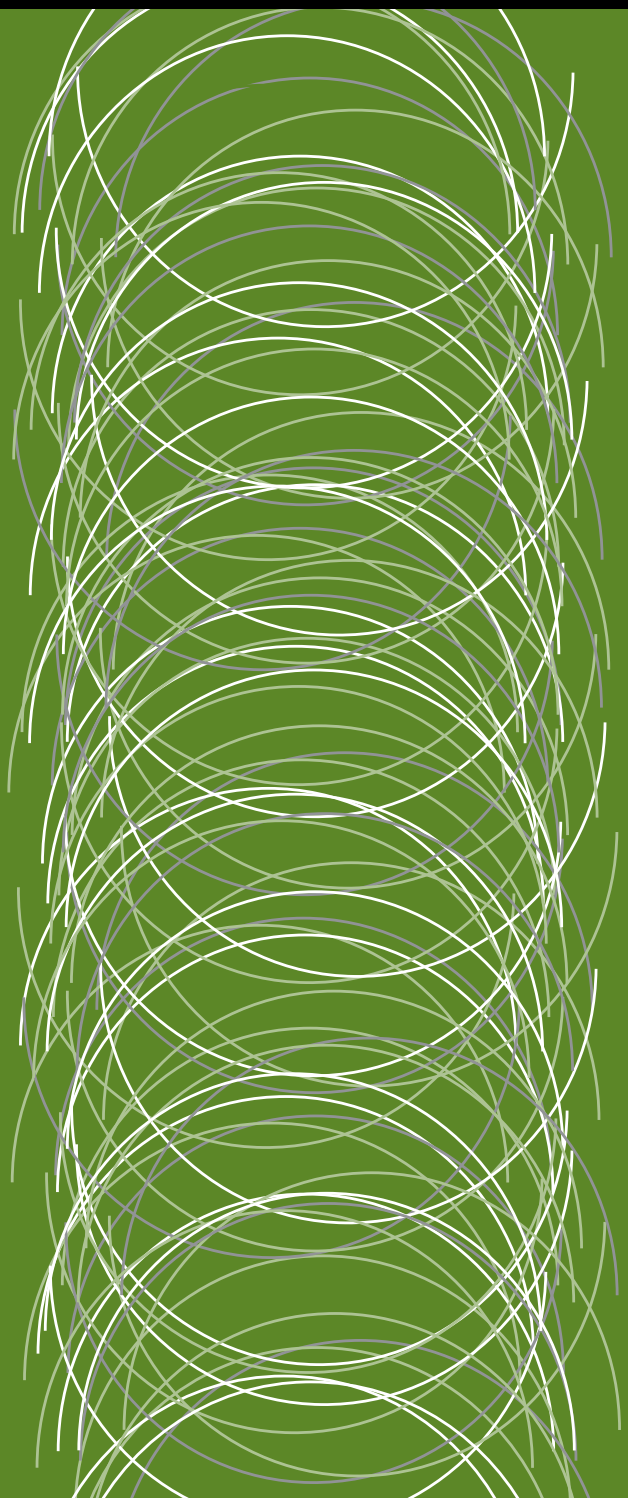
Australian Medical Council Limited

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

AMC



Specialist Education Accreditation Committee
November 2023
AMC Report provided to Medical Board of Australia and Medical Council of New Zealand

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Acknowledgement of Country

The Australian Medical Council acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians, and Māori as the original Peoples of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations past, present and emerging, and honour them as the Traditional Custodians of knowledge for these lands.

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 2022*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The AMC first assessed the education, training and continuing professional development programs of the Royal Australian and New Zealand College of Radiologists (RANZCR) in 2001. The College was assessed during the pilot of the AMC assessment process for specialist medical training programs and the AMC agreed that 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 monitoring submissions to the AMC.

In 2006, the College submitted an accreditation extension submission to the AMC. On the basis of this submission, 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 the end of 2012.

In September 2012, a follow-up visit was conducted by an AMC team and on the basis of the visit, accreditation of the College's programs was confirmed until 31 December 2014, subject to satisfactory monitoring submissions to the AMC. Following an accreditation extension submission in 2014, the College's accreditation was extended until 31 March 2020.

In 2019, following an assessment by an AMC team, the College's training, education and continuing professional development programs were found to have substantially met the accreditation standards and the AMC granted accreditation until 31 March 2024.

In 2020, the College was asked to notify the AMC of any changes to their training programs because of the COVID-19 pandemic. The College made several changes, including cancelling examinations, suspending all training site accreditations for at least six months and granting permission for remote working arrangements.

The College has provided satisfactory annual monitoring submissions to the AMC since 2021.

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.

In 2023, the AMC team reviewed a range of College activities and met with College staff, fellows, trainees and specialist international medical graduates (SIMGs). The following accomplishments and initiatives were of note:

- The efforts of College staff and office bearers in addressing identified areas for development such as the engagement with jurisdictional representatives and Indigenous organisations.
- The clear commitment to continuous improvement and alignment with best practices has driven a significant amount of activity and progress in the College's assessment processes for both programs since the 2019 accreditation assessment.
- The College has responded positively to AMC recommendations to update the delivery of its radiology clinical examination and worked with the Australian Council for Educational Research (ACER) to introduce robust standard-setting methods. The implementation of the standardised digital images (films) in the Objective Structured Clinical Examination in Radiology (OSCER) is a positive step forward complemented by examiner training and calibration.
- There is a robust commitment to monitoring and evaluation; in particular, the Radiation Oncology Clinical Supervisor Evaluation Project Plan is a meticulously designed and thoughtful document, assigning accountability to the appropriate College staff and office bearers.
- There has been a successful revision of the curriculum for clinical radiology and radiation oncology training programs to align with modern evaluation, with clear documents outlining the requirements of these programs. Intrinsic roles, as defined by the CanMEDS framework, are enhanced in the new curriculum.
- The introduction of a Centralised Learning Program (CLP) in clinical radiology has been a well-received resource by clinical radiology trainees.
- The significant involvement of the trainees now in the College committees and working groups, extending up to the Faculty level, is a notable practice within both radiation oncology and clinical radiology.
- The selection of Aboriginal and/or Torres Strait Islander and Māori trainees, commencing in 2024, is a significant development.
- The implementation of accreditation for training sites in the Area of Need program facilitates SIMGs on their journey to enhance their skills in a well-structured manner.

From the 2023 follow-up assessment, the AMC team determined a number of areas for the College to focus its attention on, including:

- Deepening engagement with Aboriginal and/or Torres Strait Islander and Māori organisations and individuals as both internal and external College stakeholders, at all levels of governance and in both training programs. This needs to be a holistic approach involving an evolution of the College's educational purposes, implementing mandatory cultural safety training for fellows, trainees and staff, developing pertinent curriculum content and assessment outcomes around cultural safety and cultural competence, and embedding strong selection and support mechanisms for trainees and fellows who identify as Aboriginal and/or Torres Strait Islander or Māori.
- Continuing to improve relationships with trainees in all training networks, so widespread feedback can be represented in College governance effectively. This includes maintaining

engagement over ongoing concerns trainees have about managing the cost of training, and their wellbeing.

Findings

The AMC's finding is that it is reasonably satisfied that the training and education programs of the Royal Australian and New Zealand College of Radiologists **substantially meet** the accreditation standards.

The 13 December 2023 meeting of the AMC Directors resolved:

(i) That the Royal Australian and New Zealand College of Radiologists specialist medical programs in the recognised medical specialty of **radiology and radiation oncology** be granted accreditation for **three years** to **31 March 2027**, subject to satisfying AMC monitoring requirements, including monitoring submissions and addressing accreditation conditions.

(ii) That this accreditation is subject to the College providing evidence that it has addressed conditions in the specified monitoring submission as set out in the table below.

Standard	Condition		To be met by
Standard 1	1	Provide evidence of plans within the Stakeholder Engagement Plan to demonstrate collaboration with broader group of Aboriginal and/or Torres Strait Islander and Māori organisations (e.g. NACCHO, Te ORA) to enable achievement of the aims and objectives of the Indigenous Action Plan. (Standard 1.6.4)	2024
Standard 2	2	Develop the intrinsic educational purpose of the College and implement such activities to address the health and equity of Aboriginal and/or Torres Strait Islander and Māori peoples with demonstration of comprehensive engagement and collaboration with First Nations peoples. (Standard 2.1)	2025
Standard 3	3	Develop and implement assessment outcomes for both training programs, addressing the articulated 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 Aotearoa New Zealand. (Standards 3.2.9 and 3.2.10)	2025
Standard 4	Nil		
Standard 5	4	To reduce variability in WBA assessment across clinical radiology training networks, implement standardised documentation to communicate to clinical supervisors clearly articulating the standards to which trainees are being progressively assessed. (Standard 5.1.1)	2025
	5	Definitively demonstrate the relationship of workplace-based assessment and formal examinations employed in the progressive assessment of clinical skills and intrinsic roles in both training programs.	2025

Standard	Condition	To be met by
	(i) Provide an implementation timeline for planned changes to the Phase 2 Radiation Oncology examination. (ii) Evaluate WBA data to determine its utility for assessing borderline candidates at Phase 2 examinations. (iii) Implement evaluation of all examination pass rates including but not limited to the OSCER, to identify the effectiveness for determining progression. (Standard 5.2.2 and 5.4)	
Standard 6	6 To regularly seek and respond to feedback from clinical supervisors on program development: (i) Develop and implement a structured evaluation for CR Clinical Supervisor Evaluation. (ii) Finalise and implement the RO Clinical Supervisor Evaluation (Standard 6.1.2)	2025
	7 Formalise the Stakeholder Engagement Plan and provide evidence of structured reports of monitoring and evaluation activity outcomes as shared with all relevant College committees, internal and external stakeholders. (i) Demonstrate how stakeholder feedback has contributed to the evaluation of program and graduate outcomes. (Standards 6.2.3, 6.3.1 and 6.3.2)	2024
Standard 7	8 Provide evidence College's *new* selection guidelines and processes are consistent, transparent, rigorous, and fair across both training programs, including: (i) Progressing a single centralised approach to selection for Australia and Aotearoa New Zealand. (ii) Implementing the following milestones of the 5-phase Framework by: • stage 1 (application, registration and verification process to be completed by College) by 2024 • College-administered centralised recruitment by 2026 (for trainees commencing in 2027). (iii) Ensuring interview panels undertake College interview panel training programs on conscious and unconscious bias, cultural awareness, and interviewing scoring techniques. (Standard 7.1.1)	2026
	9 Provide evidence of the outcomes of the College's plans to increase selection and support of Aboriginal and/or	2025

Standard	Condition		To be met by
		Torres Strait Islander and Māori trainees with effective evaluation strategies to measure progress and success. This includes providing appropriate, individual support and meaningful engagement with relevant Indigenous health organisations. (Standard 7.1.3)	
Standard 8	10	Deliver consistent and centralised support, training and professional development for all supervisors to facilitate effective engagement of training across training programs and networks. (Standard 8.1.3)	2025
	11	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)	2025
	12	Formalise the process and criteria for instigating out of cycle accreditation review of sites at risk of not meeting published accreditation standards, transparent to trainees and training network alignment to the new CR and RO accreditation standards and guidelines should be considered. (Standard 8.2.1)	2024
Standard 9	13	Engage with the Medical Council of New Zealand as a key stakeholder in SIMG assessment on how requirements of the MOU can be met. (Standard 9.1)	2024

This accreditation decision relates to the College's specialist medical programs in the recognised specialty of radiology with fields of specialty practice: diagnostic radiology, diagnostic ultrasound and nuclear medicine, and the programs for the recognised specialty of radiation oncology.

A separate accreditation report documents the findings against the *Criteria for AMC Accreditation of CPD Home*s, including any conditions to be addressed. This report can be accessed on the AMC website.

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 monitoring submissions.

In **2026**, before this period of accreditation ends, the College may submit an accreditation extension submission for extension of accreditation. The submission should address the accreditation standards and outline the College's development plans for the next four years. See section 4.3 of the accreditation procedures for a description of the review of the accreditation extension submission.

The AMC will consider this submission and, if it decides the College is continuing to meet the accreditation standards, the AMC Directors may extend the accreditation by a maximum of three years until **2030**, taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

Overview of findings

The findings against the ten accreditation standards are summarised below.

Conditions imposed by the AMC to enable the College to meet the accreditation standards are listed in the accreditation decision (pages 2 to 5). The team's commendations of areas of strength and recommendations for improvement are listed under each standard in the body of the report (pages 33 to 114).

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 context of training and education				This set of standards is SM
governance	M	*educational resources*	M	
program management	M	*interaction with health sector*	SM	
reconsideration, review appeals	M	*continuous renewal*	M	
educational expertise	M			

2. The outcomes of specialist training and education				This set of standards is SM
educational purpose	SM	*graduate outcomes*	M	
program outcomes	M			

3. The specialist medical training and education framework				This set of standards is SM
curriculum framework	M	*continuum of training*	M	
content	SM	*structure of the curriculum*	M	

4. Teaching and learning				This set of standards is M
approach	M	*methods*	M	

5. Assessment of learning				This set of standards is SM
approach	M	*performance*	M	
methods	SM	*quality*	SM	

6. Monitoring and evaluation				This set of standards is SM
monitoring	SM	*feedback, reporting and action*	SM	
evaluation	SM			

7. Trainees				This set of standards is SM
admission policy and selection	SM	*trainee wellbeing*	M	
trainee participation in provider governance	SM	*resolution of training problems and disputes*	M	
communication with trainees	M			

8. Implementing the program – delivery of education and accreditation of training sites				This set of standards is SM
supervisory and educational roles	SM	*training sites and posts*	SM	

9. Assessment of specialist international medical graduates				This set of standards is SM
assessment framework	SM	*assessment decision*	M	
assessment methods	M	*communication with applicants*	M	

Introduction: The AMC accreditation process

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 15 health professions, including medicine.

Accreditation of specialist medical programs is required before the Board established for the profession, in medicine's case the Medical Board of Australia, can consider whether to approve a program of study for the purposes of specialist registration.

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.

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 by the Australian Medical Council 2023.*

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.

In 2015, following a period of consultation, the AMC completed a review of the accreditation standards for specialist medical programs and continuing professional development programs. The Medical Board of Australia approved new accreditation standards which apply to AMC assessments conducted from 1 January 2016. The relevant standards are included in each section of this report.

In 2023, following the implementation of the AMC Accreditation Criteria for CPD Homes, the AMC has revised its Standards for Assessment to encompass nine standards, instead of ten. The assessment of continuing professional development is now assessed with separate criteria for Australia and New Zealand respectively.

The following table shows the structure of the *AMC Standards for Assessment and Accreditation of Specialist Medical Programs*:

Standards	Areas covered by the standards
1: The context of training and education	Governance of the education provider; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

Standards	Areas covered by the standards
2: Outcomes of specialist training and education	Educational purpose of the provider; and program and graduate outcomes
3: Specialist medical training and education framework	Curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure
4: Teaching and learning	Teaching and learning approaches and methods
5: Assessment of learning	Assessment approach; assessment methods; performance feedback; assessment quality
6: Monitoring and evaluation	Program monitoring; evaluation; feedback, reporting and action
7: Trainees	Admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes
8: Implementing the program – delivery of educational and accreditation of training sites	Supervisory and educational roles and training sites and posts
9: Assessment of specialist international medical graduates	Assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

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

In 2019, an AMC team completed a reaccreditation assessment of the College's programs. Appendix One contains a list of the team members of the 2019 team. On the basis of this assessment the AMC agreed that the College's programs substantially met the accreditation standards and granted accreditation until 31 March 2024 with 30 conditions. In making this decision, AMC Directors agreed to a follow-up assessment before the end of the accreditation period.

In 2022, the AMC began preparations for the follow-up assessment of Royal Australian and New Zealand College of Radiologists' programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Professor Inam Haq to chair the 2023 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 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; and the College processes and programs against the *Criteria for AMC Accreditation of CPD Homes* and MCNZ specific standards for assessment and accreditation of recertification programmes.

- 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 2023 team is provided at Appendix Two.
- The team met via videoconference on Tuesday 4 and Wednesday 5 July 2023 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 directors 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 videoconference on Thursday 17 August 2023 to finalise arrangements for the assessment.
- The team conducted a combination of virtual and face-to-face meetings with training sites in Aotearoa New Zealand, South Australia, Victoria, Australian Capital Territory, Tasmania, Queensland, Northern Territory, Western Australia and New South Wales in August 2023.

The assessment concluded with a series of meetings with College office bearers and committees from Monday 28 to Thursday 31 August 2023. On the final day, the team presented its preliminary findings to College representatives.

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 Aotearoa 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 Three.

Summaries of the program of meetings and site visits for the 2019 assessment are provided at Appendix Four and for the 2023 assessment at Appendix Five.

Report on the 2019 and the 2023 AMC assessments

This report contains the findings of both the 2019 and 2023 AMC assessments. Each section of the report begins with the relevant accreditation standards. The findings of the 2023 team are provided as commentaries following the relevant sections of the 2019 report. It should be noted that the report by the 2023 team addresses progress by the College against conditions and recommendations made in 2019. In areas where the College has made no substantial change and no recommendations were made in 2019, the 2023 team has not conducted a comprehensive assessment.

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 become the Royal Australian and New Zealand College of Radiologists (RANZCR) (referred to as 'the College' in this report) in 1971, after being granted a Royal Charter. RANZCR is a not-for-profit organisation for radiologists and radiation oncologists with its registered office at 51 Druitt Street in Sydney, Australia. The College's Aotearoa New Zealand office is located in Wellington.

The College's 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 clinical radiology and radiation oncology leading to the award of fellowship of the Royal Australian and New Zealand College of Radiologists. As of January 2023, the College has nearly 4000 members across both Faculties detailed in the table below.

Table 1: College membership (As at 10 January 2023)

Category (Clinal Radiology and Radiation Oncology)	Total	Australia	Aotearoa New Zealand	Other
Fellows	3556	2882	486	188
Retired Fellows	379	313	45	21
Honorary Fellows	18	9	0	9
Associate Fellows	2	2	0	0
Trainees	777	632	135	10
Affiliates	122	38	81	3
Life	45	36	7	2

RANZCR governance structure

RANZCR is a clinician-led organisation, and the Board of Directors is the overarching governing body. The Board has responsibility and oversight of:

- determining the RANZCR mission, purpose and strategic priorities
- ensuring legal and ethical integrity
- ensuring effective planning and performance
- strengthening programs and services
- ensuring effective communication with members
- ensuring adequate resources, protecting assets and providing proper financial oversight
- enhancing the College's public standing
- selecting, supporting and evaluating the Chief Executive Officer.

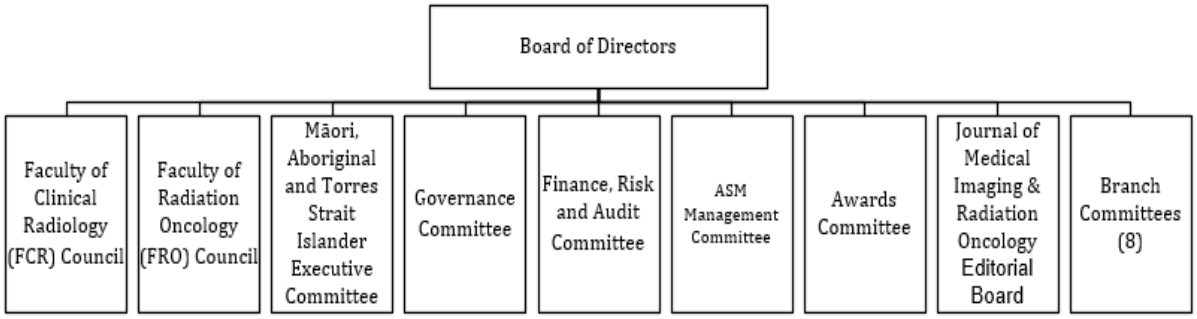
The College's structure also includes the Faculty of Clinical Radiology and Faculty of Radiation Oncology, responsible for overseeing training, professional standards and the advancement of knowledge in their respective professions.

