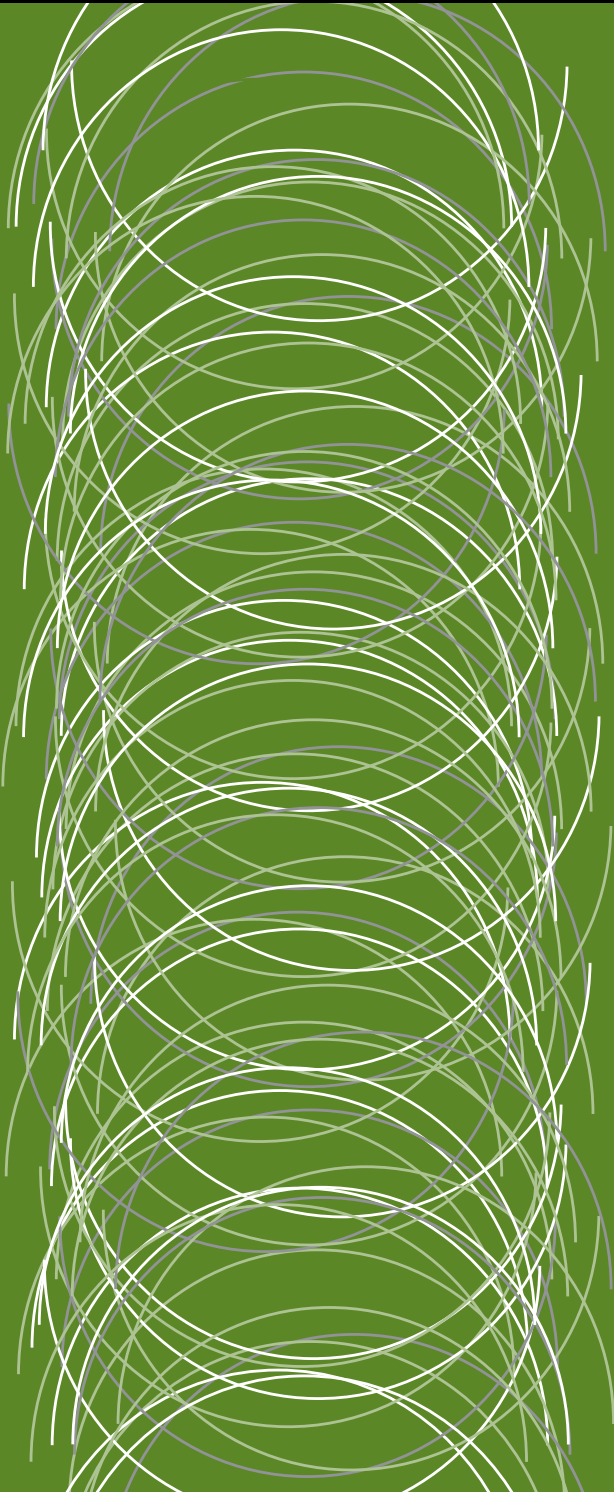


Australian Medical Council Limited

Accreditation Report: Royal Australian and
New Zealand College of Radiologists
CPD Homes

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.

Introduction

The Australian Medical Council (AMC) is the accreditation authority for medicine under the Australian Health Practitioner National Law Act 2009 (the National Law), which provides authority for the accreditation of programs of study in 15 health professions, including medicine. The AMC accredits programs offered in Australia and Aotearoa New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). Accreditation of all Aotearoa New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The AMC leads joint accreditation assessments of binational specialist medical training programs and continuing professional development programs, which includes members from Aotearoa New Zealand on its assessment teams. Thirteen of sixteen education providers of specialist medical programs, the specialist medical colleges, span both Australia and Aotearoa New Zealand.

In July 2021, Australia's Health Ministers approved an updated Medical Board of Australia (Medical the Board) *Registration standard: Continuing Professional Development (CPD)*, outlining the Medical Board's minimum requirements for CPD for medical practitioners. Registered medical practitioners engaged in any form of practice are required to:

- Participate regularly in CPD that is relevant to their scope of practice to maintain professional currency
- Maintain, improve, and broaden their knowledge and expertise and competence
- Develop personal and professional qualities required throughout their professional lives.

The AMC is appointed to conduct accreditation functions under the National Law. In January 2023, the *Criteria for AMC Accreditation of CPD Homes* was implemented and the AMC revised its *Standards for Accreditation and Assessment of Specialist Medical Programs* removing the assessment of continuing professional programs as part of specialist medical program accreditation and assessment. All specialist medical colleges, whose continuing professional development programs were previously accredited by the AMC were granted initial accreditation from 1 January 2023 and are required to undergo a subsequent accreditation assessment against the new criteria.

While the two Councils use the same set of accreditation, legislative requirements in Aotearoa New Zealand require the binational colleges to provide additional Aotearoa New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

Executive Summary: Royal Australian and New Zealand College of Radiologists

The Medical Board of Australia (the Medical Board) sets minimum requirements for Continuing Professional Development (CPD) for medical practitioners. Accredited CPD homes audit and report CPD compliance to the Medical Board. The AMC document, *Criteria for AMC Accreditation of CPD Homes* describes the accreditation requirements for an education provider, an organisation with a primary educational purpose, or an organisation with a primary purpose other than education to be accredited as a CPD Home.

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a specialist medical college founded in 1935. It is a not-for-profit organisation and a company limited by guarantee with a constitution defining the composition of governing bodies and membership of the College. The College's purpose is to drive safe and appropriate use of radiology and radiation oncology to optimise health outcomes through leadership, education, and advocacy.

The peak governing body of the College is the Board of Directors, with specialty education and training programs managed by the:

- Faculty of Clinical Radiology Council
- Faculty of Radiation Oncology Council

Each Council has a Professional Practice Committee governing all CPD decisions.

The College has Branch Committees in the states and territories of Australia and in Aotearoa New Zealand, 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 conducts education and training programs and continuing professional development programs in the specialty of radiology and radiation oncology in Australia and Aotearoa New Zealand. The College also provides specialist medical training programs for registration in the following fields of radiology specialty practice: diagnostic radiology, diagnostic ultrasound, and nuclear medicine.

AMC accreditation

The College's continuing professional development programs in radiology and radiation oncology are accredited by the Australian Medical Council (AMC) with previous reaccreditation reviews conducted in 2001, 2009 and 2019, and have been subject to annual monitoring processes.

