THE TRAINING PROGRAMS ARE CHANGING

PURPOSE

The enhanced training programs for Clinical Radiology and Radiation Oncology will be implemented from December 2020 for all New Zealand trainees, and February 2021 for all Australian and Singapore trainees.

WHY CHANGE?

This is a **quality improvement initiative** to ensure our training programs:

- Are an exemplar of current best practice in medical education
- Remain contemporary and well prepared for the future
- Are defendable, transparent and fair

WHAT DO YOU NEED TO DO?

- **Keep abreast of future changes** that may impact you
- Read information shared through College communication channels
- Provide feedback whenever the opportunity arises
- Trainees to **keep all relevant information and records up to date** in the TIMS

The Royal Australian and New Zealand College of Radiologists®

WHAT CHANGES ARE EXPECTED?

CURRICULUM

- Updated content in line with contemporary practice
- Improved structure and more streamlined
- Improved focus on cultural competency and patient care, specifically for **Aboriginal and Torres Strait Islander and Māori people**
- Inclusion of **Artificial Intelligence** to future proof workforce

WORK BASED ASSESSMENT

- Quick and easy to complete on electronic platforms
- Better reflection of day-to-day practice
- Enable **better feedback** between trainees and assessors
- Allow tracking of progression with introduction of the **Entrustability Scale**

EXAMINATIONS

- Fit for purpose and **complimentary to work based assessments**
- More flexibility around examination sittings
- Digitised and standardised
- Optimised format and duration

PERFORMANCE AND PROGRESSION

- Decision making based on aggregate information rather than one high-stakes assessment
- Clearer milestones for progression
- **Programmatic approach** to be adopted when considering performance and progression

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FOR MORE INFORMATION

Please visit the College website at
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or call (+61) 02 9268 9777

Contact us at:
CRtraining@ranzcr.edu.au
for information about the Clinical Radiology Training Program

ROtraining@ranzcr.edu.au
for information about the Radiation Oncology Training Program

The Clinical Radiology Training Program is Changing

December 14 2020 for all New Zealand trainees

February 1 2021 for all Australian and Singapore trainees

The Royal Australian and New Zealand College of Radiologists®

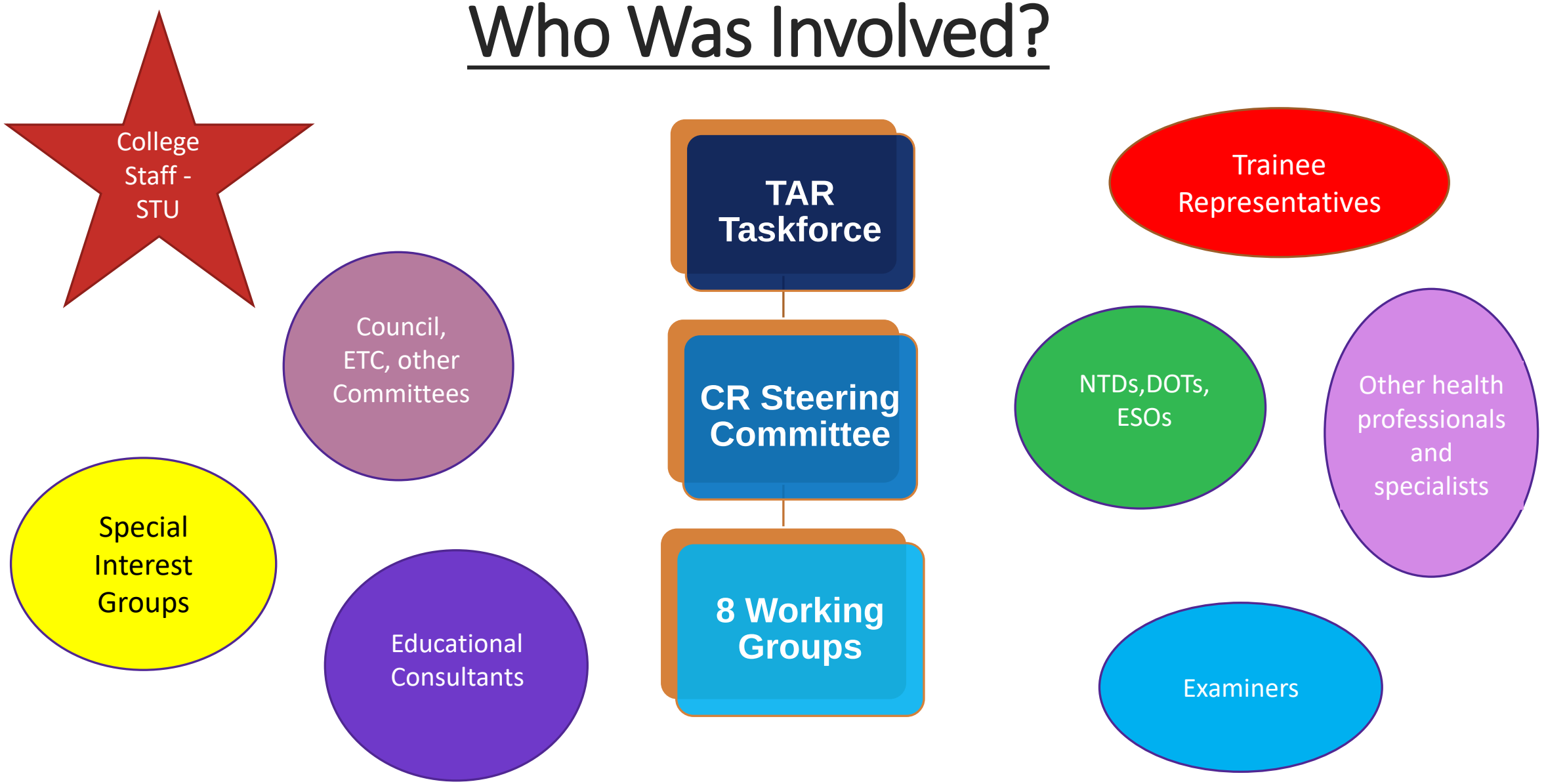
Why the Training and Assessment Reform?