The College has Branch Committees in Aotearoa New Zealand, and each state and territory of Australia, whose purpose is to:

- Facilitate communication with and between members and develop opportunities for discussion and continuing professional development.
- Represent the professional, educational and political interests of clinical radiologists and radiation oncologists at all levels within the Branch.
- Provide a conduit of information to and from Branch members with the College Board via the elected Councillors.

The College currently has one Radiation Oncology Chapter in NSW which provides opportunities for members to meet, invite speakers and discuss topics relevant to their discipline. A complete list of Branch Committee office bearers is available on the College website.

Figure 1: Committee and board structure



The College's governance structure can be found on the College website.

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

- 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.
- Four fellows or life members, elected under the articles of association, of whom at least one must ordinarily reside in Aotearoa New Zealand.
- A person who is not a member of the College, co-opted by the Board.

RANZCR's 2022-2024 Strategic Plan is underpinned by six key pillars determined by the Board of Directors to guide the College's organisational activities. A copy of the strategic plan can be found on the College website. The six pillars include:

- **Member Experience:** We create an environment that delivers highly valued service to our fellows and trainees and encourage their active involvement in College initiatives and activities.
- **Advocacy:** We influence decision makers to support quality, outcome-driven services to patients in a constantly changing environment.
- **Education:** We design, deliver, and quality assure global best practice training and continuing professional development programs to ensure our members are competent, current, and culturally safe.
- **Workforce:** We will attract, select and train a workforce that is flexible and adaptable to the evolving needs of healthcare systems, and representative of the populations of Australia and Aotearoa New Zealand.

- **Clinical Excellence:** We lead the development and enhancement of quality in medical imaging and cancer care through research, and professional and practice standards.
- **Organisational Resilience:** We grow the College's resilience and ensure our sustainability through effective governance, inclusivity, resourcing and investment in our people and processes.

Faculty of Clinical Radiology

The Faculty of Clinical Radiology (FCR) is the peak body for diagnostic and interventional radiology in Australia and Aotearoa New Zealand. The Faculty sets, promotes and continuously improves the standards of training and practice in clinical radiology for the betterment of the people in Australia and Aotearoa New Zealand. It acts in the following areas to advance the profession and its relationships with government, the wider medical system and the public.

The Faculty consists of specific operational committees, special interest groups, and reference groups for subspecialties and areas of practice. The Faculty of Clinical Radiology committee structure is available on the College website.

The updated FCR By-laws are publicly available on the College website.

Under the College's governance structure, the Faculty of Clinical Radiology Council reports to the RANZCR Board. Member terms are staggered and run on a cyclical process to ensure continuity of decision-making and maintaining experienced Council membership. At the 2022 elections/EOI process, three new Faculty Councillors, a new consumer representative and a new trainee representative were elected. A list of FCR Faculty Councillors can be found on the College website.

Faculty of Radiation Oncology

The Faculty of Radiation Oncology (FRO) sets quality standards, provides world-class training and ongoing professional education, and drives research, innovation and collaboration in the treatment of cancer.

The Faculty of Radiation Oncology is governed by a Council, which oversees all bodies within the Faculty. The Faculty also has specific operational committees, working groups, and special interest groups for professional areas of special interest. The Faculty of Radiation Oncology Structure is available on the College website.

The FRO By-Laws are publicly available on the College website.

In the College's governance structure, the Faculty of Radiation Oncology Council reports to the RANZCR Board. Member terms are staggered and run on a cyclical process to ensure continuity of decision-making and maintaining experienced Council membership. At the 2022 elections/EOI process, three new Faculty Councillors, a new consumer representative and a new trainee representative were elected. There was also a change in the Chief Censor position for Radiation Oncology (Chair of the ROETC and sits on the Faculty Council). A list of FRO Faculty Councillors can be found on the College website.

Managing conflicts of interest

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. Declaration of 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 in the agenda. The *Conflict of Interests Policy* was updated in 2022 and can be found on the College website. The policy is used alongside other relevant policies governing College committees.

Reconsideration, review and appeal of decisions policy

The College's *Reconsideration, Review and Appeal of Decisions Policy* was approved by the RANZCR Board and implemented through the authority of the Chief Executive Officer. The policy is publicly

available on the College website and is regularly reviewed and updated. 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*.

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 *RANZCR's 2022-2024 Strategic Plan*, the College explicitly emphasises its educational purpose through '– Education, Clinical Excellence and Advocacy' – with specific action areas to guide the College's priorities.

The program outcomes for both clinical radiology and radiation oncology are based on the CanMEDS Framework, consisting of seven roles encompassing the competencies of each medical specialty. These roles include:

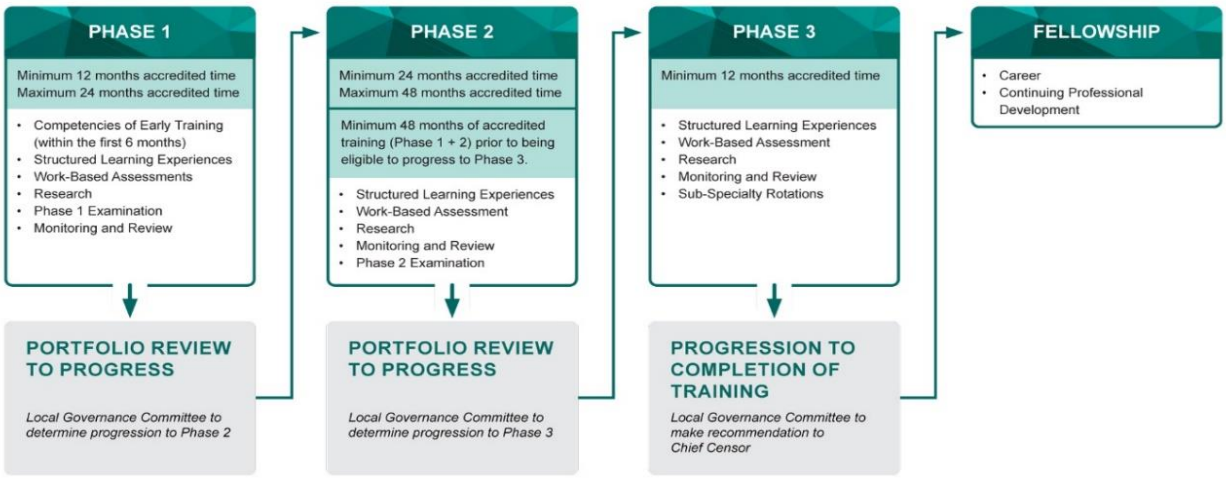
- Medical expert
- Communicator
- Teamwork/collaborator
- Manager/leader
- Professional
- Researcher/scholar
- Patient support/health advocate.

A.3 RANZCR fellowship training programs in clinical radiology and radiation oncology

Clinical radiology

The Clinical Radiology Training Program is designed as a five-year training program and structured in three major phases. This sequencing is to ensure trainees develop foundation knowledge and skills during Phase 1 and then have the opportunity to further develop their abilities and breadth of practice during Phase 2. In Phase 3, trainees consolidate their skills and focus on areas of interest.

Figure 2: Clinical radiology training program



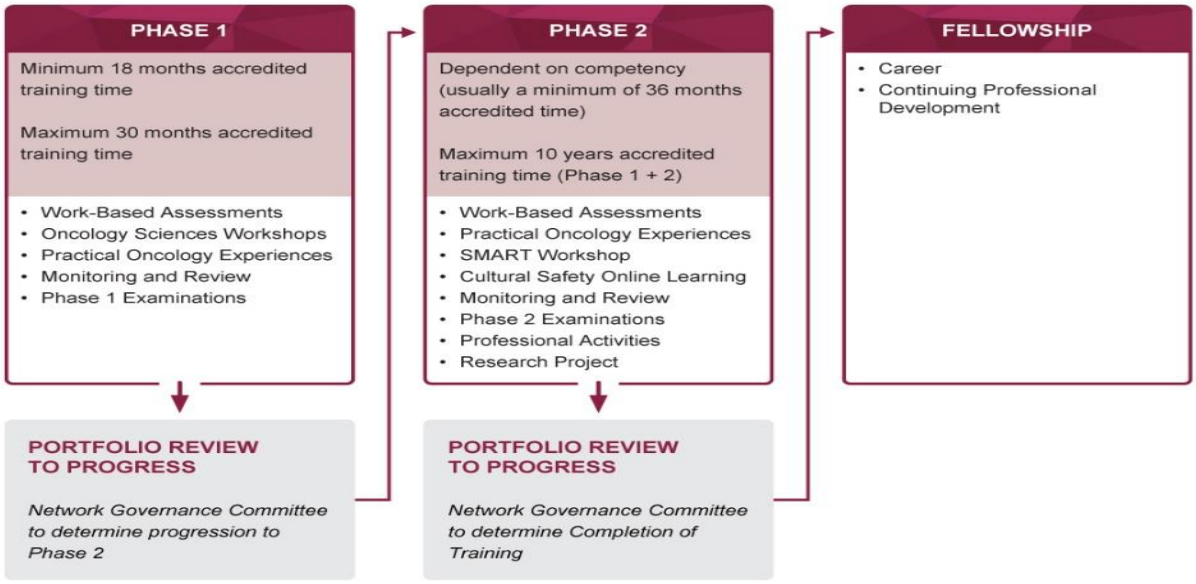
The Curriculum Learning Outcomes document and Training Program Handbook are two integral resources underpinning the Training Program.

Training is undertaken at accredited network training sites. Trainees rotate to several training sites throughout their training.

Radiation oncology

The Radiation Oncology Training Program is designed as a five-year training program and structured in two major phases. This sequencing is to ensure trainees develop foundation knowledge and skills during Phase 1 and then have the opportunity to further develop their abilities and breadth of practice during Phase 2 of the training program.

Figure 3: Radiation oncology training program



- Phase 1 extends from a minimum of 18 months to a maximum of 30 months.
- Phase 2 training is usually a minimum of 36 months.

Training is undertaken at accredited network training sites. Trainees rotate to several training sites throughout their training. Trainees are required to complete rotations to ensure they are not at one site for four years.

The Curriculum Learning Outcomes document and Training Program Handbook are two integral resources underpinning the Training Program.

Completion of training

Trainees may extend their training beyond five years and are permitted to train on a part time basis. The Radiation Oncology Training Program requires all trainees to complete training within ten years of commencement. The *Interrupted and Part Time Training Policy* applies to both training programs to afford flexibility for trainees during their training. Applications may be made through the ePortfolio which are then reviewed and approved by the relevant training site Director of Training and the College.

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 patient diversity. In Australia, networks are located within states. 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 as well as through dedicated College programs such as the Centralised

Learning Program (CLP). The trainees' progress is monitored through the College's ePortfolio system.

A.5 Program assessment

The Clinical Radiology Education and Training Committee (CRETC) and Radiation Oncology Education and Training Committee (ROETC) assume responsibility for the respective training programs on behalf of their Faculty Councils. Each ETC is supported by a number of additional committees and examination panels. The Chief Censor and the Deputy Chief Censor are members of their respective ETCs. The Chief Censor also sits on the Faculty Council. For clinical radiology, a Deputy Chief Censor is appointed to each of the Clinical Radiology Curriculum Assessment Committee (CRCAC) and Clinical Radiology Examination and Assessment Committee (CREAC). Under the direction of CREAC, examination panels for anatomy, applied imaging and radiology are responsible for setting, reviewing and developing Phase 1 and Phase 2 radiology examinations.

Clinical radiology training program

The Clinical Radiology Training Program is designed as a five-year training program structured in three major phases. This sequencing is to ensure trainees develop foundation knowledge and skills during Phase 1, further develop their abilities and breadth of practice during Phase 2 and consolidate their skills and focus on areas of interest in Phase 3. Trainees spend 12-24 months in Phase 1, a further 24-48 months in Phase 2, and 12 months in Phase 3.

Trainees progress to the next phase when they have completed assessments, examinations, and the training requirements of that phase. The length of time that a trainee will spend in each phase is determined by their progress. Trainees will progress at different rates with some trainees requiring additional time to complete training if they take extended leave or train on a part-time basis. The structure of the Clinical Radiology Training Program is summarised below.

Table 2: Structure of the clinical radiology training program

Clinical Radiology Training Program: Phase 1	
Anticipated Completion of Phase 1	**Minimum:** 12 months of accredited training time **Maximum:** 24 months of accredited training time
Learning Outcomes Primary Focus	**Section 1 – Intrinsic Roles** **Section 2 – Applied Imaging Technology** **Section 4 – Anatomy**
Competencies of Early Training	*Within the first six months of training:* **Radiography Attachment** All trainees must spend one week (FTE) / 10 sessions rostered with a radiographer to obtain experience across a range of modalities and gain insight on patient positioning and various protocols. **Report Writing Module** Trainees must complete the RANZCR report writing module. **Key Conditions Assessment** Trainees are expected to attempt the Key Conditions Assessment within six months of training. Trainees must reach Level 3 on the entrustability scale on the Key Conditions Assessment within 12 months or they will be placed on remediation. Refer to the Section 4 – Competencies of Early Training for more information on the Key Conditions Assessment and expectations before a trainee can be rostered after hours.
Structured Learning Experiences	**Attachments**

Clinical Radiology Training Program: Phase 1	
	Trainees should demonstrate progress toward completing attachments for nuclear medicine, breast, obstetrics and gynaecology, paediatrics and procedural radiology. **Experiential Training Requirements** Trainees should demonstrate progress toward completing experiential training requirements. It is recommended (not mandatory) that trainees complete the following by the end of Phase 1: • 2,000 CT studies (5,000 to be completed by end of Phase 3) • 100 MRI studies (750 to be completed by the end of Phase 3).
Work-Based Assessment	**Reporting Assessment** Trainees must complete 10 imaging interpretation and reporting sessions per six-month period. **Performed Ultrasound Assessment** Trainees must perform 50 general ultrasound studies achieving Level 4 on the entrustability scale (direct supervision not required) by the end of Phase 1. **Fluoroscopic Procedures Assessment** Trainees should demonstrate progress toward competence on performing fluoroscopic procedures. **Procedural Radiology Assessment** Trainees should demonstrate progress toward performing procedural radiology procedures across four categories reaching Level 4 by the end of Phase 3. **Clinical Radiology/Multidisciplinary Meeting Assessment** Clinical Radiology/Multidisciplinary meeting involvement and should demonstrate progress toward Level 4 by the end of Phase 3.
Research	Two Critically Appraised Topics (CATs) must be completed during Phase 1. A project proposal for the research project must be developed and approved by the end of Phase 1.
Monitoring and Review	DoT Review every six months. One Multi-Source Feedback assessment. Trainees must complete the Trainee Assessment of Training Sites every six months.
Examination	Anatomy Examination – one paper of three hours duration. Applied Imaging and Technology Examination – one paper of three hours duration.
Progression to Phase 2	Upon completion of all Phase 1 training requirements, trainees may request a portfolio review after a minimum of 12 months of accredited training.

Clinical Radiology Training Program: Phase 2	
Anticipated Completion of Phase 2	**Minimum:** 24 months of accredited training time **Maximum:** 48 months of accredited training time Trainees must accrue 48 months of accredited training time (Phase 1 and 2) before progressing to Phase 3.
Learning Outcomes Primary Focus	**Section 1 – Intrinsic Roles** **Section 3 – Artificial Intelligence**

Clinical Radiology Training Program: Phase 2	
	Section 5 – Pathology **Section 6 – Diagnostic Radiology** **Section 7 – Procedural Radiology**
Structured Learning Experiences	**Attachments** Trainees must complete attachments for nuclear medicine, breast, obstetrics and gynaecology, paediatrics and procedural radiology. **Experiential Training Requirements** Trainees should demonstrate progress toward completing all ETRs. It is recommended (not mandatory) that trainees have completed the following by the end of Phase 2: • 4,000 CT studies (5,000 to be completed by the end of Phase 3) • 400 MRI studies (750 to be completed by the end of Phase 3) • 8,000 plain (general) X-RAYS (10,000 to be completed by the end of Phase 3) **Online Learning** Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety Course.
Work-Based Assessment (WBA)	**Reporting Assessment** During Phase 2, trainees must complete 10 imaging interpretation and reporting sessions per six-month period. **Performed Ultrasound Assessment** Trainees should demonstrate progress toward competence on performing paediatric, obstetric and gynaecology ultrasounds. **Fluoroscopic Procedures Assessment** Trainees should demonstrate progress toward competence on performing fluoroscopic procedures. **Procedural Radiology Assessment** Trainees should demonstrate progress toward procedural radiology procedures across four categories demonstrating progress toward Level 4 by the end of Phase 3. **Clinical Radiology/Multidisciplinary Meeting Assessment** Clinical Radiology/Multidisciplinary meeting involvement demonstrating progress toward Level 4 by the end of Phase 3.
Research	Two CATs must be completed during Phase 2. Trainees should progress toward completing their research project and oral presentation. **Online Learning** Research Methodology Course
Monitoring and Review	DoT Review every six months. One MSF assessment. Trainees must complete the Trainee Assessment of Training Sites every six months.

Examination	The Phase 2 written examinations consist of the following:
	• Pathology Examination (three hours duration)
	• Clinical Radiology Examination
	  ○ MCQ (two hours duration)
	  ○ Case Reporting Examination (three hours duration).

Clinical Radiology Training Program: Phase 2	
	Trainees must complete a minimum of 24 months FTE (irrespective of time spent in Phase 1) before sitting the Clinical Radiology Written Examination. Both Written Examinations must be successfully completed for trainees to be eligible to sit for the Objective Structured Clinical Examination in Radiology.
Progression to Phase 3	Upon completion of all Phase 2 training requirements, trainees may request a portfolio review after a minimum of 48 months of accredited training (Phase 1 and 2).

Clinical Radiology Training Program: Phase 3	
Anticipated Completion of Phase 3	**Minimum time:** 12 months accredited training time Trainees will undertake four subspecialty rotations of three months duration (FTE) within their training network in systems areas of interest, such as neuroradiology, abdominal, breast imaging etc. Trainees interested in subspecialty rotations in supervised research or artificial intelligence can submit a request to Clinical Radiology Curriculum and Assessment Committee for approval. Trainees can spend no more than six months in a broad sub-specialty area such as interventional radiology.
Learning Outcomes Primary Focus	**Section 1 – Intrinsic Roles** **Section 5 – Pathology** **Section 6 – Diagnostic Radiology** **Section 7 – Procedural Radiology**
Structured Learning Experiences	**Experiential Training Requirements** By the end of Phase 3, trainees must have completed the following as a minimum: • 10,000 plain x-rays • 5,000 CT studies (including 20 CTC studies and 50 CTCA studies) • 750 MRI studies • 200 nuclear medicine studies • 50 bone mineral density studies • 600 mammograms • 100 breast ultrasounds
Work-Based Assessment (WBA)	**Reporting Assessment** During Phase 3, trainees must complete 10 imaging interpretation and reporting sessions per six-month period. By the end of Phase 3, trainees must have completed the following as a minimum: **Performed Ultrasound Assessment** • 50 paediatric ultrasounds demonstrating that the trainee can perform the procedure with minimal direct supervision (Level 3). • 50 obstetric or gynaecological ultrasounds demonstrating that direct supervision is no longer required (Level 4). **Fluoroscopy Procedures Assessment** • 50 general fluoroscopic procedures demonstrating that the trainee can perform the procedure and direct supervision is no longer required (Level 4). • 20 additional paediatric fluoroscopic procedures demonstrating that the trainee can perform the procedure with minimal direct supervision (Level 3).