In August 2023, the AMC conducted an accreditation assessment of the RANZCR's CPD programs concurrently with the follow-up assessment of the College's specialist medical education and training programs. Prior to the assessment visit in Sydney, New South Wales from 28 to 31 August 2023, during which the AMC team met with College office bearers and staff, the College provided a CPD home accreditation submission against the CPD Home and MCNZ specific criteria. This document was reviewed by the assessment team and as part of the overall assessment program, site visits, stakeholder consultation and surveys were conducted. Details of the AMC team and summary of assessment program are in the appendices.

This report contains the findings from the 2023 AMC follow-up assessment and the AMC's decision on accreditation.

Decision on accreditation

The AMC may grant accreditation if it is reasonably satisfied the organisation meets the accreditation criteria. The AMC may also grant accreditation if the organisation substantially meets the accreditation and imposing accreditation conditions will lead to the organisation meeting the criteria within a reasonable time. Accreditation may be granted with or without conditions, however, when conditions are imposed, the CPD home's continuing accreditation is subject to it satisfying the conditions.

Having decided, the AMC reports its accreditation decision to the Medical Board and will provide an annual update to the Medical Board on whether accredited CPD homes continue to meet the accreditation criteria.

The AMC's finding is that it is reasonably satisfied that the continuing professional development programs of the Royal Australian and New Zealand College of Radiologists (RANZCR) **substantially meet** the accreditation criteria.

The 13 December 2023 meeting of the AMC Directors will resolve:

- (i) That the Royal Australian and New Zealand College of Radiologists be granted accreditation as a CPD Home for **six years to 31 March 2030** 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 Section A of this report.

Next steps

Following an accreditation decision by AMC Directors, the AMC will monitor that it remains satisfied the College is meeting the criteria and addressing conditions on its accreditation through annual monitoring submissions. The AMC grants accreditation for a maximum period of six years after an assessment by an AMC team. This period may be extended up to ten years on the basis of a written accreditation extension submission the year before accreditation expires. At the end of the ten year period, the CPD home undergoes a reaccreditation assessment.

In **2029**, before this period of accreditation ends, RANZCR 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 RANZCR is continuing to meet the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years until **2034**, 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.

Section A: 2023 Overview of findings

The following summarises the findings of the educational provider's continuing professional development program against the *Criteria for AMC Accreditation of CPD Homes*.

A.1 Findings against the AMC criteria

In the table below, M indicates a criterion is met, SM indicates a criterion is substantially met and NM indicates a criterion is not met.

Criterion 1: CPD home context and governance				Specific MCNZ Standard(s)
1.1	Capacity	M	This criterion is SUBSTANTIALLY MET	
1.2	Governance Structure	M		
1.3	Program requirements, content, and fees	M		1.1.1
1.4	Program requirement alignment	SM		1.1.3
1.5	Application of policies and processes	M		1.1.1
1.6	Review and appeal processes	SM		
1.7	Continuous improvement	M		1.1.2

Criterion 2: Provision of CPD program				Specific MCNZ Standard(s)
2.1	Tracking systems and processes	SM	This criterion is SUBSTANTIALLY MET	1.1.1, 1.1.2, 1.1.4, 1.1.5, 1.1.13, 1.1.6, 1.1.7, 1.1.8
2.2	Recognition of CPD activities	SM		1.1.11
2.3	Exemption of requirements	M		
2.4	Communication	M		
2.5	Record storage and retention	M		
2.6	Transfer of records	M		

Criterion 3: Support and guidance				Specific MCNZ Standard(s)
3.1	Provision of guidance and learning resources	SM	This criterion is SUBSTANTIALLY MET	1.1.9, 1.1.10
3.2	Risk identification and support	M		1.1.13
3.3	Further training	M		
3.4	Remediation	M		

Criterion 4: Auditing and reporting				Specific MCNZ Standard(s)
4.1	Audit Activity	SM	This criterion is SUBSTANTIALLY MET	1.1.4
4.2	Compliance reporting	NA		1.1.15
4.3	AMC Monitoring	NA		

A.2 Findings against the MCNZ standards

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

Aotearoa New Zealand specific standards for assessment and accreditation of recertification programmes			
1.1.1	Provision of the recertification programme	M	The overall finding is SUBSTANTIALLY MET
1.1.2	Stakeholder input and determination of recertification programme requirements in line with MCNZ requirements	SM	
1.1.3	Requirements for maintaining/developing safe and appropriate practice, including cultural safety, ethics and professionalism	SM	
1.1.4	Determination of appropriate activities under each CPD category	SM	
1.1.5	Requirement for a mix of activities under each CPD category	M	
1.1.6	Requirement for an annual structured conversation	M	
1.1.7	Requirement for a professional development plan	M	
1.1.8	Embedding cultural safety and health equity across all three CPD categories	M	
1.1.9	Availability of a multisource feedback process	M	
1.1.10	Availability of a regular process for collegial practice visits	M	
1.1.11	Process for recognising and crediting recertification activities	M	
1.1.12	Continuous improvement of the recertification programme	SM	
1.1.13	Monitoring participation and reviewing participant progress	M	
1.1.14	Regular auditing of programme participant records	SM	
1.1.15	Reporting to the MCNZ	M	