To ensure our training programs are an exemplar of current best practice in medical education: ACER – Prideaux Review

Quality Improvement Initiative

Curriculum needed updating, increased focus on assessments in the workplace, trainee progression and meeting milestones

Who Was Involved?



Overview of the Enhanced Training Program

Stage/Phase	Learning Outcomes	Phase 1	Phase 2	Phase 3 – Consolidation phase
Duration		Must complete by 24 months Cannot progress to Phase 2 before 12 months	Must complete by 60 months. Cannot progress to Phase 3 before 48 months	12 months **Subspecialty Rotation** 4 x 3 months or 3 x 4 months
Learning Opportunities / Assessments	**Competencies of early training**	RANZCR report writing module Incident reporting Radiographer attachment Key conditions assessment		
	Anatomy	Anatomy Exam		
	AIT	AIT Exam		
	Pathology		Pathology Examination	
	Diagnostic Radiology	Experiential Training Requirements (ETRs) Rapid Film Reporting (RFR) Ultrasound rotation Ultrasound logbook- general Image Interpretation and Reporting	ETRs RFR Ultrasound logbook- Paediatric and O&G Image Interpretation and Reporting Clinical Radiology Examination Case Reporting examination Objective Structured Clinical Examination in Radiology (OSCER).	ETRs RFR Image Interpretation and Reporting Subspecialty focus
	Procedural Radiology	Interventional procedures logbook Fluoroscopic procedures logbook	Interventional procedures logbook Fluoroscopic procedures logbook	Interventional procedures logbook
	Intrinsic Roles	Clinical meeting/multidisciplinary meeting (MDM) logbook Research project plan approval Critical Appraisal of Topic (CAT) x 2 Multi-Source Feedback (MSF)	Clinical meeting/MDM logbook Research project continuing CAT x 2 MSF	Clinical meeting/MDM logbook Research project oral presentation (either Phase 2 or Phase 3) Research completed CAT x 2 MSF
	Monitoring and Review	Director of Training (DoT) review x 2 per year	DoT review x 2 per year	DoT review per subspecialty rotation

Phase 3 – Consolidation Phase

- 12 months in duration, after the trainee has completed all Phase 2 Examinations
- Subspecialty rotations of 3-4 months duration within their training network in areas of interest, such as neuro, body, women's imaging, interventional radiology etc.
- During these rotations, trainees will:
  - ✓ Undertake reporting and procedural activities in a subspecialty area
  - ✓ Participate in relevant administrative duties, clinical and multidisciplinary meetings and/or other training activities
  - ✓ Be expected to maintain general skills and knowledge by participating in after-hours and on-call activities on an equitable basis.

