representatives are less able to detect important recurrent themes in the issues encountered by trainees and has the potential to undermine their standing on these committees.

Radiology

Most trainees were aware of the system of representation. However, the prevailing perception that the College had not responded to trainee concerns on key issues, such as concerns relating to the Part 2 examination and the variability in teaching across networks, had undermined clinical radiology trainees' level of engagement with the College. The Team found, through various consultations, a selection of trainees did not consider that the College adequately seeks trainee feedback on the training program or provides opportunities for discussion of their concerns.

Radiation Oncology

There appears to be generally high levels of engagement and the team noted a demonstrated culture where trainee representatives felt comfortable raising challenging issues experienced by trainees in the presence of senior College office bearers. However, this was not universal. A number of trainees also expressed difficulty raising issues with training through the College's governance structures, in particular, issues experienced at the training network level.

There have been some areas where the College has been slow to respond to trainee feedback as noted in earlier standards. The College should explore ways trainee participation in governance could be enhanced and better leveraged to improve the responsiveness of the College to the voice of the trainees.

7.3 Communication with trainees

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.3.1 Team findings

The College has a number of mechanisms to keep trainees informed about its activities and decision-making structures. Universal strategies include regular electronic Faculty e-news updates, quarterly electronic training e-news updates directly, updates through the website, social media posts, quarterly newsletter and Inside News. Other communication mechanisms include the annual trainee forums and trainee learning days during the Annual Scientific Meeting and training site outreach visits performed by the Trainee Liaison Officer. The Trainee Committee also communicates with members via emails sent via the College. Trainee Committee members communicate with trainees on various issues, however, this was reported to be somewhat variable across different networks. Trainees receive written notification of changes to policies or the training program and its requirements. The costs of training are clearly listed on the RANZCR website and easily accessible to Trainees. Trainees pay a slightly reduced annual membership fee, in addition to an annual training fee and the costs associated with any scheduled examinations.

Trainees demonstrated good awareness of their progress through the training program. Trainees are informed about their training status primarily via the Trainee Information Management System (TIMS). Trainees access information on their progress through training requirements on the TIMS, which also provides reminder notifications to Trainees. Trainees also receive written notification of examination results. The team observed there were generally lower levels of awareness among radiology trainees regarding the planned curriculum and assessment changes, possibly due to the longer implementation timeline for these changes. Radiation oncology trainees generally demonstrated good awareness of forthcoming changes to their curriculum and assessments.

Trainee feedback across training sites indicated the College provides clearly accessible information about program requirements and the cost of training. Overall, trainees in radiation oncology demonstrated greater awareness of the changes being made, for example, to their curriculum and assessment, while radiology trainees appeared to be well-informed of some of the changes to exams that had already been made but less well-informed about future plans.

7.4 Trainee wellbeing

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

7.4.1 Team findings

The team identified a number of issues relating to the promotion of strategies that enable a supportive learning environment and support for trainees experiencing personal and / or professional difficulties. The College has adopted strategies that are designed to promote a supportive learning environment. Links to relevant resources can be found online on “Your Wellbeing” page of the College’s website. The training site and network accreditation system is a central tool utilised by the College to support trainee wellbeing. Several accreditation standards have relevance to trainee wellbeing and these standards address supervision, safe practice environment, structured support, and access to protected teaching time. In its accreditation submission, the College provided two examples of training sites that had had their accreditation withdrawn, one in New Zealand and one in Australia in response to concerns about trainees’ wellbeing. It is very encouraging that the College has demonstrated the preparedness to withdraw accreditation where there is a concern about a training site’s ability to support trainees. However, it is concerning that in one of these cases several trainees left the training program due to the concerns about the department’s culture and training prior to this decision being taken. The College should review how intervention could be improved to address these issues earlier on, such that they might be resolved without trainees feeling compelled to leave the training program. The College should also develop systems that ensure that all trainees affected by issues identified within training sites and networks, through the process of accreditation or other means, are proactively followed up to ensure they are able to receive support for any personal and / or professional difficulties relating to the training environment.

During the accreditation visit and over the course of this assessment, the team heard of trainees reporting issues relating to an unsupportive learning environment and negative workplace culture, including allegations of bullying and discrimination that had significant impact on trainees’ personal wellbeing and led to professional difficulties as well as challenges in completing their training requirements. A number of trainees reported significant challenges in seeking and obtaining College support to manage these issues. Currently, withdrawal from the training program was seen by some trainees as the only option in lieu of alternative solutions. As indicated in the team findings under Standard 1, the College needs to review its policies and processes related to reconsideration, reviews and appeals, conflicts of interest, grievances and related policies to provide consistent application and safe avenues for such complaints. The College should also engage with trainees to explore ways to improve trainees’ confidence in its policies and actions designed to respond to trainees’ concerns and provide support within the training environment.

Following the assessment visit in September 2019, the results of the National Medical Training Survey (NMTS) was released by the Medical Board of Australia in March 2020. Noting the limitations relating to sample size, the results also highlighted concerns among RANZCR trainees relating to wellbeing, bullying and harassment as well as the ability to address these issues satisfactorily. While the themes of these responses are not unique to RANZCR trainees, the combination of reports from trainees, formal complaints and NMTS data indicate that there are

significant issues relating to trainee wellbeing, support, bullying and harassment within the College's training programs. The College should review how it can utilise its existing policy and procedural framework to implement cultural change across its training programs and create a supportive learning environment.

The Trainee Liaison Officer (TLO) plays a central role in the College's trainee support architecture. The TLO is directly available to trainees and proactively engages with trainees and Directors of Training at training sites. The current objective of the role is to provide support, information and facilitate two-way communication between trainees and relevant College staff and representatives. The TLO is required to maintain trainee confidentiality and monitors trainee issues across all training sites to identify and report trends so that the appropriate committees and College staff are made aware of issues. A significant part of the TLO's role involves directing trainees to the appropriate avenue to pursue their concern. This often involves directing trainees back to local training site or network, or to the Grievances Officer, where trainees can pursue a concern under the Grievance Policy. Trainees reported significantly variable experiences in contacting the TLO. Many trainees reported positive experiences, where they were supported to resolve their concern or query. However, several trainees reflected that this process became a barrier to accessing support and pursuing training-related concerns. For this reason, some trainees perceived that the TLO was not able to operate at "arms-length" from the College in fulfilling the trainee support role. The team also noted that a single support officer for the entire body of trainees is a significant workload for one individual. The College had similarly expressed concern that the role had shifted away from a pastoral care focus to administrative responsibilities. With the role becoming vacant at the time of the assessment, there is an opportunity to review the scope of the role so that it better supports trainees.

A recurrent theme from some trainees was that rotations within the network training model placed a significant strain on personal and family life. Many trainees strongly valued the network system, and the opportunity to gain experience in different settings, including rural, regional and private practice, as well as across both generalist and sub-specialty practice. A number of trainees especially valued their rural placements, and the learning and lifestyle opportunities that these afforded. However, a number of trainees raised concerns about the inherent rotational structure of some networks, flexibility of training and the difficulty in being able to reconfigure rotations, to accommodate changing life circumstances. The College should consider ways to improve the flexibility of the network training model for those with adequate grounds, and should consider reconfiguring rotational structures in those networks that are inherently challenging for trainees.

Directors of Training are key figures in supporting and managing trainees who are experiencing personal or professional difficulties. The College has recently withdrawn its Trainee in Difficulty policy and replaced this with an updated performance and progression, remediation and withdrawal from training policies. These policies outline how trainees and Directors of Training, as well as Heads of Department and clinical supervisors work collaboratively with trainees who are experiencing difficulties meeting the requirements of the training program, whether due to personal or professional challenges. Where these difficulties are not able to be resolved, a trainee may be removed from the training program under the Withdrawal from Training policy. The Director of Training has a central role in supporting trainees through these important processes. The team heard from a number of trainees that raised concerns of a lack of support from their Director of Training. Trainees also cited challenges in accessing support through other avenues, when they did not feel comfortable raising concerns with their Director of Training, or the concerns related to the Director of Training. Given the central role of the Director of Training, it

is important that the College has strong processes for monitoring and supporting the performance of Directors of Training. There are opportunities for the College to collaborate better with its partners, especially employers, to support trainees experiencing personal and/or professional difficulties. An aspect of this was raised under Standard 3, concerning the College providing more centralised support and oversight in the monitoring and approval of requests for part-time or interrupted training.