A.3 List of commendations, conditions and recommendations

Commendations	
<i>Areas of strength or achievement of the education provider.</i>	
A	The Associate Subscription Policy enabling all registered doctors and other medical professionals to join the College as a CPD Home.
B	The identification of specialist high-level requirements in anaphylaxis training for clinical radiology members.
C	The implementation of the ePortfolio with handbooks, guides and e-learning resources have supported a smooth transition for members to new CPD requirements in Australia and Aotearoa New Zealand.
D	The comprehensive lists of accepted evidence for CPD activities developed for clinical radiology and radiation oncology.
Conditions on accreditations	
<i>Imposed to enable the education provider to meet accreditation criterion by timelines indicated.</i>	
Condition	To be met by
1	Define clear policy and guidelines related to reconsideration, review and appeals related specifically to CPD. (AMC 1.6)
2	Define and publish clear requirements for the four mandatory program-level requirements (culturally safe practice, addressing health inequities, professionalism, and ethics) and the Medical Council of New Zealand (MCNZ) requirements and demonstrate that they can be tracked in the ePortfolio system. (AMC 1.4, 2.1.2, 3.1 and MCNZ 1.1.3, 1.1.4)
3	Finalise and implement the framework for recognition of CPD activities with supporting policy and processes. (AMC 2.2)
4	Update the audit approach for 2024 to include an assessment of the educational quality of activities undertaken by those practitioners being audited. (AMC 4.1 and MCNZ 1.1.14)
5	In relation to meeting MCNZ specific recertification standards: <ul style="list-style-type: none"> i. Establish a process of stakeholder consultation in the design of the recertification program to meet MCNZ requirements. (MCNZ 1.1.2) ii. Develop guidelines specifying the weightage of activities for improving the performance of doctors involved in clinical radiology and radiation oncology. (MCNZ 1.14)
Recommendations for improvement	
<i>Areas for education provider to enhance or optimise.</i>	
AA	In consultation with related stakeholders, explore ways to develop clinical radiology and radiation oncology specific CPD tools and resources to support development of culturally

safe practice specific to Aboriginal and/or Torres Strait Islander and Māori Peoples. (AMC 3.1.2 and MCNZ 1.1.8)

Section B: Assessment against criteria for AMC accreditation of CPD Homes

B.1 CPD home context and governance

1.1	The CPD home has ongoing capacity to provide a sustainable CPD program(s) at reasonable costs to practitioners.		
	<ul style="list-style-type: none"> • There are appropriate financial resources and allocated budget for the CPD program(s). • There are sufficient human resources to manage, evaluate and develop the CPD program(s), and to provide advice and guidance to practitioners on CPD. This will include appropriate medical, educational and information technology expertise. 		
Finding	Met	MCNZ Specific Standard (s)	NA

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a not for profit and clinician-led organisation. The College Board, which comprises of eight directors, has responsibility and oversight of financial, legal, and business operations of the organisation. The College's 2022 annual report provides evidence of financial planning for College activities, including the significant investment in the Kaizen (now RISR) ePortfolio system to enhance CPD members' user experience. The Board also resolved an increase of the membership subscription by 10 per cent for fellows and educational affiliates as a means to manage long term financial security for the College. The Board is supported by the Faculty Councils of Clinical Radiology (FCR) and Radiation Oncology (FRO), whose committees provide subject matter expertise across the College education and training activities. There are also 16 special interest groups providing networks and platforms amongst fellows and members relevant to their subject matter area of interest.

Table 1: Allocation of FTE and responsibilities of College professional staff managing the CPD program

Position	FTE dedicated to CPD program	Key responsibilities
General Manager, Standards	0.2	<ul style="list-style-type: none"> • Oversight of all unit operations, inclusive of the CPD program
Manager, Professional Practice	0.6	<ul style="list-style-type: none"> • Oversight of all CPD program operations and strategy • Reporting to RANZCR governance bodies – FCR council, FRO council, RANZCR board of directors • Liaison with both FCR and FRO Professional Practice Committees, including Chiefs of Professional Practice • Maintenance of CPD policies and processes
Project Officer Professional Practice	0.5	<ul style="list-style-type: none"> • Day to day member enquires and support • Resource development and CPD program communications • CPD ePortfolio support and management • Annual random audit

Position	FTE dedicated to CPD program	Key responsibilities
Project Officer Professional Practice	0.5	<ul style="list-style-type: none"> Day to day member enquires and support Resource development and CPD program communications CPD ePortfolio support and management Annual random audit
Project Officer, Professional Standards	0.6	<ul style="list-style-type: none"> Coordination and secretariat of both FCR and FRO Professional Practice Committees – governance bodies for all CPD decisions Coordination of all matters for the chiefs of professional practice

The Membership Engagement and Services Unit manages all membership concerns and there is a dedicated IT Unit supporting the CPD program to ensure IT systems align with expectations of the Medical Board of Australia and Medical Council of New Zealand.

<p>1.2 The governance structures are appropriate for the provision of the CPD program(s).</p> <ul style="list-style-type: none"> The CPD home identifies potential conflicts of interest and undue influence from any other part of its business or from external stakeholders. Interests are appropriately managed through governance processes and decision making about the resourcing and management of CPD programs. 			
Finding	Met	MCNZ Specific Standard (s)	NA

The RANZCR CPD Program has been developed under the Clinical Radiology and Radiation Oncology Professional Practice Committees. These committees develop policies, frameworks and professional documents to support fellows to maintain the highest standards of professional practice throughout their career. The Chiefs of Professional Practice for each Faculty are responsible for guiding the development, implementation and review of post-fellowship education and standards and enhancement of professional development including credentialing and certification of subspecialty programs within the Faculty disciplines

All decisions related to CPD programs are approved by the relevant Professional Practice Committee and endorsed by the corresponding Faculty Council. Where necessary, decisions are escalated to the College Board to note changes made. While there is already a mechanism in place, the College may wish to consider documenting a matrix for decisions and escalation process to ensure greater transparency.

The College's *Conflict of Interest Policy* provides a framework for the management of conflicts of interest and all members involved in College governance committees are required to complete a declaration annually. Declaration of ongoing interests is also a standing agenda item for committee meetings, and these are recorded in meeting minutes.

The [Conflict of Interest Policy](#) was recently updated in August 2022 and is available publicly on the College website. The policy describes "Accountable Persons" must avoid being directly affiliated with and financially remunerated by another organisation when undertaking a role directly relevant to their College role. This extends to taking part in assessing tender or grant applications when there is a close personal relationship with the applicant. The policy is comprehensive, however, for this CPD Home, the policy would benefit from specifically referencing decision making in relation to compliance with CPD registration requirements.

1.3 The CPD home makes a detailed description of the requirements, content/activities and any fees associated with the provision of its CPD program(s) and any changes to these publicly available.			
Finding	Met	MCNZ Specific Standard (s)	1.1.1

Detailed information on CPD requirements are available on the [College's CPD webpage](#) and in the CPD handbooks for clinical radiology and radiation oncology. Both handbooks were recently updated in 2023 and are published on the College website. The handbooks describe CPD requirements for doctors in Australia and Aotearoa New Zealand, including those who wish to adopt RANZCR as their CPD home and those who are vocationally registered respectively.