Clinical Radiology Training Program: Phase 3	
	Procedural Radiology Assessment Trainees must perform 100 core skills across four categories, demonstrating that direct supervision is not required (Level 4). **Clinical Radiology/Multidisciplinary Meeting Assessment** Involvement in 100 Clinical Radiology/Multidisciplinary meetings, including 50 multidisciplinary meetings with a pathologist present, demonstrating that the trainee can independently prepare and present all aspects of the meeting (Level 4).
Research	Two CATs must be completed during Phase 3. Trainees must complete their research project and submit a manuscript of their project and notify the College that it has been accepted for publication or peer review. Trainees must present their research orally at a local branch or network meeting, if not presented in Phase 2.
Monitoring and Review	DoT Review every six months. One MSF assessment. Trainees must complete the Trainee Assessment of Training Sites every six months.
Progression to Fellowship	After completing all training requirements and a minimum of 12 months accredited training in Phase 3, trainees can request a portfolio review to determine Completion of Training and eligibility for admission to Fellowship. Eligibility for Fellowship is determined by the Chief Censor or delegate.

Clinical radiology learning outcomes

The Clinical Radiology Curriculum Learning Outcomes outline the knowledge, skills and attitudes that trainees are expected to develop during the course of their training. These learning outcomes are essential to ensuring that trainees are able to provide high-quality health care to all communities in Australia and Aotearoa New Zealand, including the health care needs of Aboriginal and/or Torres Strait Islander and Māori peoples.

The Clinical Radiology Assessment Framework articulates how the Clinical Radiology Curriculum Learning Outcomes are assessed.

Figure 4: Clinical radiology assessment framework

ASSESSMENT FRAMEWORK

Curriculum Section	Anatomy Exam	AIT Exam	Reporting Assessment	Performed Ultrasound Assessment	Fluoroscopic Procedures Assessment	Procedural Radiology Assessment	Clinical/ MDM	Multi-source Feedback	Pathology Exam	Clinical Radiology Exam and OSCER	Research Requirements
Intrinsic Roles											
Communicator				✓	✓	✓	✓	✓		✓	
Collaborator							✓	✓			
Leader							✓	✓			
Health Advocate							✓	✓		✓	
Professional				✓	✓	✓		✓		✓	
Scholar								✓		✓	✓
Cultural Competency								✓		✓	
Medical Expert											
Applied Imaging Technology		✓	✓	✓	✓					✓	
Artificial Intelligence										✓	
Anatomy	✓		✓	✓	✓	✓				✓	
Pathology			✓	✓	✓	✓	✓		✓	✓	
Diagnostic Radiology	✓	✓	✓	✓	✓	✓	✓		✓	✓	
Procedural Radiology					✓	✓	✓			✓	

Radiation oncology training program

Trainees in Phase 1 train for a minimum of 18 months up to a maximum of 30 months. Trainees progress to Phase 2 of training once they have completed WBAs, examinations and all training requirements in Phase 1. In Phase 2, trainees broaden and develop their skills and knowledge across multiple areas to become competent, safe and ready for independent practice. Completion of training time in Phase 2 depends on a trainee's progress through various examinations, WBAs and structured learning experiences. The minimum time is 36 months. The maximum time that a trainee can spend in the training program is 10 years (inclusive of Phase 1 and Phase 2). The duration of each phase is determined by each trainee's progress. Trainees will progress at different rates with some trainees requiring additional time to complete training if they take extended leave or train on a part-time basis. The structure of the Radiation Oncology Training Program is summarised below.

Table 3: Structure of the radiation oncology training program

Radiation Oncology Training Program: Phase 1	
Anticipated Duration of Phase 1	Minimum accredited training time: 18 months. Maximum time: 30 accredited months.
Learning Outcomes Primary Focus	**Section One – Oncology Sciences** **Section Two – Care of the Oncology Patient** • Applied Anatomy • Pathology • Clinical Assessment **Section Three – Treatment Modalities** • Radiation Therapy **Section Six – Intrinsic Roles**

Radiation Oncology Training Program: Phase 1	
	• Communication
Work-Based Assessment (WBA)	Demonstrated progress with WBA. **A minimum of one WBA should be completed each month to obtain regular feedback.** **Patient Encounter Assessment Tool (PEAT)** A minimum of ten assessments which focus on the trainee's ability to obtain a history, conduct a physical examination, interpret patient's' investigations or order additional investigations as required, and synthesise this information into a management plan. Five of these assessments must include the Clinical Supervisor observing the trainee with the patient. **Contouring and Plan Evaluation Tool (CPET)** A minimum of ten assessments which focus on the trainee's ability to prepare a radiation therapy plan. **Communication Skills Tool (CST)** Assessments of the trainee's communication skills in each of the following contexts: • During an initial consultation • A follow up consultation or treatment review • Explaining a management plan to a patient and obtaining informed consent • Breaking bad news **Case Report and Discussion Tool (CRDT)** Trainees have the option to complete a maximum of 5 assessments in Phase 1, this will count towards the Phase 2 CRDT training requirement.
Structured Learning Experiences	**Oncology Sciences Workshops** Three Oncology Sciences workshops provide some formal learning in relation to radiation oncology physics and radiation and cancer biology. Trainees must attend at least two. **Phase 1 Practical Oncology Experiences** • Two pathology sessions • Four radiation planning sessions • Four radiation delivery sessions
Monitoring and Review	**Clinical Supervisor Appraisal** Every 3-4 months. **Director of Training Review** Every six months. Phase 1 Review of trainees' portfolios at no later than 24 months into Phase 1, to check progress toward completing Phase 1. **Multi-Source Feedback (MSF)** One MSF completed within the first 12 months. **Trainee Assessment of Training Sites (TATS)** Trainees must complete one TATS every six months.
Phase 1 Examination	Trainees must complete a minimum 12 months of accredited training time and all Structured Learning Experiences to be eligible to sit for the Phase 1 Examination. The Phase 1 Examination includes three subject papers, each of two hours duration.
Progression to Phase 2	Trainees may present for portfolio review by Network Portfolio Review Committee, after a minimum of 18 months of accredited training time.

Radiation Oncology Training Program: Phase 1	
	Overall, the trainee's ePortfolio must: • Record the completion of all Phase 1 training requirements referred to in this table • Demonstrate learning and progress on a variety of clinical cases, as assessed by multiple assessors • Demonstrate learning and progress in acquiring competence in the intrinsic roles. Trainees must achieve Level 2 on the overall entrustability scale for at least half of the PEAT and CPET, and Level 3 on the CST for each scenario.

Radiation Oncology Training Program: Phase 2	
Anticipated Duration of Phase 2	Dependent on trainees demonstrating competency (usually a minimum of 36 months). Maximum training time for the program: Up to 10 years (Phase 1 + Phase 2).
Learning Outcomes Primary Focus	**Section Two - Care of the Oncology Patient** **Section Three – Treatment Modalities** **Section Four – Symptom Control and Palliative Care** **Section Five – Care of the Oncology Patient Applied to Specific Tumour Sites** **Section Six – Intrinsic Roles**
Work-Based Assessment (WBA)	**A minimum of one Work-Based Assessment should be completed each month to obtain regular feedback.** **Patient Encounter Assessment Tool** A minimum of 15 assessments. Five of these assessments must include the Clinical Supervisor observing the trainee with the patient. **Contouring and Plan Evaluation Tool** A minimum of 15 assessments. **Case Report and Discussion Tool** A minimum of 20 assessments. At least five assessments on lesser focus topics, two on in-patient care and five on specific techniques. **Communication Skills Tool** Assessments of the trainee's communication skills in specific contexts including: • During an initial consultation • A follow up consultation or treatment review • Explaining a management plan to a patient and obtaining informed consent • Breaking bad news
Structured Learning Experiences	**SMART Workshops** Trainees are required to complete at least one SMART workshop and are encouraged to do so within the first 12 months of Phase 2 to provide the foundation for their engagement in their research project. **Phase 2 Practical Oncology Experiences** Two sessions with patients being managed by a specialist palliative care team Two sessions with patients undergoing surgery

Radiation Oncology Training Program: Phase 2	
	Two sessions with patients receiving systemic therapy Four sessions focusing on any treatment modality **Cultural Safety Online Learning** Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety Course.
Monitoring and Review	**Clinical Supervisor Appraisal** Every 3-4 months. **Director of Training Review** Every six months. Phase 2 Review of trainees' portfolios at no later than 36 months into Phase 2, to check progress toward presenting for the Part 2 Examination. **Multi-Source Feedback (MSF)** One MSF to be completed for eligibility for the Phase 2 Examination. **Trainee Assessment of Training Sites (TATS)** Trainees must complete one TATS every six months.
Phase 2 Examination	Trainees must complete a minimum 24 months of accredited training time in Phase 2, all WBAs, an MSF, all POES and the Cultural Safety Online Learning to be eligible to apply for the Phase 2 Examination. The SMART Workshop is strongly encouraged to be completed prior to the exam and must be completed prior to application for Fellowship. Phase 2 Examination – four written papers and viva voce examinations (vivas).

The following activities must be completed for eligibility for Fellowship, though they may be completed any time during Phase 2	
Professional Activities	**For eligibility for Fellowship:** • Presenting at a multidisciplinary meeting • Recruiting a patient to a clinical trial • Running a meeting
Research	**For eligibility for Fellowship**, trainees are required to submit a manuscript of their research project to an acceptable journal. Trainees may select one of three options: • Original Research Study • Cochrane Protocol or Review • Prospective Study
Progression to Fellowship	Trainees may present for portfolio review by Network Portfolio Review Committee, **after completion of all training requirements**. Overall, the trainee's ePortfolio must: • Record the completion of all training program requirements • Demonstrate progress leading to competence across the breadth of the curriculum (a variety of clinical cases of differing complexity), as assessed by multiple assessors • Demonstrate the achievement of competence across the intrinsic roles As a guide, Trainees must achieve Level 4 on the overall entrustability scale for at least half of the PEAT, CPET and CRDT, and on the CST for each scenario.

Radiation oncology learning outcomes

The Radiation Oncology Learning Outcomes outline the knowledge, skills and attitudes trainees are expected to develop during the Radiation Oncology Training Program. These learning outcomes are essential to ensuring that trainees are able to provide high-quality health care to all communities in Australia and Aotearoa New Zealand, including the health care needs of Aboriginal and Torres Strait Islander and Māori peoples.

Learning outcomes articulate the level expected at the completion of training. A list of learning outcomes is generally prefaced by the common stem 'The trainee is able to:'. Together, the learning outcomes combine to create competencies that apply to the radiation oncologist who is about to commence independent clinical practice, i.e., at the completion of training. The learning outcomes articulate the minimum expectation of a specialist in the field. High level subspecialist knowledge is not expected. It is anticipated that the core competencies acquired during the training program can be extended through continuing professional development as a fellow, which may then lead to subspecialty practice.

Figure 5: Radiation oncology assessment framework

ASSESSMENT FRAMEWORK

Assessments are aligned with the learning outcomes, to ensure all are assessed and there is sufficient overlap.

Curriculum Section	Phase 1 Examination	Patient Encounter Assessment Tool	Contouring and Plan Evaluation Tool	Case Report Discussion Tool	Communication Skills Tool	Multi-Source Feedback	Phase 2 Examination	Research Requirements
MEDICAL EXPERT								
ONCOLOGY SCIENCES								
Radiation Oncology Physics	✓						✓	
Radiation and Cancer Biology	✓						✓	
Anatomy	✓							
CARE OF THE ONCOLOGY PATIENT								
Applied Anatomy			✓				✓	
Pathology		✓					✓	
Clinical Assessment		✓					✓	
Management		✓		✓			✓	
Symptom Control and Treatment Side Effects		✓		✓			✓	
Outcome and Continuing Care				✓			✓	
Screening and Prevention				✓			✓	
Tailoring Care for Oncology Patients from Specific Populations		✓		✓			✓	
TREATMENT MODALITIES								
Radiation Therapy		✓	✓	✓			✓	
Other Treatment Modalities		✓		✓			✓	

Curriculum Section	Phase 1 Examination	Patient Encounter Assessment Tool	Contouring and Plan Evaluation Tool	Case Report Discussion Tool	Communication Skills Tool	Multi-Source Feedback	Phase 2 Examination	Research Requirements
SYMPTOM CONTROL AND PALLIATIVE CARE								
Cancer Related Symptoms		✓		✓			✓	
Palliative Care		✓		✓			✓	
CARE OF THE ONCOLOGY PATIENT APPLIED TO SPECIFIC TUMOUR SITES								
All sites		✓	✓	✓			✓	
INTRINSIC ROLES								
Communication		✓		✓	✓	✓		
Collaboration				✓		✓		✓
Professionalism		✓			✓	✓	✓	
Leadership (and Management)				✓		✓	✓	
Health Advocacy		✓		✓		✓	✓	
Scholarship				✓		✓	✓	✓
Cultural Competency		✓		✓	✓	✓	✓	

Examinations

Clinical Radiology

Trainees must complete examinations in both Phase 1 and Phase 2 of the Clinical Radiology Training Program. The Phase 1 examinations include anatomy and applied imaging technology. While the Phase 2 examinations consist of the pathology examination, the clinical radiology examinations, made up of MCQ examination and case reporting examination, as well as an Objective Structured Clinical Examination in Radiology (OSCER). All clinical radiology examinations are aligned to the to the Training Program Learning Outcomes, regardless of examination format. Please see RANZCR's new Clinical Radiology Learning Outcomes and Handbook for more information.

Radiation Oncology

There are two major examinations in the Radiation Oncology Training Program. From 2022, all radiation oncology examinations are aligned to the 2022 Training Program Learning Outcomes, regardless of examination format. Please see RANZCR's new Radiation Oncology Learning Outcomes and Handbook for more information. The Phase 1 Examination consists of individual papers in three oncology science subjects that are delivered in an electronic format.

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 College developed the *Monitoring and Evaluation Framework (2021)* to provide guidance on a standardised approach to monitoring and evaluation activities across the College, with an initial focus on education and training initiatives. The Framework includes a three-year rolling Evaluation Plan which has been established in collaboration with relevant executive managers. The Evaluation Plan outlines a staged approach to the internal review and evaluation of key College monitoring and evaluation initiatives to identify opportunities that will improve and strengthen the College's current processes and cycles of evaluation. An Evaluation Officer position has been recruited to implement the Framework.

In the last 12 months, the Evaluation Officer has delivered the following:

- Confirmed the current list of training and education tools for feedback, and made recommendations to refine the purpose, structure and audience and timing for issuing surveys.
- Modified the Director of Training (DoT) survey report template to yield additional data insights.
- Recommended the cessation of the annual KPMG survey (commissioned by the College) due to the significant overlap in questions with the mandatory TATS survey.

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.

Table 4: RANZCR regular monitoring and evaluation activities

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

Activity	Frequency	Owners
CR training site accreditation census	Biannual	CR education and training committee
RO facilities survey	Biennial	RO economic and workforce committee
Trainees		
TLO site visits and reports	Quarterly committee reports	CR education and training committee RO education and training committee
Evaluation survey of TLO role	Annual	
CR and RO trainee feedback survey	– Annual RO – Biennial	
CR *viva* candidate exam feedback	Each exam series	CR examination review panel
RO *viva* candidate exam feedback		RO education and training committee
Fellows		
new fellows survey RO recent graduates survey	Annual	CR workforce committee RO economics workforce committee
CPD feedback survey	Annual	Professional Practice Committee (RO) Professional Practice Committee (CR)
Examinations		
CR *viva* examiner feedback survey	Biannual	Examination committees
Examination evaluations	Each exam series	
Directors of Training		
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, DoTs and the industry, to inform allocation of resources and event management. 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. To facilitate opportunities for communication and collaboration, the Faculty of Clinical Radiology established a forum in 2018 for its Network Training Directors (NTDs). The ROETC also includes a Training Network Directors (TNDs) subcommittee to provide recommendations and feedback to the ROETC on the training program.

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 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 currently under major review and will come under centralised College management from 2024. The existing selection process is facilitated by individual training networks. 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 the relevant training program which is to be submitted within two weeks of starting in the accredited training position.

The College trainee selection guidelines for the clinical radiology and radiation oncology training programs provide guidance on fair and objective recruitment processes. These guidelines include eligibility requirements, selection criteria and managing the application and interview process.

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

Clinical 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 attachment 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.

Radiation oncology

Trainees can spend a maximum of four years at a single training site and must complete an attachment 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.

Table 5: The number of trainees in both clinical radiology and radiation oncology entering the College training programs in Australia and Aotearoa New Zealand from 2020 to 2023

Number of trainees entering training program – 2020										
Training program	**ACT**	**NSW**	**NT**	**QLD**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**
Clinical Radiology	0	28	0	22	8	1	21	5	5	**90**
Radiation Oncology	1	8	0	7	2	0	2	0	0	**20**

Aboriginal and/or Torres Strait Islander and Māori trainees*	0	0	0	0	0	0	0	0	0	**0**

*Aboriginal and Torres Strait Islander and Māori Trainees may have entered the program and not declared.

Number of trainees entering training program – 2021										
Training program	**ACT**	**NSW**	**NT**	**QLD**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**
Clinical Radiology	4	24	0	24	6	2	22	6	20	**108**
Radiation Oncology	0	10	0	5	2	0	2	0	6	**25**
Aboriginal and/or Torres Strait Islander and Māori trainees*	0	0	0	0	0	0	0	0	1	**1**

*Aboriginal and Torres Strait Islander and Māori Trainees may have entered the program and not declared.

Number of trainees entering training program – 2022										
Training program	**ACT**	**NSW**	**NT**	**QLD**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**
Clinical Radiology	4	27	0	23	13	5	29	9	24	**134**
Radiation Oncology	0	10	0	5	1	2	9	1	7	**35**
Aboriginal and/or Torres Strait Islander and Māori trainees*	0	0	0	0	0	0	0	0	1	**1**

*Aboriginal and Torres Strait Islander and Māori Trainees may have entered the program and not declared.

Number of trainees entering training program – 2023 (to 5 October 2023)										
Training program	**ACT**	**NSW**	**NT**	**QLD**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**
Clinical Radiology	6	39	0	19	19	3	25	13	32	**156**
Radiation Oncology	0	12	0	3	1	1	5	3	5	**30**
Aboriginal and/or Torres Strait Islander and	1	0	0	0	0	0	0	0	3	**4**

Māori trainees*										

*Aboriginal and Torres Strait Islander and Māori Trainees may have entered the program and not declared.

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 to ten trainees are elected to each trainee committee, representing each training network in Australia, Aotearoa New Zealand and Singapore (for radiation oncology only). 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 through the ePortfolio.

College policies

The College has developed a range of policies and guidelines to support the training programs designed to provide a framework for management of issues and help guide trainees through the training programs. College policies can be found on the College website.

Resolution of training problems and disputes

The College's process for training site accreditation is designed to set the minimum standards for delivery of training for each training program with standards relating to trainee welfare, and the learning environment. Concerns relating to training and supervision that are not resolved at the local training level are overseen by each Faculty's ETC. Trainees may apply under the terms of the *Reconsideration, Review and Appeals Policy* to have a decision reviewed if they remain unhappy with an outcome. Harassment complaints are managed through the *Grievance Policy*.

Training Liaison Officer (TLO)

The TLO supports the wellbeing of trainees and is a point of contact for all trainees in the training program. The TLO delivers outreach to all trainees and DoTs in accredited training sites, with a particular focus on rural and regional areas. The TLO acts as conduit between the College and the trainees, providing support, updates on the training program, and clarification on training policies and processes. The TLO is available for phone and videoconference meetings and can visit training sites when required. More information and resources provided for trainees are available on the College website.

Trainee wellbeing website

The College website is updated regularly and hosts specific wellbeing information for trainees, SIMGs and members. These webpages provide useful resources and supports available within the College and also identify external support resources.

A.8 Supervisory and training roles and training post accreditation

The College has developed several roles to support trainees through training program.

Clinical supervisors

The College does not appoint clinical supervisors. They are consultants who supervise in training centres including providing feedback and guidance to trainees.

