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





Specialist Education Accreditation Committee December 2012

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Contents

Execu	utive Summary: Royal Australian and New Zealand College of Radiologi	sts1
Intro	duction: The AMC accreditation process	8
The p	rocess for accreditation of specialist medical education and training	8
Asses	sment of Royal Australian and New Zealand College of Radiologists (programs	RANZCR)
Austra	alian Medical Council and Medical Council of New Zealand relationship	11
Appre	eciation	11
Repor	rt on the 2009 and the 2012 AMC assessments	11
1	The context of education and training	13
1.1	Governance in 2009	13
1.2	Governance in 2012	15
1.3	Program management 2009	16
1.3.1	2009 Team findings	18
1.4	Program management in 2012	19
1.5	Educational expertise and exchange in 2009	22
1.6	Educational expertise and exchange in 2012	
1.7	Interaction with the health sector in 2009	23
1.8	Interactions with the health sector in 2012	24
1.9	Continuous renewal in 2012	24
2	Purpose of the college and outcomes of the training program	
2.1	Organisational purpose in 2009	
2.2	Organisational purpose in 2012	27
2.3	Graduate outcomes in 2009	27
2.4	Graduate outcomes in 2012	
3	The education and training program – curriculum content	
3.1	Curriculum framework in 2009	
3.2	Curriculum framework in 2012	
3.3	Curriculum structure, composition and duration in 2009	
3.4	Curriculum structure, composition and duration in 2012	
3.5	Research in the training program in 2009	
3.6	Research in the training program in 2012	
3.7	Flexible training in 2009	
3.8	Flexible training in 2012	
3.9	The continuum of learning in 2009	40
3.10	The continuum of learning in 2012	40
4	Teaching and learning methods	43
4.1	Teaching and learning methods in 2009	43
4.1.1	2009 Team findings	44
4.2	Teaching and learning methods in 2012	45

5	Assessment of learning	51
5.1	Assessment approach in 2009	51
5.2	The in-training assessment approaches in 2009	52
5.2.1	2009 Team findings	54
5.3	Assessment approach in 2012	54
5.4	In-training assessment approach in 2012	59
5.5	The approach to examinations in 2009	60
5.5.1	2009 Team findings	62
5.6	Approach to examinations in 2012	63
5.7	Performance feedback in 2009	65
5.7.1	2009 Team findings	66
5.8	Performance feedback in 2012	67
5.8.1	2012 Team findings	68
5.9	Assessment quality in 2009	68
5.9.1	2009 Team findings	68
5.10	Assessment quality in 2012	70
5.10.1	2012 Team findings	70
5.11	Assessment of specialists trained overseas in 2009	72
5.11.1	2009 Team findings	73
5.12	Assessment of specialists trained overseas in 2012	74
5 10 1	2012 Togen findings	76
3.12.1	2012 Team Jinaings	
6	Monitoring and evaluation	
5.12.1 6 6.1	Monitoring and evaluation	80
 5.12.1 6 6.1 6.2 	Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012	80 80 82
6 6.1 6.2 6.2.1	Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings	80 80 82 84
6 6.1 6.2 6.2.1 6.3	Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009	80 80 82 84 86
6 6.1 6.2 6.2.1 6.3 6.4	Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012	80 80 82 84 86 86
6 6.1 6.2 6.2.1 6.3 6.4 6.4.1	Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings	80 80 82 84 86 86 86
6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7	Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings Implementing the curriculum – trainees	80 82 84 86 86 86 86 86
6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7 7.1	2012 Team findings Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings Implementing the curriculum – trainees Admission policy and selection in 2009	80 82 84 86 86 86 86 89 90
6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7 7.1 7.2	2012 Team findings Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings Implementing the curriculum – trainees Admission policy and selection in 2012	80 80 82 84 86 86 86 86 86 90 91
6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7 7.1 7.2 7.2.1	2012 Team Jindings Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings Implementing the curriculum – trainees Admission policy and selection in 2012 2012 Team findings	80 80 82 84 86 86 86 86 90 91 91
5.12.1 6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7 7.1 7.2 7.2.1 7.3	2012 Team findings Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings Implementing the curriculum – trainees Admission policy and selection in 2009 Admission policy and selection in 2012 2012 Team findings Trainee participation in education provider governance in 2009	80 80 82 84 86 86 86 86 90 91 91
5.12.1 6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7 7.1 7.2 7.2.1 7.3 7.3.1	Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings 2012 Team findings Multiple Outcome evaluation in 2012 2012 Team findings Multiple Composition Outcome evaluation in 2012 2012 Team findings Multiple Composition Outcome evaluation in 2012 2012 Team findings Admission policy and selection in 2009 Admission policy and selection in 2012 2012 Team findings Trainee participation in education provider governance in 2009 2009 Team findings	80 80 82 84 86 86 90 91 91 92 92
5.12.1 6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7 7.1 7.2 7.2.1 7.3 7.3.1 7.4	Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings Outcome evaluation in 2012 2012 Team findings Multiple evaluation in 2009 Outcome evaluation in 2012 2012 Team findings Implementing the curriculum – trainees Admission policy and selection in 2009 Admission policy and selection in 2012 2012 Team findings Trainee participation in education provider governance in 2009 2009 Team findings Trainee participation in education provider governance in 2012	80 80 82 84 86 86 86 90 91 91 92 92
5.12.1 6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7 7.1 7.2 7.2.1 7.3 7.3.1 7.4 7.5	2012 Team findings Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings 2012 Team findings Multiple evaluation in 2012 2012 Team findings Multiple evaluation in 2012 2012 Team findings Multiple evaluation in 2012 2012 Team findings Multiple evaluation in 2009 Admission policy and selection in 2009 Admission policy and selection in 2012 2012 Team findings Trainee participation in education provider governance in 2009 2009 Team findings Trainee participation in education provider governance in 2012 Communication with trainees 2009	80 80 82 84 86 86 86 90 91 91 92 92 92 92
5.12.1 6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7 7.1 7.2 7.2.1 7.3 7.3.1 7.4 7.5 7.5.1	2012 Team findings Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings Outcome evaluation in 2012 2012 Team findings Implementing the curriculum – trainees Admission policy and selection in 2009 Admission policy and selection in 2012 2012 Team findings Trainee participation in education provider governance in 2009 2009 Team findings Trainee participation in education provider governance in 2012 Communication with trainees 2009 2009 Team findings	90 80 82 84 86 86 86 90 91 92 92 92 93 93
5.12.1 6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7 7.1 7.2 7.2.1 7.3 7.3.1 7.4 7.5 7.5.1 7.6	Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings Outcome evaluation in 2012 2012 Team findings Multiple evaluation in 2012 2012 Team findings Multiple evaluation in 2012 2012 Team findings Multiple evaluation in 2012 2012 Team findings Admission policy and selection in 2009 Admission policy and selection in 2012 2012 Team findings Trainee participation in education provider governance in 2009 2009 Team findings Trainee participation in education provider governance in 2012 Communication with trainees 2009 2009 Team findings Communication with trainees in 2012	80 80 82 84 86 86 86 86 90 91 91 92 92 93 93 93
5.12.1 6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7 7.1 7.2 7.2.1 7.3 7.3.1 7.4 7.5 7.5.1 7.6 7.7	2012 Team findings Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings Outcome evaluation in 2012 2012 Team findings Multiple evaluation in 2012 2012 Team findings Multiple evaluation in 2012 2012 Team findings Admission policy and selection in 2009 Admission policy and selection in 2012 2012 Team findings Trainee participation in education provider governance in 2009 2009 Team findings Trainee participation in education provider governance in 2012 Communication with trainees 2009 2009 Team findings Communication with trainees in 2012 Resolution of training problems and disputes in 2009	90 80 82 84 86 86 90 91 91 92 92 93 93 93 94
6 6.1 6.2 6.2.1 6.3 6.4 6.4.1 7 7.1 7.2 7.2.1 7.3 7.3.1 7.4 7.5 7.5.1 7.6 7.7 7.8	Monitoring and evaluation Ongoing monitoring in 2009 Ongoing monitoring in 2012 2012 Team findings Outcome evaluation in 2009 Outcome evaluation in 2012 2012 Team findings Outcome evaluation in 2012 2012 Team findings Implementing the curriculum – trainees Admission policy and selection in 2009 Admission policy and selection in 2012 2012 Team findings Trainee participation in education provider governance in 2009 2009 Team findings Trainee participation in education provider governance in 2012 Communication with trainees 2009 2009 Team findings Resolution of training problems and disputes in 2009 Resolution of training problems and disputes in 2012	90 80 82 84 86 86 86 90 91 92 92 93 93 94 94

8.1	Supervisors	, assessors, trainers and mentors in 2009	96
8.2	Supervisors	, assessors, trainers and mentors 2012	99
8.3	Clinical and	other educational resources in 2009	100
8.3.1	2009 Team	findings	
8.4	Clinical and	other educational resources in 2012	103
8.4.1	2012 Team	findings	106
9	Continuing	g professional development	109
9.1	Continuing	Professional Development Programs (CPD) in 2009	109
9.1.1	2009 Team	findings	112
9.2	Continuing	Professional Development Program (CPD) in 2012	112
9.2.1	2012 Team	findings	113
9.3	Retraining i	n 2012	114
9.4	Remediation	n in 2009	114
9.5	Remediation	n in 2012	115
Appe	ndix One	Membership of the 2009 AMC Assessment Team	117
Appe	ndix Two	Membership of the 2012 AMC Assessment Team	118
Appe	ndix Three	List of Submissions 2009 and 2012	119
Appe	ndix Four	Summary of the 2009 Accreditation Program	121
Appe	ndix Five	Summary of the 2012 Accreditation Program	126

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 2011*, describes AMC requirements for accrediting specialist programs and their education providers.

An AMC Team assessed the major change to education, training and continuing professional development programs of the Royal Australian and New Zealand College of Radiologists (RANZCR) in 2009. On the basis of this assessment, the AMC granted accreditation of the radiology and radiation oncology education, training and continuing professional development programs of the College, until December 2014 subject to satisfactory progress against the recommendations in the accreditation report and a follow-up assessment in 2012.

In 2012, an AMC Team completed the review of the College's programs, considering the progress against recommendations made by the 2009 AMC Team. The Team reported to the 6 December 2012 meeting of Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors within the options described in the AMC accreditation procedures.

This report presents the Committee's recommendations, as presented to the December 2012 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law Act 2009*, 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 as providing a qualification for the purposes of registration.

The AMC's finding is that overall the education, training and continuing professional development programs of the Royal Australian and New Zealand College of Radiologists meet the accreditation standards. Since its accreditation in 2009, the College has largely addressed the recommendations made by the AMC. An effective management structure supports the College's education and training programs. The College has successfully implemented a new curriculum in Radiology and effectively achieved input into curriculum planning and implementation. The College has excellent communication channels with trainees and trainee feedback mechanisms for both training programs are in place and functioning well. The College continues work on developing networks in Radiology and further consolidation of Radiation Oncology networks.

The December 2012 meeting of AMC Directors resolved:

(i) That the accreditation of the education and training programs and continuing professional development programs of the Royal Australian and New Zealand College

of Radiologists be confirmed to 31 December 2014, subject to satisfactory progress reports to the AMC.

- (ii) That this accreditation is subject to the conditions set out below:
 - (a) By 29 March 2013, evidence that the College has addressed the following condition from the accreditation report:
 - 2 Complete the approval process and implement the Recognition of Prior Learning Policy. (Standard 3.4)
 - (b) By the 2013 progress report, evidence that the College has addressed the following conditions from the accreditation report:
 - 3 Develop and implement a policy concerning disadvantage and special consideration in assessment for both programs. (Standard 5.1)
 - 16 Finalise draft policy concerning retraining of fellows who have been absent from practice for a significant period, and for remediation of underperforming fellows. (Standard 9.2)
 - (c) By the 2014 comprehensive report, evidence that the College has addressed the following conditions from the accreditation report:
 - 1 Complete Phase 2 Radiology requirements, including all teaching, learning, and assessment components, to inform the trainees in the training program. (Standard 3.2)
 - 4 Monitor and report on the assessment load for all those involved in assessments (trainees, supervisors, assessors, and College staff) as the curricula are rolled out, including a review of the use of specific assessment formats. (Standard 5.1)
 - 5 Implement the Training Information Management System (TIMS) and evaluate the system's performance in providing effective performance feedback. (Standard 5.2)
 - 6 Develop and implement the assessment quality assurance processes including assessment blueprinting, methods, item analysis, standard setting, and security issues related to examination administration around all test formats for both programs. (Standard 5.3)
 - 7 Evaluate the outcomes of the Siggins Miller curriculum evaluation project. (Standard 5.3)
 - 8 Develop the online orientation program for overseas-trained specialists. (Standard 5.4)
 - 9 Implement the process for expediting to fellowship applicants determined to be partially comparable. (Standard 5.4)
 - 10 Develop the workplace-based assessments of Overseas Trained Specialists (OTS). (Standard 5.4)
 - 11 Evaluate the uptake of the Radiology Integrated Training Initiative (R-ITI) and implement the Learning Management System. (Standard 6.1)
 - 12 Strengthen the College's formal involvement in the selection of trainees, the monitoring of consistent application of selection criteria, and the measuring of outcomes. (Standard 7.1)

- 13 Develop a governance framework around training issues, including a trainee representation structure to ensure curriculum is delivered as intended at all training sites. (Standard 7.2)
- 14 Ensure that both of the Continuing Professional Development (CPD) programs incorporate practice review and a compulsory cultural competence component for New Zealand fellows, when these are mandated by the Medical Council of New Zealand. (Standard 9.1)
- 15 Formalise the process and criteria for assessing and recognising CPD providers. (Standard 9.1)

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

In 2014, before this current period of accreditation ends, the AMC will seek a comprehensive report from the College. As well as reporting on the conditions listed under (c) above, the report should outline the College's development plans for the next four to five years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of five years (to December 2019), taking accreditation to the full period which the AMC will 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 nine accreditation standards are summarised below.

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 5 to 6). The Team's commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.

1. The Context of Education and Training (governance,	Overall, this set of standards is
program management, educational expertise and exchange,	MET
interaction with the health sector and continuous renewal)	

Commendations

A The development of a management structure that effectively supports education, and the recruitment and development of the staff within this structure.

Recommendations for improvement

Nil.

2. The Outco	omes of	the Traini	Overall, this set of standards is			
(purpose of	f the	training	organisation	and	graduate	MET
outcomes)						

Commendations

Nil.

Recommendations for improvement

Nil.

3. The Education and Training Program - Curriculum	Overall, this set of standards
Content (framework; structure, composition and duration;	is MET
research in the training program and continuum of learning)	

Commendations

- B Radiology: The Team commends the implementation and monitoring of the new curriculum.
- C Radiation Oncology: The education materials, emphasis on in-training assessment and feedback are exemplary. Trainees and fellows indicated a high level of support and satisfaction for the curriculum at an early stage, assisted by successful communication from the College.
- D The curricula for Clinical Radiology and Radiation Oncology are clearly laid out and readily accessible such that all fellows in a supervisory role and trainees will be aware of training requirements.
- E The College's significant efforts and resources invested in multi-channel communication with trainees and fellows, particularly the close involvement of staff from the College's Training Assessment and Accreditation unit in delivering the road shows.
- F The development of the Training Information Management System (TIMS) system as a unified portal for trainees and fellows.

Recommendations for improvement

- AA Radiology: monitor and report on the introduction of requirements and early assessment tasks, particularly focussing on the workload that it may place on trainees and supervisors. (Standard 3.1)
- BB Consider flexible ways in which trainees might meet the research learning objectives, such as through modules or courses. (Standard 3.2)

4. The Training Program – Teaching and Learning	Overall, this set of standards is MET

Commendations

- G The College has taken a holistic approach integrating its Learning Management System, CPD online and Training Information Management System. Significant work has been completed to provide e-learning resources, some of which will be provided to all Colleges.
- H The Team commends the College for its allocation and use of resources including a most impressive use of web-based tools related to the introduction of curriculum requirements since the 2009 AMC assessment.
- I The Team notes the favourable impact on learning behaviour through integrating exam preparation into clinical teaching and learning. Radiation Oncology trainees recognise the clinical assignments as a valuable and significant part of exam preparation.

Recommendations for improvement

Nil.

5. The Curriculum – Assessment of Learning Overall, this set of standards							
(assessment approach, feedback and performance,					is SUBSTANTIALLY MET		
assessment	quality, ass	essment of	specialis	ts trained			
overseas)							

Commendations

- J E-MCQ implementation is the result of effective collaboration between College staff and fellows to manage and deliver an innovative assessment process that mirrors contemporary practise.
- K The development and implementation of a comprehensive suite of workplace-based assessments embedded within both training programs.

Recommendations for improvement

CC Develop systems to ensure that all patient images sourced for College examinations and teaching have appropriate permissions. (Standard 5.3)

6. The Curriculum – Monitoring and Evaluation	Overall, this set of standards
(Monitoring, outcome evaluation)	is MET

Commendations

L The College has effectively used the road shows to seek input into curriculum planning and implementation processes. Stakeholders spoke positively of the value of these events and perceived the College representatives to be both attentive to their

issues and genuinely responsive. Examples were provided of changes that had come about as a result of such discussions. This is commendable and it is acknowledged that it is not always possible to achieve such uptake and engagement.

M The Team is encouraged by early evidence of a systematic approach to gather trainee feedback and trainees' apparent satisfaction with current feedback methods. Examples include the Radiation Oncology Trainee Assessment of Training Terms (TATTS) and Radiology Trainee Assessment of Training Sites (TATS) systems, the evolving trainee committee system and representation processes and plans to strengthen and develop them into the future, as well as the responsiveness and professionalism of College staff.

Recommendations for improvement

DD Development and internal integration of a formal framework to ensure focussed evaluation. The Team recommends increased coordination of evaluation activities at a College level and across both programs of training. In the next report to the AMC the College is asked to report on any progress with the creation of an internal evaluation framework. (Standard 6.1)

7. Implementing the Curriculum - Trainees	Overall, this set of standards
(admission policy and selection, trainee participation in	is MET
governance of their training, communication with trainees,	
resolution of training problems, disputes and appeals)	

Commendations

N The Team commends the excellent communication with trainees and encourages the College to continue their efforts.

Recommendations for improvement

EE Develop trainee involvement at the local committee level and provide professional development for trainee representatives. (Standard 7.2)

8. Implementing the	Training	Program –	Delivery	of	Overall, this set of standards
Educational Resources					is MET
(Supervisors, assessors	s, trainers a	and mentors;	and clini	cal	
and other educational r	esources)				

Commendations

- O The Team commends the College for the development of the Supervision and Protected Time Guidelines for Directors of Training which endorses minimum mandatory protected time for Directors of Training and supervisors to undertake their training duties.
- P The College is to be commended on the progress in establishing a network accreditation program for Radiation Oncology.

Recommendations for improvement

- FF The shift in emphasis to workplace-based assessment means that training and feedback for supervisors and assessors is of increasing importance, and will need to be further developed. The Team welcomes the College's consideration of a system for collecting and delivering feedback on individual supervisor performance, planned for 2013. (Standard 8.1)
- GG Report on development of networks in Clinical Radiology and further development and consolidation in Radiation Oncology, including accreditation policies and standards. (Standard 8.2)

9.	Continuing	Professional	Development	(programs,	Overall, this set of standards
retra	aining and ren	nediation)			is MET

Commendations

Q The development of an online facility for fellows to manage CPD activities and for the College to monitor individual participation in the CPD program.

Recommendations for improvement

HH Take steps to simplify and align the components of the Radiology and Radiation Oncology CPD programs and in particular ensure equivalence in requirements for satisfactory participation. (Standard 9.1)

Introduction: The AMC accreditation process

The Australian Medical Council (AMC) was established in 1985. It is a national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The process for accreditation of specialist medical education and training

The AMC implemented the process for assessing and accrediting specialist medical education and training programs in response to an invitation from the Australian Government Minister for Health and Ageing to propose a new model for recognising medical specialties in Australia. A working party of the AMC and the Committee of Presidents of Medical Colleges was established to consider the Minister's request, and developed a model with three components:

- a new national process for assessing requests to establish and formally recognise medical specialties;
- a new national process for reviewing and accrediting specialist medical education and training programs;
- enhancing the system of registration of medical practitioners, including medical specialists.

The working party recommended that, as well as reviewing and accrediting the training programs for new specialties, the AMC should accredit the training and professional development programs of the existing specialist medical education and training providers—the specialist medical colleges.

Separate working parties developed the model's three elements. An AMC consultative committee developed procedures for reviewing specialist medical training programs, and draft educational guidelines against which programs could be reviewed. In order to test the process, the AMC conducted trial reviews during 2000 and 2001 with funding from the Australian Government Department of Health and Ageing. These trial reviews covered the programs of two colleges.

Following the success of these trials, the AMC implemented the accreditation process in November 2001. It established a Specialist Education Accreditation Committee to oversee the process, and agreed on a forward program allowing it to review the education and training programs of one or two providers of specialist training each year. In July 2002, the AMC endorsed the guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures.*

In 2006, as it approached the end of the first round of specialist medical college accreditations, the AMC initiated a comprehensive review of the accreditation guidelines. In June 2008, the Council approved new accreditation standards and a revised description of the AMC procedures. The new accreditation standards apply to AMC assessments conducted from January 2009. The relevant standards are included in each section of this report.

A new National Registration and Accreditation Scheme for health professions began in Australia in July 2010. The Ministerial Council, on behalf of the Medical Board of Australia, has assigned the AMC the accreditation functions for medicine.

From 2002 to July 2010, the AMC process for accreditation of specialist education and training programs was a voluntary quality improvement process for the specialist colleges that provided training in the recognised specialties. It was a mandatory process for bodies seeking recognition of a new medical specialty. From 1 July 2010, the *Health Practitioner Regulation National Law Act 2009* makes the accreditation of specialist training programs an essential element of the process for approval of all programs for the purposes of specialist registration. Similarly, the Medical Board of Australia's registration standards indicate that continuing professional development programs that meet AMC accreditation requirements also meet the Board's continuing professional development requirements.

From 1 July 2010, the AMC presents its accreditation reports to the Medical Board of Australia. Medical Board approval of a program of study that the AMC has accredited forms the basis for registration to practise as a specialist.

Assessment of Royal Australian and New Zealand College of Radiologists (RANZCR) programs

The Royal Australian and New Zealand College of Radiologists (referred to as 'the College' in this report) was the first College to be assessed, during the pilot of the AMC assessment process for specialist medical training programs in 2001. The AMC agreed that both of the College that contributed to this pilot would receive full accreditation and, accordingly, the College was granted accreditation for six years, until December 2007. The AMC Accreditation Report made a number of recommendations for improvements to the radiology programs of the College and the radiation oncology programs of the College's Faculty of Radiation Oncology.

In 2006, the College was asked to submit a comprehensive report to the AMC. On the basis of this comprehensive report the AMC extended the College's accreditation by two years, until 2009, when it would review progress through an accreditation assessment visit.

The College's progress reports to the AMC outlined plans for significant curriculum development in both radiology and radiation oncology, and the introduction of new workplace-based assessment methods. The 2008 progress report indicated the College would introduce the curriculum and new assessment methods for the radiation oncology training program in 2009. The College would introduce the radiology curriculum in 2010. The College indicated that the Faculty of Radiation Oncology would act as a pilot for the development and implementation of the new curriculum and the new approaches to assessment, and that what was learnt in the process would be transferable to the larger radiology program.

The Specialist Education Accreditation Committee determined that the changes being made by the College would fit within the AMC definition of major change to accreditation programs.

On the advice of the Specialist Education Accreditation Committee, the AMC appointed Professor Brett Delahunt to chair the 2009 assessment of the major change to the College's programs in radiation oncology and radiology. The AMC then began discussions with the College about the timing and process of assessment.

In 2009, the assessment process entailed the following steps:

- The AMC asked the RANZCR to lodge an accreditation submission, presenting details of its plans, and of the financial, physical and staff resources available to implement and deliver the new programs. The submission was to encompass the three areas covered by AMC accreditation standards: the College and Faculty's specialist medical training programs; College and Faculty process to assess the qualifications and experience of overseas-trained specialists; and College and Faculty processes and programs for continuing professional development.
- The AMC appointed a six-member assessment Team (called 'the Team' in this report) to complete the assessment after inviting College comment on the proposed membership. A list of the members of the Team is provided in Appendix 1.
- The Team met in March 2009 to consider the College's submission and to plan the review.
- 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 and Faculty committees.
- The AMC surveyed radiology trainees, radiation oncology trainees, clinical supervisors and directors of training. Response rates were 28 per cent for radiology trainees, 26 per cent for radiation oncology trainees, 20 per cent for clinical supervisors and 43 per cent for directors of training.
- The AMC invited other specialist medical colleges, medical schools, health departments, College-identified stakeholders, and health consumer organisations to comment on the College's plans and programs.
- The Team held site visits and meetings in New South Wales, Queensland, Victoria and New Zealand between 22 and 29 June 2009.
- The assessment concluded with a series of meetings at the College offices from 30 June to 2 July 2009.

The 2009 assessment resulted in the AMC accrediting the College's education and training programs until December 2014, subject to satisfactory progress against the recommendations in the accreditation report and a review visit in 2012. The College was required to report on progress against the recommendations with specific attention to:

- the implementation of the radiology curriculum in 2010;
- mechanisms to monitor the introduction of the curriculum requirements in both programs in relation to the workload placed on trainees in the early stages of their training and the implications for service delivery;
- the development of the radiation oncology Phase 2 assessment tasks and learning portfolio;
- progress in the blueprinting of assessment against the curricula and the seven competencies;
- the publication of criteria and standards against which written assignments are to be assessed;
- progress in the development of networked training.

In 2011, on the Specialist Education Accreditation Committee's recommendation and after the College had an opportunity to consider the proposed membership, the AMC Directors appointed a Team to complete this review. Associate Professor Jenepher Martin chaired the 2012 Team. The members of the 2012 Team are listed in Appendix Two.

In June 2012, the College provided an accreditation submission outlining progress on the recommendations and challenges facing the College. The Team met in August 2012 to consider the submission, and then discussed plans for the review with College officers and staff. The AMC invited other specialist medical colleges, medical schools, relevant government departments, and health consumer organisations to comment on the College's training and professional development programs.

The Team completed its review in September 2012. The review comprised of a program of meetings with radiology and radiation oncology trainees, directors and supervisors of training in Melbourne and Wellington; and meetings with College officers, committees and staff in Sydney.

Australian Medical Council and Medical Council of New Zealand relationship

Since most of the specialist medical colleges span Australia and New Zealand, the Medical Council of New Zealand (MCNZ) has been an important contributor to AMC accreditation assessments.

In November 2010, the AMC and the MCNZ signed a Memorandum of Understanding to extend the collaboration between the two organisations. The two Councils are working to streamline the assessment of organisations which provide specialist medical training in Australia and New Zealand. The AMC continues to lead the accreditation process, and assessment Teams for bi-national training programs will continue to include New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders. In future, these processes will specifically address New Zealand requirements. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the bi-national colleges to provide additional New Zealand–specific information.

Appreciation

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

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. A list of the organisations that made a submission in 2008 and 2012 is at Appendix 3. A summary of the 2009 Team's program of meetings is provided in Appendix 4. A summary of the meetings held in 2011 is provided in Appendix 5.

Report on the 2009 and the 2012 AMC assessments

This report contains the findings of both the 2009 and 2012 AMC assessment Teams. As this is an iterative process, it is intended that the two assessments be seen as points along a continuum.

Each section of the report begins with the relevant accreditation standards, current at the time of the most recent accreditation. These are the *Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2010.*

The findings of the 2012 Team are provided as commentaries following the relevant sections of the 2009 report. It should be noted that the report by the 2012 Team addresses progress by the College in relation to recommendations made by the AMC in 2009. In areas where the College has made no substantial change and no recommendations were made in 2009, the 2012 Team has not conducted a comprehensive assessment.

1 The context of education and training

The accreditation standards concerning the context in which education and training are delivered are as follows:

- The education provider's governance structures and its education and training, assessment and continuing professional development functions are defined.
- The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.
- The education provider's internal structures give priority to its educational role relative to other activities.
- The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:
 - planning, implementing and reviewing the training program(s) and setting relevant policy and procedures;
 - setting and implementing policy and procedures relating to the assessment of overseas-trained specialists;
 - setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.
- The education provider's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.
- The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.
- The education provider collaborates with other educational institutions and compares its curriculum, training program, and assessment with that of other relevant programs.
- The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government, and community agencies to promote the education, training, and ongoing professional development of medical specialists.
- The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.
- The education provider reviews and updates structures, functions, and policies relating to education, training, and continuing professional development to rectify deficiencies and to meet changing needs.

1.1 Governance in 2009

The Royal Australian and New Zealand College of Radiologists evolved from the Australian and New Zealand Association of Radiology. In 1949 the Association adopted the status of a College. It was granted a Royal Charter in 1972. The College is a corporation with its registered office at Druitt Street, Sydney.

The structure of the College is set out in the Articles of Association which were adopted in June 1997.

Overall control of the activity of the College is in the hands of the College Council. This is chaired by the President, Professor Mark Khangure, and consists of 17 *ex officio* officers and elected members, with a trainee member to be added this year. The New Zealand Branch Committee Chair is an *ex officio* member of Council while other *ex officio* members are appointed positions. The elected members of Council serve a three-year term, with a maximum permissible tenure of three terms. There is no formalised quota for elected Radiologists or Radiation Oncologists on Council, with membership determined by election of the College fellowship. Representation of both specialty groups is, however, guaranteed through the appointment of *ex officio* members. At present there are four Radiation Oncologists on College Council.

Oversight of the day to day management of the activities of the College is by the College Chief Executive Officer, Mr Don Swinbourne.

Subordinate to Council is the Faculty of Radiation Oncology chaired by the Dean, Associate Professor Chris Milross, who is an *ex officio* member of Council.

The Faculty Board is the governing body for the Faculty of Radiation Oncology. The Board consists of nine elected and two appointed members, including a representative of Radiation Oncology trainees. There is, at present, no specific provision for a Radiation Oncology trainee on College Council.

The Team was advised that Council has recognised that the relationship between the College Council, which oversees Radiology activities, and the Faculty Board, which oversees activities for Radiation Oncology, is somewhat unbalanced. The Team supported this view. The Council is considering this matter, and a restructure, with the possible development of parallel faculties. The Team encouraged the College to continue to explore ways in which the governance structures can be streamlined.

Seventy-nine boards and committees, in addition to ten committees in evolution, support the activities of the College. In 2005 the College Council established a framework in which the committees were placed into one of four portfolio groupings: Education and Research, Quality of Standards of Practice, Economic Affairs and Workforce, and Communications and Membership. The College established this structure to facilitate the implementation and monitoring of strategies by providing a mechanism for oversight of the committees in each portfolio grouping. Each portfolio is co-ordinated by a lead and a second, who are members of Council and who report directly on portfolio activities. A portfolio director/manager, who is a College staff member, supports the portfolio lead.

There is a branch office in Wellington, New Zealand and branch committees operate in all the Australian states and the Australian Capital Territory. Council members are *ex officio* members of the relevant branch committee.