The College website describes how a doctor may join RANZCR's CPD program, states regulatory and mandatory requirements, activity categories and types, audit and compliance information, membership categories and policies, and the fees involved. For members, CPD management and support are included in [annual member subscription fees](#).

Table 2: Annual member subscription fees

	Full time fees	Part time fees
Australia	\$3,168.00 (AUD)	\$2,065.00 (AUD)
New Zealand	\$3,190.00 (NZD)	\$2,085.00 (NZD)
Overseas	\$1,876.00 (AUD)	\$1,220.00 (AUD)

Doctors who are not RANZCR fellows and other medical professionals may join the College's CPD program as an associate under the following [subscription groups](#).

Table 3: Subscription groups

	Australia	New Zealand	Overseas
Specialist associate	\$1,999.00 (AUD)	\$2,246.00 (NZD)	\$1,817.27 (AUD)
Medical associate	\$299.00 (AUD)	\$336.00 (NZD)	\$271.82 (AUD)
Nursing and allied health associate	\$299.00 (AUD)	\$336.00 (NZD)	\$271.82 (AUD)

These fees are accurate at the time of the 2023 accreditation.

While both these membership and fee structures are published, it may be helpful to provide a link to the fees page from the CPD webpage to enable the information to be more accessible for current and potential members.

1.4 All CPD program-level requirements are aligned to <i>Good medical practice: a code of conduct for doctors in Australia</i> and informed by evidence-based practice. The program-level requirements refer to culturally safe practice, addressing health inequities, professionalism, and ethical practice.			
Finding	Substantially Met	MCNZ Specific Standard (s)	1.1.3

There are guidance documents available on the College CPD webpage providing a range of resources on cultural safety and health equity for both members in Australia and Aotearoa New Zealand. A list of approved resources, including education modules and research papers, is made

available – there is a good range available though the content appears general in nature, rather than radiology or radiation oncology specific.

There is now a mandatory requirement by the Medical Board of Australia and the Medical Council of New Zealand for cultural safety activities to be completed by doctors as part of CPD. There needs to be stronger guidance and emphasis on the mandatory requirements that should be met as part of the standards.

The College should consult with its Māori, Aboriginal and Torres Strait Islander Executive Committee (MATEC), fellows and trainees who identify as Aboriginal and/or Torres Strait Islander or Māori, and relevant external organisations to develop further in this area, including curation of appropriate resources. The team notes the College has an Indigenous Action Plan and is developing other mechanisms relating to cultural safety. Coherent alignment between all the College’s initiatives for Indigenous health and equity should be considered.

1.5 There are publicly available policies and processes for joining the CPD home. These are applied consistently and fairly, free from bias or discrimination.

Finding	Met	MCNZ Specific Standard (s)	1.1.1
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The policies and procedures to participate in the College’s CPD program are clearly indicated on its website. From 1 January 2024, doctors in Australia who hold medical registration will be able to nominate the College as their CPD Home and non-fellows can join the CPD program as associates. A related *Associate Subscription Policy* supports the eligibility requirements and details the process of application. Other medical professionals may also join the College CPD program through this mechanism.

1.6 There are publicly available processes for review and appeal of the CPD home’s determination that:

- a practitioner’s CPD activity does not meet the requirements of the CPD program
- a practitioner has not complied with the Registration standard: CPD and these are fair and consistently applied.
- There is a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

Finding	Substantially Met	MCNZ Specific Standard (s)	NA
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The College’s *Reconsideration, Review and Appeals of Decision Policy* outlines the review of decisions related to all College functions, including CPD. The document lists the details eligible to be considered under this policy and differentiates between examination decisions and any other matters. The College indicates issues related to CPD would fall under ‘any other matters’ within the policy and members may also access the Complaints process, managed by the College’s complaints and privacy officer. Information on the complaints process can found [on the website](#).

There is scope for the College to better delineate within the policy or develop a separate policy or policies that pertains specifically to CPD, given there are different membership categories, the complexity of two specialties and the separate requirements in Australia and Aotearoa New Zealand. The team encourages the College to collaborate and consult with other specialist medical colleges to find areas of commonality

1.7 The CPD home demonstrates continuous improvement of its CPD program(s) and supporting guidance to meet changing needs and respond to: <ul style="list-style-type: none"> ○ the outcomes of the CPD home’s audit and support processes ○ feedback from practitioners, the Medical Board of Australia, and the AMC. 			
Finding	Met	MCNZ Specific Standard (s)	1.1.2

There are a range of methods the College uses to support continuous improvement of the CPD program including:

- A CPD feedback survey – captures member satisfaction and experience, including the ePortfolio.
- Anecdotal and/or incidental member feedback – through various mechanisms including phone, email, governance channels and College activities.
- RANZCR Evaluation and Monitoring Framework – promotes the evaluation of College activities with consideration for regulatory requirements, risk management and innovation. The framework is accessible on the [College website](#).

Member compliance is assessed against RANZCR CPD requirements under the annual CPD audit, with a random sampling of seven per cent of members selected. An audit report is provided to the Professional Practice Committee for review and discussion.

B.2 Provision of the CPD program(s)

<p>2.1 The CPD home has reliable and effective systems and processes to store evidence and track practitioners’ progress towards meeting:</p> <ul style="list-style-type: none"> • the requirements of the Registration standard: CPD <ul style="list-style-type: none"> ○ develop a written annual professional development plan ○ complete a minimum of 50 hours per year of CPD activities that are relevant to your scope of practice and individual professional development needs ○ allocate your minimum 50 hours per year between the following types of CPD activities: <ul style="list-style-type: none"> - at least 12.5 hours (25 per cent of the minimum) in educational activities - at least 25 hours (50 per cent of the minimum) in activities focused on reviewing performance and measuring outcomes, with a minimum of five hours for each category, and - the remaining 12.5 hours (25 per cent of the minimum), and any CPD activities over the 50-hour minimum across any of these types of CPD activity. ○ self-evaluate your CPD activity at the end of the year as you prepare your professional development plan for the next year ○ retain records of your annual CPD activity for audit by your CPD home and the Board for three years after the end of each one-year cycle. • the program-level requirements, and • any relevant specialist high-level requirements. 			
Finding	Substantially Met	MCNZ Specific Standard (s)	1.1.1, 1.1.2, 1.1.4, 1.1.5, 1.1.13, 1.1.6, 1.1.7, 1.1.8

Launched in January 2022, the College’s new CPD ePortfolio is designed to enable members to log CPD activities against new CPD requirements with ongoing flexibility to include additional requirements when needed. The ePortfolio tracks member progress and hours in meeting CPD requirements including the completion of the professional development plan, MCNZ specific requirements and specialist high level requirements. The dashboard visually depicts completion rates with a traffic light system and assists members to monitor their progress by providing an overview of CPD program requirements, activities and hours completed against the three high level CPD categories.