Directors of Training (DoTs)

DoTs are nominated by employers and each accredited training site has at least one DoT. Clinical radiology DoTs are appointed by the CRETC initially for a three-year term, with the option for the appointment to be renewed. Radiation oncology DoTs are appointed by the ROETC also for a three-year term, with the option for the appointment to be renewed. DoTs are also responsible for the organisation and quality of training.

Network Training Directors and Training Network Directors

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.

Supervisor training

All DoTs 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 membership site provides educational resources on the role of a manager, providing performance feedback and advice on communication skills. DoT workshops are 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 Aotearoa New Zealand, and DoTs are expected to attend at least one workshop a year. Clinical supervisors are also now invited to participate in these workshops.

Training site accreditation

Oversight and monitoring of training site accreditation processes is the responsibility of the CRETC and ROETC. Chief Accreditation Officers (CAO) are clinical leads appointed to oversee the accreditation processes. To manage potential conflicts of interest, the CAOs do not participate in site visits located in their respective home states. The CAOs' responsibilities are also delegated to Deputy Chief Accreditation Officers. 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, Aotearoa New Zealand and Singapore.

Clinical radiology

A total of 178 radiology departments are accredited across Australia, Aotearoa New Zealand and Singapore as of September 2023.

Table 6: Clinical radiology site accreditation activities

	ACT	QLD	NSW	SA/NT	TAS	VIC	WA	NZ	SING	Total
Total number of accredited sites	5	29	37	11	8	39	15	21	2	**167**
Number of sites visited	0	2	6	4	0	4	3	0	0	**19**
Number accredited – new sites	3	2	9	1	2	5	2	4	0	**28**
Number accredited – reaccredited sites	0	2	7	4	0	4	3	0	0	**20**
Number not accredited	0	0	0	0	0	0	0	0	0	**0**
Number of applications received	3	2	10	1	2	5	2	4	0	**29**
Training sites at risk	0	2	2	1	0	0	0	0	0	**5**

New training sites complete and submit the *Application for Full Accreditation as a Radiology Training Site* form with supporting documents to the relevant CAO 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.

Radiation oncology

Radiation oncology has a total of 56 departments accredited across Australia, Aotearoa New Zealand and Singapore as of September 2023.

Table 7: Radiation oncology site accreditation activities

	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	0	9	0	3	0	0	0	6	0	**18**
Number accredited – new sites	0	0	0	0	0	0	0	0	0	**0**
Number accredited – reaccredited sites	0	9	0	3	0	0	0	6	0	**18**
Number not accredited	0	0	0	0	0	0	1	0	0	**1**
Number of applications received	0	1	0	0	0	0	0	0	0	**1**
Training sites at risk	0	1	0	0	0	0	1	0	0	**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.

Outcomes of training site accreditation

The outcomes of a new training site accreditation and assessment for existing training sites is based on a rating of an A to D scale. The College monitors the progress of training sites meeting accreditation standards through progress reports. The CAO 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 ETCs and may result in an adjustment of an accreditation rating or a decision that accreditation should be withdrawn from the training site.

A.9 Assessment of specialist international medical graduates

The College undertakes processes of assessment of specialist international medical graduates (SIMGs) in clinical radiology and radiation oncology for the purposes of specialist recognition by

the MBA and MCNZ. In Australia, the College provides two assessment pathways for SIMGs 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 practice with exposure to 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 Aotearoa 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 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 (AoN)

Applicants for assessment for AoN 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 DoTs 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 Clinical 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 Aotearoa 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 CRETC 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 Aotearoa 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 DoT, and the other is a training network director and member of the ROETC. Both are trained IMG assessors. There are only two assessors in radiation oncology and both are based in Australia, due to the low number of applicants.

Table 8: 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

Table 9: Area of Need assessment pathway decisions

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 Aotearoa 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.

Continuing professional development, further training and remediation

Continuing professional development, further training and remediation is now addressed under the CPD Homes and MCNZ Specific Criteria for Recertification Programmes Accreditation Report.

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.
- 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 2019 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 censors 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, 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 2019 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 2019 Team findings

The College has clearly documented polices 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 2019 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

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 2019 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 and education 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 2019 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 2019 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.

2023 Follow-up assessment

A. 2020 – 2022 Progress reported in AMC monitoring submissions

The College addressed the following conditions and recommendations in AMC monitoring submissions.

Conditions to satisfy accreditation standards

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 quality 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)

Condition 3

In May 2021, the College released a Statement of Intent for Māori, Aboriginal and Torres Strait Islander Health and later in September 2021 at its Annual Scientific Meeting launched an Action Plan for Māori, Aboriginal and Torres Strait Islander Health.

In December 2021 the College announced a formalised relationship with the Australian Indigenous Doctors' Association (AIDA) via a Memorandum of Understanding further demonstrating commitment to supporting the professions of clinical radiology and radiation

oncology to contribute to equitable health outcomes for Māori, Aboriginal and Torres Strait Islander Peoples.

Recommendations AA to DD

The College considered the appointment of a trainee on the Board to provide trainee perspective in College strategy and decided not to adopt this recommendation. The College concluded that adding a single trainee to the Board to provide a trainee perspective is not supported by best practice governance. In the 2023 assessment, the College has responded to the recommendation of a medical educationalist with the creation of a staff position to provide advice.

In 2022, the College introduced criterion-based decision making for the consideration of recognition of prior learning applications related to research in both specialties.

The College contacts applicants of the reconsideration, review and appeals process by phone where possible to better explain the process, timelines and likely outcomes.

During 2021 and 2022, the structure of the College's Specialty Training Unit changed with increased staff to support the program of work being undertaken within the training, examinations, and projects.

B. 2023 Team findings

The follow-up visit considered progress towards the remaining conditions and whether the College had responded to the recommendations for quality improvement.

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)

To be met by 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)

To be met by 2022.

Recommendations for improvement

Nil.

The College has undertaken a significant body and volume of work since the last reaccreditation and has managed the transition of a number of long-serving College staff and officer bearers relatively smoothly. Prior to the 2023 follow-up assessment, the College had already satisfied 12 of 30 conditions from the 2019 reaccreditation assessment. The team recognises the challenges involved managing changes in the College as well as across the health environment in recent years, particularly in progressing many of the areas identified for development and commends College staff and office bearers for their focus and resilience to ensure continuous quality improvement.

Staff appointments

The College has invested in renewing staff appointments, created a number of positions including those with a focus on education services, SIMGs and medical education. At the time of the assessment, the College had just appointed a medical educationalist in the leadership of the

Specialist Training Unit with a focus on educational content and clinical engagement. The team supports this appointment as a welcome step to enhance and evolve current models of education and training for greater effectiveness and enhancing internal capability of the College as an education provider.

Governance changes

The Faculties of Clinical Radiology and Radiation Oncology By-Laws were amended in February 2023 to reflect a change in election timelines. The RANZCR Elected Fellows Election By-Laws were also amended to reflect changes to references to the Articles of Association and election schedules. In 2022, the election process saw the appointment of three new Faculty Councillors, a new consumer representative and a new trainee representative for each Faculty Council.

The updates made to the governance structure and By-Laws are publicly available on the College website.

The team notes the College's decision to pursue the development of dedicated training programs for Interventional Radiology and Interventional Neuroradiology as part of a wider body of work seeking specialty recognition for specialty medical practice in these fields within Clinical Radiology. Under the AMC, the recognition of medical specialties is a separate process to accreditation of specialist medical programs. Whilst the outcomes of the recognition process and stakeholder consultation at the time of the assessment in 2023 is pending, the team provides feedback to the College that serious consideration should be given to the feasibility of developing and implementing separate training programs, considering the resources required and ensuring accreditation standards are met. Recognising the College's desire to develop dedicated training, alternative models of certification may be more efficient in fulfilling this identified training need in the short term.

The team recognises the College has a process of election which dictates the appointment of its Board, and are pleased to hear that from 2024, there will be three female members on the Board. This is a positive development. The team also recognise the College has done significant work to ensure that trainees are represented throughout College governance, and this has been recognised by trainees themselves. While it is College's prerogative to not include a trainee representative on the Board, the team encourages the College to consider how the views of generally underrepresented groups, such as trainees and Aboriginal and/or Torres Strait Islander and Māori Peoples, may be regularly represented at the highest levels of governance.

Trainee representation

There is evidence of trainee involvement in College committees including Faculty Councils, and the College advised there is representation by trainees on all Tier 1 committees, with each Faculty having their own Trainee Committee. The College has also recently amended their Terms of Reference to expand the number of trainees on the Clinical Radiology Trainee Committee (CRTC) to enable more fulsome representation. This is a positive development, and the AMC will be interested to see improvements made as a result of these increased trainee representation. The team would, however, like to provide feedback on behalf of other trainees as well as fellows who feel the trainee voice still largely remains underrepresented within the College. The team hopes the College will be able to utilise existing or new mechanisms to ensure trainees from all parts of the training program are able to be heard within its governance structures.

Māori, Aboriginal and Torres Strait Islander Executive Committee (MATEC)

An objective in MATEC's terms of reference is to '*Provide Indigenous perspective, advice, and information to the RANZCR Board of Directors, Faculty of Clinical Radiology and Faculty of Radiation Oncology on all matters as relates to Aboriginal and Torres Strait Islanders and Māori people, their communities, their health and workforce support*'. The team met with the Chair of MATEC, however, were disappointed not to be able to speak with any members on the Committee who identify as Aboriginal, Torres Strait Islander or Māori nor with any First Nations fellows or trainees during this meeting or throughout the assessment.

To progress any initiatives comprehensively, it is critical for the voices of Aboriginal and/or Torres Strait Islander and Māori Peoples to be able directly provide input into the work that influences the health and equity of these communities. Broader and more active and intentional collaboration with First Nation community organisations and individuals is recommended. This could be achieved through respectful engagement with local Aboriginal Community Controlled Organisations. There are many Aboriginal, Torres Strait Islander and Māori individuals who can provide advice regarding engagement with First Nations communities, who can be considered as key stakeholders and do not necessarily have a background in health. Participation in Aboriginal and Torres Strait Islander events such as Reconciliation Week and NAIDOC allows for connections to be made with community, thereby lifting the profile of the College. Similarly, in the Aotearoa New Zealand context, engaging with Māori stakeholders and/or organisations can support connections with Māori communities. The MATEC needs to increase First Nation representation and while there is notable progress being made, the College is strongly encouraged to review the membership of the committee to ensure its leadership and composition consists of significant voices from the communities for which MATEC and the Indigenous Action Plan wish to advocate.

Cultural safety

The team notes that cultural safety training is mandated for all College Staff, Board, Faculty Council members and Chairs of Standing Committees. College staff have completed the Royal Australian College of Physicians (RACP) Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Resource Course while senior staff members have attended the Australian Indigenous Doctors Association (AIDA) Aboriginal and Torres Strait Islander Health in Clinical Practice (ATSHICP) training course.

This is a positive development and the team encourages the College to incorporate regular upskilling in knowledge of cultural safety in line with the goals of its Indigenous Action Plan. Further, the team notes cultural safety training is currently not a mandatory requirement for fellows and will need to be implemented as such to adhere to new CPD requirements in Australia and Aotearoa New Zealand. There is also an opportunity to extend the requirement to complete cultural safety training to trainees who commenced prior to 2022.

Continuous renewal

There have also been a number of changes made to the following policies over the last 12 months:

- Recognition of Prior Learning Policy (RPL) – to impact on the Faculty of Radiation Oncology RPL applications about research.
- Interrupted and Part-time Training Policy – to align to the new training programs.
- Clinical Radiology Training Requirements Policy and Radiation Oncology Training Requirements Policy – articulates the requirements trainees must complete during the training program.
- Re-entry into the Training Programs Policy - provides the framework by which former trainees may re-enter the training program.

These documents are accessible on the College website.

Condition 1

The team were pleased to see a new COI policy has been in place since August 2022, with revisions to specifically manage concerns around specialist international medical graduate (SIMG) interviews, the involvement of fellows who are examiners or contribute significantly to examination development/delivery and in examination preparation courses as well as management of declarations of conflicts of interest at committees. A robust and consistent mechanism appears to be in place at committee level to manage COIs and they are reviewed on an annual basis by College staff. Mechanisms for managing s within a committee meeting were

described by College staff and aligned with the Policy. There does not seem to be a College-wide process for auditing the effectiveness of the revised COI processes across College committees.

Condition 2

The team noted that College staff maintain an extensive database of stakeholders based mainly on subject matter expertise. The College shared its Stakeholder Engagement Framework that aims to help prioritise stakeholders based on levels of power and interest. The AMC would like to see how this framework is further developed and implemented, specifically in the context of fostering collaboration with the Australian state, territory and federal health jurisdictions and the new health management structures in Aotearoa New Zealand such as Te Whatu Ora.

The team also recognised that further collaboration with a broader group of Aboriginal and/or Torres Strait Islander and Māori groups (beyond LIME and AIDA) would be beneficial in helping the College meet the aims and outcomes of its Indigenous Action Plan.

2019 Accreditation commendations, conditions and recommendations

2019 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.

2019 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)

2019 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)

2023 Accreditation commendations, conditions and recommendations

In 2021 and 2022, the College addressed condition 3 and recommendations AA, BB, CC and DD in their monitoring submissions to the AMC.

In the 2023 follow-up assessment, the team considers condition 1 from the 2019 accreditation has been satisfied. The team considers condition 2 to be progressing and is replaced with condition 1 in 2023. Recommendation AA and BB are new in 2023.

2023 Commendations

A The significant body of work undertaken by staff and office bearers to enhance and evolve the governance structure and work of the College as an education provider. The creation of a staff medical educationalist role is a particularly welcome step.

B Engagement with Indigenous organisations, such as AIDA and LIME, to develop First Nations initiatives in Australia.

C The recent improvements to training related policies such as the Recognition of Prior Learning (RPL) and Interrupted and Part Time Training Policy.

D Mandating the completion of cultural safety training for College staff, Council members and Chairs of standing committees.

2023 Conditions to satisfy accreditation standards

1 Provide evidence of plans within the Stakeholder Engagement Plan to demonstrate: collaboration with a broader group of Aboriginal and/or Torres Strait Islander and Māori organisations (e.g., NACCHO, Te ORA) to enable achievement of the aims and objectives of the Indigenous Action Plan. (Standard 1.6.4)

2023 Recommendations for improvement

AA In relation to College governance:

(i) Review the methodology through which all trainees and Aboriginal and/or Torres Strait Islander, and Māori representatives may be able to provide feedback to College governance.

(ii) Ensure there are measures for trainees to feedback directly to the College Board.

(iii) Appoint an Aboriginal and/or Torres Strait Islander or Māori MATEC Chair. (Standard 1.1)

BB A College-wide audit of the processes and procedures to ensure they are being implemented consistently across the College. (Standard 1.1.6)

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, 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 2019 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 2019 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 2019 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.

2023 Follow-up assessment

A. 2020 – 2022 Progress reported in AMC monitoring submissions

The College addressed the following conditions and recommendations in AMC monitoring submissions.

Conditions to satisfy accreditation standards

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 quality improvement

Nil.

Condition 5

In 2022, the College reported that they had reviewed the graduate outcomes for both clinical radiology and radiation oncology to include outcomes aligned with the health needs of Aboriginal and Torres Strait Islander Peoples of Australia and Māori of Aotearoa New Zealand. The updated radiation oncology graduate outcomes were approved in April 2022 and the updated clinical radiology graduate outcomes were expected to be approved in July 2022.

The College engaged Aboriginal, Torres Strait Islander and Māori organisations as part of the stakeholder consultation process when reviewing the graduate and learning outcomes for both specialties.

B. 2023 Team findings

The follow-up visit considered progress towards the remaining conditions and whether the College had responded to the recommendations for quality improvement.

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)

To be met by 2021.

Recommendations for improvement

Nil.

The team notes considerable progress has been made under Standard 2. The educational purpose related to clinical education and training in the specialties of Clinical Radiology and Radiation Oncology is comprehensively addressed with evidence of stakeholder engagement, noting developmental work is still required in relation to First Nations health. There are published and publicly available curricula, graduate outcomes, and useful program handbooks.

The College's program outcomes could more actively engage with workforce provision for the community, especially in regional and rural locations. Greater integration of regional and rural locations within networks as training facilities (including private and community providers) may further advance these efforts. It is also important to ensure that trainees are adequately supported to undertake mandatory rotations that require relocation, including with appropriate advanced notice and accommodation support for shorter rotations (Standard 3.4 and 7.4).

Condition 4

The College has incorporated two identical learning outcomes related to First Nations health in both training programs and MATEC has recommended explicit statements be made in the Indigenous Action Plan on the impacts of colonisation, racism and discrimination faced by Aboriginal and/or Torres Strait Islander Peoples and Māori. However, the College's overarching educational purpose does not explicitly address a commitment to Aboriginal and/or Torres Strait Islander Peoples and Māori and their health, nor does it address Te Tiriti o Waitangi. The College's Constitution, at this stage, also does not address a commitment to Aboriginal and/or Torres Strait Islander Peoples and Māori and their health. This is an important point for consideration for the College as the Constitution ratifies the principles under which it is governed.

There are many College initiatives to support First Nations peoples to become members. Nonetheless, the identification of First Nations members is apparently limited, and the College reflected to the team this has impacted upon recruitment of appropriate members to governance committees such as MATEC. Whilst this may relate to devolved network selection processes (which are about to become more centralised, see Standard 7) and the option to self-identify or not, comprehensive engagement with First Nations people would assist the College to be a safe place for members to identify indigeneity more openly.

The College needs to reflect on its effectiveness in contributing to the improvement of health and equity for Aboriginal and/or Torres Strait Islander Peoples and Māori and incorporate strategies that include robust, ongoing collaboration and consultation with First Nations health and community bodies. This will ensure outcomes related to First Nations health in its training programs are purposeful for all involved and able to achieve the aims of the Indigenous Action Plan.

The next step for cultural safety, competence and practice needs to go beyond completion of online modules as discussed in Standard 1. For example, exploring options for engagement with First Nations health services, such as NACCHO and hospital Indigenous Liaison and Support Services, regarding the potential for trainees to have direct engagement with the local Health Services would provide trainees with an opportunity to apply learnings from the online modules along with gaining knowledge about working with Aboriginal and/or Torres Strait Islander People in the community.

An overarching Reconciliation Action Plan for the College has the potential to complement the Indigenous Action Plan in focussing the College's efforts to advance Aboriginal and/or Torres Strait Islander and Māori peoples and their health within a recognised framework and should be considered.

2019 Accreditation commendations, conditions and recommendations

2019 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.

2019 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)

2019 Recommendations for improvement

Nil.

2023 Accreditation commendations, conditions and recommendations

In 2022, the College addressed condition 5 in their monitoring submission to the AMC.

In the 2023 follow-up assessment, the team considers condition 4 from the 2019 accreditation to be progressing and is replaced with condition 2 in 2023.

2023 Commendations

E The availability of foundational knowledge of Aboriginal and/or Torres Strait Islander People, culture, health, and history as a learning outcome.

F The inclusion of the Education Pillar in the Indigenous Action Plan to deliver meaningful education on cultural safety.

2023 Conditions to satisfy accreditation standards

2 Develop the intrinsic educational purpose of the College and implement such activities to address the health and equity of Aboriginal and/or Torres Strait Islander and Māori peoples with demonstration of comprehensive engagement and collaboration with First Nations peoples. (Standard 2.1)

2023 Recommendations for improvement

Nil.

B.3 The specialist medical training and education framework

3.1 Curriculum framework

The accreditation standard is as follows:

- 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 as follows:

- 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.

3.1.1 & 3.2.1 2019 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 as follows:

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

3.3.1 2019 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 2019 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.

2023 Follow-up assessment

A. 2020 – 2022 Progress reported in AMC monitoring submissions

The College addressed the following conditions and recommendations in AMC monitoring submissions.