What Has Been Changed?

- Curriculum/Learning Outcomes
- Learning Activities and Work-Based Assessments
- Examinations
- Progression Rules

Curriculum/ Learning Outcomes

- Updated content in line with current and contemporary practice
- Improved structure and more streamlined for easy navigation and reference
- More consistent in format and terminology
- Improved focus on cultural competence and patient centred care
- Intrinsic Roles updated to align with the revised CanMEDs framework in 2015
- Inclusion of Artificial Intelligence to remain at the forefront of technology and innovation

Key Changes to the Learning Outcomes

- **More streamlined and consistent, in terms of format, terminology and subheadings**
  - Body Systems Syllabus now referred to as Diagnostic Radiology
  - Body Systems changed to Topic Areas
  - General learning outcomes consolidated; specific Topic Area learning outcomes created
- **Categorisation and condition list are amended significantly**
  - Categories under Anatomy and AIT have been removed
  - Anatomical variants lists have been simplified
  - Categories 1, 2 and 3 are re-defined for Pathology and Diagnostic Radiology
  - Condition lists for Pathology and Diagnostic Radiology have been updated
- **Procedural Radiology**
  - Incorporate core skills recommended by Interventional Radiology Committee
  - Divided into procedures to be performed, and procedures to be understood
- **More emphasis on intrinsic roles, including cultural competence**
- **Research learning outcomes expanded**
- **Artificial Intelligence added**

New Learning Outcome Framework

- **Applied Imaging Technology**
- **Artificial Intelligence**
- **Anatomy**
- **Pathology**
  - General Pathology
  - Pathology Topic Areas
- **Diagnostic Radiology**
  - General Diagnostic Radiology
  - Diagnostic Radiology Topic Areas
- **Procedural Radiology**
  - General Procedural Radiology
  - Procedural Radiology Topic Areas
- **Intrinsic Roles**
  - Communicator; Collaborator; Leader (and Manager); Health Advocate; Professional and Scholar
- **Appendix** – Competencies of Early Training

Learning Experiences and Work Based Assessments

- Better alignment with learning outcomes
- Quick and easy to complete on mobile friendly **electronic platforms (Training e-Portfolio)**
- Better reflection of day-to-day practice
- Enable **timely and constructive feedback** between trainees and assessors
- Allow tracking of trainee progression using the **Entrustability Scale**

Entrustability Scale

Level 1	Level 2	Level 3	Level 4
Constant Direct Supervision	Direct Supervision	Minimal Direct Supervision	Direct Supervision not Required

The Benchmark
A competent specialist who is capable of safe, independent practice

- The focus is on developing competence over time
- Level 1 is expected early in training, working toward Level 4 over time
- The rate of progression will vary for different activities and for different trainees.
- Trainees need to demonstrate progression over time

Learning Activities

1. Rapid Film Reporting
2. Experiential Training Requirements – updated, incorporating entrustability level requirements
3. 6 Critically Appraisal Topics (CAT)
4. **ONE** Research project
5. Reporting writing
6. Patient safety modules
7. Sub-specialty rotation

Many of the work-based assessments are also learning activities, with increased focus on feedback and degree of supervision required

Work Based Assessments

1. Key Conditions
2. Ultrasound Logbook
3. Interventional Procedures Logbook
4. Fluoroscopic Procedures Logbook
5. Clinical Meeting/MDM Logbook
6. Image Interpretation and Reporting

Review/Feedback Tools

1. Multi-Source Feedback (MSF)
2. Clinical Supervisor Feedback Form
3. Director of Training Review (DoTR)
4. Trainee Assessment of Training Sites (TATS)

Changes to the Work Based Assessments

- Trainees to take responsibility for initiating the assessments
- Greater involvement of Radiologists (Clinical Supervisors), not just rely on Director of Training
- To be completed by multiple Radiologists (Clinical Supervisors)
- Performed frequently
- Cover a broad range of activities, topic areas and modalities
- Incorporate assessment of intrinsic roles competencies
- Trainees must complete the number required to demonstrate competence, but are encouraged to complete as many as they want
- **Will be considered when determining passing standard in borderline candidates**
- Assess the level of supervision required for that activity using an **entrustability scale**

Work-Based Assessments

A Few Examples……

IMAGING INTERPRETATION AND REPORTING ASSESSMENT

Requirements

Diagnostic Radiology forms a key component of the Clinical Radiology Curriculum. This assessment tool is designed to document a trainee's progress across time in the development of competence to practice in the following modalities of diagnostic radiology;

- X-ray
- CT
- MRI
- US
- Mammography
- Fluoroscopic Imaging, including angiography

By the end of training, trainees are expected to reach a level of autonomous practice (Level 4 on the following Entrustability Scale) in all modalities across all topic areas.