Radiology

A significant issue on trainee wellbeing relates to rotations. Alongside the broader issues in this area, the network structure in New South Wales is set up so that metropolitan sites located with less than two hours travel time between them are located in the same network. Trainees usually rotate to Newcastle Hospital for three months, with no subsidy available for travel or accommodation during this time. The team noted the College's expressed commitment to review this configuration as a matter of priority.

Since 2017, Directors of Training have been contacted by telephone prior to the release of results for candidates who have been unsuccessful in their examinations and therefore have only one remaining attempt. Directors of Training are provided detailed feedback on the trainees' performance and asked to ensure they receive appropriate support following the release of results. This has recently been expanded for the Part 2 examination, to those who have been unsuccessful on two occasions and have two remaining attempts. This is reported to have been received favourably.

The increasing tension between service provision, especially after-hours reporting, and training has the potential to compromise trainee wellbeing and training. The College has noted that trainees have increasingly raised concerns in this area, particularly at smaller hospitals that have shifted to 24-hour reporting. The College has established a working group to review how this can be managed, beyond what is in place within the current accreditation of training sites framework.

As noted in other standards, there are concerns related to the Part 2 examination. The very low pass rate of first time candidates (16.7% reported for 2018) was reported by trainees and supervisors to have a significant impact on trainee wellbeing. Measures to address concerns with the Part 2 examination are of significant relevance to trainee wellbeing.

Radiation Oncology

Trainees, office bearers and College staff all reported significant tension between trainees seeking exemption from particular, generally regional placements, and the need to have these placements filled to satisfy workforce demands and STP funding requirements. This was further complicated by the fact that these regional placements usually have a small number of allocated trainees, often only a single trainee per rotation. These competing interests cause significant challenges for trainees seeking an exemption from these training requirements due to significant personal circumstances. The College needs to ensure trainees with reasonable grounds are able to consistently access exemptions and flexible training arrangements. The need for trainees to complete one year of the five away from their home site was raised as a significant concern among trainees in New Zealand, and was cited as a direct cause of losing some trainees from the scheme. The College should consider how trainees facing this requirement can be better supported to minimise the impact of relocating. The College should consider whether the learning

objectives intended to be met through this requirement, can be addressed through other means, including the creation of more flexible training options.

The Radiation Oncology training program will shortly trial a mentoring scheme, with the aim to support trainees' personal and professional development.

7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

7.5.1 Team findings

The College provides advice to trainees in the trainee compact about the avenues to seek guidance in resolving a concern. In the radiology training program, these are the Directors of Training, Network Training Directors or Branch Education Officers. In the radiation oncology training program, these are the Directors of Training, clinical supervisor, Training Network Director or Education Support Officer. Concerns related to training and supervision not resolved at the local level are overseen at the Education and Training Committee level. If trainees are not satisfied with the result, they can apply under the reconsideration, review and appeals policy. Complaints regarding bullying and harassment are managed through the College's comprehensive Grievance Policy, which is primarily administered by the grievance officers and the CEO. The process outlined in the Grievance Policy is transparent, timely and confidential and includes provisions to refer an issue to external organisations, if required. However, as outlined in Standard 7.4, a number of trainees reported facing significant barriers to accessing support for the resolution of a grievance, with significant implications for the ability to resolve personal and professional difficulties.

The team also noted feedback from trainees indicated that a significant number remained unaware of these procedures. As discussed earlier, the role of the Trainee Liaison Officer and College staff are critical to ensure trainees with concerns are consistently directed to the correct avenues and appropriate support is provided. Trainees in some sites also reported that concerns were not addressed when raised and the team noted heightened challenges in relatively small programs when College fellows have multiple roles as senior health service staff, Directors of Training/training supervisors and as senior College officers. The College should review the implementation of its existing policy framework to ensure trainees are consistently able to access support in the resolution of a grievance, and personal and professional difficulties. This should include ensuring that confidential and safe pathways are accessible in the case where senior colleagues and College office bearers are involved, and all parties are afforded appropriate support and procedural fairness.

Commendations

R Trainees are involved in multiple levels of College governance with trainee representatives actively consulted.

S The establishment of the role of the Trainee Liaison Officer to support the wellbeing of trainees.

Conditions to satisfy accreditation standards

19 Demonstrate the College's selection guidelines and processes are consistent, transparent, rigorous and fair across both training programs. (Standard 7.1.1)

20 Publish the mandatory rotation requirements of training networks for both training programs. (Standard 7.1.4)

21 Develop, implement and monitor the College's plans to increase selection and support of Aboriginal and Torres Strait Islander and Māori trainees to:

(i) Provide for appropriate and individual support. (Standard 7.1.3)

(ii) Engage with Indigenous health organisations to share learning and development of effective approaches. (Standards 7.1.3 and 1.6.4)

(iii) Develop and implement evaluation strategies to measure progress. (Standards 7.1.3 and 6.2.1)

22 Develop and implement pathways and resources to address trainee concerns safely, and with consistent and timely support, in collaboration with trainees. (Standards 7.4 and 7.5)

Recommendations for Improvement

LL Enable trainees to participate in committee meeting discussions about issues related to individual trainees to ensure effective trainee representation in identification and management of systemic issues. (Standard 7.2.1)

B.8 Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and educational roles

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

8.1.1 Team findings

The College's Directors of Training are central to the supervision and education delivery of the radiology and radiation oncology training programs. The roles for both the radiology and radiation oncology streams are clearly articulated in the College's position descriptions. The team noted the Directors of Training had a high degree of enthusiasm and commitment to high quality clinical training that was commendable. Training sites with high performing Directors of Training were observed to be better connected and informed compared to examples of training sites with Directors of Training that appeared to be less engaged with the College. The team noted that potentially compromising situations of training delivery and issues with supervision are usually identified and rectified through the College's site accreditation process.

Mandatory annual training days are organised to support Directors of Training and a majority of Directors of Training interviewed indicated these training days provided valuable learning opportunities, enabling them to perform their educational role more competently as well as to provide a forum to connect with their peers. The College is proactive in identifying Directors of Training that do not attend mandatory training days.

The College is in the process of implementing the recommendations of the ACER/Prideaux review and strategies identified in the Training and Assessment Reform (TAR). The team noted clinical radiology Directors of Training generally expressed not being aware of new initiatives in the training program, including the introduction of workplace based assessments, while radiation oncology Directors of Training appeared to be more well-informed. The College should consider ways to ensure all Directors of Training in both training programs are kept updated on changes to the training program and ensure required training or briefing is provided. It was also noted that Directors of Training were already performing their role far in excess of the "protected time" allocated and the introduction of the new training program will increase their already significant workload.

The role of clinical supervisors (outside the Director of Training role) was identified to be important to the delivery of training, particularly with the current use of workplace based assessments and the increasing reliance on these tools as part of the College's move to

programmatic assessment. Clinical supervisors invariably saw the current workplace based assessment as “need to do exercises” as opposed to tools to enhance clinical training. The team noted many radiology supervisors were unaware of the increasing number of workplace based assessment being proposed as part of implementation of the TAR project. While the Directors of Training saw the College’s supervisor training as valuable, many of the clinical supervisors encountered did not feel this would be of benefit to them. While supervisors were aware they could attend the Directors of Training’s training day, there was little evidence to indicate that many supervisors had attended. The College is encouraged to look into ways to engage clinical supervisors of both training programs to attend or complete relevant training to assist with their delivery of training.

The role and appropriate prerequisites to become a Director of Training is well-documented, however, there are minimal requirements documented for the Training Network Director and Network Training Director and the complexities involved in performing this role need to be taken into account. The team observed the Training Network Directors/Network Training Directors performed a vital role in ensuring functional training networks and the College could do more in their support for this role. The College can provide support in developing Training Network Directors/Network Training Directors in terms of upskilling into the role as it requires a different set of skills compared to clinical supervisors and Directors of Training and more support in navigating the complexities of the jurisdiction, employer and College mandates in the process of recruitment, selection and rotation of trainees. The role was seen as a priority for many experienced Network Directors and succession planning for this role, facilitated by the College, should be a priority as many are approaching their term limits and expressed difficulty in finding replacements for the role.

Trainees are required to complete a regular TATS as they progress through the training program and feedback on clinical supervisors and Directors of Training performance is captured through this process. The College should consider if the data captured is fit for purpose and easily interpretable to provide adequate feedback to clinical supervisors and Directors of Training, and additionally how the TATS could be integrated into the training site accreditation cycle.