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)

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 quality 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)

In 2021, the College reported that the Clinical Radiology and Radiation Oncology training programs would now consist of the following components:

1. Learning Outcomes

2. Work Based Assessments (WBAs)

3. Structured Learning Activities

4. Monitoring, Review and Feedback Tools

5. Examinations

6. Trainee Progression Rules

Within clinical radiology, the Anatomy and Applied Imaging Technology (AIT) curricula was reviewed and updated to include further emphasis on radiological anatomy, incorporation of embryology as it is related to the understanding of anatomical variants and radiological anatomy, and recognition of the importance of integration of anatomy and AIT throughout the clinical radiology training program. The curriculum was updated regarding procedural radiology.

The College has a new standalone section (in clinical radiology) of the learning outcomes related to artificial intelligence and reported plans to frequently review an update these. Training resources were developed to complement the learning outcomes.

In 2022, the College developed improved assessment frameworks and blueprints for both clinical radiology and radiation oncology.

The College reviewed its recognition of prior learning policy to align to both updated training programs. A new role, Specialty Training Unit, Project Officer, Training Policy Applications was created to support trainees making applications.

The College developed a new Interrupted and Part-Time Training Policy that commenced from 1 July 2022. Trainees may apply for a period of interrupted or part-time training. Trainees on an interrupted training period may sit examinations under certain circumstances, including but not limited to parental and compassionate leave.

In 2022, the College introduced a mandatory research methods course as part of the clinical radiology training program.

B. 2023 Team findings

The follow-up visit considered progress towards the remaining conditions and whether the College had responded to the recommendations for quality improvement.

Conditions to satisfy accreditation standards

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)

To be met by 2022.

Recommendations for improvement

Nil.

Both Clinical Radiology (CR) and Radiation Oncology (RO) Faculties implemented new curricula from September 2021, with each having undergone several, more minor, subsequent updates. The CR and RO Learning Outcomes documents provide an outline of each syllabus. Each Faculty's Training Program Handbook provides an overview of the training and assessment requirements at each stage of the respective training programs. These documents are all publicly available on the College website.

More broadly, the implementation of the new CR and RO curricula, as the culmination of the Training and Assessment Reform (TAR) process, is a significant achievement. The new curricula

have been introduced alongside synergistic assessment reform that has included the introduction of workplace-based assessments. Across both programs the implementation of the new curricula has largely occurred smoothly, with the learning outcomes and training handbook documents having become key resources for trainees and educators alike. Feedback from trainees and educators indicated that the curricula include the scientific foundations that are necessary to undertake evidenced-based practice in CR and RO, with each curriculum also having evidence of horizontal and vertical integration.

The updates for both Faculties, through TAR, reflect the ongoing evolution of technology and practice in both CR and RO. The CR and RO updated curricula have responded to evolving practices and new technologies within each specialty.

Specifically, in CR the introduction of the new curriculum has enabled a move away from a focus on some historical techniques, which are no longer considered pertinent to the modern, largely digitised, practice of clinical radiology.

In RO, trainees and supervisors alike reported that the new curricula and associated assessment reforms had facilitated increased focus on contouring and planning, which are key skills central to the practice of radiation oncology. However, in relation to contouring, and especially planning, feedback indicated potential scope for even greater focus in these areas, to ensure that newly graduated fellows are consistently equipped with the skills required to embark upon independent specialty practice.

Accommodating new technologies and methods of practice has resulted in a substantive volume of content within each Faculty's curriculum, which is also reflected in assessment requirements. Considering the ongoing evolution of practice and foreseeable demand for new curricula content, concerted effort is needed to actively review the defined scope of generalist practice. This should include consideration of the appropriate depth of knowledge across subspecialty areas and basic sciences. CR and RO trainees and clinician educators (clinical supervisors and DoTs) frequently reported that the depth of knowledge required in pathology, is beyond what is necessary for safe and effective practice within each specialty. Alongside planned and implemented assessment changes, review of the scope and depth of required pathology knowledge is suggested to ensure that trainees can target their learning to align with learning outcomes and what is necessary to ensure the provision of safe and high quality evidenced-based clinical care at each stage of training.

Recognition of prior learning

In 2022, the College introduced a new Recognition of Prior Learning Policy (RPL). The RPL Policy prescribes the framework within which CR or RO trainees can apply to have their prior learning, experience or assessments recognised. Trainees are required to apply within the first six months of training. The development of a consistent evaluation response is a welcome development. However, as the policy currently functions, individuals who have clearly satisfied RPL requirements, but do not apply within the first six months of training, are declined RPL. This was reported to be especially relevant to the research components of training, which are somewhat independent from broader progression. Strong consideration should be given to the extension of the period during which trainees may apply for RPL. This is relevant to ensure access to flexible forms of training.

Training program developments

The team notes the development of curriculum modules, learning outcomes and assessment, to support the delivery of the Interventional Radiology and Interventional Neuroradiology Advanced Training Programs. Draft curricula for both these programs are expected to be developed in 2024. The College is also launching a new Regional and Rural Training Pathway (RRTP) in 2023 with funding secured for five pilot positions in Australia commencing in the 2024 clinical year. This is a pathway complementary to training programs, applicable to both CR and RO faculties. RRTP

builds on the existing network training model, augmented via the STP-Integrated Rural Training Pipeline (IRTP), and selects applicants who have an affiliation with rural and regional areas.

Five regional and rural training sites have now been confirmed to commence training in 2024 clinical year.

The College also allocated one additional STP-IRTP post to an Indigenous trainee commencing training in 2024 clinical year, at one of the RRPT piloting site. The site is also the first site in Radiation Oncology Faculty to secure funded positions in regional and rural area, one RRTP and one STP-IRTP. The next monitoring submission to the AMC should provide more details on the progress of development and implementation of these initiatives.

Condition 8

Across both Faculties the new curricula have incorporated increased focus on intrinsic roles as articulated within the CanMEDS framework, including cultural safety and cultural competency. The CR and RO training programs now incorporate graduate outcomes that articulate the need for trainees to promote cultural safety and advance the health of Aboriginal and/or Torres Strait Islander Peoples and Māori and Pacific Peoples. This includes an appreciation of disparities in health outcomes and access to care. In addition, the learning outcomes of both CR and RO now outline specific competencies relating to cultural competency and health inequities. These include understanding cultural determinants of health, recognising inequities experienced by different cultural groups, recognising the role of culture in shaping individuals' experiences of health and healthcare, appreciating the role of a clinician's own cultural values on interactions with patients and colleagues and practising effective cross-cultural communication. In addition, the learning outcomes articulate that trainees should specifically articulate the ways in which the history of Aboriginal and/or Torres Strait Islander, Māori and Pacific Peoples may affect their health status and experiences of healthcare.

To support trainees to achieve these learning outcomes, RANZCR has curated a range of resources. These are available on the College website for trainees and fellows to access. In particular, the College has set a requirement for all trainees and College staff commencing from February 2022 to undertake the Introduction to Cultural Competence module that has been developed by the Royal Australasian College of Physicians. All trainees and fellows have access to this module and must complete it. The CR Faculty has also included cultural safety in the Introductory Session for Phase 1 trainees available on the RANZCR Media site. Some training sites also offer additional training addressing cultural safety and health inequities. The team heard of examples of sites where this is comprehensive and embedded throughout training and practice, including in the Northern Territory and some sites in Aotearoa New Zealand. The draft accreditation standards for both Faculties also include a requirement that training sites provide access to cultural safety training for staff to optimise the delivery of quality care for all patients (particularly in relation to Māori, Aboriginal and/or Torres Strait Islander peoples). This requirement is yet to be formally and implemented.

Some progress has been made in embedding intrinsic roles within assessments. Intrinsic roles are incorporated within the CR OSCER, where they are allocated 5% of the available marks, and are also integrated in questions within RO examinations, without a specified overall mark allocation. WBAs are also designed to assess intrinsic roles, including by evaluating trainees' performances in multidisciplinary teams (MDT), procedures, and patient assessments, but are not explicitly addressed in assessed criteria. Cultural safety and cultural competency fall within these provisions for the general assessment of intrinsic roles. However, there are currently no explicit provisions to ensure that these areas are addressed within assessment.

To ensure that cultural safety, cultural competency, and equitable healthcare are embedded within the CR and RO training programs, the College should identify ways that these areas can be specifically addressed within assessment. Beyond curating resources, which are predominantly general in nature, the College should also consider developing learning materials that specifically support trainees to understand the ways that cultural competency and the advancement of health

equity can be specifically addressed within the daily practice of clinical radiologists and radiation oncologists. An example of a way this can be achieved in Australia is through reflective practice with an Aboriginal and/or Torres Strait Islander mentor. The College should explore the methodologies available in both Australia and Aotearoa New Zealand to further develop in this area.

2019 Accreditation commendations, conditions and recommendations

2019 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.

2019 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)

2019 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)

2023 Accreditation commendations, conditions and recommendations

In 2021 and 2022, the College addressed conditions 6, 7, 9 and 10 and recommendation EE in their monitoring submissions to the AMC.

In the 2023 follow-up assessment, the team considers condition 8 from the 2019 accreditation to be progressing and is replaced with condition 3 in 2023. Recommendation CC and DD are new in 2023.

2023 Commendations

G The successful review and update of the curricula for the clinical radiology and radiation oncology training programs to reflect the modern evolution of both specialities.

H The clear, easy to understand documents outlining the requirements of the clinical radiology and radiation oncology training programs, articulating each stage of training, with learning outcomes well-articulated.

I The increased focus on intrinsic roles within the new curricula, as articulated within the CanMEDS framework.

2023 Conditions to satisfy accreditation standards

3 Develop and implement assessment outcomes for both training programs, addressing the articulated 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 Aotearoa New Zealand. (Standards 3.2.9 and 3.2.10)

2023 Recommendations for improvement

CC Consider extending the period for which trainees may apply for RPL for training research components to ensure access to flexible forms of training, and review whether this would be appropriate across all RPL areas. (Standard 3.3.2)

DD Develop learning materials to support trainees and fellows to understand ways cultural safety and health inequities faced by Aboriginal and/or Torres Strait Islander and Māori Peoples can be specifically addressed within the practice of clinical radiologists and radiation oncologists. (Standards 3.2.9 and 3.2.10)

B.4 Teaching and learning

4.1 Teaching and learning approach

The accreditation standard is 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 2019 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 2019 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.

2023 Follow-up assessment

A. 2020 – 2022 Progress reported in AMC monitoring submissions

The College addressed the following conditions and recommendations in AMC monitoring submissions.

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 quality 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)

During 2021 and 2022, the College addressed the need to establish centralised network teaching to capture delivery of the core curriculum requirements across training networks and sites in both clinical radiology and radiation oncology.

There were changes made to each Faculties 'educational and teaching resources including the introduction of:

- A Centralised Learning Program in clinical radiology to supplement and sit alongside existing local and network lecture series that run within training networks.
- A Basic Radiology Research Methods Course.
- The Write Stuff. Effective Communication and the Clinical Radiology Report module that trainees are expected to complete within the first six months of training.
- Annual Statistical Methods, Evidence Appraisal and Research for Trainees (SMART) workshops in radiation oncology. SMART workshops are held in conjunction with the ASM of the Trans-Tasman Radiation Oncology Group.
- An Introduction to Phase 1 Oncology Sciences Pack for trainees in their first six months of training.
- Three Oncology Sciences Workshops.

B. 2023 Team findings

Coming into the 2023 follow-up assessment, the College had no remaining conditions under Standard 4. For trainees in the Clinical Radiology Training Program, the implementation of a two-year lecture program called the Centralised Learning Program (CLP) has been instrumental in supporting early Phase 2 trainees to develop knowledge in a systematic manner. Trainees widely expressed appreciation for the CLP, indicating that it supported their exam preparations. The CLP program is also available to all RANZCR clinical radiology trainees, fellows and SIMGS.

The College has amended its policy for the SMART Workshop, enabling Radiation Oncology trainees to complete this at any time during training prior to Fellowship. The SMART Workshop has been extended to ten Clinical Radiology trainees and fellows annually and will evaluate extending the workshop to all CR trainees and fellows. The CR Paediatric training criteria is being reviewed to align with the new training programs and consideration is being given to the way rotations may be managed, given the shortage of opportunities available to CR trainees at paediatric training sites. An Artificial Intelligence resource has been added to the Training Program Handbook with three members on a trial for an AI course delivered by the Radiological Society of North America (RSNA) for inclusion in the CR Training Program. In addition, the College has developed a progression and review pack to assist training networks and DoTs to manage progression and completion of training processes across training phases.

Since the 2019 reaccreditation assessment, there has been a tremendous body of work commenced and completed to supplement existing mechanisms and demonstrates a commitment to continuous improvement by the College. The team encourages the College to continue in its trajectory to improve its training programs and the training experience for both trainees and fellows. The team heard from trainees and fellows during site visits in Australia and Aotearoa New Zealand of wanting to obtain more experience in diverse health care settings that reflect actual clinical practice and RO trainees would like greater involvement in contouring and planning to master their practice. In addition, the team recommends the College consider working with community agencies like NACCHO to facilitate direct experience of Aboriginal Health Services in Australia to broaden trainee's' cultural safety learning journey as well as support them to meet the learning outcomes of the training program relating to the health and equity of Aboriginal and/or Torres Strait Islander and Māori peoples.

2019 Accreditation commendations, conditions and recommendations

2019 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.

2019 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)

2019 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)

2023 Accreditation commendations, conditions and recommendations

In 2021 and 2022, the College addressed condition 11 and recommendation FF in their monitoring submissions to the AMC.

In the 2023 follow-up assessment, there were no remaining conditions to be satisfied or recommendations to be addressed. Recommendation EE is new in 2023.

2023 Commendations

J The introduction of a Centralised Learning Program (CLP) in CR has been a well-received resource by CR trainees.

2023 Conditions to satisfy accreditation standards

Nil.

2023 Recommendations for improvement

EE In the clinical radiology and radiation oncology training programs, consider ways to:

i. Expand rotations in diverse settings to broaden trainee experiences.

ii. Collaborate with agencies, like NACCHO, that represent Aboriginal and Torres Strait Islander community controlled health organisations, to facilitate experience in Aboriginal Health Services.

iii. Incorporate greater involvement in and facilitate drafting management plans related to contouring and planning for RO trainees. (Standard 4.2)

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 2019 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 2019 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 2019 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 2019 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.

2023 Follow-up assessment

A. 2020 – 2022 Progress reported in AMC monitoring submissions

The College addressed the following conditions and recommendations in AMC monitoring submissions.

Conditions to satisfy accreditation standards

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 quality 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)

Condition 15

The College undertook a number of changes to its examinations since the 2016 ACER/Prideaux review. There was significant change to standard setting, cut scores and marking rubrics across the clinical radiology examinations. The College increased its focus on teaching and tutorials within training sites and networks to support the improvement of pass rates.

Recommendation GG

The implementation of the training and assessment project for both specialties were deferred due to the COVID-19 pandemic and was launched in February 2022.

The pathology content of the Part 2 clinical radiology examination was reviewed as part of the examination review and a new Phase 2 Pathology Examination was introduced from 2023.

Recommendation HH

The Part 2 CR Pathology Viva Examination was discontinued within the 2022 training program as a standalone viva with assessment of pathology instead being incorporated as part of the OSCER item rubrics. Supplementary pathology vivas were held in Series 1 and Series 2 in 2023 and will be held in Series 1 in 2024 if required for transitioning trainees.

B. 2023 Team findings

The follow-up visit considered progress towards the remaining conditions and whether the College had responded to the recommendations for quality improvement.

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)

To be met by 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)

To be met by 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)

To be met by 2021.

Recommendations for improvement

II Improve the quality and timeliness of feedback on the Part 2 clinical radiology examinations to trainees and supervisors. (Standard 5.3.1)

Outcomes of the Training and Assessment Reform

The College has continued to develop its assessment philosophy, now reasonably considered as an assessment system. It features early applied knowledge examinations undertaken with some flexibility in Phase 1, which is the typically completed in one to two years. Workplace-based assessments have developed further with needed development in CR and refinement in RO. Supported by the Kaizen (now RISR) ePortfolio, the workflow usually requires later supervisor sign off, meaning that completion may be delayed – despite the related feedback being completed. The College is encouraged to review this workflow, towards an 'in-the-moment' smartphone completion with easier sign-on. The CR development of five distinct WBAs came with an initial requirement of 20 reporting WBAs per six-months. Early feedback from a significant number of trainees, supervisors and DoTs was that this was too many, meaning that the requirement was swiftly reduced to ten. The WBAs for both Faculties are representative of the specialities' clinical work and build in 'intrinsic roles'.'

The system of assessment is completed with Phase 2 examinations in both Faculties, with subsequent completion of a Phase 3 year in CR. The Phase 2 examinations follow a usual sequence, and re-sitting does not usually require the whole examination. There is flexibility about timing and (from 2023) examinations may be taken on interrupted leave. For both Faculties, first presentation success rates are considered modest. The College showed openness to dialogue about why this may be so and there has been substantial internal dialogue with the trainees in RO. For CR, the introduction of standardised OSCER examination is a welcome step forward. It has only been run once in 2023 and with a 53% candidate success rate. Notably, as part of the process to implement a standardised format the College has shifted from an examination the predominantly assesses a candidate's ability to diagnose pathology, to one that is focussed on broader knowledge assessment. As a new examination the CR Faculty should continue to review its question design, implementation, and pass rates. Standard setting in these examinations is appropriate with guidance and data analysis provided by ACER.

Within the above system, there is comprehensive data on individual assessments being collected. The College has some plans to evaluate and has shown it can respond to and make sensible adjustments. As information is accrued consistently over time, cohort or phase performance should be reviewed. This will help ensure that the overall assessment system is valid, fair, and proportionate to secure a safe standard of practice for newly qualified consultants.

The College has a significant volume of high-stakes hurdle examinations, particularly in the Clinical Radiology Training Program. Given the College's overall approach to more programmatic assessment, the team recommends a review of the volume of assessment and high stakes single point in time examinations across both training programs. The review, in the context of more programmatic assessment model, should be widely consulted to ensure examinations are appropriate in number, reliable, feasible and sustainable.

Examiner and assessor qualifications

Few CR and RO clinicians have medical education qualifications, although the team did have the opportunity to engage with some in leadership positions. Greater engagement from clinicians with medical education and assessment expertise would assist engagement with the assessment system and support the recently appointed medical educationalist.

The team met with interested and suitably skilled DoTs and clinical supervisors who provide workplace feedback, including through formal feedback via WBAs and DoT trainee reviews. DoTs have a considerable load including clinical supervision, liaison within networks, review of many trainee assessments in the ePortfolio as well as WBAs.

From this trainee associated work the DoTs may provide feedback and guidance, meet trainees more frequently, and sometimes develop a formal performance management plan. From some sites, there appeared to be differences in the way that CR and RO handled network discussions about individual trainees. DoT handling of this sometimes sensitive information should be supported by the College with an agreed approach.

Volume of WBAs

There was concern raised about the number of WBAs and time required to complete them properly. In a program of assessment with multiple data points the College should actively review the balance, number, and utility of assessments with feasibility of delivery in clinical practice. The College is also encouraged to look at the workflow and continue clinical faculty development of WBAs and clinician feedback. In turn, this supports the utility of the system of assessment.

Condition 12

The team heard the introduction of the WBAs for CR, combined with the ePortfolio system for both Faculties, was not initially communicated well. However, most clinical supervisors and DoTs reported that subsequent follow-up webinars and workshops were helpful. The training handbooks for both Faculties have also been updated to reflect changes to WBAs and trainee requirements for progression. The team views the commitment to programmatic assessment incorporating the range of WBAs as sound. Nonetheless the team heard reports of WBAs being completed to different standards (current training level vs standard of a new fellow), trainees selectively choosing cases and assessors to achieve higher grading and WBAs being completed without due consideration from assessors. With this varying feedback about clinical supervisors' support for and engagement with the WBAs the team noted the considerable efforts of both training programs to engage with DoTs and clinical supervisors.