As at 30 June 2008, the College consisted of 2,140 fellows with 1,837 Radiologists and 303 Radiation Oncologists. Additionally there were 231 educational affiliates, being vocationally registered and/or practicing specialists who were not fellows of the College (216 Radiology

and 15 Radiation Oncology), and 542 registered trainees, of which 427 were Radiology trainees and 115 were Radiation Oncology trainees.

1.2 Governance in 2012

At its Annual General Meeting in October 2011, the College approved amendments to its constitution in order to facilitate implementation of a new governance structure. The new structure will take effect from 1 January 2013.

A new Board of Directors will replace the College Council and provide high level governance to the College. The Board of Directors will focus on strategic planning, performance against strategic and operational plans, standards of compliance, and management of risk and policy.

In the new structure, two Faculties will provide oversight to each of the College's training programs.

In the current structure, the College Council provides leadership to the Clinical Radiology training program, and a Faculty Board manages Radiation Oncology. The 2009 Team had observed this arrangement creates an imbalance in the management of the training programs, and the 2012 Team is encouraged by the creation of these parallel Faculties.

The Faculties will be governed by Councils reporting to the Board of Directors, each chaired by a Dean and with membership of between 12 and 14 persons including trainee representatives and non-members of the College. The Faculty of Clinical Radiology and the Faculty of Radiation Oncology will focus on the preparation of strategic and operational plans within parameters established by the Board, implementation and evaluation, and the management of discipline specific issues and communications.

Faculty Councils will have responsibility for educational development and implementation. The Team notes the new structure will permit a greater depth of discussion concerning educational issues.

Committees with responsibility for governing education and training, including continuing professional development, as well as safety and quality, will report to their respective Faculty Councils. The Communications and Membership Committee, which reported to the Council in the previous structure, will report to the Board.

The College's renewed governance structure effective January 2013:



The College indicated that due to the different curricula and training programs and the nature of specialist practice in Radiology and Radiation Oncology, each Faculty will continue to

have separate Education and Training Committees and CPD Committees reporting to their Faculty Councils. This also applies in relation to standards of practice, research, and to some extent for workforce issues. However, wherever possible 'cross faculty' committees and activities will operate particularly in such areas as communications, membership and economics. The Team notes that there are a number of areas, such as continuing professional development and research where the College could consider joint committees between the two disciplines.

The College's senior management and fellows involved in education recognise the risk of decreased cross-program collaboration and information sharing due to the new siloed structure, where most discussion and decision making occurs within each Faculty. However, the management structure, with senior staff responsible for portfolios of activity across the two disciplines, should alleviate any silo effect. It will be important, however, for the College to promote opportunities for collaboration and information sharing between the two programs. Planned cross-discipline meetings to be held four times per year are a positive development in this regard.

1.3 Program management 2009

Oversight of the educational activities of the College is provided through the Education and Research portfolio. In this portfolio separate committees have been established for both Radiology and Radiation Oncology. The key educational committees of the College are described below.

Radiology

The *Radiology Education Board* is a standing committee of Council. The Board reports directly to the College Council and is chaired by the Chief Censor in Radiology who is appointed by Council. The Curriculum Advisory Committee, the Training Program Assessment Committee and the evolving Training Network Coordination Committee are subordinate to the Education Board and report to it.

The *Curriculum Advisory Committee* is chaired by the Chief Censor in Radiology and has up to 20 members, with appointments made to ensure that each body system and diagnostic modality is represented. The Committee takes responsibility for the new Radiology curriculum and has detailed terms of reference that cover all aspects of curriculum development and review. The Director, Education and Research and a Senior Education and Education Officer of the Secretariat support the Committee.

The *Training Program Assessment Committee* is chaired by the Chief Censor in Radiology and *ex officio* members including Part 1, Part 2, and Pathology Chief Examiners. The Committee is supported by the Director, Education and Research, and an Education Officer. It takes responsibility for the development and review of examinations, and for providing feedback to candidates and supervisors.

The *Training Network Coordination Committee* is in evolution and terms of reference are yet to be approved. The Committee will focus upon the development of training networks in Radiology where, as the College recognises, considerable work remains to be done. It is likely that only limited training networks will be established by 2010.

Radiation Oncology

The *Faculty of Radiation Oncology Education Board* takes responsibility for the management of the training program in Radiation Oncology. The Board is chaired by the Chief Censor in Radiation Oncology and consists of the Dean of the Faculty, the Chief Accreditation Officer, elected fellows, and a trainee representative who provides a formal report on the activities of the Trainees' Committee. All subordinate committees report through the Education Board to the Faculty Board.

The *Faculty Curriculum Advisory Committee* is responsible for the formulation of the new curriculum. When established, the Committee was cross-disciplined, however, in 2005 the College established separate committees for Radiation Oncology and Radiology. Since its formation the Committee has had a varied membership with representation from the Education Board, examiners, supervisors, trainees, and consumers. It is chaired by the Chief Censor in Radiation Oncology. The College's Director, Education and Research, the Senior Education Officer and two Education Officers provide support. The Radiation Oncology Curriculum Editorial team, a sub-group of the Curriculum Advisory Committee, has responsibility for editing and producing the new curriculum.

The *Phase 1 Planning and Implementation Group* coordinates activities relating to the implementation of Phase 1 of the new curriculum, while the Phase 2 Planning and Implementation Group oversees the further development and implementation of the Phase 2 program. Both groups meet monthly and contain representatives of the Board of Education and Curriculum Advisory Committee, in addition to trainee and supervisor representatives. The Phase 1 Assessment Panel is responsible for the setting, marking, and audit of Phase 1 assessments. A similar group is in development for assessment of Phase 2 of the curriculum. All these groups currently report to the Education Board, but will report to the Faculty Training Program Assessment Committee (see below) once a new structure has been determined for this committee in the new curriculum.

The *Training Program Assessment Committee* takes responsibility for the development and review of examinations for candidates undertaking the new curriculum. It will continue to oversee the examinations once the new curriculum is established. The Committee is chaired by the Chief Censor. Its members are the examiners responsible for assessment of various components of the curriculum. There is no trainee representation on this Committee.

The *Training Network Directors Committee* has been established to develop training networks for Australia, New Zealand and Singapore. To date, training network directors have been identified and the networks are in varying stages of evolution. The Committee has identified a need for policy and guideline documents, and these will be prepared.

A *Training Accreditation Advisory Committee* is proposed and will coordinate accreditation activities in Radiation Oncology, with the objective of moving accreditation from individual departments to networks. At present, the Chief Accreditation Officer manages accreditation, reporting to the Education Board.

Overseas-Trained Specialists

Assessment of specialists trained overseas is coordinated by the *International Medical Graduates Committee* which is chaired by Professor Turab Chakera, with the other members being the Chief Censor in Radiology, the Chief Censor in Radiation Oncology, and the Chief

Executive Officer. The activities of the Committee are supported by an assessment panel. The Committee meets as required and is a sub-committee of the two Education Boards.

In New Zealand, the New Zealand Branch Committee assesses overseas-trained graduates in accordance with the requirements of the Medical Council of New Zealand.

Continuing Professional Development

For Radiology, continuing professional development is the responsibility of the *Radiology Continuing Professional Development Committee*. The Committee has ten members, with representatives of Council and the Education Board, and representation from New Zealand. The Committee ensures that the Radiology continuing professional development program satisfies regulatory requirements, reviews the content and structure of the program, and provides advice regarding the management of under-performing practitioners.

The *Post Fellowship Education Committee* oversees the continuing professional development program in Radiation Oncology. The Committee monitors the program and makes revisions as it considers appropriate. It also has a role in promoting the program, and while it does not have a specific term of reference in relation to the management of underperforming and non-compliant fellows, this has been identified as a priority area. The Committee also has a role in overseeing the annual scientific meeting, the development of educational programs and the establishment of relations with groups having shared educational objectives.

Both continuing professional development committees are supported by the Senior Education Office and an Educational Officer. These secretariat staff sit on both committees; however, there is no cross-representation by fellows.

1.3.1 2009 Team findings

The College's governance structures are defined, as are its education and training, assessment and continuing professional development functions. There are clear terms of reference for the established committees.

The College's structure demonstrates that priority is given to education and training activities. The Team acknowledged the enormous effort expended in recent years in developing the new curricula in Radiology and Radiation Oncology. In particular, the Team was impressed by the commitment shown by the Senior Officers of the College and the strong support from a highly profession and competent secretariat. The fellows' input has been considerable as well. The Faculty of Radiation Oncology estimates that 80 per cent of the fellows have contributed to the development of the curriculum.

The College has made advances and this is especially impressive in view of the relatively small number of fellows who are available to undertake the necessary work. Despite this, much work remains to be done. The Team considered that the College committees also need the opportunity to reflect on advances made to date.

Many of the committees of the College are new, being established to facilitate development of the new curricula. Despite this the College is served by a large number of committees and it is clear that there is some duplication of process. This is particularly evident for those committees concerned with network coordination, trainee issues, research, and continuing medical education. There is much that those who are involved in the development and implementation of the Radiology and Radiation Oncology programs can learn from each other. This is impeded by the existence of only weak linkages between the major education and training committees, the assessment committees, and the continuing professional development committees. The Team recommended that the College investigate ways in which information relating to program development, delivery, and evaluation can be shared across the two programs.

1.4 Program management in 2012

Radiology

The College will implement its new governance structure in January 2013. In the new structure, two Faculties will provide oversight to each of the College's training programs and report to a Board of Directors. Most of the current committees relating to education and training in Radiology will migrate to the new structure and report to the Faculty of Clinical Radiology Council. Under the new Radiology structure, the committees with direct oversight of the curriculum and training are the Curriculum and Assessment Committee, the Radiodiagnosis Examiners Review Panel, and the International Medical Graduate (IMG) Committee. These committees report to the Radiology Education and Training Committee. Of note, the Training Network Coordination Committee does not appear in the new governance structure.

The new governance structure for the Faculty of Clinical Radiology:



Radiation Oncology

Since the 2009 assessment some changes have occurred within the committee structure of the current Faculty of Radiation Oncology. The key board and committees responsible for training include:

The Education Board: develops the educational content, assessments and accreditation mechanisms, and assesses suitability of candidates for Fellowship, including International Medical Graduates (IMG).

The Assessments Executive Committee: a sub-committee of the Education Board, is responsible for the oversight of all assessments (including examinations) in the Radiation Oncology training program.

The Trainee Resource Executive: (established in 2011) holds responsibility for all trainee resources. The role of the executive is strategic, with other working groups reporting to it. The group makes recommendations to the Education Board for consideration.

The Training Network Directors Forum (*TNDF*): The TNDF was changed from a subcommittee of the Education Board to a forum at the beginning of 2011. It reports and makes recommendations to the Education Board. The forum is made up of the Training Network Directors of all networks, as well as the Chief Censor and trainee representatives. A member of the TNDF sits on the Education Board as a representative. Any recommendations that the TNDF makes must be endorsed by the Education Board, and on some matters, further endorsed by the Faculty Board. The aim of the Training Network Directors Forum (TNDF) is to support the policies for training networks within Australia, New Zealand and Singapore. When the new Faculty of Radiation Oncology Council is fully implemented in 2013, the Radiation Oncology Education and Training Committee will replace the Education Board as the key education and training committee. The key training committees, along with the IMG Committee, will report to the Education and Training Committee, which in turn reports to the Faculty Council. The new governance structure for the Faculty of Radiation Oncology:



Both programs rely heavily on fellows of the College to ensure the training program is implemented as designed at training sites. For Radiology, this is accomplished through Branch Education Officers for each jurisdiction who liaise with supervisors at training sites, who will be members of the Radiology Education and Training Committee in the new structure.

Radiation Oncology has moved to a network training structure. Training Network Directors (TND) are members of the Training Network Directors Forum. Program management for Radiation Oncology is also supported by a number of Education Support Officers, who are jurisdictionally based and funded.

The College staff profile mirrors the key activity streams and is portfolio based. Since the 2009 AMC review, the College has committed additional resources to supporting and enhancing its education activities. The former Education and Research portfolio is now two distinct units: Training, Assessment and Accreditation; and Education and Research, with Directors providing leadership to each unit.

1.5 Educational expertise and exchange in 2009

The educational programs of the College are well supported by a highly competent secretariat that includes experts in medical education. Professional oversight is provided by a Director of Education and Research who is an *ex officio* member of many of the educational committees in both Radiology and Radiation Oncology. At present this position is vacant. The College intends to split the role previously undertaken by the Director amongst two appointees and to make appointments in the near future. In addition to the Director, there are two Senior Education Officers and three Education Officers who assist in program development and other educational activities. There are also staff on fractional appointments who assist in assessment of overseas-trained specialists.

The training programs of the College are well resourced financially and the College has made provision for the appointment of additional staff in response to the increasing demands of the new curricula. The Team was advised that, if necessary, reserve funds would be made available to further resource curriculum development and implementation.

The College has engaged a number of educational consultants to provide input into the development of the new curricula. During 2003-2004, the College engaged Professor Rufus Clarke, then employed at the University of Sydney, to provide advice on the validity and reliability of assessment processes. This review proposed more alignment between the curriculum and assessments, and this has been progressed. More recently, consultants from the School of Public Health and Community Medicine of the University of New South Wales have provided advice on curriculum development. In addition, the College has had preliminary discussions with the University of Sydney regarding collaborations in education and research activities.

While the College does engage with other colleges and the wider medical profession through the Committee of Presidents of Medical Colleges and networks hosted by the Australian Medical Association (AMA), formal linkages are limited to involvement in joint training programs. In particular, the College collaborates with the Royal Australasian College of Physicians (RACP) and the Australian and New Zealand Association of Physicians in Nuclear Medicine (ANZAPNM) for training in nuclear medicine, and with the RACP and the Royal Australasian College of Surgeons (RACS) in the formulation of guidelines for training and assessment of trainees in peripheral endovascular therapy. The College is also contributing to the activities of the proposed Conjoint Committee for Recognition of Training in CT Coronary Angiography with the Cardiac Society of Australia and New Zealand (CSANZ) and the ANZAPNM. Interest in future educational collaborations was intimated to the Team by the Royal College of Pathologists of Australasia (RCPA) and the Australian and New Zealand College of Anaesthetists (ANZCA).

The College is encouraged to seek further opportunities to participate in joint teaching projects with other educational institutions, including considering the offers by other colleges to collaborate in the delivery of specialised education and training. This has the potential to expand training in areas such as pathology, sedation, and physics, which trainees would seem to support.

1.6 Educational expertise and exchange in 2012

The 2012 College submission to the AMC provided several examples of strategic collaborations with other specialist medical colleges in Australia and New Zealand. For

example, the College is commencing a project with the Royal Australian College of General Practitioners (RACGP) to provide educational materials to assist General Practitioners in referring MRIs for a limited range of paediatric and adult indications. The College is also working with the Australasian College of Emergency Medicine (ACEM) on guidelines to assist Emergency Medicine trainees and specialists regarding appropriate use of diagnostic imaging for a range of common clinical conditions in Emergency Departments.

Some of these collaborations have focussed on issues common to multiple colleges in Australia, particularly around education in relation to non-medical expert roles. The College received a grant from the Rural Health Continuing Education (RHCE) program to develop an e-learning library (ten hours of learning equivalent to 16 e-learning modules) in the non-medical expert competencies of manager, communication and professional. During the visit, the Team had an opportunity to view a demonstration of an e-learning module in development. These resources will be made available to other colleges when complete.

The College is involved in ongoing collaboration with the Royal Australasian College of Physicians (RACP) in the training of nuclear medicine specialists through the Joint Specialist Advisory Committee (JSAC) in Nuclear Medicine, a formal committee which administers the Nuclear Medicine program and monitors trainees on behalf of both Colleges. The College is also engaged in discussions with the Australian and New Zealand Association of Physicians in Nuclear Medicine (ANZAPNM) with regard to common areas for education and training.

In early 2012, the Chief Censor in Radiation Oncology met with the European Society of Radiotherapy and Oncology (ESTRO) in Brussels to facilitate the sharing of resources between Colleges. ESTRO has a vast number of online modules that trainees will be able to access through a dual membership arrangement with ESTRO. It is anticipated that there will be a link to these on-line services through the RANZCR Learning Portal and they will include on-line journal access, access to some on-line RT tutorials and discounts for attendance at face to face teaching courses, including one in 2013 in Australia.

The Team observes that the College has initiated a number of potential collaborations, and suggests that the College focus on building a solid core of partnerships to benefit the education and training program.

1.7 Interaction with the health sector in 2009

The College is represented on hospital-based training committees and is engaged with the New South Wales Institute of Medical Education and Training in the development of a state-wide training network in Radiology. The Team acknowledged that this is an important early step in the development of the training networks that are key to the delivery of the new curricula.

During its assessment, the Team met representatives of a number of Australian state and territory health services and also considered written comments submitted at the request of the AMC. Issues which jurisdictions commented on included:

• As with any significant change, there is some uncertainty about the impact of the College's curriculum changes. The College understands that it is making its curriculum changes in the context of workforce constraints in both specialties, which has implications for the recruitment of specialist Radiologists and Radiation Oncologists as supervisors and as curriculum developers. Jurisdictions generally indicated that they had

a good relationship with the College at the local level, but that they would welcome enhanced communication with the bi-national College as well as greater opportunities to gain an understanding of the impact of changes to training requirements on trainee and trainer resource requirements. As is the case for all colleges, decisions about the structure and delivery of educational programs need to take account of the needs and capacity of the health care system, in order to ensure that educational plans can be implemented.

- Training in Radiology largely occurs in the public sector, but the majority of graduates practice in the private sector and there are significant differences in the clinical work in the two sectors.
- Queensland Health raised some problems regarding registration for some medical professionals in semi-rural hospitals, indicating that the Queensland Medical Board requires unconditional registration to encompass a fellowship which can be difficult for medical staff at base hospitals to obtain. Queensland Health suggests that perhaps these issues could be overcome by negotiation between the College and the Queensland Medical Board.
- There was a view that possibly this College, and others, were not providing sufficient training to prepare specialists for leadership and management roles, and to understand the health care system, particularly the delivery of high quality and cost effective health care. The Team noted that the College has given greater attention to these issues in the new Radiology and Radiation Oncology training programs but would encourage the College to seek more specific feedback from jurisdictions on their concerns about this aspect of training.

1.8 Interactions with the health sector in 2012

The Team received feedback from several jurisdictions concerning their interaction with the College. Jurisdictional representatives view the changes to the College's training programs positively, with reports of varied levels of interaction and communication with the College. There are some concerns that the level of consultation preceding the curricula implementation is limited.

Several states congratulate the College on implementing training networks for Radiation Oncology, and support that strategic direction. The Team notes that strong training networks appear to facilitate effective dialogue, with feedback from jurisdictions indicating considerable interest in further development of training networks and a general willingness to engage in site accreditation and information sharing. States with active networks report the College has done a good job in terms of communication. Feedback points out that the College has no mechanism to encourage participation in networks. As there are no penalties for refusing to network, much of the progress with networking is based on personal contact and relationships.

1.9 Continuous renewal in 2012

The College has engaged in inclusive planning with fellows and trainees in the implementation of both of the new training programs. It is not evident to the Team that any trainees have encountered disadvantage due to the implementation of the new curricula.

In Radiation Oncology, curriculum changes are communicated, but are not introduced until the following year, allowing maximum time for trainees in the program to understand if any requirements have changed. The College indicates it has not received any feedback to suggest that any changes, so far, have impacted negatively on any trainee's progression. Radiology is yet to make any major changes to the curriculum.

The Team notes changes to committee and staff structures to better support education and training programs.

2009 Commendations

A The leadership and dedication of the office bearers and staff in facilitating the new educational direction taken by the College.

2009 Recommendations

- 1 Further explore ways in which the governance of the College may be streamlined.
- 2 Investigate strategies to facilitate information sharing between committees and across educational programs.
- 3 Engage more fully with other specialist colleges to promote collaborative educational activities.
- 4 Continue to build positive relationships with health jurisdictions and health service organisations to strengthen training capacity.

The Team considers that Recommendation 1, 2, 3 and 4 from 2009 have been met.

2012 Commendations

A The development of a management structure that effectively supports education, and the recruitment and development of the staff within this structure.

2 **Purpose of the college and outcomes of the training program**

The accreditation standards are as follows:

- The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
- In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.
- The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.
- The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
- The education provider makes information on graduate outcomes publicly available.
- Successful completion of the program of study must be certified by a diploma or other formal award.

2.1 Organisational purpose in 2009

The College's mission is clearly defined and available to all stakeholders via the website. It is to set, promote, and continuously improve the standards of training and practice in Radiology and Radiation Oncology, for the betterment of the people of Australia and New Zealand.

The objects of the College are given in the Memorandum of Association which was last amended on 27 October 1998. In all 25 objects are listed. The principal objects are:

- (a) To promote, encourage and provide for the advancement of the study and the practice of the sciences known as Diagnostic Radiology and Diagnostic Medical Imaging, Therapeutic Radiology and Oncology and allied sciences, and for the carrying out of research and experimental work in connection with these sciences.
- (b) To establish the status of Fellowship of the College and to admit to such status members of the College.
- (c) To admit to membership of the College such persons as shall be eligible in accordance with the regulations thereof and shall conform thereto.
- (d) To conduct examinations and to grant to registered medical practitioners certificates to other equivalent recognition of special knowledge in Radiology or Radiation Oncology either alone or in cooperation with teaching and/or examining bodies authorised to grant such recognition.
- (e) To supervise education in any of the sciences aforementioned and to consider and advise as to any course of study or technical training and to diffuse any information calculated to promote and ensure the fitness of persons desirous of qualifying for membership of the College.

These objects are in keeping with the AMC accreditation standards.

Since the 2001 AMC accreditation, the College has engaged more with groups of interest outside the College. This is evidenced by the enhanced information on the College's website prepared for a wide range of groups. Of note is the *Inside Radiology* resource, produced for health consumers, which contains information about Radiology tests and procedures; additional clinical and technical information for health professions; and information about the roles and training of health professionals who work with Radiologists.

The expanded opportunities for a range of groups of interest to comment on and contribute to the development of the new curricula are also evidence of this change. In particular, the Team noted the involvement of consumers as members of the Curriculum Advisory Committees and other committees of the College.

2.2 Organisational purpose in 2012

There has been no change to the purpose of the College since the 2009 assessment.

2.3 Graduate outcomes in 2009

While the College's purposes is unchanged, the College has been working towards major curriculum change for both the Radiation Oncology training program and the Radiology training program since 2004. At the time of the AMC Team's visit in June 2009, the College had implemented the curriculum for Radiation Oncology and was close to finalising the development of the curriculum for diagnostic Radiology, which is to be implemented from 2010.

The College had recognised that there are deficiencies in the two training programs. Feedback from various stakeholders, such as examiners and private practices, had indicated:

- Candidates appeared to have poor expertise at ultrasound and interventions.
- Graduates were initially unable to function independently in private practice.
- Research output is too low.

This feedback has been a significant factor in the College's redevelopment of both the Radiology and Radiation Oncology curricula with the aim being to achieve generalist graduates in both fields. A true sub-specialist training program is not possible in the current Australian or New Zealand practice and training environment.

Early in this project, the College decided that it would base the project and the statements of graduate outcomes on the CanMEDS roles framework, with the role of the medical expert central to the model. Other key roles are: communicator; collaborator; manager; health advocate; scholar; and professional.

Such explicit statements had not previously been articulated and, to the extent that they existed, had focused mostly on the medical expert role.

In early 2005, the members of the new Curriculum Advisory Committees participated in activities assessing how the tasks performed in their day to day work fit into these role descriptors and how these descriptors could be written to reflect the work of a radiologist or radiation oncologist.

The College has successfully involved groups within the College in developing the high-level competencies required of the Radiologist and Radiation Oncologist both now and in the future. It has also been successful in engaging external groups, and there is support from jurisdictions, other specialist medical colleges, and medical schools for the direction of the changes proposed. The commitment to involving health consumers is also noted. The College's processes for developing these statements will result in graduate outcomes based on the nature of the discipline and the role of the specialist Radiation Oncologist and the specialist Radiologist in the delivery of health care.

The outcomes developed by the College address the broad roles of practitioners in the discipline as well as technical and clinical expertise. The greater attention to the role of the radiologist and radiation oncologist as a specialist engaged in and central to the delivery of high quality multidisciplinary care is commended.

The AMC and the Medical Council of New Zealand both have expectations concerning medical specialists' understanding and demonstration of cultural competence. In New Zealand, the Medical Council is bound by legislation to set standards in cultural competence. The new curricula for both Radiation Oncology and Radiology identify cultural competence as a core skill, and define competencies related to cultural competence and appropriate learning activities.

Educational goals are defined for each year with specific training modules and objectives to support the trainee achieve the goals. Rostering and supervision arrangements are aligned with the modules and objectives. The College aims to have more trainees rotate through private practice, particularly in the field of Radiology, and also intend to increase the emphasis on research as part of the curriculum.

It is too early to measure the outcomes of the new curricula.

2.4 Graduate outcomes in 2012

There have been no changes to the College statement of graduate outcomes for training in Radiology or Radiation Oncology since the 2009 assessment.

2009 Commendations

B The College's defined graduate outcomes for the Radiation Oncology and Radiology training programs.

There are no recommendations from 2009 against Standard 2.

3 The education and training program – curriculum content

The accreditation standards are as follows:

- For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.
- For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.
- Successful completion of the training program must be certified by a diploma or other formal award.
- The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.
- The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.
- The program structure and training requirements recognise part-time, interrupted and other flexible forms of training.
- There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.
- The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

3.1 Curriculum framework in 2009

The curriculum framework for both Radiology and Radiation Oncology is based on the seven CanMEDS competencies; role descriptions for which have recently been explicitly defined for each program. Within that structure there is a strong emphasis on the role of the medical expert, which is described as central to the work of the radiologist and radiation oncologist.

At the successful completion of training, graduates in both programs are awarded the fellowship of the College – FRANZCR.

The College also offers advanced training in the specialty of Nuclear Medicine to trainees in Radiology who have passed the College's Part 2 Examination. The Royal Australasian College of Physicians (RACP) and the Australian and New Zealand Association of Physicians in Nuclear Medicine (ANZAPNM) conduct the program of core training. The program is administered by the Joint Specialist Advisory Committee in Nuclear Medicine of the RACP, and the College nominates representatives to the committee. For Radiology trainees, training in Nuclear Medicine does not lead to a separate award.

3.2 Curriculum framework in 2012

The College is responsible for two distinct education and training programs: Clinical Radiology and Radiation Oncology. The programs are offered across Australia, New Zealand, and Singapore.

The College introduced a new five year curriculum for its Radiation Oncology training program in New Zealand in December 2008 and in Australia in January 2009. A new five year curriculum for Clinical Radiology commenced in New Zealand in December 2009 and in Australia in January 2010. The AMC considered the implementation of the new curricula as a major change from the training and education structures that had been in place. The curriculum change commenced at about the time of the previous AMC assessment in 2009.

As the new curriculum for Clinical Radiology commenced 12 months after the new curriculum for Radiation Oncology, the College's experiences implementing the Radiation Oncology curriculum will be beneficial in areas such as understanding the impact of networks on training delivery by site, and the effect on trainees and Directors of Training.

The College is making steady progress and meeting planned timelines in implementing the new curriculum in both Faculties. The progress is consistent with the College's well-constructed strategic priorities, which are due for revision by 2014. The training programs clearly define the course objectives which are expressed as learning outcomes. They describe the necessary clinical experience, the basis of the strategy for assessment and the assessment standard. The curriculum is publicly available through the College website.

3.3 Curriculum structure, composition and duration in 2009

Both Radiology and Radiation Oncology have five-year programs organised into two phases with a barrier to progression between the phases. However, the programs' internal structures differ.

Radiology

Phase 1 of the Radiology program is planned to comprise three years of basic training including:

- basic sciences: Anatomy, Pathology, patient safety, basic Radiology and applied Imaging Technology;
- specific procedural skills in a range of modalities and training environments;
- communication skills: reporting writing skills and oral presentation skills; and
- an introduction to evidence-based medicine and research skills.

Phase 2, the final two years of the training program, is expected to cover:

- rotations focusing on the nine body systems outlined in the curriculum modules;
- training in advanced image-guided procedures, ethics and management; and
- a major written project which will include a research or audit component.

In the current program, Radiology trainees who successfully complete the Part 2 examination in their fourth year have the opportunity to undertake a fellowship, or to commence advanced training in Nuclear Medicine (two years) in their fifth, or 'elective year' of training. The way
in which these additional training elements will articulate with the new program is yet to be determined.

The curriculum is built around the following core elements:

• **Modules** – The competency or role of medical expert has been divided into nine areas or body systems (abdominal, chest, extracranial, Neuroradiology, musculoskeletal, breast and vascular, plus Paediatric and Obstetric & Gynaecological) describing the knowledge and skills that all trainees will be required to demonstrate.

Each of these modules has been outlined in two ways. One is the required skills - the kinds of activities and tests that trainees are expected to conduct. The other is the clinical conditions including normal variants that trainees are likely to encounter. These clinical conditions have been categorised into three levels according to their frequency of occurrence and/or their urgency of diagnosis. It is planned that the examinations will be designed to give weighting according to these levels.

In addition, there are modules for each of the 'non-medical expert' competencies.

• **Syllabi** – for Anatomy and applied Imaging Technology, outlining the knowledge required and to be assessed in the Part 1 examination.

A new syllabus in Pathology is yet to be developed.

- Early training requirements Those developing the Radiology curriculum have identified a risk that trainees may be put into on-call rosters before they have developed essential skills to be able to function in that environment. To address this risk, training packages have been developed around three areas: key conditions, patient safety, and report writing, with advice to the training sites on how to ensure that all of their first year trainees can perform at an appropriate standard.
- **Experiential training requirements** These guidelines outline the type and number of examinations on each modality required throughout the five years of training. In each modality the minimum duration of training, and the level of performance and degree of independence that trainees are expected to achieve is defined. Each training outline contains references to relevant modules and syllabi.
- **Courses** The College does not provide courses, it accredits external providers, for example universities that provide courses in anatomy.

During 2009 three training sites in Australia and New Zealand are participating in a sixmonth e-learning pilot of the Radiology Integrated Training Initiative (R-ITI). This program, which was developed in the United Kingdom by the Royal College of Radiologists, is 600 hours in duration. It is designed to cover the first three years of training and requires guidance by trainers or course/program directors. If the pilot determines the initiative appropriate for the new curriculum, R-ITI will become a learning requirement.

Critical appraisal topics are an initiative that has developed out of the Quality Use of Diagnostic Imaging Program, which was introduced in 2005. These are aimed at training in evidence-based medicine and critical appraisal skills. It is proposed that a similar course will form the basis for introducing basic research skills in the second year of the new program.

• **Research** – there is a mandated research requirement (see below).

This new program has been designed to address a number of shortcomings in the current program. In particular, the Team commended the new program for:

- the structure and identification of the three category levels in the modules and the planned assessment weightings based on those categories;
- the defined syllabi for the two components of the Part 1 examination (anatomy and applied imaging technology) using the same structure;
- the requirements to ensure that trainees will be trained early in Key Conditions, Patient Safety and Report Writing before they go on-call; and
- links between the experiential training requirements, relevant curriculum modules, and the guidelines for trainees and supervisors on the degree of independence that trainees are expected to achieve in each modality.