The College has done significant work to improve examiner selection and training. A description of the role, its prerequisites and the requirements of examiners are clearly articulated in the relevant position descriptions. Evaluation of examiners is performed by the Censors of the radiology and radiation oncology training programs, and consideration and incorporation of candidate feedback has been noted by the team to occur.

8.2 Training sites and posts

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
 - applies its published accreditation criteria when assessing, accrediting and monitoring training sites
 - makes publicly available the accreditation criteria and the accreditation procedures
 - is transparent and consistent in applying the accreditation process.
- The education provider’s criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
 - promote the health, welfare and interests of trainees
 - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner

- support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
- ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

8.2.1 Team findings

The accreditation of training sites is a critical component of the College's oversight of its training and is viewed positively as a conduit to enable improvements in training by the College, its Accreditation Committees and the Directors of Training. However trainees' feedback was mixed; some noted intervention to withdraw accreditation when concerns were raised while others reported that the College was slow to act and/or had not acted effectively to address their concerns.

Comprehensive accreditation standards and the iterative review that incorporates constant update of the standards to push for excellence of training at a site level were evident. These standards are clearly articulated, suitable and transparent. The focus of the accreditation standards on trainee wellbeing is to be commended.

The team noted several examples where downgrading of a site's accreditation resulted in significant improvement of the standards of training at the particular site. The inclusion of the accreditation reviews of other specialist medical colleges into the accreditation cycle adds to the robustness of the process. Accreditation reviews involve interactions with hospital departments engaged with the College's training program and includes senior health managers and trainees. Some trainees felt that their concerns were not incorporated accurately into the site accreditation report. The College could consider the inclusion of a trainee on the accreditation visit team to enable increased robustness and anonymity to the process.

There is little provision in the College's accreditation documentation for out of cycle site reviews or detail about how College members who have concerns about aspects of training at a particular site can raise issues. The capability of the accreditation teams to respond to members' concerns and the threshold of evidence required to justify an accreditation visit need formalising. The team notes an out of cycle review may be requested by the Education Training Committees or Chief Accreditation Officers in the event of trainee underperformance, complaints or changes to training site activities.

While the process of the accreditation of training sites had been a focus for development, work on accreditation of radiology training networks was in the early stages at the time of the assessment. Consequently, there was clear variability in educational provision, rotational requirements/opportunities and equity of access of training between networks. The team has also indicated the need to provide centrally curated educational resources for all training sites in their findings under Standard 4. The radiation oncology training program had documented network accreditation standards but these are assessed at individual sites within the network as opposed to the network as a whole. This likewise resulted in variability across networks but the team noted the differences were not as marked as in the radiology training program. The team notes the network training model has been developed over the last few years and is in the process

of renewal and improvement. The College should consider strengthening the focus on network accreditation standards, without compromising the quality of accreditation for individual sites. Acknowledging the College has taken steps to do so, the College is encouraged to continue monitoring correlations between examination results, and requests for reconsideration, review and appeals to proactively manage and improve training issues identified in specific training sites as the training and assessment review is being rolled out.

The team noted there was a prevailing perception that the clinical services (in both clinical radiology and radiation oncology) are socially and geographically neutral. However, the opportunity for trainees to experience provision of clinical services in geographically diverse settings allows them to engage with and understand the diverse challenges of Australia and New Zealand.

Apart from providing access to a number of online learning modules, there was little evidence of the College having an overarching training and education plan to incorporate experiences, particularly at training sites, in engaging with the health care to Aboriginal and Torres Strait Islander people of Australia and Māori people of New Zealand. As discussed in earlier Standards, this is an area for the College to focus on as a matter of priority.

Commendations

T Clearly articulated, transparent and comprehensive accreditation standards and review encourage training excellence and is viewed overall positively as a conduit to improvements in training sites. (Standards 8.2.1 and 8.2.2)

Conditions to satisfy accreditation standards

23 Develop and deliver centralised support, training and professional development for supervisors to facilitate consistent engagement of training across training programs and networks. (Standard 8.1.3)

24 Explore and implement methods to leverage the trainee assessment of training sites (TATS) and other methods of evaluation to provide effective feedback to all levels of supervisors involved in training. (Standard 8.1.4)

25 Formalise the criteria and process for instigating out of cycle accreditation review of sites that are at risk of not meeting published accreditation standards to ensure the process is transparent for trainees and training networks. (Standard 8.2.1)

26 Identify and address variations in the provision of training and education, and rotational requirements across radiology training networks. (Standards 8.2.2 and 7.4)

Recommendations for improvement

MM In recognition of the complex role of the Network Training Director/Training Network Director, review and implement ways to provide more active support from the College and opportunities for upskilling. Further attention should also be considered on ways to facilitate effective succession planning for the roles. (Standard 8.1.3)

B.9 Continuing professional development, further training and remediation

9.1 Continuing professional development

The accreditation standards are as follows:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
- The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.
- Additional MCNZ criteria: Continuing professional development – to meet MCNZ requirements for recertification.

9.1.1 Team findings

The College has introduced major changes to its CPD program beginning in 2019 with a transition period to 2021. Activity is required in various categories across the triennium with emphasis not only on knowledge, but also on peer review and self-reflection. The College has introduced activities such as multi-source feedback with an array of options available to fellows and the team notes that CPD committees in both Faculties are aware of the growing evidence surrounding effectiveness of certain activities in comparison to others.

Each Faculty has a well-established Continuing Professional Development Committee governed by clear terms of reference. The requirements for CPD are easily accessible to fellows via the relevant section on the College website and the division of activities into differing categories is a strength of the program in both Faculties. In addition to fellows of the College, the CPD program is available to non-fellows who are financial members of the College. The Faculties publish a handbook to aid fellows in their approach to CPD. Both Faculty CPD committees are well aware of and are well prepared for the anticipated changes to CPD signalled by both the Medical Board of Australia and the Medical Council of New Zealand. Fellows in both Australia and New Zealand are well-informed of the proposed or likely changes from the regulators. The professional

development plan templates on the CPD section of the College website is a strong example of the preparedness of the College for regulatory change.

The CPD framework in both Faculties requires fellows to have activity across a variety of domains relevant to specialist practice in both Clinical Radiology and Radiation Oncology. However, the College's Indigenous Health Taskforce report identifies the need for further development in the domain of cultural competence and cultural safety. Furthermore, feedback from fellows indicated an opportunity to highlight in the CPD programs of both Faculties the importance of fellows considering aspects of inequitable outcomes and the role fellows can have in eliminating health inequity. This is closely linked with a need for supervisors in particular to have a greater understanding of cultural safety and its impacts on health outcomes, thus helping to educate trainees in this domain.

Fellows were complimentary of the College's IT framework for CPD and there was near-universal recognition of the ease of use of the CPD facility on the College website. The College has put considerable resource into its Learning Management System. Fellows have access to educational resources via the College website, the College journal and electronic aids to learning are seen as being of particular benefit to fellows in more rural or remote settings.

The College CPD platform aids in the selection of activities to match scopes of practice, for example, to support CPD activities, the Radiation Oncology CPD committee has worked to define generalist and subspecialist scopes of practice. Given the increasing subspecialisation of practice in both faculties, such developments are seen as a strength of the College processes.

The College actively monitors CPD compliance and has very clear and highly effective mechanisms to first identify, and second, assist any fellow who has not met the requirements. This supportive approach has resulted in extremely high compliance rates across both Faculties. On very rare occasions, a fellow, may not comply with the CPD requirements, despite intensive input from the College, and in such circumstances, the College is aware of its obligations to inform relevant regulatory bodies including the Medical Council of New Zealand.

9.2 Further training of individual specialists

The accreditation standards are as follows:

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

9.2.1 Team findings

Both Faculties have well-established processes to address any request for further training. While neither Faculty delivers this additional training, both are able to review needs, and advise on options and opportunities for further training. Faculty members will review proposed "return to work" programs for fellows who have had periods of time off work for various reasons and the Faculty will advise on the appropriateness of the proposals.

9.3 Remediation

The accreditation standards are as follows:

- The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.
- Additional MCNZ criteria: Remediation of poorly performing fellows.

9.3.1 Team findings

While requests from fellows for advice and assistance on remediation of areas of deficit are rare, the College actively responds to such requests, usually in the form of advice as to where a fellow can likely receive assistance and who key contacts may be.