Additionally, the team recommends building on the broader concepts of programmatic assessment through WBAs and increasing programmatic requirements, including how cultural safety training may be incorporated and embedded in practice, and by extension through to CPD. This would require consideration beyond curating or recommending resources to complete cultural safety training.

CR trainees, DoTs and clinical supervisors positively responded to the change made to the reduction in the number of reporting WBAs. The CR Faculty described to the team how swiftly this problem had been managed as well as the management of technology implementation issues.

The team supports the College's plans for further support for clinical supervisors and continuing evaluation and refinement of WBAs. The College's efforts to implement WBAs is commended, and the AMC will be interested in the results of evaluation of whether the WBA approach is achieving the intended aims of increasing feedback and assessment within the programs.

Condition 13

From 2023, the CR examinations were renamed Phase 1 and Phase 2 to align with the new training program and the College iteratively implemented more extensive use of digital imaging in the Phase 2 Objective Structured Clinical Examination in Radiology (OSCER). The team observed the

first of the OSCERs in June 2023 and found the format and delivery of the OSCERs, though early in implementation, appeared to be a positive step forward. Standardised digital images are now used, and the exam is complemented with examiner training and calibration. The College has worked in consultation with ACER to introduce robust-standard setting methods and now use the Linear Borderline Regression method to identify the passing standard and cut score. Examiners are responsible for building the bank of digital images used for the OSCER and are trained by ACER on best practice medical specialist assessment processes that include: MCQ writing, question and rubric development, interpreting psychometric information and standard setting. There were comments about the OSCER cases not requiring the candidate to find the abnormality. However, this appears to be covered in the case reporting ('eFilms') examination. Detailed feedback information is available to all candidates and clinical supervisors.

The College has responded positively to the AMC's recommendations and has successfully implemented changes to improve its CR Clinical Examination. The team congratulates College staff and office bearers for its proactive approach to ensure the validity and equity of its examination process. The AMC will be interested in the updates in monitoring submissions on the impact of the changes on exam pass rates and trainee progression.

Condition 14

The team notes a system of assessment and associated blueprinting has been implemented with examinations and WBAs mapped to learning outcomes. The eventual use of WBAs in concert with examination results for the borderline pass candidate may further bond the system. Performance at WBAs and noted in DoT reports could also guide timing of presentation for Phase 2 examinations. The current pass rates for Phase 2 examinations remain concerning – the 2022 examination for the CR VIVA was 71.1% and RO was 44.4% for the first attempt.

The 2023 Series 1 Phase 2 Clinical Radiology pass rate was 75% for the Case Reporting, 87% for the Clinical Radiology MCQ and 71% for the Pathology written examination. The 2023 Series 1 Phase 2 Clinical Radiology pass rate for first attempt candidates sitting the OSCER was 51.6 % for all 7 stations, 23.6 % for 6 stations and 7.5% for 5 stations. This result leaves a fail rate of 17.2% of first attempt candidates who will be required to resit the entire OSCER exam. In 2023 in RO there was a 52.6 % overall pass rate for first attempt candidates.

The 2023 Series 2 Phase 2 Examination for Radiation Oncology overall pass rate for the written examinations was 85% for Radiation Therapy (11 of 13 candidates), 85% for Clinical Oncology (11 of 13 candidates), and 69% for Pathology (9 of 13 candidates). In the viva examinations there was a 77% pass rate for Planning (10 of 13 candidates), 61% for the Clinical Cases (8 of 13 candidates), and 77% for Pathology (10 of 13 candidates). The College should consider the relative validity and utility of the assessment methods, with particular attention to the Phase 2 examinations that do not have pass rates that might be expected from a selective intake and high-quality training experience.

There was clear and close attention to blueprinting individual assessment components. As these assessment changes are embedded, it will be important for the College to monitor and evaluate the blueprinting across the various assessments within the programs. As discussed in Standard 3, the consideration for the assessment of culturally safe practice, embedded in both training programs, is required. Recommendations regarding assessment of culturally safe practice embedded for both training programs would be the inclusion of a 'cultural supervisor/mentor' where the trainee is able to discuss assessment in relation to cultural safety. The 'supervisor/mentor' does not necessarily need to be appointed by the College. This is where engagement/collaboration with NACCHO and various Aboriginal Health Services, along with the hospitals who have Aboriginal Liaison Officers who are now being utilised, could provide information/support to trainees on how to practice in a culturally safe manner. Similar mechanisms should be employed for engaging with relevant First Nations health services to support culturally safe practice in Aotearoa New Zealand.

The team heard feedback from DoTs and clinical supervisors across both countries that the level of Phase 2 examinations is beyond the expected standard of a newly qualified consultant in some areas of subspecialty practice and basic sciences. There was evidence of the College's responsiveness to some aspects e.g., plans to improve the clinical relevance of pathology assessment but those involved in the training programs saw opportunities for further refinement.

The team notes the CR Examination and Assessment Committee is introducing a process in 2024 for WBA performance to determine passing standard for borderline Phase 2 CR candidates with the OSCER Examination Review Panel working on proposed changes for assessing borderline candidates. This should be implemented with due diligence and consideration given the notable feedback regarding the variable completion of WBAs. The RO Phase 2 Examination has similarly been mapped across a range of learning outcomes. More work is planned to implement a similar system to map learning outcomes assessed in examinations with those covered by WBAs. The College should ensure the progressive assessment of skills is prioritised for further development and implementation in both training programs.

Recommendation II

The College has responded to this recommendation and aims to send a report published two weeks after the exam results are released and after each phase of exams.

2019 Accreditation commendations, conditions and recommendations

2019 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.

2019 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)

2019 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)

2023 Accreditation commendations, conditions and recommendations

In 2021 and 2022, the College addressed condition 15 and recommendations GG and HH in their monitoring submissions to the AMC.

In the 2023 follow-up assessment, the team considers condition 13 and recommendation II from the 2019 accreditation has been satisfied. The team considers condition 12 and 14 to be progressing and are replaced with condition 4 and 5. Recommendation FF, GG and HH are new in 2023.

2023 Commendations

K Clear commitment to continuous improvement and alignment to best practice has contributed to a substantial amount of activity and progress related to the College's assessments across both programs.

L Increased flexibility for trainees on the timing of sitting Phase 1 assessments and ability to sit assessments while on interrupted training.

M The commitment to introduce and progressively refine a comprehensive approach to programmatic assessment including the introduction of the WBA approach across the CR and RO training programs.

2023 Conditions to satisfy accreditation standards

4 To reduce variability in WBA assessment across clinical radiology training networks, implement standardised documentation to communicate to clinical supervisors clearly articulating the standards to which trainees are being progressively assessed. (Standard 5.1.1)

5 Definitively demonstrate the relationship of workplace-based assessment and formal examinations employed in the progressive assessment of clinical skills and intrinsic roles in both training programs.

(i) Provide an implementation timeline for planned changes to the Phase 2 Radiation Oncology examination.

(ii) Evaluate WBA data to determine its utility for assessing borderline candidates at Phase 2 examinations.

(iii) Implement evaluation of all examination pass rates including but not limited to the OSCER, to identify the effectiveness for determining progression. (Standard 5.2.2 and 5.4)

2023 Recommendations for improvement

FF In view of a more programmatic assessment approach by the College, review volume of assessment and use of high stakes examinations in both training programs (Standard 5.1 and 5.2)

GG Maximise the functionality of the ePortfolio system to provide dashboards and/or other display analytics to assist College and stakeholders in trainee management and progression (Standard 5.3)

HH Revise the WBA workflow to allow for more immediate post hoc- and dictation of-feedback, for the benefit of trainees and supervisor efficiency. (Standard 5.3)

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.

6.1.1 2019 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 2019 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 2019 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.

2023 Follow-up assessment

A. 2020 – 2022 Progress reported in AMC monitoring submissions

The College addressed the following conditions and recommendations in AMC monitoring submissions.

Conditions to satisfy accreditation standards

16 Finalise an overarching framework and responsibilities for monitoring and evaluation activities by the College and across both training programs. (Standards 6.1 and 6.2)

Recommendations for quality improvement

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)

Condition 16

In 2022, the College reported that an Evaluation Framework had been developed and approved by the Board of Directors. A new Evaluation Officer role was also created with an appointment made. The candidate commenced in the role in May 2022.

Recommendation KK

The College also reported a number of effective mechanisms used for communication with trainees about program developments across both training program including trainee eNews, webinars and trainee committee engagement.

B. 2023 Team findings

The follow-up visit considered progress towards the remaining conditions and whether the College had responded to the recommendations for quality improvement.

Conditions to satisfy accreditation standards

17 Develop and implement processes to regularly seek and respond to feedback from clinical supervisors on program development. (Standard 6.1.2)

To be met by 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)

To be met by 2022.

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)

The team observed the College has a strong commitment to monitoring and evaluation with a RANZCR Monitoring and Evaluation Framework that clearly articulates a commitment to conducting evaluation of programs, projects, strategies, policies, and initiatives to improve outcomes for trainees, members, stakeholders, and patients. The Framework aims to foster a culture of continuous improvement and improved outcomes and a continuous consultation process with relevant stakeholders at all stages of the evaluation process and a commitment to communicate evaluation findings. The Framework is publicly available on the College website on its Quality and Standards page. In some instances, such as the WBA evaluation survey and feedback on the draft accreditation standards, it was clear that information gathered through monitoring activities has been actively considered and used to guide ongoing activities. There were other instances, such as the TATS, where stakeholders were unclear how information gathered was being used to drive continuous quality improvement. Ensuring these processes occur consistently across monitoring tools should be an area of focus going forward.

The College has identified communication channels for dissemination of monitoring and evaluation feedback and actions to internal and external stakeholders, including the College's

website, College newsletter and/or direct email. The team was pleased to hear about the appointment of two Trainee Liaison Officers along with appointing an Indigenous Trainee Liaison Officer in the future who are able to contribute to transparent communication with the College on behalf of the trainees.

The team also received the College's Stakeholder Engagement Plan during the assessment visit, which included an acknowledgement and commitment to stakeholder engagement as a key priority. As noted in the Stakeholder Engagement Plan, the College's stakeholder engagement activities have been considered by Millwood Consulting, which noted that '…more campaign-orientated collaboration on specific issues had not been pursued to any significant degree'. The brief Plan lists three follow-up suggestions but does not set out a timeline for their implementation. The further development and implementation of the Stakeholder Engagement Plan through governance channels would further embed the College's strategy for consultation with its stakeholders, both internal and external.

Condition 17

To satisfy this condition, evidence of the implementation of evaluation mechanisms from both CR and RO clinical supervisors will be required. This should include an appropriately consistent and documented implementation plan to seek feedback from CR clinical supervisors, in addition to the plans for RO clinical supervisors. The College should provide updates on implementation of the Radiation Oncology Clinical Supervisor Evaluation Project Plan as well as similar structured mechanisms for CR. The team understands from the College's submission that it commits to reporting this data with relevant committees as well as supervisors and DoTs. In the next monitoring submission to the AMC, the College is asked to provide evidence of reporting to all relevant stakeholders on a regular and systematic basis.

Clinical radiology

College representatives have advised that a contact list of CR clinical supervisors is being populated, with over 800 email addresses of approximately 4,500 clinical supervisors recorded. Though a structured Supervision Evaluation Plan is yet to be determined, evidence of the effectiveness of evaluation mechanisms was found in the outcomes of the Clinical Radiology WBA Evaluation Survey circulated to DoTs, Trainees and Clinical Supervisors to determine if current processes were fit for purpose. The survey evaluated the volume of WBAs, use of entrustability scales, the reasonability of requirements and ePortfolio functionality. Following the survey, the College reviewed the volume of reporting WBAs and reduced the number to 10 per six-month period instead of the previously required 20 reporting WBAs.

Radiation oncology

The Radiation Oncology Clinical Supervisor Evaluation Project Plan is a well-considered and constructed document. This plan aims to seek feedback from clinical supervisors at accredited training sites in relation to training programs, curriculum content, teaching and learning, supervision, assessment, and trainee progress. It is intended to commence in 2024 after College governance approval is provided.

The team notes the Training Program Manager has overall accountability for the project and is responsible for the execution of the clinical supervisor evaluation tool on an annual basis, while the Senior Project Officer (SPO) and Radiation Oncology Training and Education Committee (ROETC)is responsible for monitoring feedback data and reviewing draft recommendations.

As detailed in the Radiation Oncology Clinical Supervisor Evaluation Project Plan, the Radiation Oncology Education and Training Committee (ROETC) and Specialty Training Unit (STU) are responsible for communication of results to stakeholders, as well as progressing recommendations and monitoring their implementation. However, the table in Section 4 of the Plan (project schedule and milestones) appears incomplete, as the expected due date column is blank and there are marked-up questions against some of the milestones. We look forward to receiving a copy of this document once it is finalised.

Condition 18

The RANZCR Monitoring and Evaluation Framework outlines various benefits that will arise from sharing results of monitoring and evaluations but does not clearly demonstrate alignment with some elements of the AMC standards, particularly the need to make evaluation results available to stakeholders with an interest in program and graduate outcomes, and consider their views in continuous renewal of its programs. The team was pleased to hear various insights and commitments to enhance the mechanisms for communicating to stakeholders the outcomes of monitoring and evaluation activities in a systematic manner.

To satisfy condition 18, there should be alignment of the monitoring and evaluation mechanisms to assess the effectiveness of changes made to programs, including the impact on learning and graduate outcomes. While the Monitoring and Evaluation Framework outlines various benefits from sharing results of monitoring and evaluation activities, there is scope to better define the process to formally communicate monitoring and evaluation activities and outcomes to internal and external stakeholders. Changes made in relation to feedback received should also be communicated. Mechanisms that allow stakeholders to provide feedback on outcomes should be incorporated.

Recommendation JJ

In relation to the recommendation JJ, the team notes the College believes that a biennial radiation oncology trainee feedback survey is currently sufficient, however, the College will continue to assess this situation over time. This will increase the need for timely analysis of the responses and identification of actions that are incorporated into stakeholder feedback and communicated consistently. Documented planning will support this implementation and will be of benefit to the overall approach. Furthermore, the Monitoring and Evaluation Framework must result in evidence of the quality of all aspects of training that comply with AMC standards.

2019 Accreditation commendations, conditions and recommendations

2019 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.

2019 Conditions to satisfy accreditation standards

16 Finalise an overarching framework and responsibilities for 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)

2019 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)

2023 Accreditation commendations, conditions and recommendations

In 2021 and 2022, the College addressed condition 16 and recommendation KK in their monitoring submissions to the AMC.

In the 2023 follow-up assessment, the team considers recommendation JJ from the 2019 accreditation has been satisfied. The team considers conditions 17 and 18 to be progressing and are replaced with conditions 6 and 7 in 2023. Recommendation II is new in 2023.

2023 Commendations

N The strong commitment to monitoring and evaluation a range of survey and evaluation activities conducted.

O The RO Clinical Supervisor Evaluation Project Plan is a well-considered and constructed document with accountability assigned to relevant College staff and office bearers.

2023 Conditions to satisfy accreditation standards

6 To regularly seek and respond to feedback from clinical supervisors on program development:

(i) Develop and implement a structured evaluation for CR Clinical Supervisor Evaluation.

(ii) Finalise and implement the RO Clinical Supervisor Evaluation. (Standard 6.1.2)

7 Formalise the Stakeholder Engagement Plan and provide evidence of structured reports of monitoring and evaluation activity outcomes as shared with all relevant College committees, internal and external stakeholders.

(i) Demonstrate how stakeholder feedback has contributed to the evaluation of program and graduate outcomes. (Standards 6.2.3, 6.3.1 and 6.3.2)

2023 Recommendations for improvement

II Ensure there are mechanisms to consistently evaluate data, including the TATS and relevant national surveys, respond to and shared with relevant stakeholders. (Standard 6.1.3)

B.7 Trainees

7.1 Admission policy and 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 specialist medical 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 2019 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 prevocational 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 participation in education provider 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 2019 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. Student 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 2019 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 2019 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 pursing 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 sited 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 2019 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.

2023 Follow-up assessment

A. 2020 – 2022 Progress reported in AMC monitoring submissions

The College addressed the following conditions and recommendations in AMC monitoring submissions.

Conditions to satisfy accreditation standards

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:

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

Recommendations for quality improvement

Nil.

Condition 20

The College implemented a network model for clinical radiology and radiation oncology across all training sites is Australia and Aotearoa New Zealand. The focus was to encompass multiple sites or 'networked' training to provide a comprehensive experience required to reflect the varied workplace scenarios within the modern health care system, with its mix of public and private services, and metropolitan and rural locations.

In 2021, the College reported that training networks are required to publish their rotations prior to the beginning of each training year.

Condition 21(ii)

As discussed under Standards 1 and 2, the College has engaged with and formalised partnerships with Indigenous health organisations such as AIDA and Te ORA. The College has also introduced initiatives to encourage Indigenous applicants to consider clinical radiology or radiation oncology through further engagement with Indigenous health organisations.

B. 2023 Team findings

The follow-up visit considered progress towards the remaining conditions and whether the College had responded to the recommendations for quality improvement.

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)

To be met by 2022.

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)

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

To be met by 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)

To be met by 2021.

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)

The team met with trainees in training sites across Australia and Aotearoa New Zealand and reviewed responses to surveys including the MBA's Medical Training Survey. There appeared to be general satisfaction with both the clinical radiology and radiation oncology training programs in terms of clinical supervision and the ability to meet service and training demands, though some trainees indicated some notable challenges relating to the requirements of the training program. Recurrent themes of concern raised by trainees involve communication, lack of connection with College central administration and the relevance of curriculum and examinable components to practical applications in CR and RO scope of practice. As part of ongoing work of the M&E Framework and Stakeholder Engagement Plan, the College is encouraged to thoroughly review, evaluate, and respond to trainee feedback from all available sources to inform continuous improvement of its education and training programs as well as means to improve connections with trainees.

Fee increase – communication and trainee wellbeing

The College has recently increased education and assessment fees for trainees and introduced a new entry to fellowship fee ($6000) for trainees who have completed their training. The team heard very strongly from numerous DoTs and fellows, as well as trainees, that the College's approach to recovering costs of training and assessment falls disproportionately on those that have the least capacity to pay (i.e., trainees). Stakeholders negatively perceived these changes, noting that fees are collected from fellows to support the College's role in maintaining the skills, safety, and reputation of the entire profession by providing quality training. The team also heard that a significant number of DoTs and clinical supervisors attempted to address the abrupt fee increase, particularly the entry to fellowship fee, with the College.

There was significant feedback that trainee engagement in the governance processes for review and revision of fees and the subsequent communication with the trainee population in 2022 was suboptimal. The College acknowledges this and has worked on improving both the engagement with trainees in governance processes and the transparency of communication. Feedback from trainees recognised these more recent efforts. It appeared to the team, based on the feedback received across both countries, that the legacy of the 2022 fee changes and disquiet about the principles underpinning the cost allocation will continue to be an issue for the College in maintaining supervisor engagement in the training program, in particular encouraging new fellows to engage in College work.

Furthermore, trainees raised concerns that fee increases may impact the wellbeing of trainees (by imposing greater financial burden), as well as the equity and diversity of the training population. The team were concerned that this may not have been adequately explored or considered by the College before making changes to fees.

AIDA and trainees did note that while some processes for providing financial support do exist within the College, they are not clear or easily accessible. The financial burden of training was

identified as a key barrier to trainee progression and retention, and more widespread and accessible information provided for trainees to seek financial support are recommended. Noting the College is currently already providing assistance to some trainees and positive feedback on new College personnel assisting trainees, the AMC looks forward to an update if more trainees have been able to access College mechanisms for financial assistance in the next monitoring submission.

Attrition rates

Significant attrition from the Radiation Oncology Training Program was noted, compared to much lower levels seen in the Clinical Radiology program. Trainees anecdotally identified concern that trainees in difficulty were not being identified before leaving the program. Evaluation by the College on the rationale to identify areas for improvement or support for trainees is recommended.