Some training sites are already very aware of the new curriculum. Some were looking forward to trialling elements in 2009, prior to its general introduction. With the increased number of new trainees likely to be entering the new program in 2010, it will be essential that all sites are equally prepared.

Radiation Oncology

A new curriculum for Radiation Oncology was introduced for trainees commencing in the program from December 2008 in New Zealand and January 2009 in Australia. This was developed in response to contemporary educational concepts including evidence-based learning, adult learning, and increased use of formative in-training assessments as well as to the intention of increasing the objectivity and clarity of all aspects of training.

Phase 1 of the program is expected to range from 18 to 24 months, with flexibility for trainees to advance to Phase 2 once they have satisfactorily completed the Phase 1 assessment requirements. These comprise in-training assessments and a Phase 1 written examination. These requirements are described in detail in section 6.2 of this report. As a result of the requirement to pass the examination before progressing, Phase 1 may expand to encompass three years for some trainees. Within Phase 1 there is a foundation period of approximately six months which concentrates on the acquisition of an essential foundation for clinical competence and subsequent learning.

Phase 2 will extend from the completion of Phase 1 until the end of a total of five years of training. Trainees, who complete the requirements in the fourth year of training, including passing the Phase 2 examination, may be able to complete the fifth year in an area of special interest.

Phase 2 is planned to include:

- case reports, covering management and technical issues across a spectrum of tumours and sites, with trainees potentially able to complete up to 20 per cent of these during Phase 1. There will be a requirement relating to the subjects covered in the case reports and their distribution between areas of major or lesser focus.
- statistics requirement;
- research requirement;
- practical Oncology experience;

- special procedures;
- Phase 2 written and viva examinations.

Phase 1 of the new curriculum is supported by a new learning portfolio for trainees and an assessment toolkit provided to trainers. The Faculty is working through several committees to finalise the detailed requirements for Phase 2.

The curriculum is built around seven modules, one for each of the CanMEDS competencies. Each defines the learning outcomes and learning opportunities, and links the required level of knowledge and skill to each phase of training.

There is a strong emphasis on the medical expert role with expanded curriculum documents including:

- **Oncology Sciences,** including Radiation Oncology Physics; Radiation and Cancer Biology; Anatomy and Pathology. Learning outcomes for each of these are linked to the phase of training and reference is made to these where appropriate in the Medical Expert Supplements.
- The **Radiation Oncology Central Knowledge and Skills Summary** document details the skills common to all clinical situations, which are required for a Radiation Oncologist including:
 - establishing a diagnosis and management plan;
 - ^o understanding the principles of therapy radiation, surgical and systemic;
 - o assessing outcomes;
 - continuing care;
 - palliative care.
- The **Medical Expert Supplements** address specific tumour sites and clinical situations. They include those based on organ systems, Paediatrics, metastatic disease and Clinical Oncology. Each is structured around the same plan addressing Oncology sciences, clinical assessment, management, outcome, screening and prevention.

Each supplement is identified as belonging in one of two areas:

- major focus the radiation oncologist plays a central role in patient care;
- lesser focus the radiation oncologist plays a more supportive role in patient care.

The manner in which the College will assess attainment of the competencies in the Phase 2 curriculum is uncertain as it depends on the development of the Phase 2 learning portfolio.

The Faculty has much to be proud of in the design of the new Radiation Oncology curriculum. It is clearly structured and provides learning outcomes linked to the relevant phase of training.

The new curriculum in both training programs has been welcomed by trainees and trainers. Sites visited by the Team had begun basing their teaching on the new curriculum documents for new trainees as well as those under the old program. It is pleasing to see that established trainees are keen to use some elements of the new learning portfolios and that the Faculty of Radiation Oncology supports this.

There are significant concerns among trainees and trainers relating to the volume of work required to complete portfolio tasks in the early stages of training, particularly the writing and marking of clinical assignments. These are discussed in more detail in section 6 of this report. Such problems can be expected when such sweeping changes are implemented. The Faculty is well aware of these concerns and considers that it has made the actual workload in the early stages of training more explicit in its documentation concerning the new program. It is working to formalise processes for feedback and modification.

The curriculum is key to ensuring that all supervisors and trainees are aware of the breadth and depth of training requirements. The Team recognised the significant work required to design and to develop new curricula, and congratulates the College on the achievements in both programs to date.

The Team commended the integration of the seven CanMEDS competencies in the curricula and supports the process of continued integration of non-medical with medical competencies. Action to strengthen Pathology in both programs, especially Radiation Oncology, is supported.

The Team was informed that Breaking Bad News workshops are to be offered in addition to the National Breast and Ovarian Cancer Centre 'Teaching on the Run: Improving Communication Skills with Cancer Patients' course. These courses will assist the development of trainees' skills in communicating in these challenging areas.

Whilst commending the opportunities for greater uniformity of training across all sites that the new curricula offer, concerns were expressed in a number of training sites, and also in some of the submissions, about the increased time and resources that will be required for both supervisors and trainees to meet the requirements of the new curriculum in each program.

The approach that the College appears to be taking in relation to these concerns is one of 'wait-and-see'. However, as noted below, in the first year of implementation the Faculty has already discovered some problems with some of the early assessments. It is important that the College articulate and communicate clearly with trainees, supervisors and health services concerning the impact of curriculum and assessment changes. The Team considered that the impact of the substantial and rapid increase of in-training assessment requirements needs to be reviewed and then carefully monitored and reported in annual reports to the AMC.

3.4 Curriculum structure, composition and duration in 2012

The curriculum for each training program specifies the expectations of competence and requirements for generalist specialist medical practitioners in each clinical discipline. A true sub-specialist training program does not exist in the current Australian or New Zealand training environment; however this may be obtained via a fellowship program after the completion of the five year generalist training program.

The Team notes the effective integration of all seven CanMEDS competencies into the new curriculum and is supportive of the process of continued integration of the non-medical with the medical competencies. The Team commends the monitoring of the impact of the introduction of the new curricula and the iterative feedback mechanisms to identify, contain,

manage, and rectify issues as they emerge. Trainees appear to have a high level of satisfaction with regard to both the process of introducing the new curricula and the content of the curricula.

Radiation Oncology

The Faculty of Radiation Oncology supervises the Radiation Oncology training program. As described in the 2009 assessment report, the program consists of five years of structured supervised training divided into two Phases. Phase 1 training may be completed in 18 months, and is dependent on trainee achievement of milestones rather than by time. Phase 1 includes an early foundation period requiring essential underpinning knowledge acquisition. Phase 2 extends over the remainder of the program, from the satisfactory completion of Phase 1 through to a minimum of five years from program entry.

The assessment for the new Radiation Oncology curriculum is clearly laid out in an assessment tool kit. It provides all fellows in a supervisory capacity (Directors of Training and Clinical Supervisors) as well as trainees a comprehension of training requirements. The tool kit includes a simple and useful chart demonstrating trainees' progression requirements for the various assessments for each of Phase 1 and Phase 2. The Team is impressed by the two useful fold-out Trainee Progression Summary sheets for their utility in general, and ability to demonstrate timeline requirements in particular. The emphasis on in-training assessment and feedback is exemplary. The Faculty is enthusiastic to identify and provide curriculum material relevant to the Phase 1 examination. The Team observes the high level of support and satisfaction for the curriculum achieved at an early stage by fellows and trainees.

The Team commends fellows and staff on the development and implementation of its new Phase 1 curriculum. The Team is impressed with the road shows designed to provide updates on the curriculum and training program, and provide support to clinical supervisors. The Team also commends the close involvement of staff from the College's Training Assessment and Accreditation unit in delivering the road shows. The 2009 Team highlights the need for the College to communicate clearly with trainees, supervisors, and health services concerning the impact of curriculum and assessment changes. It is evident the College has placed significant effort and resources in ensuring communication occurs on an ongoing basis through multiple channels – road shows, emails, newsletters, etc.

The Team notes that the early stages of implementation of the new Radiation Oncology curriculum caused some concern with trainees who considered one of the assessments was too onerous and time-consuming, distracting from other learning opportunities. The 2009 AMC Team noted significant concerns among trainees and trainers relating to the volume of work in writing and marking clinical assignments. As a result of this feedback, the College reduced the number of clinical assignments required to sit the Phase 1 examination from ten to five, and two foundation modules. The 2012 Team notes trainees appear to be pleased with this outcome.

Clinical Radiology

The newly established Faculty of Clinical Radiology within the College will supervise the Clinical Radiology training program and enable a formal focus of attention on issues related to that education and training program.

The Clinical Radiology training program consists of five years of structured supervised training divided into two phases. The first three years comprises Phase 1, and contains milestones for each of 6, 12, 18, 24, 30 and 36 months from the commencement of training. There is a mandatory completion of a project in year three of Phase 1. In addition, satisfactory completion of in-training assessments is required. This includes Multisource Feedback Workplace-Based Assessments, and a satisfactory Director of Training assessment (the minimum requirement for the latter is one per six months).

The curriculum expectations for Phase 1 are clearly laid out in a Learning and Assessment Portfolio. It provides all fellows in a supervisory capacity (Directors of Training and Clinical Supervisors) as well as trainees a comprehensive overview of training and assessment requirements.

As the newer of the two curriculum evolutions within the College, priority will need to be given to monitoring the introduction of the Radiology requirements and early assessment tasks, particularly focussing on the workload that it may place on trainees and supervisors. The College now has the experience of implementing the Radiation Oncology curriculum to draw on in undertaking such evaluations. The AMC will request an update related to this issue in subsequent annual reports.

The Team notes that Phase 2 remains under development. As a condition on accreditation, the structure and details of all Phase 2 Radiology requirements will need to be completed as a priority. The Team is optimistic this will be achieved, and will require evidence of progress in the next annual report.

The Team notes the structure and identification of the three category levels in the Phase 1 curriculum modules and the associated assessment weightings based on those categories. The Team is particularly impressed that significant attention has been given to ensuring that trainees will receive training in key conditions, patient safety, report writing and a renewed emphasis on plain film interpretation early in their training. Importantly, this is to be completed prior to the trainee undertaking on-call clinical responsibilities.

The Team is impressed by the defined syllabi for both Anatomy and applied Imaging Technology components of the Part 1 examination that aligned to the same structure as the curriculum.

Following a pilot in 2009, the College has implemented the Radiology Integrated Training Initiative (R-ITI), developed by the Royal College of Radiologists, the UK National Health Service, and the UK Department of Health. R-ITI is a uniform, reliably available training resource that supports the first three years of the Clinical Radiology training curriculum. R-ITI is available to trainees and Directors of Training, with only two of its modules formalised as mandatory training requirements. The College has indicated an intention to source 30% of the Multiple Choice Questions for the Part 2 examinations from R-ITI from 2013.

The Team notes an uneven uptake of R-ITI with trainees. There are differences in the education resources available in different jurisdictions as recommended to trainees by fellows and more senior trainees. This leads to a difference in attitude to the R-ITI resource. The 2011 Radiology road shows provided an opportunity for the College to demonstrate how R-ITI could be used by supervisors, Directors of Training, and trainees, to strengthen the training experience and highlight the best ways to incorporate R-ITI into every day lectures

and tutorials. This initiative has resulted in a major increase in the overall use of the program. Additionally, the College has negotiated lower licensing fees for R-ITI for trainees.

The Team encourages the College to continue to emphasise the advantages in quality and consistency of potential training opportunity that may be obtained through R-ITI. The Team also suggests the College continue to feedback comments to the UK supplier concerning suggestions for change to R-ITI, particularly with regard to making the content as relevant as possible to the Australian and New Zealand context, including reference to Australian and New Zealand standards.

The Team was also informed that fellows and staff are investigating new educational products that could supplement or perhaps replace R-ITI, such as the American based RAD Primer.

The Team is impressed with the efforts to relevantly link the experiential training requirements in Years 1 - 3 with related curriculum modules. This includes the guidelines for clinical supervisors on the level of independence that trainees can be expected to achieve at particular milestones of their training.

A formal evaluation of the curriculum is reasonably planned for 2013, following the first full three years of Phase 1. The Team notes the attention to training site reviews. The College is aware that some training sites may experience difficulty in providing some systems-based training for Phase 2 of training and are undertaking internal site reviews in order to proactively identify these sites.

3.5 Research in the training program in 2009

It was a recommendation of the 2001 AMC accreditation of the College, that the College 'review opportunities to include some research experience during the training program'.

Radiology

It is stated in the College documentation that difficulties are being experienced in establishing research in the training program because of the small research base in Radiology in Australia, and the consequent lack of mentors and supervisors for trainee research.

A Radiology Research Committee was established in June 2005 for the purpose of promoting and developing a research program.

The recently introduced Annual Scientific Meeting prize for the best trainee oral, and the best poster, has improved the quality of trainee research presentations.

Funding from the Australian Government Department of Health and Ageing has enabled the College to put into place a Quality Use of Diagnostic Imaging Program which now provides a valuable source of data on a range of imaging research issues.

In the new training program there is a mandated research requirement for all trainees. The proposed course in evidence-based medicine is intended to address the need to build research skills in all training sites.

Trainees in the new program will undertake two projects of approximately 12 months duration; one in second and/or third year, and one in four and/or fifth year. The first project, which can be based on a case series or clinical audit, will include a literature search and will be assessed at a network level. The second project is small scale research; a formal research paper which will be either published or assessed by two reviewers and will be assessed at the national level.

Radiation Oncology

Research has been an explicit requirement of the Radiation Oncology training program. This requirement will be retained in the new curriculum but may be modified as the details of the Phase 2 program are developed.

There is a prize session at the Faculty Annual Scientific Meeting where trainees apply through a peer review process to present their research paper.

There is variability between training sites in their ability to support trainees in fulfilling the research requirement. There is, however, general recognition of the importance of research, and support for trainees and others wishing to be involved.

The Faculty is supportive of trainees who may wish to interrupt training in order to complete a higher degree with a research basis.

Opportunities for research varied within the two programs as well as between the programs. While there is in general a stronger research base in Radiation Oncology, trainees in some of the smaller Radiation Oncology units expressed concerns about the lack of research training and opportunity, whilst in some Radiology units research is well supported.

The Team strongly supported the development of basic research skills and an understanding of research principles and methodologies as mandatory requirements in each training program. It was pleased to note the College's plans to support its research requirements with appropriate training.

3.6 Research in the training program in 2012

There is a mandatory research requirement in each training program. Trainees are provided appropriate training including relevant workshops, an evidence-based medicine course, and access to an education and research fund. The Team notes the ambition of the goals of undertaking research, and encourages a flexible approach such that the outcomes are achieved. The Team notes that there can be a problematic balance of completing a research project with other study time demands. The College should provide an update in their 2013 progress report concerning flexible ways in which trainees might meet the research learning objectives, such as through modules or courses.

Radiation Oncology

The Team commends the introduction of the Statistical Methods, Evidence Appraisal and Research for Trainees program. From 2012, Radiation Oncology is holding a Statistics and Research Workshop in conjunction with the annual Trans-Tasman Radiation Oncology Group (TROG) Annual Scientific Meeting.

Radiology

The Team is pleased to learn of the national and international acclaim received by the College on the quality of Radiology trainee research projects. The College runs a course on Evidence Based Medicine, conducted by The University of Sydney, as a requirement for Radiology trainees in Phase 1. The course was developed for all Radiology trainees to gain a better understanding of the science associated with evidence-based medicine.

Applications are currently being sought for a new combined PhD/RANZCR program developed by the College and the University of Sydney. Commencing in 2013, the successful candidate will spend three years working towards a PhD in Radiology through The University of Sydney. The Team acknowledges this partnership and suggests the College may seek additional providers to participate in the joint training program.

3.7 Flexible training in 2009

The introduction of the new curricula should allow trainees to progress at their own rate within the limits imposed by the examination requirements and the five-year total training time. Opportunities for flexible training in the fifth year in both disciplines are yet to be determined but there is the possibility of options for trainees who have fulfilled the requirements by the end of the fourth year.

The College has a single process for assessing applications for interrupted or part-time training. Trainees apply for consideration and each is assessed on its merits. Trainees are required to complete the five-year training program within a ten year period and part-time training must be at least a 50 per cent load. Apart from this, guidelines for flexible training are under development.

The Team spoke to several trainees and trainers who have experience with interrupted training. The College and its trainers are clearly supportive of trainees who apply for consideration in this way.

The College does not have policies for recognition of prior learning. This is presently assessed by the Education Boards on a case-by-case basis. The College accreditation submission indicates that these policies are under development.

The College has prioritised development of the new curricula. Once these are implemented there is an opportunity to develop explicit guidelines for flexible training and recognition of prior learning linked to the attainment of the curriculum competencies.

3.8 Flexible training in 2012

Radiation Oncology and Radiology

The Radiology and Radiation Oncology Training Programs now have approved Interrupted and Part-Time Training policies. The College provided information on the number of trainees who have accessed the program, and neither discipline has reported declining any application for interrupted training. The Team recognises the matter has not been problematic for the Faculty or trainees.

The Team notes that the Recognition of Prior Learning policy has received preliminary approval by the Clinical Radiology Education Board, and is to be considered by the Radiation

Oncology Education Board later in 2012. The policy will then be referred to Council. As a condition on accreditation, the College should report on Council's approval of the policy in order to demonstrate they have in place clear criteria and processes for assessing trainees' prior learning.

3.9 The continuum of learning in 2009

CanMEDS is identified by the College as the unifying link between prevocational, specialty training, and continuing professional development. The Australian Curriculum Framework for Junior Doctors was also considered in the development of the new curricula. Changes have been made to the continuing professional development programs to reflect the CanMEDS framework.

There has been some collaboration with one university in New South Wales to explore the possibility of advanced standing into the Radiology program on completion of focussed studies during the elective parts of the university medical program. The College continues to support this in principle, but implementation of the plan has been delayed pending finalisation of the new Radiology curriculum.

Whilst the College has recognised that CanMEDS underpins all stages of medical training, the Team found limited involvement in improving the articulation between the specialist training program, and the prevocational and undergraduate stages of the medical training continuum.

The College has engaged medical education experts, including the staff of one of the New South Wales medical schools, in the development of the new Radiology and Radiation Oncology curricula. These links present opportunities for the College to contribute to articulation between the specialist training program and earlier stages of the medical training continuum.

3.10 The continuum of learning in 2012

The Trainee Information Management System, scheduled for implementation in April 2013, is a uniform, secure portal for trainees and fellows. It will facilitate a smooth transition through the continuum of learning from specialist training to graduation and ongoing professional development.

The Team agrees with the 2009 Team's observation that the College has recognised that CanMEDS underpins all stages of medical training; however, there is limited involvement in improving the articulation between the specialist training program, and the prevocational and undergraduate stages of the medical training continuum. This is likely attributable to the College's priorities with implementation of the new curricula.

2009 Commendations

- C The Radiology Curriculum Advisory Committee on:
 - the development of an overall structure and plan for the five years of training;
 - its attention to early training in key conditions, patient safety and report writing before trainees go on-call.

- D The Faculty of Radiation Oncology on:
 - the clear structure of the curriculum including learning outcomes linked to the phase of training;
 - the increased feedback to trainees regarding their performance during training.
- E The requirement that all trainees, in both programs, are trained in research skills.
- F The College's flexible and supportive approach for trainees who request interrupted training time.

2009 Recommendations

- 5 Give priority to monitoring the introduction of the curriculum requirements in both programs in relation to the workload placed on trainees, trainers, and training institutions in the early stages of training. Modifications should be communicated to the training sites and to the AMC in the College's annual reports.
- 6 Give priority to completing development of the Radiation Oncology Phase 2 assessment tasks and the learning portfolio.
- 7 Investigate opportunities to share research resources and promote the development of research skills for trainees in both programs.
- 8 Develop explicit guidelines for flexible training requirements.
- 9 Implement a policy on recognition of prior learning that recognises demonstrated competences achieved and educational requirements satisfied, and gives trainees appropriate credit towards the requirements of the training program.
- 10 Take opportunities to promote Radiology and Radiation Oncology to potential trainees in the undergraduate and prevocational stages of training.
- 11 Encourage fellows to be actively involved in the medical training continuum and, where appropriate, provide training for fellows.

The Team considers that Recommendation 5, 6, 7, 8, 10 and 11 from 2009 have been met. Recommendation 9 is replaced by Condition 2 in this report.

2012 Commendations

- B Radiology: The Team commends the implementation and monitoring of the new curriculum.
- C Radiation Oncology: The education materials, emphasis on in-training assessment and feedback are exemplary. Trainees and fellows indicated a high level of support and satisfaction for the curriculum at an early stage, assisted by successful communication from the College.
- D The curricula for Clinical Radiology and Radiation Oncology are clearly laid out and readily accessible such that all fellows in a supervisory role and trainees will be aware of training requirements.
- E The College's significant efforts and resources invested in multi-channel

communication with trainees and fellows, particularly the close involvement of staff from the College's Training Assessment and Accreditation unit in delivering the road shows.

- F The development of the Training Information Management System (TIMS) system as a unified portal for trainees and fellows.
- 2012 Conditions to satisfy accreditation standards
- 1 Complete Phase 2 Radiology requirements, including all teaching, learning, and assessment components, to inform the trainees in the training program. (Standard 3.2)
- 2 Complete the approval process and implement the Recognition of Prior Learning Policy (Standard 3.4)
- 2012 Recommendations for improvement
- AA Radiology: monitor and report on the introduction of requirements and early assessment tasks, particularly focussing on the workload that it may place on trainees and supervisors.
- BB Consider flexible ways in which trainees might meet the research learning objectives, such as through modules or courses.

4 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
- The training program includes appropriately integrated practical and theoretical instruction.
- The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.1 Teaching and learning methods in 2009

The training programs in both Radiology and Radiation Oncology have been strongly based in the apprenticeship approach, with the training sites being responsible for designing and providing what they believed was an appropriate program for their trainees.

The apprenticeship approach usually ensures that trainees have a great deal of involvement in patient care, and that they achieve a level of independent responsibility. However, the disparity between sites has led to wide variations in opportunities and experiences for trainees because it has been dependent on:

- the training opportunities, including the kinds of patients and technological resources available at the site, and in relevant aspects of the health services and, for clinical specialties, direct patient care;
- the availability, commitment and ability of the clinicians at the site to support clinical training, provide tutorials on both scientific principles and clinical topics, and involve trainees in audits and/or research.

Recognising these issues, both the Radiation Oncology and the Radiology training programs have begun to develop training networks which are planned to ensure that trainees receive practical experience in the broadest possible range of sites. Some networks have also introduced opportunities for all of the trainees in that network to participate in formal offsite training in areas such as Anatomy, Pathology, Physics and principles of research.

Radiology

Although yet to be introduced, the five-year program planned for Radiology training has been designed to address perceived gaps in the current training model. These include:

- defined tasks to ensure learning of key skills prior to going on-call;
- a structured sequence of experiential training in different modalities and with different kinds of patients; and
- a defined research requirement.

Radiation Oncology

The new Radiation Oncology curriculum was implemented in 2009. The curriculum for the full program and the assessments for the first phase are described in detail, but there is not yet

a clear description of how the components of the full spectrum of the five-year program fit together.

Within the curriculum, the learning opportunities appropriate for the competencies associated with the roles of communicator, collaborator, manager, health advocate, scholar, and professional are more clearly defined than those for medical expert.

4.1.1 2009 Team findings

Since the 2001 AMC accreditation, the College has put in considerable effort to enhance what have been essentially site-based, practice-based programs with centralised examinations, to programs in which there will be appropriately integrated practical and theoretical components.

There is a risk in both programs of separation of the theoretical and clinical components of the program, particularly in the early years of training. The Team was very supportive of efforts in both programs to ensure that key theoretical components are integrated into clinical contexts, and that learning and teaching opportunities are maximised (see section 4 - Curriculum Content for details). As the components of Phase 1 assessments are modified (particularly assignments) it is important that the College ensure that these assessments are relevant to, and integrated with, the acquisition of clinical skills. The College will need to use its topic selection together with the resources of training networks to ensure that trainees have the clinical exposure to appreciate the relevance of the theoretical learning they are doing for assignments.

One benefit of the introduction of new programs is that it provides opportunities to review the effectiveness of the available teaching and learning opportunities, and to identify gaps. Formalised feedback from trainees to the College will provide valuable data so long as trainees can be assured of some anonymity. The College will need to address means for achieving this. The College recognises the need for continued efforts to ensure that all trainees, regardless of their geographic location, will have access to all of the necessary clinical experiences and to theoretical instruction in all of those key components. The proposed mechanism to address this issue is the establishment of training networks. While limited by the geographical location of participating training centres, and by the willingness of departments to be involved, the networks offer the opportunity to provide a broad training experience to all trainees. Pilot on-line programs for specific theoretical topics have been popular with trainees and introduction of such modules would ensure more uniform access to tuition.

The Team noted that there was still a heavy dependency on the apprenticeship approach to training for the non-clinical competencies. The use of simulation as a means of training in clinical or non-clinical components of the CanMEDS competencies was not mentioned in either of the programs and may need to be considered, particularly in areas such as team work and delivering bad news.

The Team was impressed by some of the examples presented of new approaches to online learning. In particular, a presentation on an online physics tutorial developed for the Radiation Oncology trainees showed an impressive example of the way in which trainees and new fellows can assist the College to expand its activities in this area. As this area expands, it will be important that supervisors understand the range of educational modules available so that face-to-face teaching can complement these resources.

4.2 Teaching and learning methods in 2012

The Radiation Oncology and Clinical Radiology training programs are delivered in accredited training sites, each of which has a Director of Training. Since the 2009 AMC assessment, the College has invested significant resources in transitioning both training programs from a traditional, site based, apprenticeship model of teaching into a model delivered through training networks, capable of providing a full range of teaching and practical experience opportunities for all trainees. The learning experience may involve several sites and integrates practical and theoretical components.

The College delivers the Radiation Oncology education program through training networks. The Department of Health and Ageing, through the 'Better Access for Radiation Oncology' program, has provided the College with a three-year grant which has funded new positions of Training Network Directors and Education Support Officers.

In Radiology, limited networks operate successfully in some smaller Australian states and areas within New Zealand. However, in New South Wales and Victoria considerable work remains to introduce a similar training network structure. One formal network has recently been established in New South Wales. Otherwise, there are only limited natural or existing linkages of training sites. College fellows and staff are working to facilitate the development of networks on a site by site basis. There is some variability related to the uptake of Networks in the larger jurisdictions, and the Team notes this will be an ongoing challenge for the College during this period of curriculum and teaching evolution.

The education and training networks in Clinical Radiology are not identical to the training networks in Radiation Oncology. It appears smaller jurisdictions are finding it comparatively easier to develop the concept of networks in Clinical Radiology for the provision of teaching and education. The College is committed to the consolidation and further development of training networks in both disciplines.

The College is evaluating the teaching opportunities in all its accredited training sites to ensure all trainees gain exposure to a core experience of conditions and modalities. The College does not undertake all types of teaching, but accredits external providers to undertake teaching in areas including Anatomy, Pathology, Physics and Principles of Research.

The teaching in both Faculties incorporates defined requirements to ensure learning of key skills before the trainee undertakes on-call requirements. Additionally, the College has introduced a systematic approach to obtaining relevant experience in the various modalities. There has been a shift from purely centralised examinations to a large component of workplace-based assessments (WBAs). Satisfactory completion of workplace-based assessments is required for progression through the training program.

The training in both Clinical Radiology and Radiation Oncology is practise-based, predominantly in accredited teaching hospitals, with some inroads into private settings. The training appropriately integrates practical and theoretical tuition. Trainees receive increased levels of autonomy, including on-call responsibility, as they consolidate skills and experiences. There is a great deal of standardisation of teaching and learning experiences for all trainees irrespective of their training location. There is also an emphasis to tailor the teaching provision to the learning requirement of each trainee. There is sensible sequencing of tuition, as laid out in the curriculum.

The Clinical Supervisors and Directors of Training are key to the provision of training. The College has made considerable resources available to support these fellows as they teach their trainees. Directors of Training receive protected time to attend to their supervisory requirements, and trainees receive protected training time to receive tuition. In both clinical disciplines, the Team notes that the Directors of Training had a high awareness of the curriculum requirements and who to contact if they had any queries. They were well aware of the timelines and general assignment, and assessment requirements of the trainees.

The College completed a Training Needs Analysis in 2011 to support learning and development in the College. Among the overall findings, the survey indicated a need for the provision of online resources in the non-medical expert competencies. This concurred with the observations of the 2009 AMC Team who flagged a dependency on the apprenticeship approach to training for the non-clinical competencies. In response to this documented need, the College made a successful funding application to the Rural Health Continuing Education (RHCE) in late 2011 to develop an e-learning library in the non-medical expert areas. The College is now working on developing a library of e-learning modules.

The College's Learning Portal, launched in August 2012, provides a platform for a number of online systems including the Learning Management System (LMS) and Continuing Professional Development (CPD), and in mid-2013, the Training Information Management System (TIMS) and Exam Central. Currently the LMS is of particular use for the members of the College including trainees as it offers an e-learning platform for interactive online courses, webinars, audio and video educational resources, and an opportunity for social networking to share information and the learning experiences with peers.

The College's training resources are being integrated onto the LMS to allow trainees to access resources such as:

- Non-Medical Competencies Learning Modules.
- Sydney University EBM online course.
- R-ITI.
- College run pre-exam courses and other more specialised training courses.
- Recordings of the College's Annual Scientific Meetings easily accessible by topic.

The Team commends the general use of electronic tools provided through the College for teaching, although notes that it is important to maintain a balance of electronic teaching modalities with other materials and the key interaction with Clinical Supervisors and Directors of Training. The Team encourages the use of the College's communication channels to explain the educational utility of workplace-based assessments to trainees, including multi-source feedback.

The 2009 Team had noted that formalised feedback from trainees to the College would provide valuable data, so long as trainees can be assured of some anonymity. The College has successfully addressed this need through the Radiology Trainee Assessment of Training Sites (TATS) and the Radiation Oncology Trainee Assessment of Training Terms (TATTS) which provides confidential feedback to the College. The College also follows up with trainees if there are difficult situations. The Team was informed that College staff will also hold off the record closed door discussions with trainees during road shows as well.

Radiation Oncology

The College employs an assortment of teaching and learning and assessment methods:

1 Multi-source feedback (MSF)

Multi-source feedback is a workplace-based assessment of trainee behaviour, interactions, and skills, by a number and variety of observers who have direct interaction with the trainee in the workplace. Assessors rate the trainee in a number of domains on a simple scale. The results are aggregated and de-identified, and a report is sent to the trainee and Director of Training. The trainee completes one every year. There have been no changes to this learning component since the release of the new Curriculum.

2 Mini-clinical evaluation exercise (mini-CEX)

The mini-clinical evaluation exercise is a workplace-based assessment where an assessor observes the trainee in a clinical interaction and rates the trainee's performance in a number of domains on a simple scale. Feedback is given immediately to the trainee by the assessor. The trainee completes one mini-CEX every three months of their training. There have been no changes to this learning component since the curriculum launch.