The College actively engages with the MCNZ by recommending fellows to assist with MCNZ-mandated supervision and/or educational programs for fellows in either Faculty. In addition, the College assists the MCNZ in selecting fellows to aid formal educational assessments of fellows of either Faculty for whom competence concerns have been raised. As with Australian-based fellows, independent of a MCNZ-mandated program, the College is able to assist any fellow who approaches the College for assistance with remediation.

Commendations

- U The College is clearly engaged with and aware of the current and impending requirements of the Medical Board of Australia and Medical Council of New Zealand.
- V The online CPD platform has a comprehensive range of learning resource, easily accessible by fellows and supported by the College's evidence-based approach to identifying activities for CPD.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

- NN Consider the development of content related to health inequities related to the specialties and supporting supervisors to engage with trainees on these aspects of the curriculum. (Standard 9.1.3)

B.10 Assessment of specialist international medical graduates

10.1 Assessment framework

The accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.
- Additional MCNZ criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice.

10.1.1 Team findings

The College has clear, published policy guidelines for the assessment of specialist international medical graduates (SIMGs) including prompt assessment timelines, linked to the requirements of the Medical Board of Australia and the Medical Council of New Zealand. The College's IMG assessment process has evolved since the last AMC accreditation review with the most recent changes being the implementation of the IMG Assessment Policies for both Australia and New Zealand. This combined policy is seen to be a positive development. The representation of SIMG fellows on the IMG Committee and on the IMG Assessment Panels, as well as in key leadership positions in both Faculties is to be commended.

Following the guidelines of the Medical Board of Australia, the College has two assessment pathways – specialist recognition and Area of Need available for the assessment of IMG candidates. The other lateral pathway is Short Term Training (STT) positions that support Specialists in Training up to a maximum of two years in an Occupational Training environment to support temporary training of international medical graduates. The framework for IMG Assessment, including the IMG Assessment Policy for Australia, details the steps of assessment depending upon the pathway applied. The subtle differences by jurisdiction for IMG assessment in New Zealand is well-understood by the College. The College has a range of external and internal resources to guide IMG assessment processes and decision commencing from initial enquiry to ultimate outcome letter.

The College is fully aware of the requirements for assessment of applicants to the Medical Council of New Zealand for specialist registration for radiology and radiation oncology. The legislative framework in New Zealand is significantly different to that in Australia in relation to applications for specialist registration and the College accommodates these differences. As with applications to Australia, there are opportunities for the College to review aspects of the process including the purpose and content of the face to face interview and how interviews are conducted.

The College gives advice to the Medical Council of New Zealand as to the suitability of applicants for provisional vocational registration and when supportive of an application, the College will indicate any preference the College has for the Assessment or Supervision pathways toward full vocational registration. Furthermore, the College assists MCNZ processes by both aiding the appointment of assessors for Vocational Practice Assessments of IMG specialists on the

Assessment pathway and supervisors for provisionally-vocationally registered IMGs in both radiology and radiation oncology.

The College has a clear outcome-based assessment process for Specialist Recognition (SR) that follows through step-by-step from the AMC primary source verification up to notification of three possible outcomes from the SR assessment with the most common outcome being partially comparable requiring further training and peer review prior to the ability to sit Part/Phase 2 examinations under either Faculty. Despite work being progressed following on from the Deloitte Access Economics Review of all Colleges' processes against the Medical Board of Australia's Good Practice Guideline, the College is yet to fully align in the circumstance where SIMG candidates with many years of experience are still being expected to undertake Part/Phase 2 assessments and examinations without upskilling experience. There are areas such as 'interim assessment outcome' and 'interview' that require further work to achieve full compliance. The Area of Need (AoN) process also allows for dual assessment for the SR pathway that leads to full specialist recognition and award of FRANZCR but is limited by the geographical restriction of AoN Specialists required to be practising in their approved and accredited locations only.

The policies and processes for the assessment of applicants for registration in New Zealand appear to be well-understood and implemented as described by the College. The team noted the policies and processes were less well-understood by applicants in Australia.

10.2 Assessment methods

The accreditation standards are as follows:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

10.2.1 Team findings

For both Faculties, there are IMG assessment templates and preliminary report templates aimed at standardising assessments, reports and outcomes to assist with documenting the process. The assessment panel for Clinical Radiology has undergone IMG assessor training and has a trained IMG assessor. The Branch Education Officer is a member of Clinical Radiology Education and Training Committee and has considerable knowledge of the College's training program. A community representative is being considered for the assessment panel, however, this is yet to be implemented. Similarly the Radiation Oncology IMG assessment panel includes a Directors of Training and a Network Training Director, both trained IMG assessors. The panel memberships for IMG assessment by both Faculties are appropriate.

The quality of feedback received with regards to the application process and assessment standard was variable in Australia and New Zealand. The interview structure particularly with regards to the IMG assessment for AoN applicants lacked standardisation including the provision of feedback post interview and assessment. Though the outcome letters contain reference to the Reconsideration, Review, and Appeal of Decisions Policy pathway, this avenue was noted to be rarely utilised by IMG candidates, given that the interviewers are often examiners at future exit examinations. There is a perception among IMGs that this may disrupt their chances at the final examinations. The College has a conflict of interest disclosure form pre-assessment and avoids using assessors from the same state as the applicant but this should be extended to cover assessors who are likely to be examiners in exams required later in the SIMG assessment pathway.

While there are clear policies in place, parts of the process are not well-understood by applicants and these differences include the role and format of the interview in the Specialist Recognition pathway and Area of Need pathway in Australia, and the scoring criteria for comparability outcomes. The assessment of IMGs is structured in accordance with policy, however the team noted concerns were also raised over a number of areas and the College should review the format for SIMG assessments in Australia:

- The necessity of the face to face interview to assess suitability for the Specialist Recognition pathway, considering the expense of travel for applicants.
- The unstructured vivas conducted for Area of Need pathway applicants that did not focus on areas relevant to the employed position but on areas applicants had self-identified as gaps in their competence.
- The approach towards assessing cultural competence at interviews should be in line with the College's overarching strategy to strengthen this aspect within its membership.

The College needs to implement a stronger quality assurance process in Australia to ensure assessment processes conform with the College's published processes.

The team noted there was universally positive feedback received from clinical radiology specialist pathway – specialist recognition route applicants in Australia and applicants in New Zealand on the quality of supervision in both Australia and New Zealand. The availability of training site infrastructure, facilities and supervision for AoN candidates in Australia, however, was noted to be variable between jurisdictions in Australia particularly for unaccredited positions in accredited training sites. Barriers include the availability of mentors for AoN doctors to support upskilling and access to education to training and teaching facilities to prepare for the Part 2/Phase 2 examinations. The team noted a number of applicants who initially applied through the AoN pathway left their employers to work in accredited sites that offered better access to training courses and supervision.

For radiology applicants in Australia, there appeared to be systemic barriers to progressing through the assessment process that were not well-understood by applicants from the onset. Applicants employed in accredited metropolitan hospitals reported a lack of access to educational resources and tutorials for examination preparation as priority was given to College trainees on the specialty program. The IMG Committee has acknowledged these barriers and is commencing a new upskilling program from 2020, that appears to mandate applicants train at an accredited site and may have the unintended consequence of undermining the intent of the AoN pathway. The College needs to consider mechanisms to better support applicants in the AoN pathway.

The team noted there are well-managed governance processes in place to allow for timely communication to employers where safety concerns have been raised through IMG assessment. There are controls in place to ensure supervision of IMGs at risk are monitored through appropriate support in the workplace particularly for AoN circumstances.

10.3 Assessment decision

The accreditation standards are as follows:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.

- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

10.3.1 Team findings

The assessment outcomes and supervision requirements are clearly communicated to New Zealand applicants in a timely manner. The overarching IMG assessment policy clearly articulates the process of assessment including the types of decisions that can be made by the IMG assessment panel and these decisions are appropriately communicated to the IMG candidates including exemption and credits awarded. Additional requirements towards progression and attainment of Fellowship are also recorded on the outcome letters issued to IMG candidates. These outcomes are communicated to applicants and to the registration authority in a timely manner.

The team notes the more complex requirements in Australia and the College could provide more support to candidates to navigate these complexities, particularly considering the time and expense involved in these applications.

10.4 Communication with specialist international medical graduate applicants

The accreditation standards are as follows:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

10.4.1 Team findings

The College website is the default platform for IMG candidates to review assessment process related information for all relevant pathways for entry and practice in Australia and New Zealand for both Faculties. Both the SR and AoN pathways have relevant checklists for navigating the requirements for submission of applications with regards to interview, supervision and assessments. The requirements of the AoN assessment and interview process are noted to be slightly different compared to the SR assessment process in terms of interview scope, structure and design. Although the fee structures and information regarding assessment is published and accessible on the College website, there appears to be some confusion among IMG candidates regarding the differentiation of the two available pathways that could benefit from clarification.