The College provided limited granular data on attrition and does not seek detailed feedback or information from trainees who have exited the training program. In the context of significant attrition numbers, ensuring safe processes to obtain more data could provide a valuable source of information on issues within training, which have not otherwise been identified.

Selection

In 2021, the College convened the cross-faculty Selection Review Working Group. The working group made a number of recommendations including:

- Introduction of a mechanism to increase the recruitment of Māori, Aboriginal and Torres Strait Islander applicants as well as applicants from regional and rural backgrounds.
- Implement a 5-phase framework to the selection process.
- RANZCR to take a more centralised and active role in the initial selection process.

Table 10: The 5-phase framework summary

	Activity	**Responsibility**
1	Administration and Application	RANZCR
2	Application scoring	Network/Site aligning to RANZCR Selection Policy
3	Interview	Network/Site aligning to RANZCR Selection Policy
4	Offer and appointment to training	Network/Site
5	Feedback and review	RANZCR

In 2022, Faculty specific Selection Working Groups were formed and tasked with implementing the recommendations of the review working groups. To ensure the processes are consistent, transparent, rigorous, and fair. The working groups are developing a new Selection Policy to take effect at the start of 2024 for 2025 trainee commencement.

To date the Selection Working Groups have made substantial progress towards the implementation of the new policy and processes and are on track to have it implemented from January 2024. The *Selection Policy* is out for stakeholder consultation.

As part of the Selection Working Groups efforts the College has developed equity mechanisms to address its limited recruitment of Aboriginal, Torres Strait Islander and Māori trainees. These will include a straight to interview process for Aboriginal, Torres Strait Islander and Māori applicants and a waiver of the initial College registration fee. The College has sought to identify cultural ethnicity at the time of application since 2015 and are implementing a new College application system that will capture all applicants for specialty training.

Through the registration process an eligibility check will be conducted and the applicant will be provided a College Registration Verification Number which they will need to apply for the network

trainee positions. This process will allow the College to better facilitate support and improve reporting on identified applicants. 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 clinical radiology and radiation oncology and workforce shortages in non-metropolitan areas. The College has developed an equity mechanism for applicants who satisfy rural/regional criteria. The eligible applicants will be provided with a positive CV weighting to reduce geographical opportunity bias. These mechanisms will be incorporated into the new *Selection Policy* and come into effect in 2024.

Additionally, the Selection Working Groups have standardised selection processes including CV scoring domains and weightings for shortlisting applicants for interview. Standardising of interviews through the development of professional competency domains, mapping of questions to those domains to provide a bank of questions to be used at interview and development of policy to ensure consistency and fairness of questions asked are all positive developments. The College will be facilitating interview training for interviewers to further improve how interviews are conducted and scored. Standardisation of overall weightings has also been accomplished with CV's, referee reports and interviews all holding the same final weighting on decisions of appointment of the training positions binationally.

Condition 19

The College has made good progress towards more consistent and transparent selection processes through the work of the radiation oncology and clinical radiology Selection Working Groups, which have been tasked with developing new policies to centralise training selection processes. These working groups have consulted broadly and have had strong involvement from trainees, training networks, and key stakeholder organisations including AIDA and Te Ora.

Draft policies outlining the new proposed selection process, while in early stages of development, include a number of significant and positive changes, including centralised screening of applicant eligibility for training, standardised CV scoring, standardised interview question domains, and clear principles for conducting fair interviews. The College has committed to making information including CV scoring criteria and interview question domains freely accessible on its website.

The College intends to charge an application fee to all training applicants, which should be carefully considered to ensure it does not hinder the accessibility or equity of applying for training. The College has committed to waiving this application fee for Aboriginal, Torres Strait Islander and Māori applicants.

Consideration should be given to how the College measures the effectiveness of its new selection processes, particularly in relation to equity and the diversity of the trainee population (noting ongoing significant gender disparity in trainee selection for Clinical Radiology).

Given these policies are still in early draft form and yet to be implemented this condition is not yet satisfied, however good progress has been made. Anecdotally, the team heard there continues to be 'pre-interviews', formal or informal, occurring in training networks that contribute to selection into training. There is the potential for such activities to contribute to a less than equitable selection process, which may exclude those without access to networks or individuals. As an education provider, it is, therefore, vital that the College ensures training networks adhere to its selection processes, so all applicants receive fair and equitable review.

Condition 21(i)

The College's Selection Review Working Group, in consultation with MATEC, has made specific recommendations to provide support to increase selection of Aboriginal and Torres Strait Islander and Māori trainees, including directly shortlisting self-identifying applicants for interview, developing targeted training positions for Indigenous doctors, and including positive weighting for Indigenous candidates in CV scoring. The College's new draft selection policies also recommend the inclusion of Aboriginal and/or Torres Strait Islander and Māori members on selection interview panels.

The College's ongoing close liaison with AIDA, including its participation in the Specialist Training Support Program is a positive step in providing individualised and culturally appropriate support to existing trainees. The College has advised there are three Aboriginal and/or Torres Strait Islander and up to four Māori trainees joining, the training program from 2024, including the first Aboriginal RO trainee. This is an extremely positive development, and the AMC looks forward to hearing updates in future. The College is encouraged to leverage existing relationships with AIDA and Te Ora to improve recruitment of Aboriginal and Torres Strait Islander and Māori trainees, and the recruitment of the new trainees is an opportunity to develop relationships with local Elders and First Nations communities for additional support, especially where the College or trainees are located.

The College is considering the appointment of an Indigenous Trainee Liaison Officer in Australia to provide individual support to self-identifying trainees, which, if implemented, would be a positive support to meeting this condition.

Condition 21(iii)

The College's Indigenous Action Plan for Māori, Aboriginal and Torres Strait Islander Health identifies several development goals to increase the selection and support of Indigenous trainees, however no clear evaluation methods or strategies have been outlined to measure progress towards these goals. The recruitment process for trainees must be transparent and equitable with the justification of point allocation made clear to eliminate bias.

The development of evaluation strategies to measure progress is still at a very early stage, and significant work is required to meet this condition. The team notes there is slow progress to meet this condition and in earlier Standards, the team highlighted the importance of more extensive external stakeholder consultation to ensure purposeful progress in this area. Documented progress, as part of the Stakeholder Engagement Plan, should be provided to the AMC in forthcoming monitoring submissions to demonstrate response to this condition.

Selection processes for Aboriginal and/or Torres Strait Islander trainees has improved along with the opportunity for an Indigenous trainee to apply for an Indigenous scholarship. For the Indigenous scholarship to continue to be an incentive to support Indigenous trainees, barriers need to be removed. The request for proof of Indigeneity is a barrier, culturally unsafe and can be viewed as being insensitive to the individual's cultural position It is recommended that the request for Indigeneity be removed from the scholarship application process and given the present cost of living pressures, the College should consider if the current funding amount allocated is adequate to achieve its philanthropic goals or will need to be increased.

In addition, everyone involved in the recruitment process needs to have a good understanding of factors relating to Aboriginal and/or Torres Strait Islander and Māori health for all potential applicants to be assessed on culturally appropriate practice beyond the online cultural awareness module.

Condition 22

Trainees identified that communication and support were mostly robust at local training site level, with DoTs being identified as a key source of accessible support for trainees, though the team noted some sites reported issues. The vast majority of trainees the team spoke with found their DoTs to be approachable and capable of providing support on a range of issues.

DoTs reported that Education Support Officers (ESOs) and Branch Education Officers (BEOs) were critical to the local delivery of training through frequent liaison with the College to resolve training matters.

Trainees identified that pathways and resources to raise concerns with or gain support from the College directly were limited and unclear. Trainees across both Faculties were unsure who to contact to receive support if they felt they could not approach their DoT or Network Training

Director. Difficulties with finding relevant escalation pathways or personnel contact details on the College website and within training handbooks were frequently reported.

The College has recently hired new Trainee Liaison Officers (TLOs) for each Faculty to act as a direct source of contact within the College for trainees. The development of a new Clinical Radiology Trainee Wellbeing Officer (TWO), tasked with advocating for trainees and SIMGs and liaising with relevant stakeholders at a network and College level is also positive.

While these positions represent positive steps towards this condition, trainees are not yet universally aware of their role, and their impact on providing consistent and timely support to trainees is yet to be fully realised. The College is considering the development of RO Trainee Wellbeing Officer position to match that of the new CR TWO.

Members of the Clinical Radiology and Radiation Oncology Trainee Committees reported excellent involvement in Faculty committees and decision-making processes and felt they could advocate for trainee wellbeing and communicate concerns. The team noted not all trainees were aware of the membership of each Trainee Committee and recommends this be more widely communicated to trainees as another means of support and engagement.

There is positive development noted in this area and the AMC looks forward to updates in the monitoring submission on the way College supports have improved trainee wellbeing and resolution of disputes, acknowledging this is already on track.

Recommendation LL

Trainees identified that participation in committees throughout the organisation up to the level of Faculty Council was robust. Changes to the College's Conflict of Interest Policy and Trainee Committee Terms of Reference have clearly identified that trainee representatives are responsible for advocating for trainee welfare and representing trainees at a College level.

Trainee representatives have been involved in the College's Accreditation Standards Working Group, Review of accreditation assessments are conducted by the Clinical Radiology Training Assessment Committee (CRTAC). The committee comprises of several members including a Trainee Representative, who can provide input on the review of individual sites. The Trainee Representative has provided valuable contributions to the assessment of training sites and is able to identify and discuss additional systemic issues at training sites at risk of losing their accreditation.

2019 Accreditation commendations, conditions and recommendations

2019 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.

2019 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)

2019 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)

2023 Accreditation commendations, conditions and recommendations

In 2021, the College addressed condition 20 in their monitoring submission to the AMC.

In the 2023 follow-up assessment, the team considers condition 21(ii), 22 and recommendation LL from the 2019 accreditation have been satisfied. The team considers conditions 19, 21(i) and (iii) to be progressing and are replaced with conditions 8 and 9 in 2023. Recommendation JJ is new in 2023.

2023 Commendations

P The strong inclusion of trainees across College committees and working groups up to the Faculty level in both radiation oncology and clinical radiology.

2023 Conditions to satisfy accreditation standards

8 Provide evidence College's *new* selection guidelines and processes are consistent, transparent, rigorous, and fair across both training programs, including:

(i) Progressing a single centralised approach to selection for Australia and Aotearoa New Zealand.

(ii) Implementing the following milestones of the 5-phase Framework by:

- stage 1 (application, registration and verification process to be completed by College) by 2024,
- College-administered centralised recruitment by 2026 (for trainees commencing in 2027)

(iii) Ensuring interview panels undertake College interview panel training programs on conscious and unconscious bias, cultural awareness, and interviewing scoring techniques. (Standard 7.1.1)

9 Provide evidence of the outcomes of the College's plans to increase selection and support of Aboriginal and/or Torres Strait Islander and Māori trainees with effective evaluation strategies to measure progress and success. This includes providing appropriate, individual support and meaningful engagement with relevant Indigenous health organisations. (Standard 7.1.3)

2023 Recommendations for improvement

JJ	Conduct more substantial analysis into attrition from the Radiation Oncology Training Program to identify underlying causes of disproportionate numbers of trainees exiting the program. (Standard 7.1)

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 2019 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 2019 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.

2023 Follow-up assessment

A. 2020 – 2022 Progress reported in AMC monitoring submissions

The College addressed the following conditions and recommendations in AMC monitoring submissions.

Conditions to satisfy accreditation standards

Nil.

Recommendations for quality 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)

In 2022, the College introduced a Director of Training and Clinical Supervisor Support Project Officer role and also commenced training and upskilling programs for directors of training and clinical supervisors.

B. 2023 Team findings

The follow-up visit considered progress towards the remaining conditions and whether the College had responded to the recommendations for quality improvement.

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)

To be met by 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)

To be met by 2022.

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) *To be met by 2021*.
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) *To be met by 2021*.

Recommendations for improvement

Nil.

In many training sites, trainees commented on the important role DoTs and clinical supervisors had in their professional and at times, personal development. It is, therefore, essential that resources are developed to support their role and also for these roles to be properly evaluated to ensure the College is aware of both positive and negative issues that may arise in training sites.

Following the College review in 2022 of the Clinical Radiology and Radiation Oncology Accreditation Standards regarding training sites, utilising the Accreditation Review Working Groups (ARWG), the College will initiate a further consultation round with stakeholders in the second half of 2023 to gather feedback on both the accreditation standards and processes. Following trials, the College will progressively launch the new accreditation standards and processes during 2024.

The team notes the progress in drafting the Radiation Oncology Training Site Accreditation Process Guidelines and looks forward to reviewing the document. These Guidelines are complemented by the Framework for Managing Notifications about Training Sites and Networks. A project to create Clinical Radiology Training Site Accreditation Process Guidelines has commenced. College representatives have advised that both sets of guidelines will be appropriately consistent. The review of the accreditation standards for CR and RO and subsequent implementation will include cultural safety in learning environments.

It was pleasing to hear comments outlining recent improvements and an ongoing commitment to improve the timeliness of notifying sites of their accreditation outcome, as well as communication to manage site expectations of the likely time frame involved.

Condition 23

The team notes the College is continuing to make progress towards satisfying this condition. In particular, the College has developed a number of centralised resources, including the ePortfolio manual, and has implemented initiatives such as face-to-face WBA training, online workshops, and webinars to support training and professional development for DoTs and clinical supervisors. It is also noted that Education Support Officers (ESOs) were commonly described by various stakeholders as a valuable resource for the clinical supervisors at the network level.

Whilst the development of resources and training supports for DoTs and clinical supervisors is acknowledged and commended, greater clarity is needed about how these are being delivered consistently to all clinical supervisors. During the site visits, the College described work being undertaken to identify and maintain a complete record of all supervisors in the CR and RO training programs. The team supports this initiative which, when completed and utilised appropriately, will be able to facilitate effective and timely communication with all clinical supervisors regarding ongoing changes to curriculum, assessment, and other key aspects of training.

Condition 24

The collection of feedback from trainees every six months via the Trainee Assessment of Training Sites (TATS) survey offers considerable data to support quality improvement of the CR and RO

training programs. The team notes that despite a range of potential uses for this data, it has largely been used to inform site accreditation only to date. Trainees shared that it was not clear to them how the feedback they were providing via TATS every six months was being used to improve training. Directors of Training and clinical supervisors expressed interest in receiving feedback on their performance, be it from TATS or otherwise.

The College should consider how to better utilise the extensive data that is available via TATS for quality improvement. This includes determining how to provide meaningful feedback to DoTs and clinical supervisors utilising de-identified data and ensuring trainees feel safe to share honest and constructive responses.

Condition 25

Across 2023, the College is trialling an 'intensive monitoring plan' for a site at risk of having accreditation withdrawn. Implementation is scheduled within 12 months. The College needs to formalise the criteria and process for instigating out-of-cycle accreditation reviews of sites that are at risk of not meeting published accreditation standards to ensure the process is transparent for trainees and training networks.

Implementation of a documented and transparent process to instigate and manage out-of-cycle accreditation reviews will be required to address Condition 25.

The criteria for initiating, the process for undertaking, as well as guidelines for communicating an out-of-cycle accreditation should be clearly outlined and published by the College.

To satisfy condition 25, the formalisation of the out of cycle review process needs to be progressed alongside the implementation of the CR and RO Accreditation Guidelines. The College should also explore MTS data to see whether serious themes emerge in both MTS and TATS, related to site-specific information, and be sure to review sites efficiently.

Condition 26

The College submission demonstrates the significant work required to address network education and training, including the rotational requirements for network training. Both Accreditation Review Working Groups (CR and RO) should continue to work on the network standards and processes in parallel with the new training site standards being launched in early 2024, as per the College's stated timeframe. Preliminary work has commenced with an external consultant engaged to undertake a desktop review, which the College will then complete. The team understands that the College aims for both sets of Guidelines to have governance approval and be in place by Q2 of 2024.

The College will need to address the variation in rotational requirements in network education and training in the review of the network accreditation standards for clinical radiology and radiation oncology. All trainees, within and across networks, need to have access to clinical experiences and educational opportunities that are able to satisfy the learning outcomes, graduate outcomes, and training requirements of each program. In addition, each training program should aim to be responsive to population workforce needs (Standard 2.2.1) and support trainee wellbeing and flexible training options, especially where relocation is required. This should include adequate notice of rotations requiring relocation and exploring options for accommodation, especially for shorter rotations.

There is an intersection between defined training requirements and the ability for trainees to access these experiences across training sites and networks. For example, some trainees reported difficulty gaining exposure to the full number of scans across all imaging modalities in clinical radiology, including for modalities where additional qualifications are required to report as a specialist clinical radiologist (e.g., nuclear medicine, CTCA). Additionally in radiation oncology trainees at some sites reported difficulties gaining exposure to relevant cases needed to complete the five required lesser focus topics for the Case Reporting and Discussion Tool WBA. Where such requirements are considered necessary, trainees should be supported to access these within their

training network, or alternatively provided alternative mechanisms to satisfy training requirements where this is considered appropriate. The introduction of the CLP has been a very positive initiative in ensuring consistent access to education across training sites. Regular consultation and evaluation of the validity of rotational requirements should be considered to ensure there are continuous improvement measures.

2019 Accreditation commendations, conditions and recommendations

2019 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)

2019 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)

2019 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)

2023 Accreditation commendations, conditions and recommendations

In 2022, the College addressed recommendation MM in their monitoring submission to the AMC.

In the 2023 follow-up assessment, the team considers condition 26 is satisfied and conditions 23, 24, and 25 from the 2019 accreditation to be progressing and are replaced with conditions 10, 11 and 12 in 2023.

2023 Commendations

Q The progress made to develop resources and training initiatives to the professional development of DoTs and clinical supervisors.

2023 Conditions to satisfy accreditation standards

10 Deliver consistent and centralised support, training and professional development for all supervisors to facilitate effective engagement of training across training programs and networks. (Standard 8.1.3)

11	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)
12	Formalise the process and criteria for instigating out of cycle accreditation review of sites at risk of not meeting published accreditation standards, transparent to trainees and training network alignment to the new CR and RO accreditation standards and guidelines should be considered. (Standard 8.2.1)

2023 Recommendations for improvement

Nil.

B.9 Assessment of specialist international medical graduates

AMC Note: In January 2023, with the introduction of the Criteria for AMC Accreditation of CPD Homes, the Standards for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council were revised. The previous Standard 10 Assessment of specialist international medical graduates is now Standard 9 and related numbering have also been revised in the 2023 follow-up assessment report.

9.1 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.

9.1.1 2019 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.

9.2 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.

9.2.1 2019 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.

9.3 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.

9.3.1 2019 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.

9.4 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.

9.4.1 2019 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.

2023 Follow-up assessment

A. 2020 – 2022 Progress reported in AMC monitoring submissions

The College addressed the following conditions and recommendations in AMC monitoring submissions.

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 9.1.1)

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 9.2.1)

Recommendations for quality improvement

OO	Review the purpose of a face-to-face interview for specialist international medical graduates, considering the financial costs to applicants. (Standard 9.2.1)
PP	Consider the assessment of cultural competence linked to the College's overarching strategy in this area. (Standards 9.2.1 and 1.6)

Condition 27

On 1 May 2022 the College implemented a new IMG Assessment Policy to align their process to the *Medical Board of Australia Standards: Specialist medical college assessment of specialist international medical graduates*. SIMGs assessed under this new policy are required to undertake upskilling specific to their identified deficiencies via the College's e-portfolio learning system.

Recommendation PP

The new policy also requires SIMGs to undertake cultural competency training, and this is the same module trainees are required to undertake.

Condition 28 and Recommendation OO

In 2022, the College reported that its area of need assessment application form and process had been updated to ensure fair assessments for applicants and regular training of assessors is conducted. From 2022, interviews and assessments of SIMGs were conducted via videoconference.

B. 2023 Team findings

The follow-up visit considered progress towards the remaining conditions and whether the College had responded to the recommendations for quality improvement.