3 Clinical Assignments (CAs)

Clinical assignments are written assignments where the trainee is asked to present a range of specific information drawing on the Oncology sciences of Anatomy, Radiation Oncology Physics, Radiation and Cancer Biology, and Pathology. The assignment is based on a real clinical case.

The assignments are assessed locally against a set of specified criteria and feedback to the trainee is provided via the Clinical Assignment Feedback Form.

In 2009 – 2010, trainees were required to complete a total of ten CAs. Based on trainee feedback that the workload was too onerous and distracted from other relevant clinical exposure, the requirement was reduced to five CAs in 2011. Trainees acknowledge the CAs offer excellent examination preparation.

4 Clinical Supervisor Assessments (CSAs)

Clinical Supervisor Assessments are face-to-face sessions with the trainee, with the emphasis on feedback and guidance for future learning based on supervisor ratings across a number of domains on a simple rating scale. The trainee completes a minimum of one every six months or one per clinical term (whichever number is greater) during the period of their training. There have been no changes to this learning component since Curriculum launch.

5 Practical Oncology Experience

The Practical Oncology Experiences are documented learning sessions of specified duration where trainees spend time with professionals from other discipline groups. The sessions are signed off by the other health professionals involved. The trainee completes three Practical Oncology Experiences in the first 18 months of training. There have been no changes to this learning component since Curriculum launch.

6 Case reports

Case reports are structured documentation of particular cases seen by the trainee. The case reports are assessed against specific criteria by assessors. The case reports replace the logbook. Case reports begin in Phase 2 of the Curriculum. Trainees must complete a minimum of 30 case reports before attempting the Phase 2 examination.

7 Statistical Methods, Evidence Appraisal and Research for Trainees (SMART) Program Requirements

Over the past year, the Statistics Assignment and Research manuscript submission process has been transformed to a new 'SMART' program. The new requirements will not affect trainees who are sitting their Phase 2 examinations in Series 2, 2012. For other trainees, there will be a phased-in transition to the new requirements. Before 31 January 2013, trainees have the option of using either pathway to satisfy the requirement. After 31 January 2013, all trainees will use the new SMART assessment requirement.

The SMART program was designed to be in line with other Radiation Oncology Curriculum materials and requirements in that it is self-directed and designed to stimulate learning by guiding trainees to learning opportunities, rather than being a strict curriculum 'barrier'. It will contribute to the attainment of skills required for optimum patient care through better evaluating the medical literature and the conduct of research. It is aimed to improve the quality of submissions by stimulating engagement of senior clinicians in active supervision of trainee research projects, improving the publication rates for trainee research projects, and ensuring that all trainees have the experience of submission, and hopefully ultimately acceptance, of the results of their research.

8 Trainee Assessment of Training Terms (TATTs)

Trainees are asked to rate each term at a training site on a simple scale across a number of domains relating to their learning experience at that site. The domains relate to accreditation criteria. Results are de-identified and aggregated, and provided back to Training Network Directors and Trainee Committees. The trainee completes a minimum of one every six months or one per clinical term (whichever number is greater) during the period of their training. There have been no changes to this learning component since Curriculum launch.

Clinical Radiology

Within the Radiology curriculum, the Critically Appraised Topics (CAT) applies to critical analysis of a research article into a specific clinical question. The College has focused the CAT exercise on three specific formats most relevant to radiodiagnosis: treatment, diagnosis and harm. Each trainee must perform two CAT exercises in Year 2 and Year 3.

The Team is particularly impressed that significant attention has been given to ensuring that trainees will receive training in key conditions, patient safety, report writing and a renewed emphasis on plain film interpretation early in their training. Importantly, this is to be undertaken prior to the trainee undertaking on-call clinical responsibilities. The Team commends that the defined syllabi for both Anatomy and applied Imaging Technology components of the Part 1 examination align the same structure as the curriculum.

The Team is impressed that the College has paid significant attention to the provision of standardised, continuously available content over all competency areas to trainees through the licensing arrangement of the Radiology Integrated Training Initiative (R-ITI). The Team

encourages dissemination of the benefits of R-ITI to all trainees in both Faculties. The Team notes that high quality learning materials will be available through the College's Learning Management System.

The College employs an assortment of teaching and learning and assessment methods:

1 Critical Incident

Trainees are required to report at least one incident per year on the QUDI Radiology Adverse Events Register.

2 Ultrasound Logbook

Trainees are required to perform 50 ultrasound scans in undifferentiated cases in their first year of training and to record these in the ultrasound logbook in their portfolio. Trainees must undertake the full ultrasound examination and record a diagnosis, findings, and subsequent Pathology in order to record it in their logbook. An appropriate supervisor (either a supervising specialist or a trained sonographer) must countersign each ultrasound examination.

3 Direct Observation of Procedural Skills (DOPS)

The Direct Observation of Procedural Skills is a focused observation of a trainee undertaking a practical clinical procedure (e.g. PICC line placement, barium examination, etc.), and provides formative and constructive feedback to a trainee on that procedure from the supervising expert. One DOPS must be satisfactorily performed every six months or two must be completed by the end of each 12 months of training.

4 Mini Individual Patient Exercise (IPX)

The Mini-Individual Patient Exercise tool is designed to assess a trainee's skills in interpreting diagnostic images for a specific patient, and to provide formative and constructive feedback to a trainee in a particular area of diagnostic imaging from the supervising specialist. One IPX must be satisfactorily performed every six months or two must be completed by the end of each 12 months of training.

5 Director of Training (DoT) Assessment of Training

The Director of Training Assessment form contains a number of items under each of the nonmedical expert roles allowing for elaboration on areas of a trainee's strengths and weaknesses. A check-list form which reflects the seven competency roles of the curriculum must be completed by the DoT and returned to the College to enable tracking each trainee's progress. A DoT Assessment is due every six months of training.

6 Multi-Source Feedback (MSF)

Multi-Source Feedback relates to trainee's competencies in the areas of communication skills, team work, professionalism, and management/administrative skills. The trainee is required to ask the specified number of colleagues and co-workers to independently and anonymously comment about his or her strengths and weaknesses in these areas, using an online survey tool managed by the College. Assessors are drawn from the following categories:

• Consultant (Radiologist).

- Consultant (other than Radiologist).
- Nurse.
- Radiographer.
- Sonographer.
- Administrative, Clerical, or Secretarial staff.
- Trainee.
- Other.
- Self-assessment.

This process is to be undertaken once each year.

7 Trainee Assessment of Training Sites (TATS)

Trainees are asked to rate the training location and training experience on a range of dimensions and provide comments as appropriate, for each training site in which they have spent a total of four weeks or more during the year. All responses are collated and deidentified prior to providing feedback to the sites and the Education Board. Trainees are assured that their reports are de-identified and that confidentiality is maintained at all times. This process must be performed every six months of training and for each training site where four or more weeks have been spent.

2009 Recommendations

12 Continue to explore the use of an expanded range of educational methods and modalities across all the competencies, including the potential for simulation training.

The Team considers that Recommendation 12 from 2009 has been met.

2012 Commendations

- G The College has taken a holistic approach integrating its Learning Management System, CPD online and Training Information Management System. Significant work has been completed to provide e-learning resources, some of which will be provided to all Colleges.
- H The Team commends the College for its allocation and use of resources including a most impressive use of web-based tools related to the introduction of curriculum requirements since the 2009 AMC assessment.
- I The Team notes the favourable impact on learning behaviour through integrating exam preparation into clinical teaching and learning. Radiation Oncology trainees recognise the clinical assignments as a valuable and significant part of exam preparation.

5 Assessment of learning

The accreditation standards for assessment are as follows:

- The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.
- The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
- The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.
- The education provider has processes for early identification of trainees who are underperforming and for determining programs of remedial work for them.
- The education provider facilitates regular feedback to trainees on performance to guide learning.
- The education provider supplies feedback to supervisors of training on trainee performance, where appropriate.
- The education provider has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

The accreditation standards on the assessment of overseas-trained specialists are as follows:

• The processes for assessing specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

5.1 Assessment approach in 2009

The AMC's first accreditation visit recommended a review of the College's examinations and assessments. This review was undertaken by Professor Rufus Clarke in 2003-2004. The outcomes of this review have been reported to the AMC in annual reports, and the Team's comments on relevant developments are provided in this section of the report.

For the Radiology and Radiation Oncology programs that are being replaced, the principal means of assessment have been the Part 1 and Part 2 Examinations and there has been little formalised formative or in-training assessment. The conduct of those examinations is under the direction of the relevant Education Board and Chief Censor. Each Education Board has a Training Program Assessment Committee to assist and to advise in the development of assessment processes.

Both programs intend to retain both of their examinations as hurdle requirements, although other hurdles are also being introduced. The weighting placed on the Part 2 examination may change in the future as a result of the increased amount of in-training assessment and the introduction of portfolio assessment as the final barrier for attaining fellowship. However, neither program has developed such a tool at this stage. The College has carried out research to identify in-training assessment processes used in medical training in Australia and overseas. Both programs have detailed plans to introduce a variety of such tools, linked to the defined competencies. The blueprinting of the assessment tools against the curriculum and the seven competencies has been undertaken in Radiation Oncology.

It appears that there are few College assessment policies applicable to both programs. One policy, the 'Reconsideration, Review and Appeal of Decisions Policy' applies to all areas of trainee selection, progression and assessment, as well as to applications and assessment of overseas-trained doctors.

The Team found no policies relating to disadvantage and special consideration in assessment or for making reasonable adjustments for trainees with a disability.

5.2 The in-training assessment approaches in 2009

Radiology

It is planned that the Radiology training program will implement a range of in-training assessment tools which, from the beginning of 2010, new trainees will be required to complete in various combinations during each rotation. These tools include:

- six-monthly reviews in each of the five years of training;
- ultrasound logbook completion by end of first year, and vascular and interventional Radiology logbook completion by end of fifth year;
- directly observed procedures –two in Years 1 to 4, and four in fifth year;
- Mini-Imaging Interpretation Exercise two in each of Years 1 to 4;
- critical appraised topics two per year in Years 2 and 3, proposed as an oral presentation in a journal club or similar meeting at the training site;
- multi-source feedback one per year in each year of training;
- portfolio as a barrier to progression at the end of Year 3, and as a barrier to fellowship at the end of fifth year;
- two projects, described in more detail in section 4.4.1.

Of the above list of assessments, only the first two are in use. The other tools are being developed.

Radiation Oncology

The Phase 1 of the Radiation Oncology program includes a variety of in-training assessment tasks. These are set out, together with timeframes for completion, in the Phase 1 trainee progression summary. Information about each requirement is available to trainees and supervisors online and in the Phase 1 assessment toolkit. The in-training assessments are:

- Mini-CEX are required to be completed at least once every three months.
- Practical Oncology experiences are documented learning experiences where trainees spend time with professionals from other discipline groups. The three identified areas, to be completed in the first 18 months, are in relation to treatment machines, Radiation treatment planning and Oncology imaging. It is expected that in each instance these

experience requirements can be met through eight three-hour clinical sessions or 45 to 60 minute teaching sessions.

- Ten clinical assignments in the first 18 months of training based on a real clinical case and are designed to encompass all of the Oncology sciences. These written assignments are generally assessed locally against specific criteria. Two assignments will be centrally assessed to ensure quality control.
- Logbooks are being replaced by case reports which are to be assessed locally against specific criteria. Trainees are expected to complete a total of 50 by the end of Phase 2 of their training, with ten case reports able to be completed in Phase 1.
- Clinical supervisor assessments are to be completed at the end of each clinical term, with the minimum being one each six months.
- Director of Training assessments are to be completed at the end of each six months of training. This assessment will be based on all of the other assessments completed during that time.
- At least one multi-source feedback is required each year.
- Trainees keep copies of all completed assessments in their portfolio. The College expects to begin assessing trainees' portfolios as the first cohort completes Phase 1 in late 2010 (process not yet completely developed). It will be on the basis of this assessment that a trainee will progress into Phase 2 of the training program.

The Phase 2 assessment toolkit is yet to be developed. However, it is intended that all of the above in-training assessment processes, except the clinical assignments, will continue for the duration of the training program. In Phase 2 additional in-training assessment requirements, a research requirement and an assignment on study design and statistics are planned.

Radiology and Radiation Oncology

In both programs all of these in-training assessment requirements, plus passing the examinations, are stated as 'minimum and mandatory'. A trainee assessed as unsuccessful in any of the clinical assessments (e.g. DOPS, Mini-CEX) can repeat the assessment until successful. Apart from the multi-source feedback and the Trainee Assessment of Training Terms, trainees are required to keep signed copies of all completed assessments in their learning portfolio. Multi-source feedback assessors send their completed forms directly to the College for the scores to be de-identified and collated. A report detailing the aggregated results will then be sent to the trainee and Director of Training.

Successful completion of the in-training assessments and examinations, along with completion of all other portfolio assessments at the required rate is necessary for a successful portfolio assessment. The portfolio assessment will act as a barrier to progression from Phase 1 to Phase 2 (in Radiation Oncology) and from Part 1 to Part 2 (in Radiology). In Radiation Oncology this occurs approximately at the end of second year and in Radiology is at the end of third year. To progress to fellowship at the end of fifth year (if the trainee is full-time), the trainee must have completed a satisfactory portfolio assessment and the Phase 2 examination (for Radiation Oncology) and a satisfactory portfolio assessment and the Part 2 examination (for Radiology).

5.2.1 2009 Team findings

The Team commended the introduction of a range of assessment tools designed to assess trainees early in their training in both programs. These processes can potentially meet the dual aims of ensuring that all trainees, across all of the sites, are developing the same skills and knowledge by providing clearer guidelines on the content and standards required to pass the Phase 1 examination, and of improving the frequency and quality of feedback to trainees on their progress.

The College and the Faculty have given considerable attention to designing an assessment system that emphasises constructive feedback to trainees and promotes progressive learning, particularly in the early stages of training. Tasks are mandatory and none are solely formative. Their mandatory nature, and possibly the number and frequency contribute to an already identified risk that these activities will be carried out in compliance with the requirements, and not necessarily lead to the intended learning.

The Team acknowledged the potential value of the early assessment tasks to ensure that beginning trainees can meet the challenges of undertaking clinics in their chosen specialty. The Team also applauded the College for making the Phase 1 syllabus requirements explicit for each of the basic sciences. However, trainees, clinical supervisors, and Directors of Training expressed concern about the increased workload associated with the number and frequency of in-training assessments and their capacity to keep up with the strict schedule. The clinical assignments in Radiation Oncology are already causing stress. Clinical supervisors and Directors of Training also identified a need for more support to carry out all of the additional assessment tasks. The College understands that it will be important to continue the training, such as that provided in the road shows to ensure the most effective roll-out of all of the new in-training assessment tools.

During site visits, the Team found that whilst the College states that the criteria and standards for the in-training assessments for Radiation Oncology have been well publicised, those criteria had not been well understood by trainees, supervisors, or Directors of Training.

The Team supported the plans for portfolios as a mechanism for keeping trainees' progressive training records and for providing information to supervisors on trainee performance. This will become more important as training networks are introduced and trainees rotate through a number of sites.

5.3 Assessment approach in 2012

The College has conducted a significant amount of work to plan, develop, and commence the implementation of a substantial change to its assessment processes and practices. The degree of organisational commitment and energy to effect such changes cannot be underestimated. The range of assessment tools is broad for both training programs and includes increased project or continuous assessment tasks. These are assisting with maintaining training engagement throughout each training program. The College has introduced specific workplace-based assessment tools to each program.

For Radiation Oncology this includes:

- Mini-CEX.
- Multi Source Feedback.

For Radiology this includes:

- Multi Source Feedback.
- IPX (Mini- Imaging Interpretation Exercise).
- Direct Observation of Procedural Skills (DOPS).

There are some inevitable challenges in the implementation of the designated suite of workplace-based assessments. These appear to be predominantly practical in nature and will therefore be addressed at least in part by the increased automation and online support which is planned. Additional requirements such as completion of the Radiation Oncology Trainee Assessment of Training Terms (TATTs) and Radiology Trainee Assessment of Training Sites (TATS) evaluation are common across both programs.

Every effort has been made to blueprint each assessment modality to the full spread of each curriculum. The College should continue this approach as the Phase 2 assessment content is completed. An evaluation of the impact on learning that this is having is merited (e.g. are trainees increasingly linking their assessments to their clinical practice; are they using the clinical environment to prepare for formal examinations; etc.?).

Of particular note are the clinical assignments in Phase 1 of the Radiation Oncology program where there is evidence of strong links between learning behaviour and assessment practice. With these particular assessments, the College demonstrated highly effective communication and uptake from its members, with a rapid response to the feedback that there were too many assessments in Phase 1. The College has responded in an efficient and effective manner and the assessment load issue seems to have now settled into an achievable and acceptable level. In interviews conducted with trainees it was reported that the completion of the assignments was viewed in a highly positive manner and that this work provided effective preparation for the formal Phase 1 examinations. There are valuable lessons from this experience which could be used across each program in all stages of the assessment process.

Both training programs have considerable experience in diverse areas of assessment development. It seems that there are missed opportunities to share this experience for mutual benefit. As this is not immediately apparent at an informal level, the College may wish to consider the introduction of formal mechanisms to exchange information and experience in relation to assessments for the purpose of achieving overall quality improvement and to optimise the efficient use of College resources.

The College continues to develop the assessment components of its curricula for Radiology and Radiation Oncology in association with a range of other educational developments. As a key feature of the curriculum redevelopment process, each specialty has developed a suite of workplace-based assessments (WBA) and in-training assessments or projects that are integrated throughout each training program to complement its formal examinations. With these changes, the associated shift in emphasis away from formal examinations to authentic WBA is recognised. These new assessment formats are closely related to the educational objectives of each program and have enabled a broad range of professional domains to be tested.

The implementation of the revised assessment suite follows the roll out of the new curricula, which is in the third year for Radiation Oncology and the second year for Clinical Radiology.

For both programs, there is further work to complete in terms of simply rolling out the revised assessments for the entire training program and also developing the Phase 2 assessments more completely.

As a result of the current and planned changes, the total assessment load would appear to have increased for both specialty groups and this will impact on all those involved in the assessments; trainees, supervisors, assessors and College staff. The AMC will request an update on the assessment workload in the next annual report.

Both specialties should be monitored in terms of each of the following viewpoints:

- Impact on learning: Are assessment changes driving learning in a desirable direction, particularly in terms of making the most of learning opportunities in the clinical environment?
- Sustainability and resourcing: Are the changes sustainable in the longer terms considering the roll-out of each new training program? This includes whether adequate resource is available at the College staff level.
- Trainee and assessor workloads: Has adequate consideration been given to priority and balance between assessment development and other areas of educational provision and development in the College's overall pool of resources?
- What, if any impacts on the workplace, have occurred and are these favourable or unfavourable? Have the employer perspectives been accounted for adequately with the changes?

The College has previously demonstrated a readiness to consult with and respond to external reviews of assessments and to consultants working in discussion with College committees and staff. A number of reviews have been undertaken and it would seem timely for the College to embed the learning and suggestions derived from these into the overall coordinated development plan for assessment. The College reported ongoing input from Peter Harris on assessments development but how this work had influenced assessment development was not clear at the time of the visit.

Changes in each training program and associated assessment changes and innovations appear to be quite separate and contained within each discipline. The College may wish to consider carefully where there may be some increased synergy in harmonising and coordinating a development plan for assessments beyond that in existence. The proposed organisational and governance restructure, whilst positive, may exacerbate some difficulties in sharing experience and strategies across the two disciplines. It is recognised that there may be benefits from sequential or step-wise development processes but this does not always appear to be the case, for example with the development of electronic examination systems which appears to be confined to the Radiology training program at present. This is a very positive development and its use across the two disciplinary groups should be actively considered.

Radiology

The College continues to roll out the assessment suite for Radiology as indicated at the time of the 2009 AMC assessment. There were no evident delays in implementation and the initiatives appear to have been well supported and, in general, well received by fellows and trainees. The introduction of Multi Source Feedback (MSF) would appear to be the single exception to the acceptability in the Radiology training program. Trainees indicated that it is

a labour intensive process to locate peers to complete their MSF and determine if the forms have been completed.

Particular emphasis has been placed on the development of an e-MCQ and an image bank to be used in future assessment processes. These initiatives appear to have been well resourced and supported and are progressing efficiently.

Future evaluation efforts will need to be specifically focussed on:

- The introduction of MSF and whether the initial unfavourable reports are substantiated. Perceptions were recorded by both trainees and fellows that the tool was labour intensive, and did not appear to be identifying trainees in difficulty. This will need ongoing monitoring and evaluation.
- The overall balance of assessments in the revised training program. The examination load has not been reduced to accommodate the introduction of workplace-based assessments and increased continuous assessment and project work during the course so the overall assessment load will need to be very carefully monitored.
- Monitoring of the compliance and feasibility of completion of the online learning portfolio requirements.

Radiation Oncology

The Team observes the ongoing roll-out of the assessment suite for the Radiation Oncology program is occurring as planned with no delays or major obstacles. Acceptance of the revised regime seems to be particularly good with a strong alignment between the learning activities in Phase 1 and the formal assessment tasks (including examinations). The assessment workload appears to be acceptable and manageable from both a trainee and assessor perspective.

The College has implemented a range of strategies that provide support and scaffolding for the completion of assessment activities. These include the Assessment Tool kit which is comprehensive and assists with the completion of all components of assessment. The availability of Education Support Officers (ESOs) and Training Network Directors are both having a favourable impact on the implementation of all aspects of the revised training program, and this includes the implementation of the workplace-based assessment suite. This is particularly true of the ESOs and workplace-based assessment requirements. Whether this will be more manageable, either when the system is truly embedded in practice or when the new online support system is introduced, will need to be carefully monitored.

The level of engagement with the revised assessment tools is high. This has been facilitated by the availability and focus of Director of Training workshops and other activities such as promotion at the Annual Scientific Meeting and road show events. These all appear to have resulted in high levels of acceptability and uptake in the community as a whole. The College is considering inviting a broader range of supervisors to the College workshops to increase engagement and to provide higher levels of support and training to this broader group involved in teaching at the clinical level. In discussions with supervisors, this was viewed favourably, suggesting that uptake may be positive. There are anticipated high levels of uptake for the Phase 2 changes but these will have to be carefully monitored particularly in terms of both sustainability and willingness for ongoing change. The changes which are planned for Phase 2 have been purposefully designed to be more modest in their impact than the changes already introduced. This may assist with change management. The College should continue their ongoing work to align all assessments to the curriculum.

Radiology and Radiation Oncology

The Team notes the implementation of the assessment suite for the Radiology and Radiation Oncology revised curricula is progressing smoothly. The increased emphasis on in-training assessments was generally accepted and appeared to be progressing well. Of particular note is that trainees and fellows generally report that workplace-based assessment requirements are achievable within the anticipated timescales.

A key strength for both programs is the determination of a clear plan for workplace-based assessment throughout training, with an associated shift in emphasis away from formal examinations to authentic workplace-based assessment.

Clinical supervisors seem to be accepting of the assessment responsibility and early indications are that the assessment load is being shared and spread across supervisors, rather than the sole responsibility being held by the Director of Training. This should assist with issues of sustainability in the longer term. The number of clinical assignments in Radiation Oncology has been reduced and the current number has received widespread acceptance.

Trainees, supervisors, and staff note some processes are inevitably onerous and somewhat cumbersome to administer, manage, and monitor. It is anticipated that the introduction of the online system within the Training Information Management System (TIMS) will assist with these issues from March 2013.

Workload will need to be monitored from the perspectives of both trainees and supervisors as the full assessment suite is rolled-out for the entire five-year program and as the cohort size increases overall. Whilst the full proposal looks relatively conservative on paper, careful monitoring will be required to ensure that it is feasible.

This is a critical time for the College to consider a balanced program of assessment that is carefully designed and manageable from a range of perspectives. In this context, due consideration should be given to the revised Phase 2 formal examination processes. The College will need to consider sustainability issues given the number of fellows available to run College assessments in totality.

The College's responsiveness to special arrangements for examinations for both training programs has been described. The College reports they have on numerous occasions made special arrangements with regard to assessments and examinations to take account of cases warranting special consideration for such things as disability, misadventure, or other events impacting on examination performance. The College has indicated they have undertaken preliminary work on drafting the related policy, and have reached agreement that one policy related to and special consideration in assessment will apply to both programs. As a condition of accreditation, the College should provide an update on the development and implementation of a policy concerning disadvantage and special consideration in assessment, applicable to both programs.

5.4 In-training assessment approach in 2012

This is a key stage for the College in the implementation of a revised assessment strategy. The College has demonstrated willingness and ability to be responsive to feedback regarding the practicalities and constraints around increased formal workplace-based assessment. In particular, the reduction of the number of Phase 1 Clinical Assignments for Radiation Oncology demonstrated a considered and appropriate response to issues identified in practice by both fellows and trainees alike. A good balance has now been achieved in which trainees feel educationally challenged and engaged with their clinical supervisors whilst preparing effectively for formal examinations. However, neither group appears to be so distracted by the assessment load that they are unable to function clinically, or consider the quantity either unmanageable or unsustainable. College staff informed the Team that the College had experienced a noticeable decline in the number of concerns expressed by Directors of Training. This was particularly evident in Radiation Oncology. The development of best practice models for providing standardised feedback on assignments to guide supervisors is a positive initiative in Radiation Oncology.

The Team commends the College on the development of Training Information Management System (TIMS) to assist with monitoring and reporting on assessment outcomes and to support the logistical aspects of these assessments. TIMS will prove to be an important tool in monitoring compliance and completion of all workplace-based assessment tasks. Careful monitoring and appropriate response strategies will also need to be developed to monitor any emerging trainee progression matters. Features such as the number of assessment attempts required to complete the mandated requirements will need to be carefully tracked and emerging issues considered and dealt with. This will be increasingly important for the College in the networked training environment to which it is progressing. A robust and effectively scrutinized tracking system, as described in the TIMS specifications, will be instrumental in addressing the concern that networked training would result in a group of trainees being able to 'fall through the gaps'.

The use of Multi-Source Feedback was of particular interest and the Team suggests this requires further consideration. This was of particular concern within Radiology, although attention is merited for both training programs. The College will need to evaluate the overall assessment load for both trainees and assessors once the entire curriculum implementation is complete.

The Team views the establishment of clear volume of practice requirements for Radiology positively. The College developed these requirements using levels of actual clinical practice as a guide. The feasibility and appropriateness of the requirements merits close monitoring following implementation as fine tuning may be required.

The College has been proactive and diligent in their change management communication strategies to trainees and fellows. The road shows have been well received and have achieved broad coverage. Clearly this level of face-to-face support cannot be ongoing but the College will need to maintain communication and support through alternative mechanisms. The communication strategies and support tools surrounding the launch of various online initiatives appears to be very robust and comprehensive. More generally, the accreditation processes could be linked more formally to the curriculum developments and requirements to ensure ongoing uptake, feedback and maintenance of the required standards.

The College has also demonstrated its understanding of the need for ongoing assessor support and training. It has committed associated resources to support implementation and assessor training. The Radiation Oncology Director of Training workshops are an exemplar of this. The College has also provided enduring resources, such as the Mini-CEX DVD Training Module, and this is viewed positively. The College should consider extending training and support activities to a broader group. Plans for initiatives such as a supervisor blog could assist the College in achieving this goal.

There are likely to be opportunities for increasing interaction between the programs for further developing in-training and workplace-based assessment as the systems mature and become embedded in practice.

5.5 The approach to examinations in 2009

Both programs conduct summative Part 1 and Part 2 examinations. In Radiology, trainees will have a maximum of four attempts during first and second year in which to pass Part 1. In Radiation Oncology, trainees have a maximum of four attempts in which to pass Phase 1, but they cannot attempt the examination until they have completed 12 months of training. Failure to pass the Phase 1 examination will mean that the trainee will be required to leave the training program. If a trainee does not pass the Phase 2 during fourth or fifth year they can request one or two years further training and then re-sit all of the examinations (two more attempts within 12 months).

Radiology

The structure of the Part 1 examination remains the same as in 2001 with papers in Anatomy and applied Imaging Technology. The Anatomy component consists of two 2-hour written papers: the first is 15 short answer questions on Gross Anatomy; and the second is ten questions based on Radiographic Anatomy. At least half of these questions are based on sets of images.

The applied Imaging Technology component, assessing trainees' knowledge of the physical basis of all imaging modalities and radiation protection, consists of a two-hour written (essay format), and a two-hour MCQ paper. The content in both papers is under review. It is planned to blueprint papers against the relevant syllabi, with 50 per cent weighting being given to Category 1 - Common conditions.

The Part 2 examination is made up of ten components:

- Radiology:
 - Radiodiagnosis MCQ one 2-hour paper with 100 questions;
 - one 2-hour practical film reporting session eight stations of one long case consisting of more than one imaging modality, or two or three intermediate length cases. Candidates have 14 minutes per station to complete a written report which is then sent to examiners throughout Australia and New Zealand for marking;
 - seven viva (oral examinations), each of 25 minutes duration with two examiners covering: abdominal; neurological, head and neck; thoracic and cardiovascular; breast imaging & Obstetrics and Gynaecology; Paediatrics; Pathology and Musculo-Skeletal.
- Pathology:

- MCQ one 2-hour paper with 100 questions;
- 25-minute oral viva with two examiners.

Trainees can sit the Part 2 examination in fourth or fifth year of their training, with a maximum of four attempts. Candidates are required to pass each of the ten components of the examination. In their first attempt candidates are required to sit all components. Subsequently they are only required to sit components that they have not passed previously.

There have been some modifications to the examinations in line with recommendations from the report of the 2004 external educational advisor, including:

- a modified Angoff procedure has been introduced for setting the cut-score in the Radiodiagnosis MCQ;
- an examiners' workshop on writing MCQs has been established;
- Radiology vivas now closely resemble real-life scenarios and the thinking processes required in a clinical environment;
- a marking template has been developed for the revised vivas;
- the scoring processes, particularly in relation to the borderline candidate have been revised.

Radiation Oncology

The structure of the Part 1 examination remains the same as in 2002 with three, 3-hour papers, one in each of the disciplines of Anatomy, Radiotherapeutic Physics and Clinical Radiobiology.

Candidates are required to present for all components on their first attempt. Unsuccessful candidates are required to sit all outstanding components at subsequent sittings until successful in the three parts. From August 2006, candidates with two consecutive fails must re-sit the entire examination series.

There have been modifications to the examinations in line with the recommendations of the 2004 external educational advisor:

- The Anatomy paper now entails four questions involving labelling of anatomical structures on images (previously five questions), plus a second paper of five short answer questions.
- The content of the Radiotherapeutic Physics paper now includes questions relating to relevant clinical scenarios.
- Clinical Radiobiology is now all short answer questions, removing the MCQ component.
- Marking criteria are developed before conducting the examination.

Some of the recommendations are being reviewed as part of the planned changes to the Phase 1 examination. For example, the College plans to replace the three, 3-hour papers with a single day of papers. It plans to hold the new Phase 1 examination once a year, whereas the Part 1 is held twice a year. It is planned that the last Part 1 examination under the current

rules will be conducted in May 2010, and the first of the new Phase 1 examinations will occur in the latter part of the same year.