The following compulsory requirements are trackable via the dashboard:

Registration Standard

The RANZCR CPD ePortfolio incorporates all requirements of registration standards including:

- Completion of a minimum of 50 hours of CPD per annual cycle.
 - 12.5 hours (25 per cent) of hours recorded under Educational Activities.
 - 25 hours (50 per cent) of hours recorded across Reviewing Performance and Reflecting on Practice and Measuring and Improving Outcomes (with a minimum of five hours for each category).
 - 12.5 hours (25 per cent) distributed across any of the three types of CPD.
- Completion of a Professional Development Plan (PDP) at the start of each year.

- Completion of the MCNZ Annual Conversation and cultural safety and health equity requirements for members in Aotearoa New Zealand.
- If reporting, completion of eight CPD annual hours for MRI and four CPD annual hours for Mammography (only for CR fellows based in Australia).

The team observed the ePortfolio has the capability to track MRI and mammography requirements and report doctors' satisfaction on these mandatory requirements.

Program Level Requirements

Participants in the RANZCR CPD program are facilitated to record activities related to cultural safety, health equity, professionalism, and ethical practice in the ePortfolio. Information about these requirements are described on the College's CPD webpage and covers the activities members may include in their annual program. These include:

- PDP and Annual Conversation
- Journal reading and research paper (regarding policies, guidelines and best practice)
- Cultural competency and cultural safety activities
- Multisource feedback activities
- Web based learning
- Reflective practice
- RANZCR workshops
- Participation in research including development of ethics guidelines
- Professional practice management

Identification of program level requirements in the ePortfolio currently require manual intervention by College staff. The College is reviewing the function in the ePortfolio to enable a more streamlined approach for members.

While the ePortfolio facilitates recording of activities, the College needs to specify program level requirements in the four mandatory areas required by the Criterion for CPD Homes in Australia. A policy with set requirements should be determined, particularly around the requirements for cultural safety. The development of cultural safety requirements needs to also be applicable to the MCNZ Criteria 1.1.3 and 1.1.8 as the current iteration is insufficient to meet the required standard and must be embedded across different CPD categories. Consultation with Aboriginal and/or Torres Strait Islander and Māori groups and individuals will provide stronger focus in the development of this requirement. Outcomes of consultation should be incorporated into CPD requirements, for example, participation in Aboriginal and/or Torres Strait Islander significant events like, NAIDOC and Reconciliation Week.

Specialist High Level Requirements

There is currently one specialist high level requirement for clinical radiology members, the completion of anaphylaxis training once every three years. There are currently no high level specialist requirements for radiation oncology members.

2.2 The CPD home applies a framework and supporting policies and processes for assessing and recognising CPD activities, including those that are provided by different organisations. The assessment is based on relevance and educational value. The framework is publicly available.			
Finding	Substantially Met	MCNZ Specific Standard (s)	1.1.11

For RANZCR CPD members, the related clinical radiology and radiation oncology CPD handbooks provide an extensive list of the CPD activities and the corresponding activity with examples of evidence such as:

Table 4: Conference Attendance

Conference Attendance	
Definition	Attendance at meetings, conferences and courses that are relevant to your clinical and academic practice and may also include general or specialty medical knowledge relevant to practice as a Radiologist or Radiation Oncologist.
Examples	Including but not limited to: <ul style="list-style-type: none"> • RANZCR ASM, RSNA, ARRS, ECR, ESTRO, ASTRO ARGANZ, ANZSNR, IRSA, ANZSNM, ANZSIG, ANZSPR, AOCR, ESGAR, TROGG etc.
Examples of Evidence	<ul style="list-style-type: none"> • Certificate of attendance • Written confirmation from meeting organisers

A draft process for recognition of CPD activities is currently being reviewed for approval under the oversight of the RANZCR Professional Practice Committee. The draft includes guidelines that may be used by external organisations seeking recognition for their educational activity with the following areas required in the application.

- Detailed learning objectives
- Target audience
- The CPD category/activity type corresponding with the event/activity
- Links to any RANZCR standards
- Links to patient safety
- Description of how the activity may correspond to CPD program level requirements including cultural competency, health inequity, professionalism, and ethical practice
- Description of the inclusion of wellbeing components

The completion of this process will provide the framework necessary for activities to be recognised in a formal way. Relevant policies and procedures should be developed and implemented in tandem with the recognition process.

2.3 There are publicly available policies and processes for granting exemptions or variation to the requirements of the CPD program(s), including in relation to continuous absence from practice of at least six months and up to and including 12 months for parental or carer leave, serious illness or other approved circumstances, such as cultural responsibilities. These are implemented fairly and consistently to support flexible practice.			
Finding	Met	MCNZ Specific Standard (s)	NA

The *Break-in Practice Policy* in the relevant clinical radiology and radiation oncology CPD handbooks provides members with the processes for seeking exemption or variation in CPD program requirements. Members taking extended leave from practice may be eligible for pro-rata CPD hours, and special circumstances for leave may also be applicable such as parental leave, sick leave or attending to cultural responsibilities. Requests may be made directly through the CPD ePortfolio or sent to the College in writing via email. The College has discretion to grant pro-rata

arrangements for up to a year of extended leave while any requests for more than a year requires approval by the RANZCR Professional Practice Committee. This information is accessible through the ePortfolio and the College website.

Fair and consistent implementation in the new CPD program is yet to be tested in the current annual cycle. Notably, the team did not hear of negative feedback on approvals for flexible arrangements over the course of the assessment in 2023.