The team received positive feedback about the support provided by the College's Senior Project Officer for IMG applications at various stages of the College assessment process including during reconsideration of assessment outcomes. The team noted information provided by the College support staff was timely to all SIMG candidates as appropriate. Applicants reported receiving clear information on the assessment outcomes and requirements for further development.

Commendations

- W The comprehensive and clear policies documenting the College process for the assessment of specialist international medical graduates published on the College website.
- X The commendable efforts of the College's Senior Project Officer and support staff for applicants at various stages of the assessment process to provide timely and appropriate support.

Conditions to satisfy accreditation standards

- 27 Finalise work to align with the guidelines of the Medical Board of Australia in the assessment of specialist international medical graduates including requirements to sit examinations and implementation of the College's upskilling program. (Standard 10.1.1)
- 28 Review the interview process of specialist international medical graduates applying for Area of Need positions to be structured, fair and focused on position of employment. (Standard 10.2.1)
- 29 Update the College's conflict of interest policy and process to address concerns about the conflict of interests of interviewers of specialist international medical graduates. (Standards 10.2.1 and 1.1.6)
- 30 Develop mechanisms to provide greater support to specialist international medical graduates to access training facilities, supervision and examination resources available to trainees. (Standard 10.2.1)

Recommendations for improvement

- OO Review the purpose of a face-to-face interview for specialist international medical graduates, considering the financial costs to applicants. (Standard 10.2.1)
- PP Consider the assessment of cultural competence linked to the College's overarching strategy in this area. (Standards 10.2.1 and 1.6)

Appendix One Membership of the 2019 AMC Assessment Team

Dr Andrew Connolly (Chair), BHB, MBChB, FRACS.

Head of Department, Department of General Surgery, Middlemore Hospital

Associate Professor Lilon Bandler, MBBS, MHPol, FRACGP.

Senior Research Fellow, Leaders in Indigenous Medical Education (LIME) Network, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne

Professor Kevin Forsyth, MBChB, MD, PhD, FRACP, FRCPA.

Professor and Dean (People & Resources), College of Medicine & Public Health, Flinders University

Dr Sayanta Jana, MBBS, FRACMA, MHM, AFCHSM.

Director of Medical Services, St John of God Midland Public and Private Hospitals

Dr James Lynam, BSc, MBBS, MRCP, FRACP.

Staff Specialist Medical Oncologist, Calvary Mater Newcastle

Dr Catherine Pendrey, MBBS (Hons), BMedSci (Hons), GDipEcon, FRACGP.

Remote General Practitioner and Fellowship of Advanced Rural General Practice candidate, Northern Territory

Ms Kirsty White

Director, Accreditation and Standards, Australian Medical Council

Ms Juliana Simon

Manager, Specialist Medical Program Assessment, Australian Medical Council

Appendix Two **List of Submissions on the Programs of the Royal Australian
and New Zealand College of Radiologists**

Accident Compensation Corporation

Australian Diagnostic Imaging Association

Australian Medical Association (AMA) and AMA Council of Doctors in Training

Australian Radiation Protection and Nuclear Safety Agency

Australian Society of Medical Imaging and Radiation Therapy

Canberra Region Medical Education Council

Cancer Voices Australia

Department of Health Northern Territory

Department of Health Western Australia

Health and Disability Commissioner New Zealand

Health Care Consumers' Association

Health Education and Training Institute NSW

Leaders in Indigenous Medical Education (LIME) Network

Ministry of Health New Zealand

Postgraduate Medical Council of Western Australia

Queensland Health

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal Australian and New Zealand College of Psychiatrists

Royal Australian College of General Practitioners

Royal Australasian College of Physicians

Tasmanian Department of Health and Tasmanian Health Service

Appendix Three Summary of the 2019 AMC Team's Accreditation Program

Location	Meeting
AUCKLAND, NEW ZEALAND	
<i>Monday, 16 September 2019 – Dr Andrew Connolly, Ms Kirsty White (AMC Staff), Ms Emily Douglas (MCNZ Staff)</i>	
Auckland City Hospital	Senior Hospital Staff
	Clinical Radiology (CR) and Radiation Oncology (RO) Directors of Training
	CR and RO Consultants / Supervisors of Training
	CR and RO Trainees
	Representatives of related health disciplines
Christchurch Hospital (Teleconferences)	Senior Hospital Staff
	RO Director of Training
	CR and RO Consultants / Supervisors of Training
	CR and RO Trainees
	Representatives of related health disciplines
MELBOURNE, VICTORIA	
<i>Tuesday, 17 September 2019 – Dr James Lynam, Dr Catherine Pendrey, Ms Juliana Simon (AMC Staff), Ms Georgie Cornelius (AMC Staff)</i>	
Monash Medical Centre	Senior Hospital Staff
	CR Co-Directors of Training
	CR Consultants / Supervisors of Training
	CR Trainees
	Representatives of related health disciplines
Peter MacCallum Cancer Centre	CR and RO Directors of Training
	CR and RO Consultants / Supervisors of Training
	CR and RO Trainees
	Senior Hospital Staff
BRISBANE, QUEENSLAND	
<i>Wednesday, 18 September 2019 – Professor Kevin Forsyth and Ms Karen Rocca (AMC Staff)</i>	
Princess Alexandra Hospital	CR and RO Directors of Training
	CR and RO Consultants / Supervisors of Training
	CR and RO Trainees
	Representatives of related health disciplines
	Senior Hospital Staff

Location	Meeting
Royal Brisbane Women's Hospital	Senior Hospital Staff
	CR and RO Directors of Training
	CR and RO Consultants / Supervisors of Training
	CR and RO Trainees
	Representatives of related health disciplines
SYDNEY, NEW SOUTH WALES	
<i>Friday, 20 September 2019 – Dr Andrew Connolly, Dr James Lynam, Ms Juliana Simon (AMC Staff)</i>	
Royal North Shore Hospital	Senior Hospital Staff
	CR and RO Directors of Training
	CR and RO Consultants / Supervisors of Training
	CR and RO Trainees
	Representatives of related health disciplines
Royal Prince Alfred	Senior Hospital Staff
	CR and RO Directors of Training
	CR and RO Consultants / Supervisors of Training
	CR and RO Trainees
	Representatives of related health disciplines

Team meetings with the Royal Australian and New Zealand College of Radiologists Committees and Staff

Monday 23 – Thursday 26 September 2019

Dr Andrew Connolly (Chair), Associate Professor Lilon Bandler, Professor Kevin Forsyth, Dr Sayanta Jana, Dr James Lynam, Dr Catherine Pendrey, Ms Kirsty White (AMC staff), Ms Juliana Simon (AMC Staff), Ms Georgie Cornelius (AMC Staff), Ms Emily Douglas (MCNZ Staff).

Meeting	Attendees
<i>Monday, 23 September 2019</i>	
Briefing with RANZCR CEO	Chief Executive Officer
Teleconference with Ministry of Health New Zealand	Senior Policy Analyst, Health Workforce, Ministry of Health Chief Medical Officer, Ministry of Health Chief Advisor, Ministry of Health Project Coordinator, Ministry of Health
Teleconference with health departments	Chief Medical Officer, ACT Health Director Medical Services, Royal Darwin Hospital A/Manager, South Australian Medical Education and Training Interim Chief Medical Officer, Department for Health and Wellbeing South Australia Senior Development Officer, Office of the Chief Medical Officer, Health Department of Western Australia Medical Advisor, Workforce Planning & Talent Development, NSW Ministry of Health Medical Director, Health Education and Training Institute NSW Manager, Medical Advisory and Prevocational Accreditation Unit, Queensland Health
Teleconference with trainees in the ACT, NT, SA, TAS and WA	Clinical Radiology Trainees Radiation Oncology Trainees
Teleconference with supervisors in ACT, NT, SA, TAS and WA	Clinical Radiology Supervisors Radiation Oncology Supervisors
Teleconference with trainees in rural locations	Radiation Oncology Trainees
Teleconference with supervisors in rural locations	Clinical Radiology Supervisors Radiation Oncology Supervisor
Standards 1 and 2 – Governance & Outcomes of Specialist Training and Assessment <i>RANZCR President, Board of Representatives of Clinical Radiology and</i>	President Radiation Oncology Dean Clinical Radiology Dean Clinical Radiology Chief Censor Independent Board Member