Candidates wishing to sit the Part 2 examination must have completed their research and have passed the assignment associated with the study design and statistics module.

The Part 2 examination is made up of four papers and four vivas in Radiation Oncology and Tumour Pathology:

- Radiation Oncology:
 - two papers in Radiotherapy 3 hours (six questions) and 2 hours (four questions);
 - one paper in Clinical Oncology 3 hours (six questions);
 - a practical examination of up to 2.5 hours, including breaks. This examination covers examination of patients using long and short cases and treatment planning using long and short cases.
- Tumour Pathology:
 - one 3-hour written paper (five questions);
 - ^o a viva examination lasting approximately 20 minutes.

Currently the syllabi for these examinations consist of a brief outline plus a reading list. It is planned that in the future the content of this examination will be blueprinted on the curriculum modules.

Some of the format and processes of the Part 2 examination have been modified in line with recommendations from the report of the 2004 external educational advisor. Changes include:

- establishing marking criteria before conducting the examination;
- greater standardisation of content between candidates;
- examiners (both Part 1 and Part 2) are required to agree to take part in training as an examiner and attend one viva examination as an observer.

Candidates are required to present for all Part 2 Examination subjects on their first attempt. If unsuccessful in either Radiotherapy and Clinical Oncology or Pathology, they are able to sit just the failed subject at the next series; however, all subcomponents for each subject must be passed at the same sitting.

5.5.1 2009 Team findings

The College is to be commended on the 2004 external evaluation of the validity and reliability of the examinations in both programs. Some of these recommendations have been implemented although others have not. While the slowness in implementing some recommendations can be understood in view of the curriculum development, the College needs to act on other recommendations, particularly those relating to the blueprinting, standardisation, standard setting, and validation of the Part 2 examinations.

In particular, the College has moved slowly on the standardisation of the Physics component of the Part 1 Radiation Oncology examination and on the Pathology components of both Part 2 examinations. Historically these components have been organised outside the College, and it appears that the preparation, administration, and assessment of those components is still not under the full control of the relevant assessment committees.

The Part 1 examinations in both programs are in a state of transition. The College intends to modify them based on both the 2004 evaluation and the curriculum changes. At the time of the Team's assessment there remained a lack of clarity about changes to the content and timing of these examinations. The Team encouraged each program to pay attention to the impact of the new Phase 1 examination in relation to all of the other curriculum and assessment requirements, particularly because of the high stakes nature of the examination and its influence on trainee progression.

It is not possible to predict the pass rate of the new Phase 1 examinations. From the data on the current Part 1 examination, the extremely low pass rates at the first attempt could indicate a potential problem for trainee progression in the future, which will need to be monitored. This is particularly true if the College implements the plan to reduce examinations from twice a year to once a year. Such a plan would reduce the number of opportunities for trainees to attempt the Phase 1 examination in their first two years of training from four to two.

Since the Part 2 examinations in both programs are likely to continue in their current form for at least another four years, it is important that improvements to these examinations continue and that trainees are advised as early as possible of any changes planned.

The Team supported the changes to both Part 2 examinations that are designed to ensure clinical relevance of all components. For the same reason the Team supported the continued use of patients in at least some of the vivas. The Team noted that there is no plan to change the weighting of these examinations.

It is commendable that trainees in both programs have access to past Part 2 examination papers, particularly since the lack of clearly stated curricula for the current programs has hindered trainees and supervisors in examination preparation.

The College has surveyed the Part 2 examination candidates in both programs over recent years, which has provided valuable information about the conduct of those examinations. The feedback from candidates since 2007 indicates that, whilst some of their concerns have been addressed, others have not. Continuing concerns in Radiology seem to be the need for standardisation of cases presented to all candidates, the quality of the images, and the relevance of some of the cases to every-day practice. Continuing concerns for Radiation Oncology candidates seems to be those of the clarity of questions and the time available to answer them.

5.6 Approach to examinations in 2012

The Team notes that the examinations development is in the midst of intensive change. The College are striving to address the need for quality improvement whilst also managing other wide-scale changes to its educational provision. In this context some highly significant changes have been made including the introduction of an e-MCQ in Radiology. The scale of overall development work is acknowledged and the Team recognises that changes to examinations may therefore have been slightly slower than anticipated. Exam changes are too new to evaluate the full potential impact and this will need to be followed-up at the next inspection.

The examination cycle is scheduled to continue on a bi-annual basis at the current time and no changes to this schedule are reported in the immediate future. This will enable trainees the maximum number of attempts to succeed in the given timeframe.

The Team notes that there is no plan to change the weighting of the examinations for both specialties. Whilst, ultimately, this may be a long term solution, this decision will need to be informed by a thorough process of consi review involving input from a range of stakeholders.

The processes required to develop high quality, clinically relevant items to analyse their performance and store and host them appropriately would be common to both disciplines. A mechanism to share and collaborate in such developments would appear to provide the college with significant benefit particularly from a resource perspective. A common framework for assessment policy development is logical and would assist with efficient and accurate administration of both programs.

Radiology

The Radiology examination system has undergone extensive redevelopment and the College has put considerable resource into a series of initiatives to improve the quality and efficiency of delivery of examinations. Of particular note is the e-MCQ which was run for the first time in 2012. Plans are in place to use the e-film format from April 2013. In respect to this last development, the Team are keen to see the College address issues of patient consent for use of films for examination and learning purposes in an appropriate fashion.

In terms of any further online developments and initiatives, the Team are equally keen for the College to address matters of examination security and compliance with industry standard penetration testing for housing any elements of a high stakes assessment system (whether hosted in-house or with an external provider as the need for security was the same). This work falls into the responsibility of the Electronic Exam Advisory Group (e-EAG). Naming a group after an exam format may be confusing and potentially prevent the group dealing with all aspects of exam management. A reframing of this group's role may assist to progress the overall quality in exam management.

In general, the Team found stakeholders were accepting of the examination system and do not express concerns. Fellows interviewed by the Team identify that the planned changes are minimal in terms of preparing candidates to pass examinations. Trainees are similarly relaxed in terms of their own level of required preparation.

The College is working to develop and improve its systems for overall examination governance within Radiology, particularly with respect to standard setting processes and item quality assurance processes. The development of a system to standardise both within and post examination analysis is noted.

Work to improve the quality of delivery appears, at least in part, to be the responsibility of the Radiodiagnosis Examiners Review Panel (RERP). The development of a long term strategy and associated implementation plan for this work would be timely. The Team reminds the College that there are issues of cohort size that have a direct impact on the suitability of different statistical methods and the College needs to be confident that they are applying the correct methods to suit their specific cohort.

The evaluation of the use and perceptions of the Radiology Integrated Training Initiative (R-ITI) will require further evaluation, and this is true both of its use as a learning resource and also as a mandated assessment requirement and use in the Part 2 Examination syllabus.

Radiation Oncology

The College is implementing the Radiation Oncology examination system as planned. The only adjustment was a modification to the Pathology component of the Phase 2 examinations. This was described as a minor modification in response to phasing issues of when the trainees are exposed to the relevant content.

Despite the increase in overall assessment load, trainees raised no concerns in relation to the examinations for Radiation Oncology. A particularly positive feature is the practical benefit of completing the clinical assignments in Phase 1 as preparation for the Phase 1 examinations. As a result, trainees did not appear to be spending time studying outside of the clinical environment and were actively discussing examination preparation with their clinical supervisors.

Some supervisors commented on the fact that some key components of their clinical work were not currently addressed in the examination system. In particular the area of 'Planning and Contouring' received special mention as being a potential gap in the examination blueprint. This feature does not appear in the ongoing plans for examination development although some discussion was occurring around the possibility of 'planning' being included in the Phase 1 examination blueprint and sourcing some external resources to assess contouring skills. Accreditation was also identified as a potential mechanism to flag the need for teaching and supervised time to be spent in contouring activity.

The Assessment Executive members are working on the detail of the examination implementation for Phase 2 examinations but do not have a timeframe for completion of this work at present. Their stated focus is on assessor training and they plan to increase training in the setting of examination questions and also in writing assessment criteria to service both examinations. An assessor orientation pack is also in the planning stages. They are currently using rule-based methods to achieve consistent standards across different diets of the examinations. Examiners set standards outside their own sub-specialty area of practice in an attempt to retain a realistic trainee standard.

A system to monitor changes in passing rates over the implementation of the revised curriculum and on an ongoing basis is required. The College acknowledges this fact and are planning accordingly.

The Radiation Oncology program does not have any plans to implement an online MCQ. This is difficult to understand given the College's expertise and resources available in establishing this system for the Radiology program. A further exploration of this is warranted – particularly given the current level of complete reliance on written papers in both Phase 1 and Phase 2 examinations where standardisation and standard setting can be challenging and the methods are exceptionally resource intensive.

5.7 Performance feedback in 2009

The College indicated that the lack of feedback to trainees before they sit the Part 1 examination had been one of the motivators for implementing the new in-training

assessments. It is anticipated that under the new curricula, trainees will have multiple points for feedback, from a range of assessors, prior to presenting for their examinations.

It is planned that the trainee's portfolio will be the mechanism by which information regarding trainee progress is shared between the different training sites in a training network and between directors of training.

To facilitate a clear progression pathway, both programs are introducing a trainee progression summary with a system of trainee progress alerts defined for the end of each six months of training. These are planned to flag trainees who are not progressing at the required rate (outlined in section 6.2.1). With the establishment of clear milestones for progression, as set out in the progression summary, it is intended that both trainees and supervisors will be more readily aware of whether or not trainees are meeting training expectations.

The College states that responsibility for early identification and support for trainees who are under-performing is the responsibility of the training site.

The College intends that trainees will receive much more structured feedback about their performance and progress, when the new in-training assessment processes are introduced.

Currently in the Radiology program, trainees who are unsuccessful in the Part 1 examination receive a generic letter from the examiners, if they request it. Trainees who are unsuccessful in the Part 2 viva examinations receive a personalised letter from the examiners indicating where they did not meet the required standard and how they might improve.

After each examination generic feedback on the performance of all candidates is provided by the Court of Examiners to all Directors of Training and trainees.

In the Radiation Oncology program, trainees who are unsuccessful in the Part 1 examination and the Part 2 viva examinations receive a personalised, detailed letter from the examiners indicating where they did not meet the required standard and how they might improve. Those who are unsuccessful in the Part 2 written examinations also receive written feedback.

5.7.1 2009 Team findings

The Team found that the frequency and quality of feedback to trainees on their performance has been variable, being dependent on the skills of supervisors and the opportunities provided by the training site. With the introduction of the new in-training assessments, the frequency of feedback is likely to increase. However, the quality of the feedback to trainees will still be dependent on the ability of the directors of training and clinical supervisors to fulfil that role. The College has developed guides for milestones that act as warnings, but the College should consider supplementing the training opportunities.

The introduction of the trainee progression summary and system of trainee progress alerts in the Radiation Oncology program, and plans for a similar system for Radiology, are applauded. This will address concerns by trainees and supervisors that there was insufficient information to monitor progress, including the following:

• In the AMC 2009 survey the majority of Directors of Training and clinical supervisors across both programs indicated that they did not have clear processes for dealing with under-performing trainees, or College support in dealing with such trainees. This lack of
clarity and support from the College was mentioned as an area where they would appreciate more assistance.

- Radiation Oncology clinical supervisors expect that the introduction of the new curriculum and assessment tools will facilitate early identification of trainees experiencing problems.
- Radiology trainees also expressed concerns about documentation of procedures designed to assist those who need remediation, and/or to identify and address continuing problems.

The Team noted that Directors of Training in Radiation Oncology have received guidelines on identifying trainees who are not meeting the assessment requirements. However, there is less clarity and guidance for trainees and Directors of Training on how under-performing trainees are to be managed through either remediation or dismissal from training.

With the introduction of the new assessment tools and the structured requirements for progression, there is an increasing need to ensure that all trainees, clinical supervisors and Directors of Training are aware of any limitations of the number of times that the trainee can repeat any in-training assessment and the consequences if those requirements are not passed. Clinical supervisors and Directors of Training also need clear processes and training on how to deal with trainees who have triggered one or more of the progress alerts.

As the College plans the training networks, the Team recommended that it provides a database, accessible by Directors of Training, to permit tracking of trainee progression. The College will need to supplement its current data systems to have the capacity to maintain such records, and would need to train Directors of Training in their use. This will be even more important with the full implementation of the new programs, and with some trainees continuing on the old curricula. Such a comprehensive database is justified as it will allow early identification of any under-performing trainees in both disciplines.

5.8 Performance feedback in 2012

The extent to which feedback on performance has increased with the introduction of workplace-based assessments and other in-training assessment formats is tangible. This is the case for both training programs but perhaps most notably for the clinical assignments in Radiation Oncology. This may also transpire as the Critically Appraised Topics (CATs) in the Radiology training program roll out. Whilst some trainees reported that the introduction of new assessment formats has merely, in their view, formalised pre-existing supervisory and feedback mechanisms, this was generally viewed in a highly positive light.

A key strength for both programs is the determination for a clear plan for workplace-based assessments throughout training with an associated shift in emphasis away from formal examinations to authentic workplace-based assessment. The College plans to improve mechanisms for monitoring trainee progression further with the introduction of the TIMS in early 2013. Providing access to TIMS by supervisors should certainly assist with the provision of high quality feedback directed specifically at a trainee's needs and continuity in the provision of appropriate supervision. The progression summary approach is considered logical, workable and fit for purpose. The effectiveness of the system cannot be appraised at this stage and will require further demonstration when fully implemented. The AMC will require an update on the implementation of TIMS, its ability to track and flag progression matters and any evaluation of the system in the College's next progress report.

5.8.1 2012 Team findings

The College has committed appropriate resources to assessor training and development. Training for supervisors in providing feedback will need to be provided on a longer term basis and also include calibration training or exercises to safeguard the quality, and address consistency issues within workplace-based assessment practice. The College's previous experience in providing enduring training materials (e.g. the DVD-based training in the use of Mini-CEX for Radiation Oncology) could be built upon for this purpose. Training in other areas of assessment development is also required on an ongoing basis to progress the overall improvement agenda for assessments. A range of strategies are likely to be useful including assistance with item writing and development, standard setting, providing fair and accurate assessment in practice, and item quality and analysis.

One of the immediate priorities for both disciplines will need to be the monitoring of the outcomes from, and responses to, the workplace-based assessments. The number of assessment attempts has not been determined. This may be understandable on first implementation but will need to be reconsidered in light of actual experience and practice. Limits may need to be determined to establish acceptable and workable thresholds for completion, and triggers for action or remediation. The College will need to build some limits into the workplace-based assessment regime to provide a defensible and robust system into the future.

A range of stakeholder groups expressed concern regarding the management of underperforming trainees. The College has developed Trainees in Difficulty policies for each training program that defines unsatisfactory performance. Training progression rules exist for all assessments in both training programs. These are set out in the Radiodiagnosis training program Learning and Assessment Portfolio and in the Radiation Oncology Learning Portfolio. The College may wish to further clarify the way in which trainees in difficulty are managed, including the processes for determining probation and removal from training.

5.9 Assessment quality in 2009

New tools have been introduced in both programs to assess trainees across all of the competencies, to make sure that all trainees are being given similar guidance and support, to direct trainees to specific learning activities, and to provide feedback.

There are no policies or processes to guide the systematic evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, or the feasibility of the assessment items.

As outlined in section 6.2.2, the College appointed an external advisor to undertake a systematic review of the validity and reliability of both of the examinations in 2004. Some of the recommendations made at that time have been implemented.

5.9.1 2009 Team findings

The Team noted with concern that this is an aspect of the curricula that has not progressed in parallel with the development of content (modules, syllabi) and in-training assessment tools, namely:

- Key recommendations of the external advisor relating to formalising and publishing explicit performance standards that can be reliably applied across the whole examination, and from one examination to the next, have not been addressed.
- There is no policy to evaluate the reliability and validity of the new assessment methods.
- There is no systematic plan to evaluate the feasibility of the number and range of new intraining assessment items.
- There is no systematic plan to evaluate the educational impact of the new assessment approaches.

All of these issues represent potential risks for the new programs. For example, the feasibility of, and potential lack of learning involved in, some of the in-training assessments in Radiation Oncology has already raised concerns.

Some trainees also expressed concerns that the examinations interfere with and interrupt their learning, rather than contributing to it. Without evaluation it is not possible to identify whether this perception is due to the nature of the examinations or their function as high stakes barriers. However, the high proportion of candidates who re-sit is reflected in the results of Part 2 candidates over recent years:

- The overall success rate for all candidates in the Part 2 examination in Radiology (2003-2008) has varied between 51 and 71 per cent. In the Part 2 Radiation Oncology examinations (2004–2008) the pass rate of all candidates has varied between 51 and 100 per cent.
- The success rate of candidates passing all components of the Part 2 examination at their first attempt varied between 26 and 80 per cent in Radiology with most sittings being approximately 50 per cent; and between 42 and 100 per cent in Radiation Oncology with most sittings being approximately 60 per cent. In both examinations the success rate for candidates resitting components is generally higher than 50 per cent although it is also variable. Data on the number of re-sits for all candidates were not available; however these will now be limited by the policy cited above.
- Of the international medical graduates who have been required to sit the Part 2 examination in the last decade, 35 per cent have been successful at the first attempt, and a further 32 per cent at the second attempt, but 14 per cent required four or more attempts. One international medical graduate took nine attempts and another took 11 before passing.

These results were explained by representatives of the two programs as being a reflection of trainees sitting the examinations too early and/or of using their first sitting as a trial to learn how the examinations worked. It was noted by the Team that there was disagreement in the fellowship as to the appropriateness of current pass rates.

Without a system to verify the standard between each examination sitting (except the Angoff in the Radiodiagnosis MCQs), or between the components of the examinations, it is difficult to evaluate whether the pass standard is either consistent or appropriate. Nor is it possible to ascertain the extent to which the current examinations contribute to, or hinder, learning. For both Radiology and Radiation Oncology, the Team advocated that committees for both examinations continue to evaluate the impact of the examination. The committees should also establish and maintain consistency between candidates, components, and sittings.

Transitional arrangements in 2009

The College's accreditation submission outlines the transitional provisions that apply for trainees. These generally relate to the way in which trainees will progress to Phase 2 of the new programs when the current Part 1 examinations are discontinued. In Radiation Oncology, trainees already in training are able to keep a portfolio and participate in any of the assessments that form part of the new curriculum. Similar arrangements are planned for Radiology.

The College has communicated to trainees about these changes through newsletters, letters and emails.

The Team would encourage the College to continue to seek input from trainees concerning transition arrangements, to ensure these trainees are not disadvantaged.

5.10 Assessment quality in 2012

The Team notes the considerable achievements in improving the assessment regimes of both training programs. The College has invested significant time and resource to build systems that have high-face validity, are feasible and acceptable to all stakeholders, and have a positive impact on learning.

As the College reaches a more stable period in terms of change management it is timely to turn attention to issues of reliability, security, standardisation and overall quality assurance, and governance in terms of both sets of examinations and the assessment regime overall for Radiation Oncology and Radiology. It will be important to maintain a focus on improvement following the implementation of the major changes even though this will be difficult and the motivation for ongoing review is likely to be understandably diminished. In its next progress report, the AMC will request a report on the further development and implementation of the assessment quality assurance processes including methods, item analysis, standard setting, and security issues related to exam administration around all test formats for both programs.

5.10.1 2012 Team findings

The feasibility of the number and range of new in-training and workplace-based assessment requirements appears acceptable at this stage. Clinical supervisors reported acceptance of their assessment responsibility and early indications are that the assessment load is being shared across supervisors rather than the sole responsibility being held by the Director of Training. This is an important achievement given the progressive roll-out and associated accumulation of assessment requirements and also the growing cohort sizes.

The College is undertaking a two year Curriculum Evaluation Project to evaluate the new curriculum in Radiation Oncology as well as the way in which the training networks are delivering the curriculum and the training experience. The consulting firm of Siggins Miller won the tender for this work, which will commence in late 2012. The Team advises the College to not rely solely on the Siggins Miller evaluation project to provide a comprehensive and systematic evaluation of the educational impact of the new assessment approaches. This is particularly the case given the complex factors involved and the time required to monitor the impact. In-house mechanisms should be explored to monitor this over time.

There are other specific components of the assessments of each training program that require further in-depth appraisal and evaluation. A particular example in Radiology will be to scrutinise the Radiology Integrated Training Initiative (R-ITI). Some trainees were critical of the mandated nature of this resource, although it is very difficult to separate how much of the resistance reflects teething problems, how much of it relates to cost, quality, or relevance. The College has already done some work on assessing the merit of this resource last year.

Some new assessment processes were noted by trainees, supervisors and staff to be inevitably onerous and somewhat cumbersome to administer, manage, and monitor. It is anticipated that the introduction of the online system within TIMS will assist with these issues from mid-2013.

The Team commends the College on the holistic planning of TIMS to incorporate administrative, reporting, policy and educational principles and requirements. The flexibility built-in to the system is commendable and will allow for future changes to assessment, progression rules, and course requirements as these are modified or updated over time.

Workload will need to be monitored from the perspectives of both trainees and supervisors as the full assessment suite is rolled out for the entire five year program and as the cohort size increases overall. Whilst the full proposal looks relatively conservative on paper, careful monitoring will be required to ensure that it remains feasible.

This is a critical time for the College to consider a balanced program of assessment that is carefully designed and manageable from a range of perspectives. In this context, due consideration should be given to the revised Phase 2 formal examination processes. In particular, the ongoing integration of CanMEDS domains into formal assessment processes is vital.

The College will need to consider sustainability issues given the number of fellows available to run College assessments in totality. It would be of benefit to capitalise on the experience that the Radiology group have amassed in running online examinations and for each discipline to learn from successes and limitations experienced by both disciplinary groups. It would also be timely for the College to complete its policy framework around assessments, specifically a policy relating to disadvantage and special consideration for both disciplines.

The College reports they have addressed every request for special consideration or special arrangements for examinations, or for completing particular training requirements as a result of disability, particular disadvantage, or conflicting religious events, on a case-by-case basis and provided mutually acceptable outcomes. This has not been codified into a policy statement but this will be undertaken for both disciplines by mid-2013. As a condition of accreditation, the College should provide an update on the development and implementation of a policy concerning disadvantage and special consideration in assessment for both programs.

A clear internal vision of what needs to be developed and what the priorities are for assessment changes into the future needs to be developed consultatively. The College should not be reliant on external evaluation process to determine these for them. Particular consideration of assessment governance and quality assurance mechanisms would seem to be warranted.

In terms of progressing assessments further from this point, the Team observes that College representatives expressed a degree of uncertainty regarding the best way to proceed into the

future. A strategic planning and prioritisation process would assist the College to determine appropriate plans and processes.

5.11 Assessment of specialists trained overseas in 2009

As noted earlier in this report, the International Medical Graduates Committee, which is a sub-committee of the two Education Boards, coordinates the assessment of specialists trained overseas. The activities of the Committee are supported by an assessment panel consisting of 34 fellows.

Like other specialist medical colleges, the College has two principal processes for the assessment of overseas-trained specialists seeking registration to practise in Australia:

- 1 The specialist assessment procedure is used to determine the comparability of training and qualifications of overseas-trained specialists with Australian-trained specialists. The procedure is administered by the AMC, but assessment of the applicant's training and experience is undertaken by the College.
- 2 The area of need assessment process is used to assess the doctor's qualifications for a particular position following the declaration of an 'area of need' by a state or territory health department. The procedure is administered by the AMC, and assessment of the applicant's training and experience is undertaken by the college. While the documentation requirements and processing arrangements are broadly similar to those for applicants through the specialist pathway listed above, some differences arise because of the need for accelerated and parallel processing of area of need applications by the AMC and the assessing college.

In New Zealand, practitioners are registered under the *Health Practitioners Competence Assurance Act 2003.* The pathway for assessment of overseas-trained specialists is based on the statutory test in New Zealand (specified in the Act), that is, 'equivalent to or as satisfactory as' a New Zealand specialist practicing in the same area of medicine. The New Zealand assessment committee of the College advises the Medical Council of New Zealand on whether or not an international medical graduate meets this test. Until 2007, for those doctors deemed suitable for registration, the Council granted provisional vocational scope of practice to work under supervision and assessment for a period of between 12 months and two years, and authorised a change from provisional to vocational scope of practice when the doctor had satisfactorily completed the period of time and other requirements. In 2007, the Medical Council of New Zealand implemented a new policy for the assessment of performance of international medical graduates registered in a provisional vocational scope. A successful assessment would enable the international medical graduate to gain full registration in a vocational scope.

The College's accreditation submission outlines the following process for dealing with applications referred from the AMC:

- The College advises the applicant in writing on the next step of the assessment process, which is a structured, face-to-face interview.
- The interview runs for one to one and a half hours and is conducted by the appropriate branch education officer with a senior fellow of the College, both of whom are trained assessors. The interview is described as an opportunity for the panel to explain the assessment process; clarify the applicant's training and experience; and determine the applicant's suitability for practice in Australia.

- The interview panel determines if the applicant is substantially comparable to an Australian-trained specialist, partially comparable, or not comparable. If substantially comparable to an Australian-trained specialist, the applicant is required to take up appointment in a specialist position under supervision and undertake a peer assessment in the workplace within 24 months, but typically 12 months. The peer review assessment includes: practice under supervision/guidance, a review in conjunction with the branch education officer or others as determined by the Chief Censor and/or Education Board, and periodic assessments at times nominated in the assessment report, with a more detailed multi-sourced feedback required at the end of the peer review period. If partially comparable, the applicant is required either:
 - a) to undertake a prescribed period of supervised training in an accredited training site not exceeding two years and to sit and pass the College Part II examinations; or
 - b) to sit and pass the College Part 2 examinations without additional training. Applicants judged as not comparable to an Australian-trained specialist are referred to the AMC. They may proceed down one of their pathways leading to general registration.

There are two other pathways for applicants considered substantially comparable to an Australian-trained specialist:

- **Sub-specialist Assessment**, whereby an individual applies to be assessed within their sub-specialty only. Subject to meeting eligibility prerequisites, the applicant may be granted specialist recognition after passing the sub-specialty component of the Part 2 examinations and then is eligible for full fellowship;
- International Recognition is available for individuals judged to be of extremely high calibre; with an extensive record of publications, presentations, recipient of academic awards and a high level academic appointment. Applicants are assessed through interview. Admission to fellowship under this provision is recommended only upon taking up a position in Australia or New Zealand.

Stakeholder comments on the College's assessment processes in 2009

During this review, the AMC sought written feedback from a range of stakeholders about the College's processes for assessment of overseas-trained specialists (OTS). The Team also interviewed stakeholders during site visits. Those invited to comment included health service managers, medical boards, medical school deans, and the OTS who have sought assessment through the College's processes.

In general, health services managers commented on the thoroughness of the College's processes. It was suggested that the College's processes for assessing comparability could be improved, with greater clarity about how a decision is made on whether or not an applicant is comparable to an Australian-trained specialist or not. The new Radiology and Radiation Oncology curricula, with their clearer statements of outcomes should assist in providing this clarity.

5.11.1 2009 Team findings

The College is an Australian and New Zealand College. It has clear assessment frameworks for international medical graduates:

• seeking specialist recognition in Australia;

- seeking area of need registration in Australia;
- seeking registration within a vocational scope in New Zealand.

In 2007-2008, the College reviewed its policy and procedures for the assessment of OTS, in line with changes in national policies and Government initiatives. The College uses the three categories of 'substantially comparable', 'partially comparable', and 'not comparable' when classifying OTS based on their training, assessment, and practice, which is line with the guidelines for assessment of overseas-trained specialists endorsed by the Council of Australian Governments IMG Technical Committee.

The Team noted that the assessment tools being developed and implemented for the new Radiology and Radiation Oncology training programs may be applied in the assessment of OTS as appropriate. Multi-source feedback is being used for those OTS proceeding on the peer-assessment pathway.

It was pleasing to see the high proportion of international medical graduates who passed the College Part 2 examination between 1997 and 2008. Two hundred and thirteen attempted the examination in this period and 170 passed, with the large majority passing in their first three attempts.

The number of international medical graduates applying for specialist recognition in Australia has increased substantially over the period 2006 to 2008 inclusive; from 16 in 2006 to 37 in 2008. Those applying for area of need assessment increased from 21 to 39 in the same period. The number of international medical graduates applying for registration within a vocational scope in New Zealand is substantially lower than in Australia, with around two to three international medical graduate applicants per year.

As described earlier, a new Medical Council of New Zealand policy, implemented in 2007, provides for the assessment of performance of international medical graduates registered in a provisional vocational scope. There are international medical graduates registered in a provisional vocational scope who are waiting for an assessment. The College recognises that performance assessment is a key component of the New Zealand pathway and needs to support the Council by ensuring resources are available for its implementation.

International medical graduates registered in a vocational scope in New Zealand are not automatically recognised as fellows of the College, but may join College programs, such as CPD, by joining as an educational affiliate.

The College has a process for educational affiliates to become fellows of the College without the need to pass the Part 2 examination and this is to be commended.

5.12 Assessment of specialists trained overseas in 2012

The College provides detailed guidelines concerning the assessment of overseas-trained specialists (OTS) on its website, and the various pathways to specialist registration are clearly enunciated.

The assessment process for OTS seeking specialist registration in Australia and New Zealand and Fellowship of the College is essentially similar to that reported in 2009. The process has

oversight from the International Medical Graduates Committee and the Education Board through an assessment panel which consists of around 40 fellows.

In Australia, OTS are interviewed in order to determine comparability of training and experience. For those determined to be partially comparable, an assessment relating to requirements for further training is made. Following successful completion of the training period, or for those where it is determined that no further training is required, candidates proceed to sit the Part 2 fellowship examination. If successful they are recommended for specialist recognition and may be admitted to fellowship.

There are three separate pathways for those whose professional training and experience are determined as being substantially comparable.

1 Specialist recognition by peer review

The applicant must satisfy specialist practice criteria and demonstrate successful publication in peer-reviewed journals. Following this, the applicant is appointed to an accredited training facility and undertakes supervised practice. After a period of peer review of up to 24 months and at the completion of two years practice as a specialist in Australia, the candidate is eligible for fellowship.

2 International Recognition

There is a separate pathway to registration for candidates who are determined as having an international reputation for excellence within the profession. Applications require supporting letters from two fellows, and candidates are interviewed by the Chief Censor and the local College Councillor. For recognition under this category, evidence of international excellence through distinguished publications, professional appointments, editorships or editorial board appointments, and the receipt of significant awards and prizes is determined, and if successful, specialist recognition is recommended. The successful candidate is also eligible for admission to fellowship.

3 Sub-specialist recognition

For this category specialist recognition and admission to fellowship follows successful completion of the appropriate sub-specialist component of the Part 2 examination.