2.4 Changes to the CPD program(s) are communicated in advance, in a timely, transparent and accurate way, and are made publicly available.			
Finding	Met	MCNZ Specific Standard (s)	NA

In the lead up to the transition of requirements to align with the Medical Board of Australia registration standard and the Medical Council of New Zealand recertification requirements, the College has utilised a number of mechanisms to ensure information was widely communicated and understood. These included:

- Monthly electronic faculty eNews publications circulated to all RANZCR members
- Twice yearly CPD specific eNews publication
- Standing article in the College’s InsideNews Publication
- Updating of website content
- Session at RANZCR Annual Scientific Meetings
- Social media posts

College staff attended a number of events, including the Annual Scientific Meetings, to be available for member queries and supported online demonstrations with members. These activities were supported by the early implementation of the new CPD ePortfolio in January 2022 that enabled members to become familiar with the new requirements.

2.5 There are publicly available policies on practitioners’ CPD record storage, retention, disposal, privacy and access that are implemented consistently.			
Finding	Met	MCNZ Specific Standard (s)	NA

The College has an extensive Records Management Procedure approved in March 2021, which provides a framework for storage, disposal and archiving of all College documents. CPD records are stored either in the ePortfolio or retrospectively in individual member files. All College documents are retained unless transferred to another CPD Home (for Australian members only) or destroyed with authorisation.

The College *Privacy Policy*, available on the RANZCR website, supplements the Records Management Procedure. This policy describes the process by which the College collects, retains, and discloses personal and other information.

2.6 The CPD home has systems and processes to allow practitioners to maintain, share and transfer their records to other CPD homes.			
Finding	Met	MCNZ Specific Standard (s)	NA

The CPD ePortfolio enables members to store CPD activities by year and facilitates the move to another CPD Home by providing a downloaded copy of member records. Any records held by the College would then be archived.

B.3 Support and guidance

3.1 The CPD home provides guidance and learning resources for practitioners on CPD activities that support them to develop and improve their practice in line with requirements of the CPD program. This includes:

- the requirements of the Registration standard: CPD
- developing culturally safe practice, including guidance on how to seek feedback from patients, their families and communities to review performance and measure outcomes, when appropriate
- supporting practitioners to address health inequities within their scope(s) of practice
- maintaining and developing professionalism
- maintaining and developing ethical practice, and
- any specialist high-level requirements.

Finding	Substantially Met	MCNZ Specific Standard (s)	1.1.9, 1.1.10
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The College provides a handbook for both clinical radiology and radiation oncology with program requirements extensively detailed for CPD members in Australia and Aotearoa New Zealand. Under the three broad CPD categories, there are similar and different requirements listed for both specialty areas aligned to each scope of practice. The [College website](#) provides all CPD information available in one place making it accessible to members.

Key resources of note include:

- ‘How to’ written guides and video demonstrations – for key ePortfolio processes including:
 - How to access the CPD ePortfolio
 - How to complete a Professional Development Plan (PDP)
 - How to enter a CPD activity
 - How to complete a Multisource Feedback (MSF) activity
 - How to download certificates
 - How to enter Aotearoa New Zealand specific requirements
 - How to enter anaphylaxis training requirement
- CPD policies including:
 - Recency of practice guidelines for clinical radiology and radiation oncology CPD compliance policy
 - Draft CPD recognition policy
- Specific guidance for Aotearoa New Zealand requirements, including annual conversation template
- CPD audit guidance
- Learning resources

The activities and resources currently advised for each of the program level and specialist high level requirements are:

Table 5: Activities and resources

Develop culturally safe practice	https://www.ranzcr.com/trainees/resources-and-support/trainees/cultural-safety
Addressing health in equities	<ul style="list-style-type: none"> • Journal reading and research paper (regarding policies, guidelines, and best practice) • Multisource feedback activities • Web based learning • Reflective practice • RANZCR workshops (e.g., cultural awareness, leadership) • Diversity
Professionalism	<ul style="list-style-type: none"> • Professional practice management • Multisource feedback • Web based learning • Journal reading and research papers (regarding policies, guidelines, and best practice) • Reflective practice
Ethical practice	https://www.ranzcr.com/search/ranzcr-code-of-ethics
Specialist high level requirements	https://www.ranzcr.com/component/edocman/2023-how-to-enter-your-anaphylaxis-requirement/viewdocument/1965?Itemid=424

There are also comprehensive lists of accepted evidence for CPD activities for both clinical radiology and radiation oncology:

- [Accepted Evidence of CPD Activities for Clinical Radiology](#)
- [Accepted Evidence of CPD Activities for Radiation Oncology](#)

The College demonstrates commitment to continuous improvement based on member and other requirements and the above resources are a good start. As discussed in earlier criterion, the College needs to focus on defining program level requirements, especially in relation to cultural safety and health equity, for the scope of practice of each specialty. The College has itself identified this as a priority to embed cultural safety in all areas of work and integrate principles of cultural safety in standards of practice and quality assurance.

3.2 The CPD home identifies practitioners at risk of not meeting the requirements of their CPD program(s) and provides guidance or support to assist them meet the requirements.			
Finding	Met	MCNZ Specific Standard (s)	1.1.13

A proactive process to follow up with members who are at risk for not meeting CPD requirements has been implemented since 2022, and generally commences from July until the end of each year.

Group	Next Steps	Method of follow up
No CPD recorded	Communication sent informing members that 50 hours and PDP and other relevant components (e.g., Aotearoa New Zealand requirements, MRI,	Initially via email (July) SMS reminder (October)

Group	Next Steps	Method of follow up
	Mammography) is required by 31 December.	
Less than 25 hours entered	Communication to be sent informing member they are behind on their CPD and to continue to enter activities, due 31 December	Initially via email (July) SMS reminder (October)
Between 25 and 50 hours entered	Communication that CPD for the annual cycle due by 31 December	Initially via email (July) SMS reminder (October)
Over 50 hours entered	Complete for the year	No follow up required. Email confirmation sent stating CPD requirements have been met.

Reminders are done via email or text message and coupled with the above process, appears to be fit for purpose.

3.3 The CPD home has publicly available processes to respond to requests for advice on CPD activities to support further training.			
Finding	Met	MCNZ Specific Standard (s)	NA

The Recency of Practice Guidelines for [Clinical Radiology](#) and [Radiation Oncology](#) are the policies to request for further training – these guidelines are available on the College website. RANZCR offers a pathway for re-entry to practice which gives members continuity in the RANZCR CPD program following absence from the program or from clinical practice. The College supports this process by supporting member enquiries about further training, as well as from their employers, and sometimes in consultation with the Professional Practice Committees. The College indicates generally few requests are received, only three have been requested since 2020.