Meeting	Attendees
<i>Radiation Oncology Council, Trainee Committee Representatives</i>	Radiation Oncology Trainee Committee Chair Clinical Radiology Trainee Committee Chair Radiation Oncology Chief Censor Chief of Professional Practice Chief Executive Officer Head of Specialty Training
Teleconference with consumer groups	Policy Officer, Healthcare Consumers Association of the ACT Inc.
Consumer representatives on College Committees	Faculty of Clinical Radiology Curriculum Assessment Committee Member Faculty of Clinical Radiology Council Member Faculty of Radiation Oncology Council Member
<i>Tuesday, 24 September 2019</i>	
Briefing with RANZCR CEO	Chief Executive Officer
Standards 3 and 4 – Curriculum, and Teaching and Learning <i>Clinical Radiology Education and Training Committee, Clinical Radiology Curriculum Assessment Committee</i>	Clinical Radiology Dean Clinical Radiology Chief Censor Deputy Chief Censor Clinical Radiology Trainee Committee Chair Chief Accreditation Officer Curriculum and Assessment Committee Member NSW Branch Education Officer and Faculty of Clinical Radiology Council Member Chief Executive Officer Head of Specialty Training Examinations Manager Senior Project Officer, Education Development Program Officer, Learning and Development Program Officer, Clinical Radiology Trainee Liaison Officer Information Technology Senior Manager Senior Business Analyst
Standards 3 and 5 – Curriculum and Assessment <i>Clinical Radiology Education and Training Committee, Clinical Radiology Curriculum Assessment Committee, Clinical Radiology Steering Committee and Examination Reference Panels</i>	Clinical Radiology Dean Clinical Radiology Chief Censor Deputy Chief Censor Clinical Radiology Trainee Committee Chair Chief Accreditation Officer Curriculum and Assessment Committee member Part 1 Anatomy Lead Examiner and Director of Training Senior Research Fellow, Australian Council for Educational Research Part 1 Applied Imaging Technology Lead Examiner

Meeting	Attendees
	Chief Executive Officer Head of Specialty Training Examinations Manager Senior Project Officer, Education Development Program Officer, Learning and Development Program Officer, Clinical Radiology Trainee Liaison Officer
Standards 3 and 4 – Curriculum and Teaching and Learning <i>Radiation Oncology Education and Training Committee</i>	Radiation Oncology Dean Radiation Oncology Chief Censor Chief of Examinations and Radiation Oncology Deputy Chief Censor Incoming Radiation Oncology Chief Censor Radiation Oncology Deputy Chief Accreditation Officer Radiation Oncology Trainee Committee Chair Radiation Oncology 3 rd Year Trainee Chief Executive Officer Head of Specialty Training Senior Project Officer, Education Development Senior Project Officer, Radiation Oncology Trainee Liaison Officer Information Technology Senior Manager Senior Business Analyst
Standards 3 and 5 – Curriculum and Assessment <i>Meeting with Radiation Oncology Education and Training Committee, Radiation Oncology Steering Committee and Phase 1 and 2 Examiners Panel</i>	Radiation Oncology Dean Radiation Oncology Chief Censor Chief of Examinations and Radiation Oncology Deputy Chief Censor Incoming Radiation Oncology Chief Censor Radiation Oncology Deputy Chief Accreditation Officer Radiation Oncology Trainee Committee Chair Radiation Oncology Training and Assessment Reforms Implementation Chair Senior Research Fellow, Australian Council for Educational Research Chief Executive Officer Head of Specialty Training Senior Project Officer, Education Development Senior Project Officer, Radiation Oncology Trainee Liaison Officer Senior Business Analyst
Standard 7 – Issues relating to trainees	Clinical Radiology Dean Clinical Radiology Chief Censor

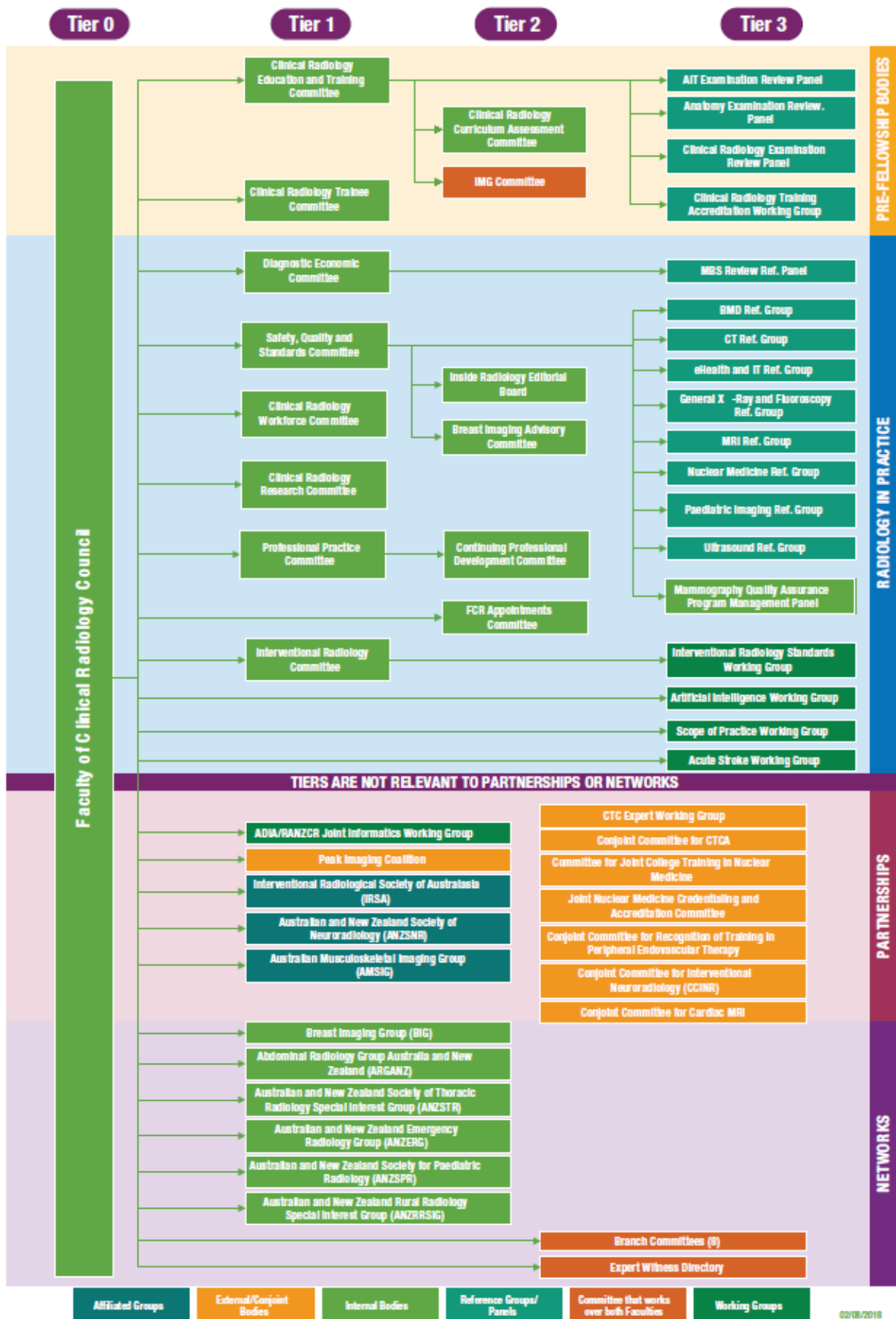
Meeting	Attendees
<i>Clinical Radiology Education and Training Committee</i>	Clinical Radiology Trainee Committee Chair Chief Accreditation Officer Curriculum and Assessment Committee Member Chief Executive Officer Senior Project Officer, Accreditation Program Officer, Clinical Radiology Examinations Manager Senior Project Officer, Specialist Training Program Trainee Liaison Officer
Standard 7 – Issues relating to trainees <i>Radiation Oncology Education and Training Committee</i>	Radiation Oncology Dean Radiation Oncology Chief Censor Chief of Examinations and Radiation Oncology Deputy Chief Censor Incoming Radiation Oncology Chief Censor Radiation Oncology Deputy Chief Accreditation Officer Radiation Oncology Trainee Committee Chair Head of Specialty Training Senior Project Officer, Radiation Oncology Program Officer, Learning and Development Senior Project Officer, Education Development
Standard 8.1 – Supervisory and Educational Roles <i>Clinical Radiology Education and Training Committee</i>	Clinical Radiology Dean Clinical Radiology Chief Censor Deputy Chief Censor Clinical Radiology Trainee Committee Chair Chief Accreditation Officer Curriculum and Assessment Committee Member NSW Branch Education Officer and Faculty of Clinical Radiology Council Member Part 1 Anatomy Lead Examiner and Director of Training Head of Specialty Training Senior Project Officer, Accreditation Trainee Liaison Officer
Standard 8.1 – Supervisory and Educational Roles <i>Radiation Oncology Education and Training Committee</i>	Radiation Oncology Dean Radiation Oncology Chief Censor Chief of Examinations and Radiation Oncology Deputy Chief Censor Incoming Radiation Oncology Chief Censor Radiation Oncology Deputy Chief Accreditation Officer Radiation Oncology Trainee Committee Chair Chief Executive Officer