In 2011 the College introduced a dual pathway with simultaneous assessment of suitability for appointment to an area of need position and comparability of specialist training and experience. In this process, the applicant undergoes clinical assessment through interview, and for Radiology, through informal practical examination consisting of discussions relating to imaging studies. At the completion of this the applicant is determined to be:

- unsuitable;
- suitable to practice under supervision; or
- suitable to practice unsupervised in an area of need.

In parallel with this, an assessment is made regarding the applicant's comparability of training.

Following this latter assessment applicants are determined to be:

- substantially comparable (and take an appointment under supervision with peer review assessment);
- partially comparable (and required to sit the College Part 2 examination or sit the examination following up to two years accredited training); or
- not comparable.

For candidates requiring supervision, this may be direct, or if the applicant is determined to be of a satisfactory standard, indirect. Those applicants found to be not comparable are required to achieve general registration through the AMC and then may compete for enrolment in a training position should they wish to pursue fellowship of the College.

Those who are accepted for appointment to areas of need positions, but who do not progress to fellowship, may enrol as Educational Affiliates of the College and have access to the College CPD program.

In New Zealand, the process remains unchanged from 2009. The College undertakes assessment of OTS at the request of the Medical Council of New Zealand and recommends progression to vocational registration via a supervision or assessment pathway. Vocationally registered OTS seeking admission to fellowship are required to undertake a further two years of practice within the scope of vocational registration, have a minimum of five years consultant experience, and complete a satisfactory practice review. Applicants may also sit the Part 2 fellowship examination upon achieving vocational registration, in which case fellowship may be conferred without the required completion of the two year practice period within a vocational scope.

OTS and practitioners applying for assessment of suitability for area of need positions, who are determined to be unsuitable, may appeal through a formalised process that has been established by the College. Any appeal is initially considered by the original assessing committee and if unsuccessful this will be accelerated to the Education Board. If this is also unsuccessful, the College will constitute a formal review process and appoint a panel consisting of fellows and an independent legal adviser. The Team was advised that, to date, no appeal has progressed to this final phase.

5.12.1 2012 Team findings

Since 2009 the College has made minor changes to the processes for registration of OTS. All assessments are now undertaken in the Sydney office of the College and must be face-to-face. Conditions for registration by peer review have been amended slightly and five peer reviewed publications are now required to be submitted instead of one. Further changes are planned and the College has developed an in-house training module for assessors following a review of assessor training. Two training sessions have been held for the members of the assessment panel and a further session is planned. Those members who have not undergone formal training will be followed-up by the College. In addition to this, the College is exploring the development of an online orientation program for OTS which will include both areas of need and specialist pathways. The College should provide details of the proposed online orientation program for OTS in their next annual report.

The College is planning to develop an accelerated pathway to streamline the passage to fellowship for OTS whose training and experience has been determined to be partially comparable. As part of this, applicants will be given assistance in addressing any deficiencies detected during the initial assessment process. It is anticipated that this will assist applicants who are unable to access a facility to undertake mandated supervised practice prior to taking the Part 2 examination. The AMC requests an update on the implementation of the process for expediting OTS applicants determined to be partially comparable, to fellowship, in the College's next progress report.

There are also plans for scoping the introduction of detailed workplace-based assessments which should provide for a more robust evaluation of an OTS for a period of up to one week. The College should provide an update regarding the development of workplace-based assessments of OTS in the next annual report.

The College has signalled that it will include a compulsory continuing professional development requirement for OTS undergoing peer review, and for approved areas of need practitioners.

2009 Commendations

- G Plans to introduce assessment tools to address the broad spectrum of competency.
- H Changes in the College's approach to assessment including: the introduction of a variety of tools for in-training assessment, including assessing clinical performance and a range of tools designed to assess trainees early in training; clear guidelines on the timing and purpose of each assessment task; and plans to use portfolios to maintain trainee records
- I The College's employment of the External Education Advisor and the review of the validity and reliability of the examinations.
- J Changes to the content and questions that will make the examinations more clinically relevant.
- K The College's surveys of candidates following the Part 2 examinations.
- L The introduction of processes to improve the frequency of performance feedback to trainees.
- M Clear progression plans and guidelines indicating which assessment tasks are required to be completed after each six months of training.
- N The College's processes for educational affiliates to become fellows of the College without the need to pass the Part 2 examination.

2009 Recommendations

- 13 Consider developing assessment policies that apply to both programs, including a policy relating to disadvantage and special consideration.
- 14 Continue to carry out blueprinting of all of the assessment processes against the curricula and the competencies, ensuring that the blueprinting covers the full spectrum of the seven competencies.
- 15 In relation to in-training assessment tasks:

- clarify the potential demands of these tasks on Directors of Training and clinical supervisors, and monitor the capacity of supervisors and directors to implement these new assessments;
- expand the training for Directors of Training and clinical supervisors responsible for assessing trainees;
- reconsider the purpose, number, and frequency of the in-training assessment tasks in implementing processes that will promote formative assessment for learning.
- 16 As a matter of urgency make public clear criteria and standards against which written assignments are to be assessed.
- 17 Review the performance of trainees in the new Phase 1 examinations to ascertain the impact of the new curriculum and assessment tools on pass rates.
- 18 Prior to changing the timing and frequency of these examinations, consider the potential impact on trainees' opportunities to meet the progression requirements.
- 19 Continue to develop the examinations in line with the new curricula and the recommendations of the 2004 external advisor.
- 20 Develop and implement:
 - expanded training for Directors of Training and clinical supervisors in giving feedback to trainees and in managing the underperforming trainees;
 - a policy on progression that can potentially apply to both programs.
- 21 Undertake ongoing regular review and evaluation of the progression requirements and trainee progression alerts to ensure that trainees are not being inappropriately hindered in their training.
- 22 Develop a secure, central database, accessible by Directors of Training, to permit tracking of trainee progression.
- 23 Evaluate the reliability and validity of all assessment methods as an integral part of the ongoing evaluation of the whole programs. The evaluation policy and processes should be appropriate for both programs.
- 24 For each examination, formalise and publish explicit performance standards that can be reliably applied across the whole examination and from one examination to the next.
- 25 Develop systematic plans to monitor and evaluate:
 - the feasibility of implementing all of the proposed in-training assessment tools;
 - the impact of the new in-training assessment tools on trainee learning.
- 26 Establish a process to evaluate the pass rate and impact on trainee learning of the Part 2 examinations.
- 27 Use the educational objectives established for the Radiology and Radiation Oncology programs to inform the process of assessment of overseas-trained specialists.

The Team considers that Recommendation 14, 16, 18, 20, 24, 26 and 27 from 2009 have been met. Recommendation 13 from 2009 is replaced by Condition 3 in this report. Recommendation 15 from 2009 is replaced by Condition 4 in this report. Recommendation 21, 22 from 2009 is replaced by Condition 5 in this report. Recommendation 17, 19, 23, 25 from 2009 is replaced by Condition 7 in this report.

2012 Commendations

- J E- MCQ implementation is the result of effective collaboration between College staff and fellows to manage and deliver an innovative assessment process that mirrors contemporary practise.
- K The development and implementation of a comprehensive suite of workplace-based assessments embedded within both training programs.

2012 Conditions to satisfy accreditation standards

- 3 Develop and implement a policy concerning disadvantage and special consideration in assessment for both programs. (Standard 5.1)
- 4 Monitor and report on the assessment load for all those involved in assessments (trainees, supervisors, assessors, and College staff) as the curricula are rolled out, including a review of the use of specific assessment formats. (Standard 5.1)
- 5 Implement the Training Information Management System (TIMS) and evaluate the system's performance in providing effective performance feedback. (Standard 5.2)
- 6 Develop and implement the assessment quality assurance processes including assessment blueprinting, methods, item analysis, standard setting, and security issues related to examination administration around all test formats for both programs. (Standard 5.3)
- 7 Evaluate the outcomes of Siggins Miller curriculum evaluation project. (Standard 5.3)
- 8 Develop the online orientation program for overseas-trained specialists (OTS). (Standard 5.4)
- 9 Implement the process for expediting to fellowship applicants determined to be partially comparable. (Standard 5.4)
- 10 Develop the workplace-based assessments of OTS. (Standard 5.4)

2012 Recommendations for improvement

CC Develop systems to ensure that all patient images sourced for College examinations and teaching have appropriate permissions.

6 Monitoring and evaluation

The accreditation standards are as follows:

- The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment, and trainee progress.
- Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed, and used as part of the monitoring process.
- Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training, and clinical experience is systematically sought, analysed, and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.
- The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
- Supervisors, trainees, health care administrators, other health care professionals, and consumers contribute to evaluation processes.

6.1 Ongoing monitoring in 2009

Since the 2011 AMC assessment of the College's programs, the College has undertaken major reviews of its training programs, its assessment strategies, and the clinical learning environment. It has used both external educational experts and internal reviews in the processes leading to the plans for the new Radiology and Radiation Oncology curricula. The College's description of the way in which it is implementing the new curricula shows a commitment to pilot developments, to evaluate their success, and, if necessary, to make change before confirming their place in the training programs. Examples of this approach were described in the implementation of the R-ITI and the new workplace-based assessments.

The College has yet to develop the evaluation framework for the new curricula, but explored with the Team some possible approaches to impact, process, output and outcome evaluation. These build on good work by the College in preparation for the development of the new curricula, such as the Clinical Learning Environment Survey, the End of Training Evaluation Form, and the Trainee Assessment of Training Terms.

Some of the College's informal feedback has identified difficulties with the newly instituted clinical assignments that are a component of the Phase 1 curriculum in Radiation Oncology. In view of these difficulties, the Team considered that formal evaluation processes should be established with some urgency.

The College's statement of the benefits expected from the implementation of the new curricula includes: better sharing of expertise and resources between supervisors and training departments through reference to a common curriculum, improved training throughput and efficiency as a result of a structured framework to guide learning, and clearer documentation of expectations and feedback/assessment points. The College will need to develop measures to evaluate its success against these laudable aims.

The College has indicated that it would be useful to be able to measure progression rates within the training programs and to identify factors affecting progression. The College's information systems do not support the collection of this information and the College is planning to develop a new student record system over the next two to three years.

The AMC will wish for updates on the College's plans for program evaluation in annual reports.

The Team was pleased to note that the Curriculum Advisory Committees will evolve into curriculum review committees that will take responsibility for review and update of curricula.

Input to program development by supervisors and trainees in 2009

The development of new curricula in Radiation Oncology and Radiology has provided an opportunity for trainees and fellows to be heavily involved in shaping education and training. This opportunity has been welcomed. The College has sought extensive stakeholder involvement over the past two years to reach the current stage of development and implementation.

These developments have resulted in a growing sense of ownership of the new curricula by fellows, particularly those in educational and organisational roles in the Faculty, the College, and training sites. The College has invited the input of all fellows to the programs. The Directors of Training meetings have been especially valuable opportunities for the College, Faculty, and Directors of Training to monitor program development and implementation.

A small group of motivated trainees has been involved in all parts of program development, with trainee members of program development committees drawn exclusively from the newly formed Trainees' Committees. Whilst this has been a successful way of involving an already identified group of interested trainees, it may limit ongoing opportunities for trainees outside this group to become involved. It has also had the effect of somewhat discouraging the College from direct communication and feedback on program development with the broader group of trainees at-large, and of devolving responsibility for this to trainee representatives.

In reviewing this strategy, the Team particularly encouraged the College to consider how to involve those in training who will be affected by transition arrangements, so the College can be sure that these trainees understand and are not disadvantaged by the arrangements.

The Team supported the general intention of the College and Faculty to move to the use of internet-based surveys for obtaining feedback. When implemented, this should improve access for trainees and fellows across Australia and New Zealand, and facilitate timely collection of data and subsequent implementation of change.

Contribution to ongoing monitoring by supervisors and trainees in 2009

Radiology

The College's processes for monitoring and evaluation are undergoing ongoing development for the new curriculum. The current processes using the Trainee Assessment of Training Terms are well established and valued by trainees. The trainees also value the yearly formal meetings with Directors of Training and welcome the expansion in the new curriculum to sixmonthly meetings. There have been some advantages in the longer lead time for the implementation of the Radiology curriculum when compared with Radiation Oncology. This extra time has allowed greater opportunity for broader group of fellows to engage in program development.

From site visits and discussions with trainees, the Team found that trainees are well informed about the implementation of the new curriculum, but not particularly connected to its development. The College's 'travelling road show' appears to be the key source of information for trainees and fellows. The Team encouraged the College to better engage trainees, outside those on the Trainees' Committee, to become involved with curriculum development and feedback.

Radiation Oncology

The College has begun gathering informal feedback on the new Radiation Oncology curriculum. Most Directors of Training, clinical supervisors, and trainees have already had useful opportunity to provide their opinions informally to the Faculty, even at this early stage.

The most obvious initial example of the informal feedback process in action is the identification of difficulties caused by the new clinical assignments. The sense from trainees, clinical supervisors, and Directors of Training is that they constitute 'too much, too early' in training – not allowing trainees to find their feet in their new specialty role. This has put considerable stress on trainees and those supervisors assessing the assignments. While it was clear to the Team that the Faculty has sought and heard this feedback, at the time of the Team's assessment it was yet to be acted upon.

The 'travelling road show' has been particularly well received across the country and the Team is most supportive of the plan for the road show to continue.

The Team was impressed by the timely collection of informal feedback. Formal feedback through the Trainee Assessment of Training Terms is well established and valued by trainees. Other formal feedback processes, as well as a formal process to implement changes to the curriculum need to be considered. Not only would this improve the experience for current trainees undertaking the new curriculum, but it would also allow the College to learn the maximum from this process, and apply these lessons to future curriculum components.

The Team's discussions with members of the Curriculum Advisory Committee and the Education Board indicated that the Faculty plans to use the ongoing assessment tools (i.e. components forming the portfolio) as the predominant component of formal trainee feedback. While some analysis of trainee assessment is appropriate, relying on assessment tools both limits the scope of monitoring and evaluation, and removes all true formative assessment from the curriculum. It is important that there are processes that allow fellows and trainees the opportunity to maintain confidentiality when participating in feedback.

6.2 Ongoing monitoring in 2012

Radiology

The College implemented the new Radiology training program in December 2009, a year after the revised Radiation Oncology training program. As such, it was planned that learning from the experience of evaluating Radiation Oncology would be applied in the Radiology setting. At this stage this means that no formal external evaluation is planned. The Team

notes the delay in the implementation of the external review of Radiation Oncology, and encourages the College to act quickly with evaluation plans for the Radiology curriculum. This may include a greater emphasis on in-house evaluation conducted at the College level. Ultimately a timely, internal evaluation system may yield greater insights into the changes than a delayed external evaluation.

The Trainee Assessment of Training Sites (TATS) is the primary mechanisms to obtain feedback data on a formal and systematic basis from all trainees in relation to their training program. This is working efficiently and will be strengthened in the future with the planned improvements in IT infrastructure.

Summary reports are generated and distributed at an appropriate summated level in order to 'close the loop' with educational providers at a local level. This system could potentially be strengthened via a number of mechanisms such as linking this process into the accreditation process and cycle, using the outcomes as the basis for supervisor training, or using outcomes to focus further evaluations (e.g. focussed discussions with groups of trainees or via the Trainee Committee at a generic rather than site specific level to evaluate key components).

An update on planning for the Clinical Learning Environment Survey and the End of Training Evaluation Form were not provided by the College. It was noted that the new Training Information Management System (TIMS) system will be launched in mid-2013 and it is anticipated that this will assist the college in measuring and evaluating progression through training.

The College road shows have been a very well received medium for promoting positive change in the College community. Stakeholders reported genuine enthusiasm for these events and considered them to allow for true dialogue with local providers. The College has used the road shows to seek input into curriculum planning and implementation processes. Stakeholders spoke positively of the value of these events and perceived the College representatives to be both attentive to their issues and genuinely responsive. Examples were provided of changes that had come about as a result of such discussions. This is commendable and it is acknowledged that it is not always possible to achieve such uptake and engagement.

College representatives reported that continuing the road shows at the same level was considered to be unsustainable. Whilst this is understandable, it may be desirable to do so until the curriculum is a little more embedded into practice. At that point, alternative mechanisms, and a more formal approach to the ongoing and systematic collection of evaluation data could be developed.

The Team notes that there have been highly effective communication strategies around the launch of online resources. It will be important to continue to monitor the effectiveness and uptake of these resources over time. Equally, a specific evaluation of the Radiology Integrated Training Initiative (R-ITI) resource is merited given the mixed reports of its utility and merit voiced by a variety of stakeholders. As a condition on accreditation, the College should report on internal evaluations of the R-ITI and implementation and uptake of the Learning Management System in their next progress report.

An evaluation of some aspects of the revised assessment system, particularly the use of the Multi Source Feedback (MSF) tool, will help the College to determine whether any

modifications are required and why. Alternatively it may enable a clear and consistent message to be conveyed to trainees and their supervisors to assist with satisfaction, uptake, and perceived relevance.

It is not apparent that supervisors' feedback is consistently collected. The College plans to undertake a Director of Training survey, which may be implemented annually in the future. The plans to do so were not fixed at this stage. It will be important to develop this over time and formalise the mechanisms so that they become a routine feature of the evaluation schedule. Keeping the evaluation processes sufficiently flexible to allow for curriculum change and for targeting particular areas of difference or attention will also be an important factor for success.

Radiation Oncology

The formal and informal means by which trainees evaluate Radiation Oncology is parallel to that described for Radiology. Participation in the Trainee Assessment of Training Terms system (TATTS) is of a consistently high level and collation is systematic and considered. The production of annual reports for the Education Boards is a positive attribute.

Within Radiation Oncology, direct contact with the College office staff is particularly highly regarded amongst stakeholders. This method appears to be providing a trusted and respected mechanism for trainees to provide feedback. This applied to the confidential 'closed door' opportunities provided via the road shows, and also direct contact with the College officers. The timeliness of communication responses from the Training Assessment and Accreditation Unit staff is positive.

There was evidence of change in the new curriculum that had been specifically driven by feedback from trainees and supervisors. Of particular note is the College's willingness and ability to respond to feedback on the number of Phase 1 assessment activities. This appears to have been achieved in a way that was suitably responsive but also carefully negotiated and considered, rather than a more reactive response which would have been undesirable. This was planned at the time of the 2009 AMC visit and has now been acted upon.

There has been a delay in the Siggins Miller consultancy group initiating the evaluation project. It will be important for this group to work very closely with key College office bearers to receive some scope and direction for their evaluation. Equally, it will be important that this group's process of evaluation of the new Radiation Oncology curriculum informs the Radiology training program evaluation. This does not assume that an equivalent process will be suited to both disciplines and Radiology may need to adopt a different approach. For Radiation Oncology, the Team wants to ensure that ongoing internal work is completed to develop an evaluation strategy rather than being reliant on the planned external review.

6.2.1 2012 Team findings

Overall, the evaluation processes appears to be effectively embedded within the educational approach at the College. This is working particularly well as far as the systematic collection and distribution of trainee feedback. There has also been significant work by College staff to create a culture for feedback and this should be encouraged into the future. This is working well and is enhanced by growing collaboration with the trainee committee processes.

The Team notes a College evaluation working group had worked with external consultants to develop an evaluation matrix. The external evaluation for Radiation Oncology has been derived from this process, but it was not clear that there was a close match between the evaluation questions required by the Radiation Oncology program and the planned external evaluation.

The drivers to engage an external group to conduct the review of implementation of the Radiation Oncology curriculum are noted by the Team. These included increased objectivity and a concern that much evaluation had been 'iterative' to date. The Team considers that this concern may be overstated and that formalising some of the current processes could enable the College to meet the same goals. Additionally, the College office bearers expressed a desire to use the results of the external evaluation to explain the rationale for changing the curriculum to the external fellowship. Based on the stakeholder interviews conducted, and the history of good engagement in the change process by both fellows and trainees, this appears unnecessary as there was evidence of good buy-in and acceptance.

Some concern was also expressed that the external review process may recommend ongoing processes that are unmanageable and unsustainable. This would be a poor outcome. It is important for the College to work with their external consultants at an early stage to explain their position to ensure that there is an awareness of the capacity at College level and that the consultants work within this practical context and any associated resource constraints.

Meanwhile, the College should sustain internal evaluation processes and consider how these will be preserved and further developed into the future. This would include enhancement of the processes to receive feedback from other stakeholder groups, particularly supervisors from both disciplines. Early consideration has been given to developing ways in which supervisors could receive feedback on their teaching in the future. An additional staff role may be a requirement to ensure that this is achievable on an ongoing basis.

The Team suggests the College resource the development and internal integration of a formal framework to ensure focussed evaluation. The Team recommends increased coordination of evaluation activities at a College level and across both programs of training. This will ensure that maximum benefit from internal and external evaluation processes is derived. In the next report to the AMC, the College is asked to report on any progress with the creation of an internal evaluation framework.

Given the extent of the changes to workplace-based assessment for both disciplines, some process review of these assessments in particular is merited. This should include in-depth evaluation of sustainability and other issues such as whether there have been any unforeseen consequences from its introduction.

Collectively, the range and extent of activity is impressive and a number of pre-existing channels and activities are used for evaluation purposes (e.g. Annual Scientific Meeting attendance). The College is at a stage where internal coordination and governance of evaluation are the priorities. Ways in which these can be resourced should be considered (for example with appropriate staff resource to coordinate and well-matched groups / committees to govern). A formal role for the Radiology Education Board and Radiology Curriculum and Assessment Committee to provide overall governance coordination is appropriate, although this may need to be supported by working groups, for example.

Information was provided to suggest that accreditation activities are beginning to be used more frequently to address evaluation outcomes. This is an ideal way in which the College can 'close the loop' on evaluation and reinforce good practice, and also promote change to address any concerns raised.

6.3 Outcome evaluation in 2009

The College intends to begin the process of developing instruments to evaluate outcomes of the two new curricula later this year. There is acknowledgement that definition of outcome measures is a difficult process and will evolve over time, but the importance of this data was reflected by comments made by jurisdictional representatives as well as College fellows.

The AMC also expects that consumers and relevant healthcare professionals have opportunities to contribute to evaluation processes. The College's greater engagement with groups of interest outside the College provides a strong foundation on which to build.

6.4 Outcome evaluation in 2012

The College is making considerable developments in its IT infrastructure. This is focussed on enabling improved trainee record keeping and monitoring of trainee progress. It maintains records on the outputs of its training programs. Examples of enhancements in development include the ability to automate progression tracing for each trainee via the Training Information Management System (TIMS). This system will integrate trainee, administrator, and supervisor access to relevant components of the trainee record, and therefore provides enormous capacity to track outcomes at an individual, group / site and cohort level.

In terms of monitoring formal examination outcomes, the College is conducting a review of past examination results for Radiology. How this will inform future decision making is unclear at present although it may be possible to conduct some comparative reviews. This could provide the basis for ongoing monitoring and evaluation of outcomes to occur.

6.4.1 2012 Team findings

The Team found the College is undertaking thoughtful consideration to monitoring the long term outcome of the training programs for Radiation and Radiation Oncology. As neither training program has been fully implemented at the time of this review, it will be important to revisit the impact of the plans on a future accreditation review. The Team encourages ongoing internal planning and coordination of evaluation activity for both programs.

Particular emphasis will need to be given to the outcomes of a complete roll out of workplace-based assessment, exam changes and outcomes, and absolute endpoints such as overall progression rates, proportion of drop-outs, and proportion of trainees qualifying within the designated time frame. The sustainability of the changes will need to be carefully monitored for any unfavourable impacts. Both the impact and success of networked training is of particular importance.

The Team notes the College's substantial efforts to strengthen or increase engagement with groups of interest outside the College. This provides a strong foundation on which to build further evaluation activity and to conduct the type of impact evaluation that is required. The extent of fellow and trainee engagement in change has been high and the College should strive to ensure that this energy and commitment is harnessed in the consolidation and review phases of the education cycle.

For many of the new educational initiatives reviewed, there is a highly effective process of engaging with trainees and fellows for development purposes. Equally, the College has promoted and communicated well on a number of redeveloped or new course features (particularly around the launch of e-learning initiatives). Similarly close monitoring and evaluation will be necessary as these are used in practice. The curriculum will need to be carefully monitored, and the Team notes the strengthening of educational governance with the review committees. The effectiveness of this system should be reviewed in the future.

2009 Commendations

- O The tools developed by the College to seek trainee and supervisor feedback on training processes, such as the Clinical Learning Environment Survey.
- P The initiative of the College in establishing the 'travelling road show' to communicate with and to seek feedback from trainees and fellows, and the College's plans to continue these activities.
- Q The opportunity for trainees to provide feedback regarding their training sites.

2009 Recommendations

- 28 Report in annual reports to the AMC on:
 - the development of formal processes for seeking feedback from supervisors and trainees which are separate to the training portfolio, and for responding to feedback in a timely and transparent fashion;
 - plans to evaluate the implementation of the new curricula.

Recommendation 28 is replaced by Condition 7 in this report.

2012 Commendations

- L The College has effectively used the road shows to seek input into curriculum planning and implementation processes. Stakeholders spoke positively of the value of these events and perceived the College representatives to be both attentive to their issues and genuinely responsive. Examples were provided of changes that had come about as a result of such discussions. This is commendable and it is acknowledged that it is not always possible to achieve such uptake and engagement.
- M The Team is encouraged by early evidence of a systematic approach to gather trainee feedback and trainees' apparent satisfaction with current feedback methods. Examples include the Radiation Oncology Trainee Assessment of Training Terms (TATTS) and Radiology Trainee Assessment of Training Sites (TATS) systems, the evolving trainee committee system and representation processes and plans to strengthen and develop them into the future, as well as the responsiveness and professionalism of College staff.

2012 Conditions to satisfy accreditation standards

11 Evaluate the uptake of the Radiology Integrated Training Initiative (R-ITI) and implement the Learning Management System. (Standard 6.1)

2012 Recommendations for improvement

DD Development and internal integration of a formal framework to ensure focussed evaluation. The Team recommends increased coordination of evaluation activities at a College level and across both programs of training. In the next report to the AMC the College is asked to report on any progress with the creation of an internal evaluation framework.

7 Implementing the curriculum – trainees

The accreditation standards relating to selection into the training program are as follows:

- A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- The processes for selection into the training program:
 - are based on the published criteria and the principles of the education provider concerned;
 - ^o are evaluated with respect to validity, reliability and feasibility;
 - o are transparent, rigorous and fair;
 - are capable of standing up to external scrutiny;
 - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
- The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or rotation through a range of training sites. 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.

The accreditation standards relating to trainee involvement in governance of their training 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.

The accreditation standards relating to communication with trainees are as follows:

- The education provider has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the training program, 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.

The accreditation standards concerning dispute resolution are as follows:

• The education provider has processes to address confidentially problems with training supervision and requirements.

- The education provider has clear impartial pathways for timely resolution of trainingrelated disputes between trainees and supervisors or trainees and the organisation.
- The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

7.1 Admission policy and selection in 2009

In numerous documents the College has articulated concerns regarding the numbers of trainees entering training in both Radiology and Radiation Oncology. During this assessment, the College articulated concerns about workforce shortages in Radiology and Radiation Oncology. These concerns were echoed by supervisors, who commented particularly on high service loads for supervisors and trainees, which limit the capacity to capitalise on training opportunities.

For Radiation Oncology, it has raised concerns about the workload of specialists on the basis of a 2006 workforce survey. The Faculty argues that increasing the number of trainees is necessary if workloads are to be adjusted to more reasonable levels.

For Radiology, the College argues that the numbers of accredited training positions in Radiology are barely sufficient to replace those leaving the workforce. It had estimated that between 180 and 210 Radiologists would retire in the period 2007 to 2009, while only 165 Australian trainees would graduate. The College indicates there is under-utilised capacity within the system to train Radiologists, i.e. there are more accredited training positions within Australia than there are funded positions.

The Team supported the College's approach to publicising these concerns and to advocating for increases in the number of funded training positions in Australia and New Zealand, in the public and private sectors.

The College publishes general criteria in relation to admission and selection. These hold to the 'Brennan Principles' of best practice for trainee selection, published in 1998. The use of these principles to guide trainee selection is a signal of commitment to merit-based selection of trainees.

Trainees have access to these principles, on the College website. The principles are easily accessible in Radiology, being available by logical hyperlinks from the homepage. This information is significantly more difficult to access in Radiation Oncology.

AMC accreditation standards recommend that the college describes the weightings it recommends for the various elements of the selection process, including previous experience in the discipline. This is not part of College selection criteria at present.

Selection of trainees is usually devolved to training sites. There are also examples of network selection in South West Sydney for Radiation Oncology, state-based selection across the Radiology network in Western Australia, as well as national coordination of selection in New Zealand. There is usually a College fellow on the selection committee of a training site or

network, but this fellow is acting in a training site or employer role, rather than as a College representative. Trainees are interviewed, appointed, and contracted to their training site or network without formal College involvement.

This process leads to variance in the selection of trainees, which may deviate from the College's vision of the suitability of an applicant. There is no process through which the College can monitor or measure the consistent application of selection criteria or measure outcomes. There is also no simple way for trainees to understand if there are requirements for mandatory elements of training (e.g. rural rotations), and that they vary across training sites and networks. Although the trainees interviewed at site visits wanted greater transparency, all felt that the outcomes of the process they experienced were generally fair and equitable.

The College appreciates the problems associated with the College's and Faculty's lack of involvement in the selection process, and that the College's role in selection will evolve. The move to network recruitment is seen as an opportunity to increase the College role. The Team applauded the Faculty's intention to address this issue in the coming year.

7.2 Admission policy and selection in 2012

The College is working with the Department of Health and Ageing, State jurisdictions, Health Workforce Australia and Health Workforce New Zealand to increase training capacity in both disciplines, with a focus on establishment and funding of training positions in regional and rural areas, and in private facilities. In 2009 the College reports 406 new and continuing trainees in Radiology and 120 trainees in Radiation Oncology. In 2012 that number increased to 492 trainees in Radiology and 125 trainees in Radiation Oncology.

Ongoing development of training networks will permit the placement of trainees at sites that would otherwise be unable to provide mandatory experiential requirements for trainees in isolation. College staff visits to new and prospective training sites have been conducted to highlight the benefits of hosting trainees and to inform sites of the new curricula, for the purpose of enabling facilities to identify areas of the curricula to which they can add value as part of a training network.

7.2.1 2012 Team findings

The College provides clear information to prospective trainees on their website, including weighted merit-based selection criteria for both training programs. The College publishes mandatory rotation requirements; however, they could be more clearly presented in publicly available information for prospective trainees, for example on the College web page.

The involvement of the College in the trainee selection process continues to be hampered by limited participation in the recruitment of trainees to training sites and networks, for reasons indicated in 2009.

As a consequence, the responsibility of appropriate use of College selection criteria falls to the employer, and consistency and accuracy of selection criteria application remains unmonitored by the College. Furthermore, evidence of the validity and reliability of the criteria has not been produced. A formal process for tracking trainee outcomes, such as progression measures and training completion rates, combined with the monitoring of selection criteria application, would facilitate the evaluation of consistent selection practices across sites and networks and the validity of those practices. As a condition on accreditation, the College should report on the College's formal involvement in the selection of trainees, the monitoring of consistent application of selection criteria, and the measuring of outcomes

7.3 Trainee participation in education provider governance in 2009

In 2001, there were limited opportunities for trainees to be formally involved in College governance. This has steadily changed over the ensuing years, with trainees now being represented on most subcommittees.