3.4 The CPD home has publicly available processes to respond to requests for advice on CPD activities to support remediation of practitioners who have been identified as underperforming in a particular area.			
Finding	Met	MCNZ Specific Standard (s)	NA

The remediation of fellows identified as underperforming is managed through the Recency of Practice Guidelines for [Clinical Radiology](#) and [Radiation Oncology](#) policies, under “Support Offered by the College”:

- Provide guidelines to the College member who may have been on extended leave from clinical practice and the employing department on the process to follow in terms of Recency of Practice situations related to retraining or remediation.
- Advise the College member of their CPD requirements for the current CPD cycle at the time of their return to practice.
- Via the relevant Professional Practice Committee, review the professional development and re-entry to practice plan provided by a member who is looking to re-enter practice after a period of retraining or remediation.
- Facilitate contact with the relevant Chief of Professional Practice if required.

The team notes these policies were last updated in March 2021 and likely need review to bring them up to date with current CPD Home requirements, particularly with specific guidance for non-College members to obtain support.

B.4 Auditing and reporting

4.1 The CPD home audits practitioners’ CPD records, assessing the completeness of evidence and educational quality of the activities undertaken, and meets the requirements of the Medical Board of Australia for audit activity.			
Finding	Substantially Met	MCNZ Specific Standard (s)	1.1.4

The College has a *CPD Compliance Policy* outlining the requirements and procedures for compliance monitoring and follow up. A random sample of seven per cent of members are audited annually to assess compliance against the requirements. Non-compliance may lead to termination of membership and fellowship (as detailed in the *CPD Compliance Policy*). The process for the audit is detailed in the policy as follows:

Table 6: Audit process steps

Audit Process Steps	Timeframe
College staff commence audit process	15 February or next business day
Fellows, Educational Affiliates and CPD Participants chosen for audit are notified and given 30 days to action this request	1 March or next business day
Fellows, Educational Affiliates and CPD Participants chosen for audit who do not comply or respond within 30 days referred to respective Professional Practice Committee	31 March or next business day
Final notification of non-compliance with a 14-day response period issued	7 April or next business day
Fellows, Educational Affiliates and CPD Participants who are still non-compliant and non-responsive presented to the RANZCR board	21 April or next business day

The audit process is publicly available on the CPD section of the College website with related documents describing accepted activities for clinical radiology and radiation oncology. The audit approach will need to be updated for 2024 to explicitly assess the educational quality of the activities undertaken by those practitioners being audited.

4.2 Reports on compliance are provided to the Medical Board of Australia within six months of each year’s end and meet the reporting requirements of the Board.			
Finding	NA	MCNZ Specific Standard (s)	1.1.15

This criterion was not assessed in 2023 and will be reviewed in monitoring submissions from 2024.

4.3 Submissions are provided as required to the AMC, demonstrating continuing ability to deliver the CPD program(s) in accordance with the *Criteria for AMC Accreditation of CPD Homes* and identifying any changes that may affect the CPD home's accreditation.

Finding	NA	MCNZ Specific Standard (s)	NA
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This criterion was not assessed in 2023 and will be reviewed in monitoring submissions from 2024.

Section C: Assessment against MCNZ specific standards for assessment and accreditation of recertification programmes

1.1.1 The education provider provides a recertification programme(s) that is available to all vocationally registered doctors within the scope(s) of practice, including those who are not fellows. The education provider publishes its recertification programme requirements and offers a system for participants to document their recertification programme activity.			
Finding	Met	Related AMC Criterion	1.3, 1.5, 2.1

The College’s CPD program is available to vocationally registered doctors in Aotearoa New Zealand through its educational affiliate membership category. The specific requirements are visible on the CPD ePortfolio dashboard for members in Aotearoa New Zealand, including the structured annual conversation and cultural safety and health equity activities.

All vocationally registered doctors within the scope of practice of radiology and radiation oncology are eligible to join the RANZCR CPD Program. The requirements are published on the College website.

The College website describes the requirements to complete and record the structured Annual Conversation and Professional Development Plan via the ePortfolio.

1.1.2 The education provider determines its requirements in consultation with stakeholders and designs its recertification programme to meet Medical Council of New Zealand requirements and accreditation standards.			
Finding	Substantially Met	Related AMC Criterion	1,7, 2.1.1

The Professional Practice Committees for both clinical radiology and radiation oncology include member representation from Aotearoa New Zealand and oversee the decisions about the CPD program. Relevant committees are updated on information related to the CPD program through these representatives, namely to the New Zealand Branch Committee for clinical radiology and the New Zealand Radiation Oncology Executive Committee.

The College did not provide information on the process of stakeholder consultation undertaken to determine its requirements to meet MCNZ requirements. To meet this standard, the College should consult with both internal and external stakeholders to ensure its requirements are fit for purpose. Stakeholder groups may include fellows, Te Whatu Ora, community organisations, Aotearoa New Zealand cultural safety experts, health ministers and the MCNZ. It is noted the College does have New Zealand representatives on both Clinical Radiology and Radiation Oncology Professional Practice Committees, responsible for liaising with the New Zealand Clinical Radiology and Radiation Oncology Branch Committee to ensure any issues raised by New Zealand members are escalated and discussed.

1.1.3 The education provider’s recertification programme(s) requirements define the required participation in activities that maintain and develop the knowledge, skills and performance required for safe and appropriate practice in the relevant scope(s) of practice, this must include the areas of cultural safety, professionalism and ethics.			
Finding	Substantially Met	Related AMC Criterion	1.4, 2.1

Please see AMC Criterion 1.4 for commentary

1.1.4	The education provider determines the appropriate type of activities under each continuing professional development (CPD) category. It assigns greater weight to activities that evidence shows are most effective in improving a doctor's performance.		
Finding	Substantially Met	Related AMC Criterion	2.1.1, 4.1

The College has set the minimum requirement of activity required under each CPD category applicable to all members completing the RANZCR CPD program over a one-year period. There are broad guidelines across the minimum requirements under each category: educational activities, measuring and improving outcomes, reviewing performance, and reflecting on practice as described under AMC Criterion 2.1.1. Specific activities have not yet been identified nor assigned greater weightage that may be considered most effective in improving a doctors performance.

The College may wish to undertake a review of both RANZCR and external provider activities to provide more precise guidance for members in both clinical radiology and radiation oncology.