Conditions to satisfy accreditation standards

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 9.2.1 and 1.1.6)

To be met by 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 9.2.1)

To be met by 2021.

Recommendations for improvement

Nil.

Assessment of SIMGs

The team heard feedback from SIMGs that the application process would benefit from more transparency, and that there was a need for the College to recognise that the organisation could be losing high-quality SIMGs in subspecialty areas (e.g., interventional radiology) through the lack of a 'scope of practice' process. Currently such applicants need to undergo the standard assessments applicable to a generalist that do not reflect their area of expertise and scope of work. In light of emerging national changes in SIMG assessment (i.e. the Independent Review of Overseas Health Practitioner Regulatory Settings Interim Report by Ms Robyn Kruk AO), the College should develop strategies to enable SIMG applicants to work within a specified scope of practice where relevant and safe.

The team were concerned to see the disparity in decision-making regarding comparability in Australia and Aotearoa New Zealand in Clinical ~~Radiology~~, with only one applicant in Australia being deemed as Substantially Comparable since 2019. This is echoed in SIMG feedback, where concern was raised by applicants in senior positions in equivalent health systems that their experience is not taken into account and the reasoning behind the decision of Partially Comparable is neither clear nor fair.

Stakeholder engagement

In addition, stakeholder feedback from the Medical Council of New Zealand stated that they had concerns regarding communication with the College, timeliness of response and frequent lack of complete information provided by the College for the Council to support decision making. As a key stakeholder, the MCNZ should be included in the Stakeholder Engagement Plan and regularly consulted about training issues related to Aotearoa New Zealand. The team recommends that working towards a mutually agreed key performance matrix would go a long way to enhancing existing assessment processes conducted with MCNZ.

AON accreditation process in Australia

The College introduced an AON Site accreditation process in 2022 to ensure SIMGs working in AoN training sites are fully supported on their specialist registration pathway. Upskilling for these SIMGs require 13 to 24 months in eligible RANZCR accredited training sites. The College should continue to monitor the effectiveness of this mechanism for continuous improvement.

Condition 29

The team noted that the application of the revised COI Policy has been helpful to manage and address SIMGs' concerns over interviewer conflicts and manage potential bias. This should be reviewed regularly to ensure consistency and equity over time. The IMG Assessment Policy was also seen as a positive development, allowing workplace assessment to focus on gaps as identified in the assessment process. Further monitoring and evaluation on its impact should be undertaken.

Condition 30

The team also noted the positive development of SIMGs having the same access as College trainees to the ePortfolio and training materials (such as the Centralised Learning Program for the Phase 2 examinations). SIMGs in Area of Need positions also have access to the same work-based assessments as other SIMGs through an AON training site accreditation process. All SIMGs are also required to undertake the same cultural safety training as trainees and have the same opportunities and number of attempts as trainees to complete the Phase 2 examinations.

2019 Accreditation commendations, conditions and recommendations

2019 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.

2019 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 9.1.1)

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 9.2.1)

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 9.2.1 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 9.2.1)

2019 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 9.2.1)

PP Consider the assessment of cultural competence linked to the College's overarching strategy in this area. (Standards 9.2.1 and 1.6)

2023 Accreditation commendations, conditions and recommendations

In 2021 and 2022, the College addressed conditions 27 and 28 and recommendations OO and PP in their monitoring submissions to the AMC.

In the 2023 follow-up assessment, the team considers conditions 29 and 30 from the 2019 accreditation have been satisfied. Condition 15 is new in 2023.

2023 Commendations

R The introduction of Area of Need training site accreditation, supporting SIMGs in this pathway to upskill in a structured way.

2023 Conditions to satisfy accreditation standards

13 Engage with the Medical Council of New Zealand as a key stakeholder in SIMG assessment on how requirements of the MOU can be met. (Standard 9.1)

2023 Recommendations for improvement

KK To preemptively respond to national reviews and SIMG feedback:

(i) Review the reasons for extremely rare assessment of SIMGs as Substantially Comparable to ensure policies and procedures support equity of decision-making across Australia and Aotearoa New Zealand. Revisions should be recommended and made as response to the review.

(ii) Develop strategies enabling SIMG applicants in Australia to work within a specified scope of practice where relevant and safe. (Standard 9.2)

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 Membership of the 2023 AMC assessment team

Professor Inam Haq (Chair), BSc Biochemistry (Hons), MBBS, MRCP, MD, FRCP (UK), FRACP.
Executive General Manager Education, Learning and Assessment, Royal Australasian College of Physicians.

Dr Catherine Pendrey (Deputy Chair), MBBS (Hons), BMedSci (Hons), GDipEcon, FRACGP.
Masters of Applied Epidemiology Scholar and Remote General Practitioner (Locum), Northern Territory Primary Health Network.

Mr Fergus Leicester, B.Bus., MBA., GradDip Applied Corporate Governance, BEd (Prof Hons) FCPA, FGIA, FAICD.
Management Consultant (Self-employed).

Ms Fiona Mitchell, BPsych, GCert Mental Health (Child and Adolescent), GCert Public Sector Management), GDip Indigenous Research.
PhD Candidate, School of Exercise and Nutrition & Associate Research Fellow, Deakin Rural Health, Deakin University.

Dr Janine Stevens, FNZCPHM, MPH, MBChB, BPharm.
Public Health Physician, Te Whatu Ora MidCentral.

Professor Stephen Tobin, MBBS, FRACS, GradCertClinEd, FRCS MSurgEd (Melb).
Associate Dean and Professor of Clinical Education, School of Medicine, Western Sydney University.

Dr Isaac Wade, BMedSc/MD.
Junior Medical Officer, Central Coast Local Health District.

Ms Kirsty White
Director, Accreditation and Standards, Australian Medical Council.

Ms Juliana Simon
Manager, Specialist Medical Program Assessment, Australian Medical Council.

Ms Georgie Cornelius
Program Coordinator – Accreditation Assessments, Australian Medical Council.

Appendix Three List of stakeholder submissions on the programs of RANZCR in 2019 and 2023

2019

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

2023

ACT Health

Australasian Society for Ultrasound in Medicine

Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine

Australian College of Rural and Remote Medicine

Australian Commission on Safety and Quality in Health Care

Australian Government Department of Health and Aged Care

Australian Indigenous Doctors' Association

Australian Medical Association Council of Doctors in Training

Australian Radiation Protection and Nuclear Safety Agency

Australian Salaried Medical Officers Federation

Australian Society of Medical Imaging and Radiation Therapy

Department of Health Victoria
Department of Health Western Australia
Health Ombudsman Queensland
Medical Council of New Zealand
NT Health
Otago Medical School
Queensland Health
Royal Australasian College of Physicians
Royal Australasian College of Surgeons
Royal Australian College of General Practitioners
University of Sydney, Sydney Medical School

Appendix Four Summary of the 2019 AMC team's accreditation program

Location	Meeting
AUCKLAND, NEW ZEALAND	
Monday 16 September 2019 – Dr Andrew Connolly, Kirsty White (AMC Staff) and Emily Douglas (MCNZ Staff)	
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	
Tuesday 17 September 2019 – Dr James Lynam, Dr Catherine Pendrey, Juliana Simon (AMC Staff) and Georgie Cornelius (AMC Staff)	
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	
Wednesday 18 September 2019 – Professor Kevin Forsyth and Karen Rocca (AMC Staff)	
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	
Friday 20 September 2019 – Dr Andrew Connolly, Dr James Lynam and Juliana Simon (AMC Staff)	
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, Kirsty White (AMC staff), Juliana Simon (AMC Staff), Georgie Cornelius (AMC Staff) and Emily Douglas (MCNZ Staff)

Meeting	Attendees
Monday 23 September 2019	
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

Meeting	Attendees
	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 *RANZCR President, Board of Representatives of Clinical Radiology and Radiation Oncology Council, Trainee Committee Representatives*	President Radiation Oncology Dean Clinical Radiology Dean Clinical Radiology Chief Censor Independent Board Member 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
Tuesday 24 September 2019	
Briefing with RANZCR CEO	Chief Executive Officer
Standards 3 and 4 – Curriculum, and Teaching and Learning *Clinical Radiology Education and Training Committee, Clinical Radiology Curriculum Assessment Committee*	Clinical Radiology Dean Clinical Radiology Chief Censor Deputy Chief Censor Clinical Radiology Trainee Committee Chair Chief Accreditation Officer Curriculum and Assessment Committee Member

Meeting	Attendees
	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 *Clinical Radiology Education and Training Committee, Clinical Radiology Curriculum Assessment Committee, Clinical Radiology Steering Committee and Examination Reference Panels*	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 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 *Radiation Oncology Education and Training Committee*	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 3rd Year Trainee Chief Executive Officer Head of Specialty Training Senior Project Officer, Education Development Senior Project Officer, Radiation Oncology Trainee Liaison Officer

Meeting	Attendees
	Information Technology Senior Manager Senior Business Analyst
Standards 3 and 5 – Curriculum and Assessment *Meeting with Radiation Oncology Education and Training Committee, Radiation Oncology Steering Committee and Phase 1 and 2 Examiners Panel*	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 Education and Training Committee*	Clinical Radiology Dean Clinical Radiology Chief Censor 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 *Radiation Oncology Education and Training Committee*	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

Meeting	Attendees
Standard 8.1 – Supervisory and Educational Roles *Clinical Radiology Education and Training Committee*	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 *Radiation Oncology Education and Training Committee*	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 Senior Project Officer, Radiation Oncology Senior Project Officer, Education Development
Standard 7 – Issues relating to Trainees *Clinical Radiology Trainee Committee*	Clinical Radiology Trainee Committee Chair Clinical Radiology Trainees
Standard 7 – Issues relating to Trainees *Radiation Oncology Trainee Committee*	Radiation Oncology Trainee Committee Chair Radiation Oncology Trainees
Wednesday 25 September 2019	
Briefing with RANZCR CEO	Chief Executive Officer
Standard 3 – Curriculum *Committee for Joint College Training in Nuclear Medicine*	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 *Examination and Assessment Review Taskforce*	Clinical Radiology Chief Censor Deputy Chief Censor Part 1 Anatomy Lead Examiner

Meeting	Attendees
<u>*Clinical Radiology*</u> *Faculty of Clinical Radiology Council Representatives, Clinical Radiology Education and Training Committee, Clinical Radiology Examination Reference Panels* <u>*Radiation Oncology*</u> *Faculty of Radiation Oncology Council Representatives, Radiation Oncology Education and Training Committee, Radiation Oncology Phase 1 and 2 Examiners Panel*	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 Education and Training Committee and Radiation Oncology Education and Training Committee*	Clinical Radiology Chief Censor Deputy Chief Censor 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 *Clinical Radiology Education and Training Committee, Radiation Oncology Education and Training Committee*	Chief Accreditation Officer Radiation Oncology Chief Censor Chief of Examinations and Radiation Oncology Deputy Chief Censor Incoming Radiation Oncology Chief Censor

Meeting	Attendees
	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
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 *Continuing Professional Development Committee Radiation Oncology Post-Fellowship Education Committee*	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 *International Medical Graduate (IMG) Committee*	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

Meeting	Attendees
	Senior Project Officer, IMG Branch Manager, New Zealand Project Officer, New Zealand
Thursday 26 September 2019	
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 Incoming Radiation Oncology Chief Censor Deputy Chief Censor Radiation Oncology Trainee Committee Chair Clinical Radiology Trainee Committee Chair Independent Board Member

Appendix Five Summary of the 2023 AMC team's accreditation program

Location	Meeting
NEW ZEALAND	
Monday 21 August 2023 – Professor Inam Haq (Chair), Dr Janine Stevens, Professor Stephen Tobin and Georgie Cornelius (AMC Staff)	
Various Training Sites in NZ (Virtual)	Chief Medical Officers of Auckland City Hospital, Waikato Hospital, Christchurch Hospital and Dunedin Hospital
	Directors of training of Auckland City Hospital, Waikato Hospital, Christchurch Hospital and Dunedin Hospital
	Supervisors of training of Auckland City Hospital and Waikato Hospital
	Trainees of Auckland City Hospital and Waikato Hospital
	Representatives of related health disciplines of Auckland City Hospital and Waikato Hospital
	New Zealand Training Networks
	Supervisors of training of Christchurch Hospital and Dunedin Hospital
	Trainees of Christchurch Hospital and Dunedin Hospital
SOUTH AUSTRALIA	
Wednesday 23 August 2023 – Professor Inam Haq (Chair), Dr Catherine Pendrey (Deputy Chair), Juliana Simon (AMC Staff)	
Royal Adelaide Hospital (In Person)	Senior hospital executives
	Directors of training
	Supervisors of training
	Representatives of related health disciplines
	Trainees
Various Training Sites in SA (Virtual)	South Australian Training Networks
	Directors of training of Women's and Children's Hospital, Adelaide Radiotherapy Centre and Flinders Medical Centre
	Supervisors of training of Women's and Children's Hospital, Adelaide Radiotherapy Centre and Flinders Medical Centre
	Trainees of Women's and Children's Hospital, Adelaide Radiotherapy Centre and Flinders Medical Centre
VICTORIA, AUSTRALIAN CAPITAL TERRITORY & TASMANIA	
Thursday 24 August 2023 – Professor Inam Haq (Chair), Ms Fiona Mitchell and Georgie Cornelius (AMC Staff)	
Various Training Sites in VIC (Virtual)	Directors of training of Peter MacCallum Cancer Centres and Barwon Health

Location	Meeting
	Supervisors of training of Peter MacCallum Cancer Centres and Barwon Health
	Trainees of Peter MacCallum Cancer Centres and Barwon Health
	Representatives of related health disciplines of Peter MacCallum Cancer Centres and Barwon Health
	Victorian Training Networks
Various Training Sites in ACT & TAS (Virtual)	Directors of training of Canberra Hospital, Royal Hobart Hospital and WP Holman Clinics
	Supervisors of training of Canberra Hospital, Royal Hobart Hospital and WP Holman Clinics
	Trainees of Canberra Hospital, Royal Hobart Hospital and WP Holman Clinics
QUEENSLAND, NORTHERN TERRITORY & WESTERN AUSTRALIA	
Friday 25 August 2023 – Dr Catherine Pendrey (Deputy Chair), Mr Fergus Leicester, Dr Isaac Wade and Simon Roche (AMC Staff)	
Various Training Sites in QLD (Virtual)	Directors of training of Sunshine Coast University Hospital, Princess Alexandra Hospital, Mackay Hospital and Health Service, Rockhampton Hospital and Icon Cancer Centre Toowoomba
	Supervisors of training of Sunshine Coast University Hospital, Princess Alexandra Hospital, Mackay Hospital and Health Service, Rockhampton Hospital and Icon Cancer Centre Toowoomba
	Trainees of Sunshine Coast University Hospital, Princess Alexandra Hospital, Mackay Hospital and Health Service, Rockhampton Hospital and Icon Cancer Centre Toowoomba
	Representatives of related health disciplines of Sunshine Coast University Hospital, Princess Alexandra Hospital, Mackay Hospital and Health Service, Rockhampton Hospital and Icon Cancer Centre Toowoomba
	Queensland Training Networks
Various Training Sites in NT & WA (Virtual)	Directors of training of Royal Darwin Hospital, Darwin Private Hospital, Alan Walker Cancer Centre and Fiona Stanley Hospital
	Supervisors of training of Royal Darwin Hospital, Darwin Private Hospital, Alan Walker Cancer Centre and Fiona Stanley Hospital
	Trainees of Royal Darwin Hospital, Darwin Private Hospital, Alan Walker Cancer Centre and Fiona Stanley Hospital

Meeting with the Royal Australian and New Zealand College of Radiologists committees and College staff

Monday 28 – Thursday 31 August 2023

Professor Inam Haq (Chair), Dr Catherine Pendrey (Deputy Chair), Mr Fergus Leicester, Ms Fiona Mitchell, Dr Janine Stevens, Professor Stephen Tobin, Dr Isaac Wade, Kirsty White (AMC Staff), Juliana Simon (AMC Staff), Georgie Cornelius (AMC Staff)

Meeting	**Attendees**
Monday 28 August 2023	
Site visit meetings at Royal North Shore Hospital (In Person)	Senior hospital executives Related health disciplines Directors of training Supervisors of training Trainees
Site visit meetings with NSW Training Networks, SIMGs in Australia and Health Departments in Australia (Virtual)	New South Wales Training Networks SIMGs in Australia Health Departments in Australia
Site visit meetings with Ministry of Health New Zealand, Te Whatu Ora, Te Aka Whai Ora and SIMGs in New Zealand (Virtual)	Ministry of Health New Zealand Te Whatu Ora (Health New Zealand) Te Aka Whai Ora (Māori Health Authority) SIMGs in New Zealand
Briefing with RANZCR Chief Executive Officer	Chief Executive Officer General Manager, Specialty Training Unit
Tuesday 29 August 2023	
Meeting with RANZCR Board	President Board Members Chief Executive Officer General Manager, Specialty Training Unit
Standard 1: Context of training and education Standard 2: Program and graduate outcomes Standard 6: Monitoring and evaluation Standard 9: Assessment of SIMGS	Clinical Radiology Education and Training Committee Members Radiation Oncology Education and Training Committee Members Māori, Aboriginal and Torres Strait Islander Executive Committee Members General Manager, Specialty Training Unit Head, Training Programs Manager, Standards Post Fellowship General Manager, Policy and Advocacy Unit
Standard 5: Assessment of learning	Clinical Radiology Examination Advisory Committee Members Clinical Radiology Curriculum Assessment Committee Members

Meeting	Attendees
	Radiation Oncology Education and Training Committee Members Manager, Clinical Radiology Examinations General Manager, Specialty Training Unit
Standard 3: The specialist medical training and education framework Standard 4: Teaching and learning resources Standard 8.2: Accreditation of training sites Standard 9: Assessment of SIMGs	Clinical Radiology Education and Training Committee Members Clinical Radiology Training Accreditation Committee Members Radiation Oncology Education and Training Committee Members International Medical Graduate Committee Chair Head, Training Programs Manager, Accreditation General Manager, Specialty Training Unit
Continuing Professional Development	Clinical Radiology Professional Practice Committee Members Radiation Oncology Professional Practice Committee Members Chief Executive Officer Manager, Standards Post Fellowship
Clinical Radiology Trainee Committee	Clinical Radiology Trainee Committee Members
Briefing with RANZCR Chief Executive Officer	Chief Executive Officer General Manager, Specialty Training Unit
Wednesday 30 August 2023	
Standard 6: Monitoring and evaluation Standard 8: Implementing the program – delivery of education and accreditation of training sites	Clinical Radiology Education and Training Committee Members Clinical Radiology Training Accreditation Committee Members Radiation Oncology Education and Training Committee Members Training Network Directors Committee Members General Manager, Specialty Training Unit Manager, Subspecialties Manager, Standards Post Fellowship Manager, Accreditation Head, Training Programs
Radiation Oncology Trainee Committee	Radiation Oncology Trainee Committee Members
Indigenous Health	Māori, Aboriginal and Torres Strait Islander Executive Committee Chair Chief Executive Officer General Manager, Policy and Advocacy

Meeting	Attendees
Standard 3: The specialist medical training and education framework Standard 7: Issues relating to trainees	Clinical Radiology Education and Training Committee Members Radiation Oncology Education and Training Committee Members Chief Executive Officer General Manager, Specialty Training Unit Head, Examinations Head, Training Programs General Manager, Policy and Advocacy Unit
Briefing with RANZCR Chief Executive Officer	Chief Executive Officer General Manager, Specialty Training Unit
Thursday 31 August 2023	
AMC Team prepare preliminary statement of findings	AMC Team
AMC Team present preliminary statement of findings to College representatives	President Chief Executive Officer Dean Faculty of Clinical Radiology Dean Faculty of Radiation Oncology Chief Censor Clinical Radiology Chief Censor Radiation Oncology

Appendix Six Summary of figures and tables in Section A and B