In Radiation Oncology, there are trainee representatives on all committees. The newly formed Trainees' Committee is functioning well and the trainees actively drive innovation and change.

In Radiology, there are trainee memberships on most committees. The process of formalising a position for a trainee as a full member of College Council is to be finalised later this year.

7.3.1 2009 Team findings

The Team applauded the growing culture of trainee participation in the governance of the College. The Team observed a real sense that trainees are valued as important members of the College structure and that their contributions are sought and supported by the College and Faculty.

In Radiation Oncology, the Faculty and its trainees have shown strong commitment to trainee participation in governance of their training. To facilitate communication, all minutes of the Trainees' Committee as well as Trainees' Committee emails pass through the College; however the Team noted that this did not cause any concerns for trainee representatives.

For Radiation Oncology, the Team recommended the College consider trainee contributions to the Training Program Assessments Committee, recognising that allowances will need to be made for sensitive matters.

7.4 Trainee participation in education provider governance in 2012

The College has established a trainee committee for each discipline. Trainee representatives sit on all committees relevant to education and training. The contribution made by trainees on College committees is highly valued by College staff and fellows. There is a policy to support representation of trainees from all regions on the trainee committees; however in practice this does not occur. The trainee committees receive adequate administrative support; however, there could be an opportunity for the College to provide targeted professional development to trainees to further facilitate the effectiveness of the committees. In its next annual report, the College should provide an update on efforts to develop trainee representation and targeted professional development for trainee representatives.

Trainee committee members indicated a need for improved engagement with local branches, networks and trainees. The level of local involvement of trainees is influenced greatly by the variation in local governance structures and the existence of training networks amongst Australia and New Zealand. The College may wish to consider ways in which local governance structures and trainee involvement at the branch or network level can be fortified in order to ensure that information-sharing at the trainee committee level is truly representative. In its next report to the AMC, the College should provide an update on the

continued development of the governance framework for training issues, including a trainee representation structure to ensure curriculum is delivered as intended at all training sites.

7.5 Communication with trainees 2009

The College communicates with trainees on a regular basis. The predominant mechanism for this communication is now electronic, via the College website as well as the electronic newsletter. The College newsletter is also provided in print form, and mail-outs are used when deemed more appropriate. In addition, the Annual Scientific Meeting with its Junior Fora provides yearly face-to-face contact between the College and trainees.

There is also communication by the Trainees' Committee and representatives. Primarily, this is via the College website, written newsletter and the e-newsletter. These mechanisms keep trainees informed about the decisions of College committees, but there is no formal mechanism for trainees to communicate back to the College, other than by using the trainee representatives.

7.5.1 2009 Team findings

The College has used the website well to provide information regarding the new curricula, and has made the curriculum documentation available online. A number of trainees in the new Radiation Oncology curriculum commented positively on this development. They appreciated the ability to leave the hardcopy of their portfolio and other curriculum documents at home or work, and still have the ability to access them anywhere an internet connection was available.

As noted elsewhere in this report, the new curricula pose a considerable challenge for the College in providing trainees with timely and accurate information regarding their training status to facilitate their progression. The large number of new assessments, barrier assessments, and trainee and supervisor meetings will make providing clear information about any trainee's status much more difficult. In addition, the move to network-based recruitment and training further complicates the issue, with tasks being completed across multiple training sites and networks. The provision of this information to trainees and Directors of Training will be critical as trainees rotate both within and between different networks over their years of training.

The Team recommended the use of a secure, central mechanism for tracking trainee progress; separate to the portfolio kept by individual trainees. This mechanism should be accessible to trainees, directors of training and the College. The College's exploration of the use of purpose-built software to assist in this process is welcomed by the Team.

7.6 Communication with trainees in 2012

The College demonstrates a strong commitment to communicating with trainees through multiple channels, including electronic and paper-based methods, as well as provision of opportunities to speak directly to College staff by telephone or at face-to-face meetings. It is clear from discussions with trainees, education staff, and supervisors that communication is effective, particularly in regard to training progress and changes to curriculum.

Trainee access to timely information regarding training status and progression remains a challenge due to the manual nature of assessment submission and rotation completion tracking, and its associated risk of misinformation and inefficient use of College staff time.

However, this should be rectified by the upcoming introduction of the Training Information Management System (TIMS) in the 2nd quarter of 2013, which will issue alerts regarding training milestones and assessment due dates, facilitate access to on-demand information regarding training status, and enable trainees to electronically update site and supervisor details. While the onus remains on the trainee to provide up-to-date information to the College, TIMS will facilitate more efficient information sharing and progression tracking. The Team supports this initiative and looks forward to updates on its introduction.

Trainees are clearly aware that they can address issues regarding education, training status, and curricula with relevant education officers at the College. College staff have indicated that trainees frequently take advantage of this mode of communication. Formal mechanisms for trainees to communicate back to the College include the trainee committees and TATS/TATTS completion, however the College may wish to explore additional formal communication channels within branch and network level governance structures.

7.7 Resolution of training problems and disputes in 2009

The College has a formal published process for dealing with reconsideration of decisions and appeals, dated 2005. The associated documentation describes clear and concise pathways of communication, timelines for review and separate processes for issues relating to examinations, which allows trainees to understand the process of seeking impartial reviews of training decisions. This documentation is given to trainees when they commence training.

To date, few trainees have used this process and all of these have been unsuccessful appeals against examination results. While there is no formal process for evaluating de-identified appeals and complaints to determine if there is a systemic problem, the small numbers of reconsideration and appeals allow the College to review on a case-by-case basis.

7.8 Resolution of training problems and disputes in 2012

Pathways and policies for dispute resolution and managing trainees in difficulty are documented and readily accessible through the College website. Adherence to timelines and a commitment to impartiality at the appeals level are evident. A formal process for analysis of appeals to determine systems issues is still not in place, however the numbers of complaints remain low and no disputes have been taken to the level of an appeal.

Trainees are aware that they can raise issues with their supervisors or via closed-door communications with Training Assessment and Accreditation unit staff at site visits (or during intervening periods by email or telephone) and College staff have indicated that trainees utilise these opportunities.

2009 Commendations

R The growing culture of trainee participation in governance, innovation and development, particularly in the Faculty of Radiation Oncology.

2009 Recommendations

- 29 The Faculty of Radiation Oncology should make its selection criteria more easily accessible to prospective trainees.
- 30 Report in annual reports to the AMC on progress towards more formal involvement

in the selection of trainees, the monitoring of consistent application of selection criteria, and the measuring of outcomes.

31 Consider creating opportunities for trainee input into the Training Program Assessments Committee.

The Team considers Recommendations 29 and 31 have been met. Recommendation 30 is replaced by Condition 12 in this report.

2012 Commendations

N The Team commends the excellent communication with trainees and encourages the College to continue their efforts.

2012 Conditions to satisfy accreditation standards

- 12 Strengthen the College's formal involvement in the selection of trainees, the monitoring of consistent application of selection criteria, and the measuring of outcomes. (Standard 7.1)
- 13 Develop a governance framework around training issues, including a trainee representation structure to ensure curriculum is delivered as intended at all training sites. (Standard 7.2)
- 2012 Recommendations for improvement
- EE Develop trainee involvement at the local committee level and provide professional development for trainee representatives. (Standard 7.2)

8 Implementing the training program – educational resources

The accreditation standards relating to supervisors are as follows:

- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training program and the responsibilities of the education provider to these practitioners.
- The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.
- The education provider routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.
- The education provider has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.
- The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

The accreditation standards concerning clinical and other educational resources are as follows:

- The education provider has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the education provider are publicly available.
- The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
- The education provider's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.
- The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

8.1 Supervisors, assessors, trainers and mentors in 2009

The structure for delivery of the training programs is undergoing some significant changes in order to provide exposure for trainees to a broad training experience and to implement the increased in-training assessments, which are a core feature of the new curricula in both disciplines. Although the structure is similar there is variability between the College and the

Faculty in some aspects of development because the curriculum and training networks are being implemented earlier in Radiation Oncology than in Radiology.

In both disciplines the role descriptions including method of selection, tenure, qualifications, skills, and responsibilities for some of the supervisory roles are developed and published. The Team recognised that these roles are evolving as the new curricula are implemented, and that the role descriptions will also evolve.

There is a **branch education officer** in each Australian State, the ACT and in New Zealand. The College has defined the method of appointment, tenure, qualifications, skills, roles, and responsibilities of a branch education officer. In Radiology the branch education officers are members of the Education Board, and through these meetings there are opportunities for support and training.

Network training directors will be appointed as both disciplines develop training networks. They will oversee the rotation of trainees and training within the network. The Team was provided with a role description based on that developed by IMET in New South Wales. More detailed documentation is not yet available.

There is a **Director of Training** at each accredited training site, responsible for the implementation of the training program at that site and for the overall progress of trainees at the site. This role includes in-training assessment.

Clinical supervisors are the Radiologists or Radiation Oncologists who directly work with trainees and provide apprenticeship style training and immediate supervision of trainees' clinical work. This role includes in-training assessment.

Lack of protected time especially for supervision and assessment was identified as a challenge for both the existing Radiation Oncology and Radiology programs. It was anticipated that this challenge would increase with the new curricula with their more structured learning requirements and greater emphasis on regular assignments.

In their new training programs, both disciplines are increasing the number of in-training assessments and there is a need for recruitment and training of these assessors at each training site and also at a network level. Criteria for selection and appointment of these assessors, particularly for the marking of assignments and case reports, were not well articulated at the time of the Team's review.

Both disciplines have well established and documented procedures for appointment of members of the examination boards. Examiners receive training from the examination boards and by attending a full examination cycle. Formal training of examiners does not occur. The College receives feedback from trainees regarding each examination series but no formal feedback regarding the performance of individual examiners.

There is no formal mentoring program in either discipline. The establishment of networks and increased rotation of trainees may increase the need in this area.

Radiology

The Directors of Training whom the Team interviewed considered that they were becoming well informed about the new curriculum through director of training meetings. In Radiology,

the Directors of Training have several areas of concern relating primarily to the larger number of trainees in this discipline. There is also a large volume of clinical work to complete, resulting in tension between the service and training requirements for both trainers and trainees. In particular there were concerns relating to the need for protected time for Directors of Training to devote to the training program, the increased need for administrative support and a comprehensive trainee databank to track progress, and increased support and clearly delineated processes for remediating underperforming trainees.

The College acknowledges difficulty in recruiting clinical supervisors in Radiology. Approximately 70 per cent of Radiologists in Australia work in private practice where there are few training positions, and the addition of a heavy workload will result in a challenge for the College in implementing some aspects of the new curriculum.

As noted earlier, the College has an established process for receiving formal feedback from trainees regarding their training terms, the Trainee Assessment of Training Terms. This feedback is provided via the College to the training sites, and the trainees and trainers met by the Team were well aware of this process. There is not yet any formal feedback from trainees regarding individual trainers. Indirect monitoring of the performance of trainers as a group occurs through the process of training site accreditation.

The new curriculum implementation is scheduled for 2010. Trainers are therefore not yet experienced with the new in-training assessment tools and processes. The College is working to ensure that the implementation of the Radiology training program is informed by experiences in the Radiation Oncology program where appropriate.

Radiation Oncology

Workshops for Directors of Training have been held at the College Annual Scientific Meetings and also annually in June. Support is provided with a regular director of training enewsletter and website discussion board. The Faculty intends to enhance its support for Directors of Training with the provision of CPD points, regular College-led workshops and educational grants.

Directors of Training feel well supported by the Faculty and its education Team. All felt that they were managing the balance of training program implementation and service provision but all signalled that the time required will be substantially increased when there are more trainees using the new curriculum.

The trainers interviewed by the Team felt well supported by the Faculty. The recent road show had increased their understanding of the new curriculum and its implementation.

In the Faculty, the Trainee Assessment of Training Terms has been introduced from 2009. There is not yet any formal feedback from trainees regarding individual trainers. Indirect monitoring of the performance of trainers as a group occurs through the process of training site accreditation.

In-training assessments using the Mini-CEX and clinical assignments have commenced. A training DVD for the former and marking criteria for the latter have been developed and are in use. Assessors interviewed by the Team had found the Mini-CEX DVD most helpful. Further training of assignment markers will likely be needed to ensure a consistent standard across training sites and networks.

Clinical supervisors and Directors of Training have now been involved directly in in-training assessments using the Phase 1 Assessment Toolkit. Guidelines linking competencies to the stage of training are included in the curriculum documents.

8.2 Supervisors, assessors, trainers and mentors 2012

The College has introduced formal training networks in Radiation Oncology, accompanied by documentation of training network structure and governance, and role descriptions and selection processes for Directors of Training (DoT), Training Network Directors (TNDs) and Education Support Officers (ESOs).

The Team notes that ESO roles vary significantly across networks; however supervisors and trainees indicated the individuals in these positions provide a valuable level of support. Currently, these positions are funded by an external, time-limited grant and the College should consider resourcing the maintenance of this role. TNDs have also indicated that the role of the ESO could be further clarified and formal training of ESOs, for example by regular inclusion in DoT workshops, would be helpful.

Training networks are yet to be formally introduced in Clinical Radiology; however the role of the DoT is well established. A description of the Branch Education Officer (BEO) role is provided within the branch policy documentation. While this role is flexible to accommodate the variation in training structures across branches, it is reasonable to expect that with the introduction of formal training networks it will evolve to the equivalent of the TND role in Radiation Oncology.

Training and evaluation of supervisors in 2012

Concerns were noted in 2009 regarding the recruitment of supervisors in the context of heavy service workloads and increasing numbers of workplace-based assessments. The Team commends the College for the development of the Supervision and Protected Time Guidelines for Directors of Training which endorses minimum mandatory protected time for DoT and supervisors to undertake their training duties. As well as providing the standard for accreditation of training sites, these guidelines are intended to encourage more fellows to take up supervision roles.

The process of the introduction of new curricula in Radiation Oncology and Clinical Radiology has included a committed effort by the College to clarify and communicate changes in content and assessment of both programs to TNDs, DoT, BEOs and clinical supervisors. The College provides a variety of excellent and easily accessible resources to support supervisors in both disciplines, through road shows, workshops, video demonstrations, and documentation available through the College website. The College also instils a culture of participation in training through inclusion of workshop attendance as a role requirement. Plans for further support include the development of an online discussion board/blog and training support modules accessible through the College LMS.

Supervisors from both disciplines feel well supported by the College. Formal feedback on DoT workshops indicates that this is perceived as a useful method of training support.

Mandatory completion of TATTS/TATS online assessment by trainees continues to facilitate indirect monitoring of supervisor performance at a network or site level; however, the College has not yet established a formal process for feedback on individual DoT or clinical

supervisor performance from TNDs or trainees. The shift in emphasis to workplace-based assessment means that training and feedback for supervisors and assessors is of increasing importance, and will need to be further developed. The Team welcomes the College's consideration of a system for collecting and delivering feedback on individual supervisor performance, planned for 2013.

Radiation Oncology has a strong culture of role modelling and engagement of trainees through inclusion in College and educational activities, which acts as an effective strategy for recruitment of junior fellows to supervisor and examiner roles. The invitation to clinical supervisors to attend DoT workshops at the College's Annual Scientific meeting also provides the opportunity to identify and recruit new DoT in both disciplines.

Training and evaluation of assessors in 2012

The College has a thorough process for training examiners and providing feedback on individual examiner performance. Both disciplines include new examiners as observers in their first round of examinations. Observers attend briefings prior to viva examinations, receive training from experienced examiners, participate in discussions regarding candidates, and receive individual feedback from the Chief Censor on their performance. In the following round of examinations, new examiners formally participate and receive feedback from the Chief Censor and fellow senior examiners. In Radiation Oncology, observers also attend exam writing workshops and mark written exams, and although their marks are not used to determine candidate results, they are used in observer feedback.

Additionally, an internal review of consistency between examiner teams is performed and detection of discrepancies may be used to provide individual examiner feedback, alter future examiner pairings, or direct censor observation in future examination rounds.

The College plans to introduce an orientation pack to further support examiners. The Team supports the College's plans to formalise assessor training in policy.

Mentoring in 2012

While the introduction of a mentoring program has not occurred due to the priority placed on training networks and introduction of new curricula, the Team acknowledges that a draft mentoring guideline has been developed.

8.3 Clinical and other educational resources in 2009

Most Radiology training is focussed on public hospital-based practice, but 70 per cent of all diagnostic Radiologists work almost exclusively in private practice settings and many examinations such as screening mammography, musculoskeletal ultrasound, obstetric and gynaecological imaging, and routine barium diagnostic procedures are most commonly performed in private practice settings. In recognition, the new Radiology curriculum explicitly requires trainees to have experience in a wider range of settings and exposure to all such procedures.

The College considers the move to networked training will facilitate training in a greater range of settings. The College is also encouraging private practices to accept trainees as part of training networks. It is lobbying the Australian Diagnostic Imaging Association to promote training amongst its practice membership.

The College considers that there is capacity, in many of the training sites, to accommodate more trainees. As noted earlier, it has suggested that as many as 50 additional Radiology trainees could be accommodated in its accredited training sites. The limiting factor is the funding of trainee positions.

For Radiation Oncology, 80 per cent of services are provided in the public sector and trainees are being exposed to a broad range of training experiences. There are some limited opportunities for training in private practice.

In Radiation Oncology the importance of training in a range of clinical situations, including the rural setting, is recognised. When network training is established, it is anticipated that rural experience might be available through a rural location, peripheral clinics or rural referrals. However, since many rural centres tend to be smaller with limited subspecialisation, it is important for trainees to recognise the need to seek advice or to refer patients with atypical or complex conditions; and that increased distances from tertiary services, such as Radiation Oncology, may influence decisions that patients make with regards to their treatment.

College policy on accreditation of training sites in 2009

The College has traditionally accredited Radiology and Radiation Oncology training departments for the purposes of training a defined number of registrars, which the stated aim being 'to ensure that a minimum acceptable standard of facilities (staff, equipment, diversity of clinical material) is available for the proper training of registrars in the discipline'.

Accreditation requirements are defined under headings of: general issues; physical resources; human resources; educational activities and their documentation; and the processes of review and site visits. Sites have been approved for trainees to a maximum ratio of one consultant to one and a half trainees for Radiology, and one consultant to one trainee for Radiation Oncology. From time to time individual sites fall below the required ratio and the College responds quickly by raising the matter with departments and/or hospital administrations.

The Radiation Oncology Chief Accreditation Officer and the Radiology Chief Accreditation Officer, together with the appropriate branch education officer, have acted as the accreditation committee for each discipline, responsible to the Education Board and thus to the College Council.

In 2001, the AMC found that the compliance with College requirements for accreditation was variable as was College monitoring of compliance through annual returns and site visits. Since then, the College has been actively ensuring accreditation inspections are carried out.

Since 2006, the College's annual reports to the AMC have signalled an interest in moving to accreditation of training networks to provide trainees with exposure to a wider range of imaging modalities and clinical experience. Initial developments occurred in Radiology, with the support of Queensland Health and following the 2006 review of the delivery of Radiology training in NSW Health by the Institute of Medical Education and Training.

The Faculty of Radiation Oncology is now making progress with the implementation of a networked training model, having piloted this approach in New South Wales. At this stage, it appears that the networks for most Australian states will be state-wide. A single network is proposed for New Zealand. The Faculty intends that accreditation criteria for networks will

be developed and applied over the next two to three years. The Faculty's Training Network Directors' Committee has been established, a position description for training network directors written and network directors chosen. The Faculty is also considering how the work of the Faculty Chief Accreditation Officer can be supported with teams as the accreditation load expands to include both sites and networks. It is also considering how this development might provide opportunities to engage key stakeholders in decision-making about accreditation.

Slower progress is being made in establishing policy and procedures to support a networked training model in Radiology, although networks have been operating with success in some states and regions for two to three years. A state-wide network in Western Australia, which incorporates 11 training sites including tertiary referral public hospitals, private sectors, and a rural site, and regional networks in Queensland and South Australia were cited as examples.

Accreditation criteria in 2009

As the new Radiology and Radiation Oncology curricula are implemented, the College is reviewing the accreditation criteria in each discipline. Policy and criteria will also need to be appropriate for the expanded range of settings for training offering a variety of training experience, including private practices and rural sites.

A March 2009 discussion paper by the Chief Accreditation Officer for Radiation Oncology, *Standards and Criteria for Accreditation of Training*, identifies external drivers of change and make proposals for standards and changes with the introduction of the new curriculum and training networks. In addition to the introduction of the new curriculum and the use of the CanMEDS framework, the rationale for the proposed changes to the Radiation Oncology accreditation criteria includes the following:

- development and definition of the role of the directors of training;
- the need to accredit networks;
- some uncertainty in interpretation of the existing accreditation guidelines;
- requirement for transparency and accountability;
- existing guidelines are focussed on measures of quantity which limits the capacity to assess quality of training;
- desire to reduce variation in quantity and quality of training;
- documentation of accreditation process.

Accreditation criteria for the Radiology program have yet to be reviewed to the same extent. As the Radiology curriculum is to be introduced later than that for Radiation Oncology, the later development of these criteria is expected. As both the Radiation Oncology and Radiology curricula develop and are implemented there may well need to be further changes or additions to accreditation criteria and accreditation policy.

8.3.1 2009 Team findings

The educational strategies of both the College and the Faculty of Radiation Oncology demonstrate that considerable attention is to be paid to the training environment, and the quality and range of training experience as part of the College's comprehensive curricular reviews. The Team supported the strategies being pursued by the College.
Whilst the move to networked training is endorsed, it will increase the administrative burden associated with the management of distributed training. Ongoing support will be required for this to be successful. The College faces several challenges relating to accreditation of training sites and networks.

Like all colleges, RANZCR is responding to the need to expand the settings for training, including in the private sector. The implementation of networked training and flexible approaches, such as the offering of partial accreditation, demonstrate the College's commitment to expanding the range of training opportunities available. The Team encouraged the College to continue to explore these opportunities.

The lack of opportunities for training to match the kinds of work required in rural centres and/or private practices is acknowledged. The Team were pleased to note that many of the training sites were aware of institutional limitations to training and had already made concerted efforts to ensure that trainees gained experiences across the breadth of the curriculum.

The College understands that most Radiologists work in private practice, that most trainees work in public hospitals, and that there are significant variations in practice between these two settings. Within the training sites in public hospitals, heads of department and Directors of Training are working to give trainees exposure to the range of clinical settings available having regard to service requirements. There are limited opportunities for trainees in women's imaging.

There is likely to be an increase in the complexity of accreditations as well as the volume of accreditation work required, as the range of training sites expands and networked training is implemented. The College recognises the accreditation workload is, and will continue, to be a challenge. If the College is to meet its objective of a greater focus on the quality of training, then appropriate resources will need to be provided. An expansion of the numbers of qualified accreditation officers will also be required. The College is to be commended for considering the opportunities that this presents to expand the involvements of representatives of key stakeholders in decisions about accreditation and accreditation policy.

8.4 Clinical and other educational resources in 2012

Since 2009 the College has made considerable advances in the development and implementation of revised policies relating to the accreditation of training sites.

The policy document concerning the accreditation of Radiology training sites, including accreditation standards for education, training, and supervision of trainees, was released in 2012 and has been ratified by the Education Board and College Council. This document provides the standards for the levels of accreditation – Full, Partial, Provisional and Conditional. It defines three goals relating to training. Each goal is broken into standards, each of which contains a number of specific accreditation criteria that must be satisfied.

For the goal relating to promotion of trainee welfare and interest, the standards focus upon: trainee management and trainees in difficulty, safe practice, promotion of trainee interests, support of trainees, and the training environment. The second goal of ensuring that trainees have appropriate knowledge, skills and supervision contain standards relating to orientation of the training site and compliance with supervision training and teaching policy. The third and final goal of the provision of a wide range of educational and training opportunities

aligned with curriculum requirements contains standards relating to the adherence to the training program curriculum, the provision of a formal education program, adequate human resources, and assessment and feedback.

Policy relating to the role and responsibilities of accreditation panel members was also released in 2012. In this policy panel members are appointed for an indefinite period, however, this has been reconsidered by the College and a recommendation has been made to the Education Board that appointments will now be a for a renewable term of three years.

The College is moving towards a network training system for Radiology and recognises that there are challenges relating to overcoming resistance to this policy. The College has yet to create accreditation standards relating to the development of training networks and similarly a networking policy document is yet to be formulated.

As a prelude to the development of formal policy relating to the establishment of a training network, the College plans to consult widely, and a series of forums is planned for 2013. In parallel with this it is intended to create an awareness relating to the College's stated intention that sites will be actively supported through the provision of comprehensive training tools and through the facilitation of communication with hospital administration and health department personnel. The College also acknowledges that, in response to an ongoing review of accreditation processes, a new set of procedures and policies relating to the accreditation of partially accredited sites will be required. This policy will include recommendations for linking fully accredited sites into the monitoring of associated partially accredited sites, as well as a program for regular visits to partially accredited sites.

Policy relating to the accreditation standards and criteria for Radiation Oncology has been developed and is network-based. This policy details accreditation standards for network arrangements (governance training environment, workforce arrangements) and accreditation standards for network training sites (governance, training environments, and physical environment and workforce arrangements). For each section a series of standards and accreditation criteria are detailed. This policy document is underpinned by a network training policy document that was formally approved in 2010. This document defines the nature of a training network, the elements of the physical and training environment, governance, management, network and trainee expectations, reporting process, and evaluation.

The Network Accreditation Standards have been circulated to accredited sites and fellows for consultation, and feedback was incorporated into the final draft which has been approved by the Education Board. The College has developed a procedures document, as well as forms to support the accreditation standard document. A second networking pilot has been undertaken and any recommended changes will be incorporated into the standards document.

Accreditation criteria in 2012

Accreditation criteria for both Radiology and Radiation Oncology are in evolution. For Radiology there has been a reinstatement of the three-year paper-based review. This is currently in place for Radiation Oncology and it is anticipated that this will allow for a more detailed assessment of individual training sites. The College has also implemented informal accreditation visits in order to identify issues that have the potential to affect the future accreditation of individual sites. In March 2012 the Education Board determined that accreditation will no longer be required for smaller Radiology training sites and private practices, where the trainee is on rotation from a fully accredited site, and where the rotation is of short duration and constitutes less than 20 per cent of a trainee's total training time over the full five years of the training program. The site may, however, undergo evaluation at the time of assessment of the associated fully accredited site.

In the newly developed policy, recommended workloads are provided which take workload complexity into account. At present the Education Board is reviewing the methodology for assessing workload to ensure that consultants have sufficient time for supervision and training of trainees, and this will be completed in 2014.

A variety of new accreditation criteria or expanded criteria are included in the newly developed Radiology Accreditation Standards. These include:

- Site support for trainee welfare.
- Provision of orientation for trainees.
- Trainee involvement in decision making.
- Trainee rostering.
- Trainee grievances.
- After-hours and on-call activities and preparatory training.
- Trainees in difficulty.
- Supervision of trainees and the role of the Director of Training.
- Protected teaching and study time.
- Patient safety training.
- Training in report writing.
- Non-medical expert training.
- Site participation in Networking.
- Provision of feedback to trainees.

The formulation of accreditation standards and criteria for training networks and sites has resulted in considerable changes to the accreditation criteria for Radiation Oncology training sites. In particular it has led to the creation of a set of standards for assessments of networks. Additional criteria for site-specific standards have been defined and there has been an expansion of criteria for the role of the Director of Training, the physical training environment, as well as supervision and teaching, and training time. In addition, the required on-site minimum consultant full time equivalent has been lowered from three to two. This change is to allow for short periods of training in specialised or rural sites where staffing complements fall short of the standard FTE recommendations. Some flexibility is now permitted in this requirement, as well as in applying criteria relating to minimum workload and the number of treatment machines available on-site.

An important innovation has been a requirement that sites limit service commitments to ensure that trainees satisfy curriculum requirements, and provide for safe patient care.

College accreditation processes in 2012

During the period 2011-2012, 22 accreditation visits were made to Radiology training sites and 10 visits to Radiation Oncology training sites, with a total of ten sites being nonaccredited prior to the visit. In the case of Radiation Oncology, eight sites received full or provisional accreditation. An additional site sought to achieve accreditation by joining an established network and this application is yet to be finalised.

As part of the ongoing accreditation of Radiology training sites, the updating of the annual census of training sites has resulted in the identification of sites of potential concern. This has also identified potential deficiencies in the census process. The College is planning extensive amendments to the census form prior to the commencement of the 2013 census process. In parallel with this, an accreditation database has been compiled and this will be updated annually, utilising annual census data. There are plans to develop a public accreditation register to provide for transparency with respect to the accreditation status of individual sites. The accreditation process in Radiology has been assisted by the appointment of an Education Officer for Accreditation. An accreditation panel is also in the process of establishment, and to date, 14 members have been recruited to assist the Chief Accreditation Officer in the accreditation process. Training will commence this year and an initial site visit will be undertaken by some panel members before the end of 2012.

Accreditation activities for Radiation Oncology are focussed on the evolving networks, and it is anticipated that initial accreditation visits for each of the eight networks will take place within the next 12 to 18 months. The first pilot network accreditation site visit was undertaken in Western Australia and this identified more issues than had been anticipated. There are plans to amend accreditation standards as required following the second network pilot, which will involve the New South Wales Southern Network. A Network Accreditation Panel will be formed to assist the Chief Accreditation Office and the accreditation process will be further informed by the compilation of an Annual Census of training sites. It is anticipated that the Panel will be in place in 2013-2014, following completion of the pilot network accreditation program. Plans are also underway to raise awareness of the new network training and accreditation standards, the obtaining of feedback through a formal review which will be completed by Siggins Miller in 2012-2013, and the development of processes to manage underperforming training sites.

8.4.1 2012 Team findings

The Team acknowledges the considerable work that to develop and implement policies and practices for the accreditation of training sites, for both Radiation Oncology and Radiology.

The Team is impressed by the College's progress in the formation of training networks and the ongoing development of the Radiation Oncology accreditation program. Training networks have been established in Australian and New Zealand, but not in Singapore. The policies for the accreditation of Radiation Oncology networks are now in place, and two pilot accreditations have been completed. In one of these pilots, a number of unexpected issues were detected and it is clear that the accreditation process is sufficiently robust to permit this. An important aspect of the pilot accreditation has been the opportunity for the provision of feedback from staff, and this will be considered as part of the review of the accreditation standards. One issue that has been identified is a need for networks to provide assistance to their poorly performing sites in order to maintain the integrity of the network as a whole. The accreditation of the remaining six Radiation Oncology network sites is planned for the near future, although specific visit dates have not yet been determined. A continuing issue relates to the acceptance of the network concept in some areas. This problem is recognised by the College and plans are in place to promote the new structure through formal communication and where necessary, site visits. Formal evaluation of the training network and curriculum, to be undertaken by Siggins Miller in 2012 and 2013, will provide further feedback regarding the ongoing development of the network concept.