1.1.5	The education provider ensures that in each cycle, participants are required to undertake a mix of activities across all three CPD categories: I. Reviewing and reflecting on practice II. Measuring and improving outcomes III. Educational activities (continuing medical education – CME)		
Finding	Met	Related AMC Criterion	2.1

Please refer to AMC Criterion 2.1 for commentary.

1.1.6	The programme requires participants undertake a structured conversation, at least annually, with a peer, colleague, or employer. Providers must offer a process and guidance to support this activity to ensure the greatest benefit is gained form this process.		
Finding	Met	Related AMC Criterion	2.1.1

The RANZCR CPD Program requires Aotearoa New Zealand based members to undertake a Structured Annual Conversation each cycle. A template accessible through the ePortfolio may be used and members are encouraged to:

- Reflect on development needs
- Consider their goals for learning and professional development activities
- Consider their intentions for the following year
- Reflect on job satisfaction, self-care and health and wellbeing.

The College also provides a guide supporting members to complete this requirement as a supplement to information available in the CPD handbooks. The team heard feedback from members in Aotearoa New Zealand for more support and guidance to be provided on completing

the Annual Conversation. In consultation with members and other specialist medical colleges, identify ways through which information on completing requirements may be enhanced.

1.1.7 The programme requires participants to develop and maintain a professional development plan.			
Finding	Met	Related AMC Criterion	2.1.1

The RANZCR CPD Program requires for all members to undertake a professional development plan annually and a template is available to members in the ePortfolio to support the completion. Members may also use their own or one from their employer to upload to the Eportfolio.

1.1.8 The education provider ensures that cultural safety and a focus on health equity are embedded within and across all the three CPD categories and all other core elements of the recertification programmes. The recertification programme must support participants to meet cultural safety standards.			
Finding	Met	Related AMC Criterion	2.1.2

Please see AMC Criterion 1. 4 for commentary.

1.1.9 The education provider makes available a multisource feedback process for participants to voluntarily undertake, should they wish to do so.			
Finding	Met	Related AMC Criterion	3.1

A multisource feedback tool is available to all members through the ePortfolio with a 'how to' guide as a resource to guide members to complete the online tool. There are separate resources available for clinical radiology and radiation oncology members.

[Resource: How to use the Clinical Radiology Multisource Feedback Tool](#)

[Resource: How to use the Radiation Oncology Multisource Feedback Tool](#)

1.1.10 The education provider makes available a process for collegial practice visits (sometimes referred to as Regular Practice Review) for participants to voluntarily participate in, should they wish to do so.			
Finding	Met	Related AMC Criterion	3.1

The College has developed a formal process for clinical performance reviews with guidelines offering a consistent approach to investigations when a practitioner's performance is in question. Guidance is also provided for how requests for clinical performance reviews are managed by the College. These guidelines support the College, employers and fellows by:

- Maintaining the integrity of RANZCR professional and practice standards by ensuring assessment against these criteria
- Supporting employers by ensuring practitioners are assessed consistently against a robust benchmark, i.e., the RANZCR professional and practice standards
- Ensuring RANZCR fellows are investigated consistently and equitably in accordance with RANZCR professional and practice standards.

Members may also arrange a visit if they are concerned about their own performance or skill level.

1.1.11 The education provider has a documented process for recognising and crediting appropriate and high quality recertification activities undertaken through another organisation.			
Finding	Met	Related AMC Criterion	2.2

Please refer to related AMC Criterion 2.2 for commentary.

1.1.12 The education provider ensures there is a method by which review and continuous quality improvement of the recertification programme occurs.			
Finding	Substantially Met	Related AMC Criterion	1.7

Please refer to related AMC Criterion 1.7 for commentary.

1.1.13 The education provider has a process in place for monitoring participation and reviewing whether participants are meeting recertification requirements. The provider defines the categories of participants (for example, Fellows/associates/members) and the number of participants undertaking the recertification programme.			
Finding	Met	Related AMC Criterion	3.2

Please refer to related AMC Criterion 3.2 for commentary.

1.1.14 The education provider regularly audits the records of programme participants, including completeness of evidence and educational quality. The provider has a process to address participants' failure to satisfy programme requirements. This must include action taken by the provider to encourage compliance/re-engagement, and the threshold and process for reporting continuing non-participation to the Medical Council of New Zealand.			
Finding	Substantially Met	Related AMC Criterion	4.1

The College applies the same audit standards and procedures for members in Aotearoa New Zealand as they do for members in Australia. This is defined under the RANZCR *CPD Compliance Policy*.

Please refer to related AMC Criterion 4.1 for commentary.

1.1.15 The education provider reports to the Medical Council of New Zealand as soon as practicable when a participant fails to re-engage and satisfy programme requirements and gives immediate notification of any participant who withdraws from their programme.

Findings	Met	Related AMC Criterion	4.2
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The College has an established reporting process to respond to the MCNZ on enquiries about compliance for clinical radiologists and radiation oncologists based in Aotearoa New Zealand. The College implements a follow up process to seek evidence from members for non-compliance and MCNZ is notified when the College is unable to satisfactorily resolve the matter with the member. The general process is documented in the RANZCR CPD Compliance Policy.

Appendix One 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 Two List of stakeholder submissions on the programs of RANZCR in 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 Three Summary of the 2023 AMC team's accreditation program

Location	Meeting
NEW ZEALAND	
<i>Monday 21 August 2023 – Professor Inam Haq (Chair), Dr Janine Stevens, Professor Stephen Tobin and Georgie Cornelius (AMC Staff)</i>	
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	
<i>Wednesday 23 August 2023 – Professor Inam Haq (Chair), Dr Catherine Pendrey (Deputy Chair), Juliana Simon (AMC Staff)</i>	
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	
<i>Thursday 24 August 2023 – Professor Inam Haq (Chair), Ms Fiona Mitchell and Georgie Cornelius (AMC Staff)</i>	
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	
<i>Friday 25 August 2023 – Dr Catherine Pendrey (Deputy Chair), Mr Fergus Leicester, Dr Isaac Wade and Simon Roche (AMC Staff)</i>	
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
<i>Monday 28 August 2023</i>	
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
<i>Tuesday 29 August 2023</i>	
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
<i>Wednesday 30 August 2023</i>	
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
<i>Thursday 31 August 2023</i>	
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 Four Summary of tables

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