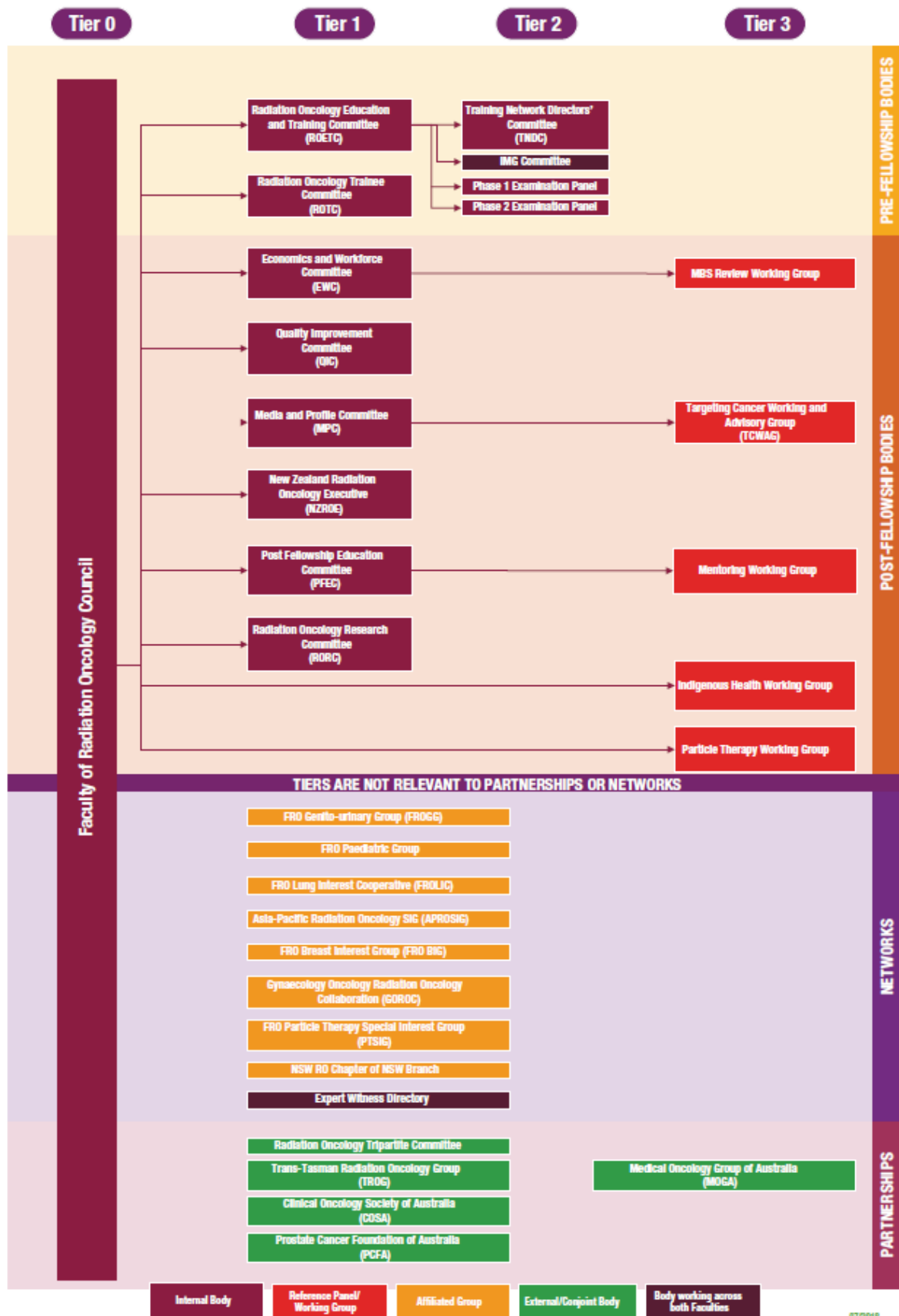
Meeting	Attendees
	Senior Project Officer, Radiation Oncology Senior Project Officer, Education Development
Standard 7 – Issues relating to Trainees <i>Clinical Radiology Trainee Committee</i>	Clinical Radiology Trainee Committee Chair Clinical Radiology Trainees
Standard 7 – Issues relating to Trainees <i>Radiation Oncology Trainee Committee</i>	Radiation Oncology Trainee Committee Chair Radiation Oncology Trainees
<i>Wednesday 25 September 2019</i>	
Briefing with RANZCR CEO	Chief Executive Officer
Standard 3 – Curriculum <i>Committee for Joint College Training in Nuclear Medicine</i>	Clinical Radiology Chief Censor Chief of Professional Practice Committee Committee for Joint College Training in Nuclear Medicine Member Chair, Committee for Joint College Training in Nuclear Medicine Executive Officer, Faculty of Clinical Radiology Chief Executive Officer Head of Specialty Training
Standard 5 – Assessment of Learning <i>Examination and Assessment Review Taskforce</i> <i>Clinical Radiology</i> <i>Faculty of Clinical Radiology Council Representatives, Clinical Radiology Education and Training Committee, Clinical Radiology Examination Reference Panels</i> <i>Radiation Oncology</i> <i>Faculty of Radiation Oncology Council Representatives, Radiation Oncology Education and Training Committee, Radiation Oncology Phase 1 and 2 Examiners Panel</i>	Clinical Radiology Chief Censor Deputy Chief Censor Part 1 Anatomy Lead Examiner Part 1 Applied Imaging Technology Lead Examiner Radiation Oncology Chief Censor Chief of Examinations and Radiation Oncology Deputy Chief Censor Incoming Radiation Oncology Chief Censor Radiation Oncology Dean Senior Research Fellow, Australian Council for Educational Research Radiation Oncology Phase 1 Co-Lead Radiation Oncology Deputy Chief Accreditation Officer Chief Executive Officer Head of specialty training Examinations Manager Senior Project Officer, Education Development Senior Project Officer, Radiation Oncology Trainee Liaison Officer Senior Project Officer, Accreditation Senior Project Officer, Specialist Training Program Accreditation Officers
Standard 8.2 – Accreditation of Training Sites	Clinical Radiology Chief Censor Deputy Chief Censor

Meeting	Attendees
<i>Clinical Radiology Education and Training Committee and Radiation Oncology Education and Training Committee</i>	Chief Accreditation Officer Radiation Oncology Chief Censor Chief of Examinations and Radiation Oncology Deputy Chief Censor Incoming Radiation Oncology Chief Censor Radiation Oncology Deputy Chief Accreditation Officer Radiation Oncology Dean Radiation Oncology Chief Accreditation Officer Chief Executive Officer Host of Specialty Training Senior Project Officer, Education Development Senior Project Officer, Specialist Training Program Senior Project Officer, Accreditation Senior Project Officer, Radiation Oncology Accreditation Officers
Standard 6 – Monitoring & Evaluation <i>Clinical Radiology Education and Training Committee, Radiation Oncology Education and Training Committee</i>	Chief Accreditation Officer Radiation Oncology Chief Censor Chief of Examinations and Radiation Oncology Deputy Chief Censor Incoming Radiation Oncology Chief Censor Radiation Oncology Deputy Chief Accreditation Officer Radiation Oncology Dean Radiation Oncology Chief Accreditation Officer Chief Executive Officer Head of Specialty Training Senior Project Officer, Accreditation Trainee Liaison Officer Senior Project Officer, Radiation Oncology Senior Project Officer, Education Development Senior Project Officer, Specialist Training Program
Specialist International Medical Graduates (SIMGs)	SIMGs
Standard 1.5 – Educational Resources Standard 4 – Teaching and Learning Resources, Demonstration of learning resources	Chief Executive Officer Head of Specialty Training Senior Project Officer, Education Development Senior Project Officer, Radiation Oncology Senior Project Officer, Accreditation Trainee Liaison Officer Information Technology Senior Manager Senior Business Analyst