The College is committed to the development of a network training system for Radiology, although the planning is in its early stages. The networking policy document and the accreditation standards relating to training networks have yet to be developed. Scoping studies are in progress and it is anticipated that this policy development will be informed by consultation and formal meetings, planned for late 2012 and 2013. Following these meetings, accreditation policies and training guidelines for assessors will be formulated, although the timelines have yet to be set. The College should report on the development of networks in Clinical Radiology and further development and consolidation in Radiation Oncology, including accreditation policies and standards in the next progress report to the AMC.

Potential issues that may arise between accreditation visits are now identified through a paper-based review process which will be undertaken at a three-year interval following the on-site assessment. This process had been in place previously but had fallen into abeyance. It is clear that the reinstatement of these mid-term reviews will facilitate the early identification of problems which may be addressed in a timely manner.

The use of the annual census of training sites has also permitted the identification of problems early in their evolution.

2009 Commendations

- S The College's support for Directors of Training and network directors.
- T The Trainee Assessment of Training Terms in Radiation Oncology and Radiology.
- U The results of the joint effort by the College and the Australian Diagnostic Imaging Association to obtain additional funds for training positions in expanded settings.

2009 Recommendations

- 32 Complete the development of documents defining the roles of each member of the training and assessment teams.
- 33 Consider ways to support training sites in providing protected time for trainers.
- 34 Consider the establishment of a mentoring system.
- 35 Continue to advocate at a national, state and territory level with health departments for funded training positions and training infrastructure support.
- 36 Progress the implementation of the proposed training network structure with some urgency.
- 37 Report in annual reports to the AMC on the revision of accreditation policy, criteria, and standards for training sites/posts for Radiation Oncology and Radiology.

The Team considers that Recommendations 32, 33, 34 and 35 from 2009 have been met. Recommendations 36 and 37 are replaced by Recommendation for Improvement FF.

2012 Commendations

- O The Team commends the College for the development of the Supervision and Protected Time Guidelines for Directors of Training which endorses minimum mandatory protected time for Directors of Training and supervisors to undertake their training duties.
- P The College is to be commended on the progress in the establishing a network accreditation program for Radiation Oncology.
- 2012 Recommendations for improvement
- FF The shift in emphasis to workplace-based assessment means that training and feedback for supervisors and assessors is of increasing importance, and will need to be further developed. The Team welcomes the College's consideration of a system for collecting and delivering feedback on individual supervisor performance, planned for 2013.
- GG Report on development of networks in Clinical Radiology and further development and consolidation in Radiation Oncology, including accreditation policies and standards.

9 Continuing professional development

The accreditation standards concerning continuing professional development are as follows:

- The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
- The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as medical boards.
- The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.
- The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.
- The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.
- The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.
- The training organisation has processes to respond to requests for retraining of its fellows who have been absent from practice for a period of time.
- The training organisation has processes to respond to requests for remediation of its fellows who have been identified as underperforming in a particular area.

9.1 Continuing Professional Development Programs (CPD) in 2009

A continuing medical education program has been available to fellows and educational affiliates of the College since 1996. From its inception, the program, now known as the Continuing Professional Development (CPD) Program, has been offered in differing formats for Radiology and Radiation Oncology fellows. In 2007, at the commencement of the current triennial period, a new CPD framework was established. Both the Radiation Oncology and Radiology CPD programs now group categories according to the seven CanMEDS professional capabilities (Table 3). In addition, the Radiation Oncology CPD program has incorporated the Learning, Education and Professionalism (LEAP) Framework (Table 4). This Framework developed from a project conducted by the behalf of the Committee of Presidents of Medical Colleges. It identifies three main strands or areas of practice: clinical expertise; risk management; and professional values and responsibilities.

Both CPD programs focus upon self-directed learning and also contain categories that allow credit for peer-review audit, as well as trainee teaching, presentation at scientific meetings, research activities, and clinical and professional governance. The Radiation Oncology CPD program includes activities relevant to management and communication as defined according to CanMEDS criteria. As a further matrix, the Radiation Oncology program defines a hierarchy of three levels of performance based upon the LEAP criteria. These levels focus

upon the value of the learning undertaken, with level 1 indicating passive learning; level 2 indicating change facilitating learning; and level 3, where change facilitated learning is objectively evaluated.

For the Radiation Oncology CPD program, outcomes are measured in hours of CPD activity, while for the Radiology program, activities are assigned points which are weighted in value according to the nature of the self-directed learning activities undertaken. For passive learning, such as attendance at a lecture, one point per hour is awarded. Evaluated learning activities, such as participation in a practical skills workshop with an exit assessment, are awarded three points per hour. Set points are awarded for some activities without reference to the time involved and examples of these are: 30 points for a clinical audit or for acting as a College examiner, and ten points for supervision of a research student or overseas-trained doctor.

Category		Points allocated	CanMEDS emphasis
1.	Recertification and Quality Improvement	120 per triennium	Medical Expert and Collaborator/Health Advocate
2.	Professional and Clinical Governance	90 per triennium	Medical Expert and Manager/Health Advocate
3.	Education	90 per triennium	Medical Expert and Communicator/Scholar
4.	Self-Directed Learning	90 per triennium	Medical Expert and Professional/Scholar
5.	Radiology Research	120 per triennium	Medical Expert and Scholar/Collaborator
6.	Publications and Presentations	90 per triennium	Medical Expert and Communicator/Scholar
7.	Conferences and Meetings	120 per triennium	Medical Expert and Professional Manager

Table 3 Radiology CPD Program Overview

Seven CPD categories and 66 activities are defined in the Radiology CPD program and performance is assessed over a full triennial period. Satisfactory participation is the accumulation of 180 points over three years, with a minimum of 30 points and a maximum of 90 points being credited in any one year. It is recommended that participants acquire their points across a range of categories, although this is not compulsory. In practice the setting of a points cap on each of the CPD categories means that participants must participate in activities that span a minimum of two categories for successful completion of CPD requirements. Despite this, accrual of 180 points over three years may be achieved through participation in a very limited number of activities, without any requirement for either clinical audit or peer review.

Satisfactory performance in the Radiation Oncology CPD is similarly complex and is based upon the completion of 50 hours activity in one calendar year. It is further stipulated that a

minimum of one CPD activity must be undertaken in each of the three strands of the framework and that at least ten hours of educational activity be categorised at level 3 (change evaluated) standard.

Since the College established the CPD program, fellows have been subject to random audits requiring proof of participation in continuing medical education activities. Initially 15 per cent of fellows were audited. This is now limited to five per cent of the total fellowship. Participation in the CPD programs is not compulsory for all fellows, although it is a requirement for major office holders of the College.

At present no sanction is imposed on fellows who do not file a CPD return, but they remain subject to audit. The College reports that frequently a proposal to audit non-compliant fellow results in the submission of a full CPD return.

Strand	Component	CanMEDS Emphasis	Level 1 Skills and Knowledge	Level 2 Change Facilitating	Level 3 Change Evaluated
	Medical Expertise	Medical Expert			
Clinical Expertise	Clinical Judgement	Medical Expert			
	Information Management	Manager			
	Communication	Communicator			
Quality	Practice Management	Manager			
Assurance	Insight and Personal Management	Professional			
	Relationships and Accountability	Collaborator			
Professional	Advocacy and Equity	Health Advocate			
values and responsibilities	Education	Scholar			
	Research	Scholar			

Table 4 Radiation Oncology CPD Program Overview

The CPD programs in Radiation Oncology and Radiology are coordinated by separate committees. The Radiology program receives oversight from a dedicated CPD Committee, while for the Radiation Oncology CPD program, coordination is part of the role of the Post-Fellowship Education Committee.

9.1.1 2009 Team findings

Participation rates for the Radiology CPD program have shown a gradual increase over the last five years, rising from 66 per cent of fellows in 2004 to 78 per cent in 2007. The 2008 participation rate is 72 per cent, but returns are still being received beyond the 28 February deadline. Participation rates for the Radiation Oncology CPD program were comparable to those of Radiology over the early part of this period, being 44 per cent in 2004 and rising to 71 per cent in 2006. Since 2007, there has been a significant fall-off in participation, reaching a nadir of 50 per cent for 2008. The College has acknowledged this decline and has noted that it coincided with the introduction of the current Radiation Oncology CPD framework. In response, a new framework has been proposed for the 2010 triennium, which is similar in format to that of the current Radiology CPD program. In this new program, the levels defined by the LEAP framework have been built into the points allocation so that participants no longer have to determine the level of their activity. Points will be awarded on both a time and activity basis depending on the activity's ability to effect change of practise.

As part of the ongoing CPD program, surveys were conducted regarding the utility of both CPD programs in 2008. The responses relating to the Radiology program were generally positive with ten per cent of respondents indicating some difficulty in understanding the rules and requirements relating to its successful completion. The responses received in relation to the Radiation Oncology program were less positive, with 48 per cent of respondents noting that the program made no contribution to the improvement of professional competence and performance. This sentiment was reinforced by Radiation Oncologists who met the Team during the site visits. In these meetings, the prevailing comments were that the Radiation Oncology CPD program was unwieldy, difficult to understand, and failed to take into account activities that were considered important to the promotion of good practice. While responses are of concern, the Team acknowledged that the College has made an early response to this severe criticism and has fully redesigned the Radiation Oncology CPD program for release in 2010.

The Team noted that the requirements of both CPD programs do not fully accord with the requirements imposed upon New Zealand fellows by the Medical Council of New Zealand. The College does, however, advise New Zealand fellows of these requirements, although returns are not monitored to ensure compliance.

9.2 Continuing Professional Development Program (CPD) in 2012

The CPD programs for both Radiology and Radiation Oncology were developed in 2009 and were implemented for the current reporting triennium, which will run from 2010 to 2012.

The Radiology CPD program framework, like that of its predecessor, is based upon the CanMEDS framework. The broad requirements of the program are that participants accumulate a minimum of 30 points and a maximum of 90 points per annum with a minimum of 180 points required over the triennial period. There is a further requirement that points are accrued over a minimum of three categories. The categories in the current Radiology CPD program are similar to the activities of the 2007-2009 program, and although the list remains

exhaustive, the number of individual activities has been reduced from 66 to 62. While the number of points that may be annually accrued for most activities is capped, there is no cap on the number of points that may be accrued for some of the activities in each category.

Towards the end of the 2007 to 2009 triennium, the College reviewed the CPD program for Radiation Oncology. For the current triennium the program contains no mandated learning activities although from 2011, Radiation Oncology CPD participants need to accrue 25 CPD points in Category 1 (any activity) each year and a total of 75 CPD points in the triennium.

The program consists of a framework of seven categories of learning activities:

- 1 Practice review and appraisal.
- 2 Profession and clinical governance.
- 3 Teaching and education.
- 4 Self-directed learning.
- 5 Research.
- 6 Publication and presentation.
- 7 Conference and workshop.

As for the Radiology program, the current Radiation Oncology framework details a variety of activities within each of the categories. In total 56 individual activities are available, and points are task related or are assigned on an hourly basis. In all cases an annual points cap is specified. The requirement from the previous triennium that participants must include level 3 learning activities in their portfolio has been dispensed with, and the level 1 to 3 standards have been incorporated into specific activities within each category. The level of learning is now recognised through the number of points awarded for each Activity, with level 1 accruing one point per hour, while levels 2 and 3 accrue two and three points per hour respectively. In addition to this, any reflective learning is rewarded through the awarding of double the number of points that may normally be claimed for a specific activity.

The overall requirement for successful participation in the Radiation Oncology CPD program differs from that of the Radiology program, in that in the current triennium participants must accrue 150 points, with a minimum of 25 points and a maximum of 75 points, to be credited in any one year. It is specified that points must be accrued from a minimum of three categories throughout the triennium.

The CPD program for the 2013-2015 triennium for both Radiology and Radiation Oncology is in an advanced stage of development and will be considered by Faculty Boards and Council in November 2012. As part of the development of the 2013-2015 program, fellows were asked to complete a feedback document. Replies were received from 32 per cent of fellows and these were incorporated into the new CPD program guidelines.

9.2.1 2012 Team findings

CPD participation by fellows in 2011, as reported by the College, was only 84 per cent for Radiology and 79 per cent for Radiation Oncology. The Team notes that this included fellows on extended leave, who were overseas, had retired, or were not currently practicing.

Participation in CPD activities is now mandated by law in Australia, and has been a formal requirement for the issuance of an Annual Practicing Certificate by the Medical Council of New Zealand for more than a decade. In New Zealand, there will be a requirement for regular practice review to be incorporated into CPD programs. The College does not include this as a compulsory component in either the Radiology or Radiation Oncology CPD programs and at present is in the process of developing appropriate assessment tools to allow these requirements to be incorporated into future programs. The Medical Council of New Zealand has also signalled a requirement for activities relating to cultural competence to be included in any CPD activities. To date, this has not been a formal mandatory component in the College CPD programs undertaken by New Zealand fellows; however, it has been recommended in the CPD Handbook and by the College's NZ Branch.

While the College does evaluate the educational value of a variety of activities in order to determine whether or not they are appropriate for inclusion in CPD portfolios, there is no mechanism for the College to accredit external CPD program providers. It is noted that the College has in development criteria for the assessment of external CPD programs and these are to be incorporated into the new online CPD reporting tool which was released on 8 August 2012. The Team recommends the College formalise the process and criteria for assessing and recognising CPD providers.

The College conducts random audits, which involves five per cent of fellows annually, in order to determine if they are meeting CPD requirements. This will be further facilitated by the online CPD tool. While participation in CPD activities is encouraged, the College has no requirement for fellows to actively participate in a CPD program. It is anticipated that, in the future, CPD participation will be monitored via the online reporting facility, and it is proposed that fellows who do not comply with requirements will be followed up, although no formal remediation program is in place.

The Radiology and Radiation Oncology CPD programs continue to develop and the College is to be commended on the implementation of their online facility. The Team, however, notes that both programs are complex and have evolved independently of each other. While the basic framework of both programs has some similarities, there is a lack of uniformity in that there are significant differences in activities in each of the programs, and in particular there is a difference in the points required for satisfactory participation.

9.3 Retraining in 2012

At present, the College has a draft policy regarding programs to facilitate retraining of fellows who require up-skilling or who re-enter the profession after a period of absence.

The Team notes that there has been little demand for the College to facilitate retraining of fellows on an individual basis and that cases are dealt with in an *ad hoc* manner.

9.4 Remediation in 2009

There is no formal process for retraining of fellows re-entering the workforce, or remediation of underperforming fellows in either Radiology or Radiation Oncology. The College advised the Team that no request for such activities had been received in the last five years, and it was stated that if such a request was received, it would be handled on a case-by-case basis. This matter was discussed at the September 2008 meeting of the Faculty Post-Fellowship

Education Committee. At that meeting it was agreed that a process should be developed for Radiation Oncology, however, this has yet to be finalised.

9.5 Remediation in 2012

The College has a draft policy relating to the remediation of under-performing fellows.

The College notes that it is not able to identify poorly performing fellows through these CPD programs. Over the past five years, the College has been approached to review the performance of fellows on four occasions. These requests were handled on an individual basis and advice was provided to employing authorities. On only two occasions was a formal review undertaken by College fellows.

2009 Commendations

V The College's steps to address falling CPD program participation rates for Radiation Oncology.

2009 Recommendations

- 38 Consider the development of a single simplified CPD framework for both Radiation Oncology and Radiology to facilitate management and promotion of the program to fellows, with support from a dedicated College-wide CPD committee.
- 39 Consider making participation in CPD activities compulsory for all fellows and establishing sanctions for non-participants.
- 40 Establish a formal process for retraining of fellows who have been absent from practice for a significant period, and for remediation of underperforming fellows.

The Team considers Recommendations 38 and 39 from 2009 have been met. Recommendation 40 is replaced by Condition 17 in this report.

2012 Commendations

- Q The development of an online facility for fellows to manage CPD activities and for the College to monitor individual participation in the CPD program.
- 2012 Conditions to satisfy accreditation standards
- 14 Ensure that both of the CPD programs incorporate practice review and a compulsory cultural competence component for New Zealand fellows, when these are mandated by the Medical Council of New Zealand. (Standard 9.1)
- 15 Formalise the process and criteria for assessing and recognising CPD providers. (Standard 9.1)
- 16 Finalise draft policy concerning retraining of fellows who have been absent from practice for a significant period, and for remediation of underperforming fellows. (Standard 9.2)

2012 Recommendations for improvement

HH Take steps to simplify and align the components of the Radiology and Radiation Oncology CPD programs and in particular ensure equivalence in requirements for satisfactory participation.

Appendix One Membership of the 2009 AMC Assessment Team

Professor Brett Delahunt ONZM, KStJ (Chair), BSc(Hons), BMedSci, MB ChB, MD, FRCPA, FRCPath, AFNZIM

Deputy Dean, Wellington School of Medicine, University of Otago

Dr Wendy Crebbin PhD, M Ed Admin

Manager, Education Development and Research Department, Royal Australasian College of Surgeons

Dr Michael Franco MBBS, FRACP, FRAChPM Medical Oncology and Palliative Medicine Registrar, Peter MacCallum Cancer Institute

Ms Sally Hodgkinson B Agr Econ Member Australian Government Department of Health and Ageing, Radiation Oncology Reform Implementation Committee

Dr Caroline Mercer MBBS, FACD Dermatologist, Brisbane

Mr Philip Pigou LLB, DBS Chief Executive Officer, Medical Council of New Zealand

Ms Theanne Walters Deputy Chief Executive Officer, Australian Medical Council

Ms Casey Hamilton Accreditation Administrator, Australian Medical Council

Appendix Two Membership of the 2012 AMC Assessment Team

Associate Professor Jenepher Martin (Chair) MBBS, FRACS, MS, MEd, EdD Director, Medical Student Programs Eastern Health Clinical School, Monash University and Deakin University

Professor Brett Delahunt ONZM, KStJ, BSc (Hons), BMedSc, MB, ChB, MD, FRSNZ, FRCPA, FFSc (RCPA), FRCPath, FNZSP

Professor of Pathology and Molecular Medicine, Wellington School of Medicine, University of Otago

Ms Mary Lawson BSc (Hons)

Director of Education, Australasian College for Emergency Medicine

Dr Roderick McRae FAMA, MBBS(Hons), BMedSc(Hons), MBioeth, JD, PGDipPCCE Qualified Anaesthetist and Intensive Care Physician

Consultant Anaesthetist and Intensive Care Physician, Monash Medical Centre, Southern Health

Dr Kym Mina MBBS, GradDipPubHlth, PhD, FRCPA

Consultant Genetic Pathologist, PathWest Laboratory Medicine, and member, Trainee Advisory Committee, Royal College of Pathologists of Australasia

Appendix Three List of Submissions 2009 and 2012

2009

ACT Health Australasian College of Emergency Medicine Australian Diagnostic Imaging Association Australian Institute of Radiography Australian Medical Association Australian and New Zealand College of Anaesthetists Department of Human Services, Victoria Government of South Australia Government of Western Australia, Department of Health Health and Disability Commissioner, New Zealand Medical Board of South Australia Medical Oncology Group of Australia Ministry of Health New Zealand NSW Institute of Medical Education and Training Queensland Health Royal Australasian College of Surgeons The Royal Australian and New Zealand College of Obstetricians and Gynaecologists The Royal Australian and New Zealand College of Opthalmologists The Royal Australian and New Zealand College of Psychiatrists The Royal College of Pathologists of Australia The University of Auckland The University of Sydney 2012 Australian College of Nursing Australasian College of Physical Scientists and Engineers in Medicine Australian Medical Association

Australian and New Zealand Association of Physicians in Nuclear Medicine

Australian and New Zealand College of Anaesthetists

Australian Radiation Protection and Nuclear Safety Agency

BreastScreen Victoria

Consumers Health Forum of Australia Department of Health, NT Department of Health and Human Services, TAS Health Workforce Australia Medical Oncology Group of Australia Medical Radiation Practice Board of Australia Ministry of Health, New Zealand Queensland Health Royal Australasian College of Physicians Royal Australasian College of Surgeons Royal Australian and New Zealand College of Ophthalmologists Royal Australian and New Zealand College of Psychiatrists SA Health University of Notre Dame Australia, School of Medicine, Sydney WA Health

Appendix Four Summary of the 2009 Accreditation Program

WELLINGTON, NEW ZEALAND

Monday 22 June 2009

Professor Brett Delahunt and Mr Philip Pigou

Location	Meeting
Wellington Hospital, Blood and	Clinical Leader of Radiation
Cancer Centre	Clinical Supervisors
	Director of Training
	Trainee
	Medical Oncologist

CHRISTCHURCH, NEW ZEALAND

Monday 22 June 2009

Professor Brett Delahunt and Mr Philip Pigou

Location	Meeting
Christchurch Hospital, Oncology	Head of Department
Department	Director of Training / Training Network Director
	Trainees
	Clinical Supervisors
	Senior Hospital Administrators

AUCKLAND, NEW ZEALAND

Tuesday, 23 June 2009

Professor Brett Delahunt and Mr Philip Pigou

Location	Meeting
Auckland City Hospital, Radiation	Director of Training
Oncology	Trainees
	Clinical Supervisors and Network Training Director
Auckland City Hospital, Auckland	Heads of Department
Regional Radiology Training	Vocational Training Committee Chair
Scheme	Trainees
	Vocational Training Committee
	Administrators from the Auckland Regional
	Registered Medical Officer Service

NEWCASTLE, NSW

Wednesday 24 June 2009

Professor Brett Delahunt and Mr Philip Pigou

Location	Meeting
Calvary Mater Hospital	Director of Radiation Oncology
	Director of Training
	Clinical Supervisors and Consultants
	Trainees
	Senior Hospital Administrator

MELBOURNE, VIC

Thursday 25 June 2009

Dr Wendy Crebbin and Ms Sally Hodgkinson

Location	Meeting
The Alfred Hospital, Radiology	Acting Director of Radiology
Department	Supervisor of Training and Co Supervisor of Training
	Trainees
	Clinical Supervisors
The Alfred Hospital, William	Director
Buckland Radiotherapy Centre	Training Network Director and Director of Training
	Trainees
	Clinical Supervisors
	Medical Co-Director, Radiation Oncology and
	Radiology Supervisors

BRISBANE, QLD

Friday 26 June 2009

Dr Caroline Mercer and Dr Michael Franco

Location	Meeting
Royal Brisbane and Women's	Head of Department
Hospital (Radiation Oncology)	Co-Directors of Training
	Trainees
	Clinical Supervisors
	Director of Cancer Care Services, Head of
	Department, Director of Training,
	Executive Director of Medical Services
Royal Brisbane and Women's	Head of Department
Hospital (Radiology)	Director of Training, Branch Education Officer and
	Education Coordinator
	Trainees
	Consultants and Directors of Training
	Hospital Administrators

SYDNEY, NSW

Monday 29 June 2009

Professor Brett Delahunt, Mr Phillip Pigou and Ms Casey Hamilton (AMC)

Location	Meeting
Westmead Hospital, Radiology	Acting Head of Department
Department	Director of Training
	Trainees
	Clinical Supervisors and Director of Training
	Junior Medical Officer (JMO) Manager

Dr Caroline Mercer, Dr Michael Franco and Bob Bao (observer)

Location	Meeting
Westmead Hospital, Westmead	Northern NSW Network Training Director
Cancer Care Centre	Directors of Training
	Trainees

Dr Wendy Crebbin and Ms Sally Hodgkinson

Location	Meeting
Liverpool Hospital, Cancer	Head of Department
Therapy Centre	Director of Training and Training Network Director
	Trainees
	Director of Medical Services
	Clinical Supervisors

Date	Meeting	Attendees
30 June 2009	College: Governance,	President RANZCR
	Decision Making,	Dean, Faculty of Radiation Oncology
	Strategic Direction,	Chief Executive Officer RANZCR
	Challenges	Executive Officer, New Zealand
		Chief Censor, Radiology
		Chief Censor, Radiation Oncology
	Radiology: Education:	President RANZCR
	Training Program,	Chief Censor, Radiology
	Assessment & Exams,	Chief Accreditation Officer, Radiology
	Environment for Training,	Education Board Member & Branch
	Supervisors and Trainers,	Education Officer, VIC
	Issues relating to Trainees	Previous Chief Censor, Radiology
		Council Member & Curriculum Advisory
		Committee Member
		Education Board Member & Acting Branch
		Education Officer, NSW
		Consumer Representative
		Chief Executive Officer RANZCR
		Senior Education Officer
		Education Officer
		Director, Education & Research
	Continuing Professional	Chief Censor, Radiology
	Development	Previous Chief Censor, Radiology
		President RANZCR
		Education Board Member & Acting Branch
		Education Officer, NSW
		Senior Education Officer
		Director, Education and Research
		Education Officer
		Education Officer, New Zealand
		Chief Executive Officer RANZCR
	Assessment of OTSs	Chief Censor, Radiology
		Chief Censor, Radiation Oncology
		President RANZCR
		Previous Chief Censor, Radiology
		OTS Project Officer
		Executive Officer, New Zealand
		Education Board Member & Acting Branch
		Education Officer, NSW
		Chief Executive Officer RANZCR

Meetings with the RANZCR Committees and Staff 2009

Date	Meeting	Attendees
1 July 2009	Education:	Dean, Faculty of Radiation Oncology
	Training Program,	Chief Censor, Radiation Oncology
	Assessment and Exams,	Education Board Member & Chair of
	Environment for Training,	ROCET
	Supervisors and Trainers,	Education Board Member & Training
	Issues relating to Trainees	Network Director
		Education Board Member & Director of
		Training
		Director of Training, ROCET Member,
		CAC Member
		Faculty of Radiation Oncology Board
		Member & Head of Department
		Trainee Rep, Education Board
		Trainee Rep, Faculty of Radiation Oncology
		Board
		Training Network Director, NZ & Head
		Pathology Examiner, Part II
		Previous Trainee Rep on Education Board
		Consumer Representative
		Executive Officer, Faculty of Radiation
		Oncology
		Chief Executive Officer RANZCR
		Senior Education Officer
		Education Officer
		Education Officer
		Director, Education and Research
	Continuing Professional	Chair, Post Fellowship Education
	Development	Committee
		Dean, Faculty of Radiation Oncology
		Director, Education and Research
		Executive Officer, Faculty of Radiation
		Oncology
		Senior Education Officer
		Education Officer

Appendix Five Summary of the 2012 Accreditation Program

WELLINGTON, NEW ZEALAND

Thursday 13 September 2012

Professor Brett Delahunt and Ms Susan Yorke (MCNZ)

Location	Meeting
Wellington Hospital	Head of Radiation Oncology Department
	Directors and Supervisors of Training
	Radiation Oncology Training Network
	Radiation Training Network
	Radiation Oncology Trainees

MELBOURNE, VIC

Friday 14 September 2012

Ms Mary Lawson, Dr Roderick McRae and Ms Jane Porter (AMC Secretariat)

Location	Meeting	
Alfred Hospital	Radiation Oncology Trainees	
	Radiation Oncology Supervisors	
	Radiology Supervisors	
	Radiology Trainees	

WELLINGTON, NEW ZEALAND Thursday 20 September 2012

Professor Brett Delahunt

Location	Meeting	
Wellington Hospital	Head of Radiology Department	
	Radiology Trainees	
	Radiology Directors and Supervisors of Training	

Date	Meeting	Attendees
25 September 2012	Radiation Oncology:	AMC Accreditation Team (Group 1)
	Curriculum, Training	Dean, Faculty of Radiation Oncology
	Program, Assessment,	Chief Censor Radiation Oncology (phone)
	Monitoring & evaluation	Radiation Oncology Assessment Exec.
	Trainees	Radiation Oncology Assessment Exec.
		Director Radiation Oncology
		Training Assessment and Accreditation
		Unit:
		Director
		Manager
		Radiation Oncology Education Officer
		Accreditation Officer
	Radiology and Radiation	AMC Accreditation Team (Group 2)
	Oncology:	Chair, Radiation Oncology Post
	CPD, Retraining and	Fellowship Education Committee (phone)
	Assessment of IMGs	Chief Executive Officer RANZCR
		New Zealand Manager
		Education and Research Unit:
		Director E & R
		CPD Education Officer
		Workforce Unit:
		Director, Workforce
		Workforce Analyst
		IMG Education Officer
	Curriculum, Training	Radiation Oncology Staff and fellows as
	Program, Assessment,	above
	Monitoring & evaluation	
	Trainees	
	Standard 8 – Supervisors,	
	Resources	
	Teleconference with	NSW South
	Training Network	NSW North / Chief Accreditation Officer
	Directors	Singapore
		TAS
		WA

Tuesday 25 September – Friday 28 September 2012

Date	Meeting	Attendees
26 September 2012	Teleconference with State	NSW Health
	Health Department	Department of Health, VIC
	Representatives	SA IMET
	-	QLD Health
	College: Governance,	President RANZCR
	Decision Making,	Dean, Faculty of Radiation Oncology
	Strategic Directions &	RANZCR
	Challenges	Chief Executive Officer RANZCR
		New Zealand Manager
	College IT Presentations	President RANZCR
	Conege II Tresentations	Dean Faculty of Radiation Oncology
		Chief Executive Officer RANZCR
		New Zealand Manager
		Director Education & Research
		e-Resources Project Manager
		Senior Education Officer Learn &
		Development
		Senior Educational Development Officer
		Director Training Assessment &
		Accreditation
		Manager Training Assessment &
		Accreditation
	Radiology: Curriculum.	President RANZCR
	Training Program.	A/Chief Censor & Branch Education
	Assessment, Monitoring &	Officer
	evaluation Trainees.	Past Chief Censor Radiology
	Supervisors, Resources	Deputy A/Chief Censor, Curriculum
	1 /	Assess Com & Senior Examiner
		Chief Executive Officer RANZCR
		New Zealand Manager
		Director, Training Assessment &
		Accreditation
		Manager, Training Assessment &
		Accreditation
		Radiology Senior Education Officer
		Accreditation Officer, Training
		Assessment & Accreditation

Date	Meeting	Attendees
26 September 2012	Teleconference with	New Zealand
continued	Branch Education Officers	SA
		QLD
	Radiology:	Available trainees and representatives
	Teleconference with	from Trainee Committee
	available trainees and	
	representatives from	
	Trainee Committee	

Date	Meeting	Attendees
27 September 2012	Radiology: Curriculum,	A/Chief Censor & Branch Education
	Training Program,	Officer (QLD)
	Assessment, Monitoring	Past Chief Censor Radiology (SA)
	& evaluation Trainees,	Deputy A/ Chief Censor, Curriculum
	Supervisors, Resources	Assess Com & Snr Examiner (NZ)
		Chief Executive Officer RANZCR
		Director, Train Assess & Accreditation
		Manager TAA
		Radiology Snr Education Officer
		Accreditation Officer, TAA

Date	Meeting	Attendees
28 September 2012	AMC Accreditation	CEO RANZCR
	Team meeting	
	Presentation of AMC	President RANZCR
	Preliminary Statement of	Deputy A/Chief Censor, Curriculum
	Findings	Assess Com & Senior Examiner
		Chief Executive Officer RANZCR
		Director Radiation Oncology RANZCR
		Director, Training Assessment &
		Accreditation
		Manager, Training Assessment &
		Accreditation
		Director, Education & Research