Level 1 Constant Direct Supervision	Level 2 Direct Supervision	Level 3 Minimal Direct Supervision	Level 4 Direct Supervision Not Required
Conditions reported in conjunction with consultant	Consultant is on site and reviews reports within 4 hours.	There is direct and timely access to a Consultant and reports are reviewed within 24 hours	Consultant is available and reports are reviewed within 24 hours

Instructions for Completing the Logbook

The Trainee and the Clinical Supervisor should meet face to face to review all studies reported by the trainee in a session. A minimum of 20 sessions should be completed in a 6 month period. The following documentation should be completed for each study reported in that session. The trainee should ensure that a wide variety of studies are included across training. It is expected that the Entrustability Level will increase as trainees gain competence in the various modalities and study types. Trainees are expected to be proactive in ensuring completion of this assessment.

Clinical Supervisors should record an Entrustability Level according to the scale above for each study in the logbook. This should be a global decision based on the overall performance of the Trainee. It should be based upon the Supervisor's judgement and entrustment of the level of supervision that the Trainees requires for each study. The Supervisor's signature is required to confirm this. Feedback should be provided to the Trainee to guide future performance.

Directors of Training (DoTs) should review the Imaging Interpretation and Reporting Logbooks presented by trainees at each of the 6 monthly reviews throughout all three Phases of the Training Program. The DoTs will provide advice on progress towards reaching the required Entrustability Level.

The **Supervision of Radiology Trainees in Training Department Guidelines** state that "*The College recommends that all trainees have all reports reviewed by a supervising radiologist and ideally supervised face to face, allowing for jurisdictional differences, however the degree of supervision may vary depending on the experience and level of training of the trainee. As more experience and seniority are achieved, trainees may report in a more independent fashion at the discretion of the Clinical Supervisor.*"

NAME: _____ TRAINEE ID:_____ TRAINING SITE:_____

DATE TRAINING COMMENCED:_____ DATE OF ASSESSMENT:_____ ASSESSOR:_____

Case Dx	Modality	Topic Area	Findings • perception • interpretation				Diagnosis • primary diagnosis • differential diagnosis			Management • management • communication • report structure			Entrustability Level	Comment and Feedback
			Detects all relevant findings	Detects majority of relevant findings safe for practice	Fails to detect relevant findings	Detects non-existent findings	Correct diagnosis	Interpretation sufficient for safe practice	Incorrect diagnosis, Interpretation insufficient for safe practice	Recommends appropriate management	Recommends inappropriate management	Recommends unsafe management		

Feedback to Trainee
Include comments on strengths, weaknesses, areas for further work

Instructions for progression decisions

Progression from Phase 1 to 2 is determined by the Director of Training. Progression from Phase 2 to Phase 3 and completion of training is determined by Progress and Review Panel. Throughout the training, Trainees will need to demonstrate satisfactory progress towards attaining competence.

When making decisions regarding borderline performance in formal examinations (Clinical Radiology MCQ, e-Film Reporting and Viva examinations) the Progress and Review Panel will review Director of Training Assessments, progress in relevant work-based assessments and performance in other examinations.

SIGNATURE OF CLICINICAL SUPERVISOR/DIRECTOR OF TRAINING _____

NAME OF CLINICAL SUPERVISOR/DIRECTOR OF TRAINING _____

INTERVENTIONAL PROCEDURES LOGBOOK

Requirements

Trainees are required to perform and record **100 interventional procedures** under radiological guidance across the 3 Phases of Training with an even spread across the four (4) major categories of procedures:

- Injection
- Drainage
- Biopsy
- Vascular access

Procedures can only be recorded if the Trainee has a primary role in the performance of the procedure. Observation of procedures does not qualify for a logbook entry.