Meeting	Attendees
Teleconference with Training Network Directors and Network Training Directors	Clinical Radiology Network Training Directors Radiation Oncology Training Network Directors Committee Members
Standard 9 – CPD, further training and remediation <i>Continuing Professional Development Committee Radiation Oncology Post-Fellowship Education Committee</i>	Chief of Professional Practice Committee Retired Chair, Continuing Professional Development Committee Chair, Post Fellowship Education Committee Chief Executive Officer Clinical Radiology Manager Manager, Standards Unit Information Technology Senior Manager
Standard 10 – Assessment of SIMGs <i>International Medical Graduate (IMG) Committee</i>	Clinical Radiology Chief Censor Radiation Oncology IMG Committee Member and Assessor NSW Branch Education Officer and Faculty of Clinical Radiology Council Member Vocational Education and Advisory Board Members, New Zealand Branch Chair, IMG Committee Radiation Oncology Dean Head of Specialty Training Senior Project Officer, IMG Branch Manager, New Zealand Project Officer, New Zealand
<i>Thursday 26 September 2019</i>	
Briefing with RANZCR CEO	Chief Executive Officer
AMC Team prepares preliminary statement of findings	AMC Team
Team presents preliminary statement of findings	Chief Executive Officer Head of Specialty Training Examinations Manager Senior Project Officer, IMG Senior Project Officer, Education Development Senior Project Officer, Accreditation President Radiation Oncology Dean Clinical Radiology Dean Radiation Oncology Chief Censor Clinical Radiology Chief Censor Chief of Professional Practice Chief of Examinations and Radiation Oncology Deputy Chief Censor

Meeting	Attendees
	Incoming Radiation Oncology Chief Censor Deputy Chief Censor Radiation Oncology Trainee Committee Chair Clinical Radiology Trainee Committee Chair Independent Board Member





Appendix Six

Faculty of Clinical Radiology Examination Data 2016 – 2018

YEAR: 2016												
Paper	Series	Total Passed	Attempt 1		Attempt 2		Attempt 3		Attempt 4		Attempt 4+	
			Count	%	Count	%	Count	%	Count	%	Count	%
Abdominal VIVA	1	65	33	50.80	17	26.20	13	20.00	2	3.10	0	0
	2	34	24	70.60	6	17.60	4	11.80	0	0	0	0
Breast / O&G VIVA	1	71	50	70.40	14	19.70	6	8.50	0	0	1	1.40
	2	42	22	52.40	13	31.00	5	11.90	2	4.80	0	0
e-Film	1	66	48	72.70	10	15.20	7	10.60	1	1.50	0	0
	2	45	28	62.20	11	24.40	3	6.70	3	6.70	0	0
MSK VIVA	1	66	55	83.30	8	12.10	3	4.50	0	0	0	0
	2	36	25	69.40	8	22.20	2	5.60	1	2.80	0	0
Neuro/ Head & Neck VIVA	1	72	59	81.90	9	12.50	4	5.60	0	0	0	0
	2	42	26	61.90	9	21.40	6	14.30	1	2.40	0	0
Pathology MCQ	1	65	55	84.60	9	13.80	1	1.50	0	0	0	0
	2	39	28	71.80	9	23.10	2	5.10	0	0	0	0
	1	70	54	77.10	12	17.10	4	5.70	0	0	0	0
	2	40	23	57.50	11	27.50	4	10.00	2	5	0	0
Paediatrics VIVA	1	60	52	86.70	6	10.00	2	3.30	0	0	0	0
	2	42	23	54.80	10	23.80	8	19.00	1	2.40	0	0
Radio-diagnosis MCQ	1	77	66	85.70	7	9.10	4	5.20	0	0	0	0
	2	42	34	81.00	5	11.90	2	4.80	1	2.40	0	0
Thoracic / Cardio VIVA	1	62	54	87.10	5	8.10	1	1.60	2	3.20	0	0
	2	48	27	56.20	13	27.10	5	10.40	3	6.20	0	0

YEAR: 2017												
Paper	Series	Total Passed	Attempt 1		Attempt 2		Attempt 3		Attempt 4		Attempt 4+	
			Count	%	Count	%	Count	%	Count	%	Count	%
Abdominal VIVA	1	66	60	90.90	4	6.10	1	1.50	1	1.50	0	0
	2	55	27	49.10	25	45.50	3	5.50	0	0	0	0
Breast / O&G VIVA	1	60	49	81.70	7	11.70	3	5.00	1	1.70	0	0
	2	59	26	44.10	27	45.80	5	8.50	1	1.70	0	0
e-Film	1	77	64	83.10	5	6.50	6	7.80	2	2.60	0	0
	2	52	26	50.00	24	46.20	1	1.90	1	1.90	0	0
MSK VIVA	1	89	77	86.50	6	6.70	5	5.60	1	1.10	0	0
	2	59	36	61.00	19	32.20	4	6.80	0	0	0	0
Neuro/ Head & Neck VIVA	1	91	80	87.90	8	8.80	3	3.30	0	0	0	0
	2	50	36	72.00	12	24.00	2	4.00	0	0	0	0
Pathology MCQ	1	89	82	92.10	4	4.50	3	3.40	0	0	0	0
	2	58	42	72.40	13	22.40	3	5.20	0	0	0	0
	1	89	79	88.80	8	9.00	2	2.20	0	0	0	0
	2	49	33	67.30	12	24.50	4	8.20	0	0	0	0
Paediatrics VIVA	1	89	73	82.00	9	10.10	4	4.50	3	3.40	0	0
	2	45	28	62.20	14	31.10	3	6.70	0	0	0	0
Radio-diagnosis MCQ	1	98	95	96.90	2	2.00	0	0	1	1.00	0	0
	2	45	42	93.30	2	4.40	1	2.20	0	0	0	0
Thoracic/ Cardio VIVA	1	81	70	86.40	7	8.60	2	2.50	2	2.50	0	0
	2	65	40	61.50	20	30.80	3	4.60	2	3.10	0	0

YEAR: 2018												
Paper	Series	Total Passed	Attempt 1		Attempt 2		Attempt 3		Attempt 4		Attempt 4+	
			Count	%	Count	%	Count	%	Count	%	Count	%
Abdominal VIVA	1	92	63	68.50	16	17.40	10	10.90	3	3.30	0	0
	2	67	37	55.20	21	31.30	6	9.00	3	4.50	0	0
Breast / O&G VIVA	1	70	46	65.70	10	14.30	13	18.60	1	1.40	0	0
	2	66	29	43.90	29	43.90	5	7.60	3	4.50	0	0
e-Film	1	61	48	78.70	8	13.10	3	4.90	2	3.30	0	0
	2	60	25	41.70	24	40.00	8	13.30	3	5.00	0	0
MSK VIVA	1	80	67	83.80	10	12.50	2	2.50	1	1.20	0	0
	2	58	37	63.80	17	29.30	2	3.40	2	3.40	0	0
Neuro/ Head & Neck VIVA	1	94	76	80.90	9	9.60	8	8.50	1	1.10	0	0
	2	58	44	75.90	10	17.20	3	5.20	1	1.70	0	0
Pathology MCQ	1	81	73	90.10	6	7.40	1	1.20	1	1.20	0	0
	2	60	43	71.70	14	23.30	1	1.70	2	3.30	0	0
	1	79	63	79.70	11	13.90	4	5.10	1	1.30	0	0
	2	69	41	59.40	21	30.40	3	4.30	3	4.30	1	1.40
Paediatrics VIVA	1	85	61	71.80	13	15.30	9	10.60	2	2.40	0	0
	2	67	34	50.70	23	34.30	5	7.50	5	7.50	0	0
Radio-diagnosis MCQ	1	98	90	91.80	4	4.10	4	4.10	0	0	0	0
	2	55	51	92.70	1	1.80	2	3.60	1	1.80	0	0
Thoracic / Cardio VIVA	1	67	56	83.60	9	13.40	2	3.00	0	0	0	0
	2	75	44	58.70	28	37.30	1	1.30	2	2.70	0	0