For each procedure, a Clinical Supervisor must rate the trainee's performance according to the following Entrustability Scale.

Level 1 **Constant Direct Supervision**	**Level 2** **Direct Supervision**	**Level 3** **Minimal Direct Supervision**	**Level 4** **Direct Supervision Not Required**
Procedures performed in conjunction with consultant	Consultant observes performance and reports reviewed immediately	There is direct and timely access to a Consultant and reports are reviewed within 24 hours	Consultant is available and reports are reviewed within 24 hours

Instructions for Completing the Logbook

Trainees should record the patients' initials, the diagnosis of the condition requiring the procedure and the actual procedure performed, for each procedure entered into the logbook. For biopsies, it is expected that Trainees should follow up the pathology and microbiology results. Trainees are expected to be proactive in ensuring completion of this assessment.

Clinical Supervisors should record an Entrustability Level according to the scale above for each procedure in the logbook. This should be a global decision based on the overall performance of the Trainee. It should be based upon the Supervisor's judgement and entrustment of the level of supervision that the Trainee requires for each procedure.

In assigning a rating the Supervisor should consider both knowledge and skills-based competencies, as well as intrinsic roles, including:

- Appropriate communication with other health professionals
- Appropriate case selection
- Comprehensive risk assessment
- Patient consent
    - Clear and concise communication
    - Responsiveness to patients including answering patient questions and reflecting concerns
    - Demonstration of cultural awareness and competence
- Understanding of practice and principles of image guidance
- Identification of relevant anatomical structures
- Performance of procedures
- Appropriate post-procedural care including provision of clear documentation and management of post-procedural complications

The Supervisor's signature is required to confirm this. Feedback should be provided to the Trainee to guide future performance of procedures.

Directors of Training (DoTs) should review the Interventional Procedures Logbooks presented by trainees at each of the 6 monthly reviews throughout all three Phases of the Training Program. The DoTs will examine the entries and provide advice on progress towards the target of 100 procedures by the end of training, the range of procedures performed across the four categories and the Entrustability Level achieved. This should guide Trainees in their choices of further procedures that should be undertaken.

NAME/TRAINEE ID: _____ **TRAINING SITE:** _____

DATE TRAINING COMMENCED: _____

DATE	PATIENT INITIALS	DIAGNOSIS	PROCEDURE	ENTRUSTABILITY LEVEL	COMMENTS AND FEEDBACK	SUPERVISOR SIGNATURE

Instructions for progression decisions

To meet progress requirements, Trainees will need to demonstrate satisfactory progress towards completing 100 interventional procedures across the four (4) categories of procedures.

- For completion of the requirements for Phase 1 of Training Trainees must be judged to be performing at Level 2 at least.
- For completion of the requirements for Phase 2 of Training Trainees must be judged to be performing at Level 3.
- For completion of the requirements for Phase 3 of Training Trainees must be judged to be performing at Level 4.

Progression from Phase 1 to 2, and progression from Phase 2 to 3 is determined by the Local Network Governance Committee, after review of work-based-assessments and examinations results.

Examination progression is determined by CREAC. When making decisions regarding borderline performance in formal examinations (Clinical Radiology MCQ, e-Film Reporting and Viva examinations), progress in relevant work-based assessments and performance in other examinations will be considered.

Attainment of Fellowship will be determined by the Performance Progression Panel after review of all training requirements.

SIGNATURE OF DIRECTOR OF TRAINING _____

NAME OF DIRECTOR OF TRAINING _____ **DATE** _____

MULTI-DISCIPLINARY/CLINICAL RADIOLOGY MEETING LOGBOOK

Requirements

Radiologists have a critical role in both Clinical Radiology Meeting and Multi-Disciplinary Meetings (MDMs). Radiology Trainees are expected to develop skills required to become independent members of such Multi-Disciplinary Teams. In MDMs they work collaboratively with team members, including Pathologists, correlating radiological-pathological findings to optimise patient care.

Trainees are required to attend and participate in **100 meetings** over the three Phases of Training, **50 of which must be Multi-Disciplinary meetings** with a Pathologist present.

Attendance at meetings can only be recorded if the Trainee assists in the preparation or presents at meetings. Attendance alone does not qualify for a logbook entry. Each record of meeting must be accompanied by a Supervisor rating according to the following Entrustability Scale.

Level 1 Constant Direct Supervision	Level 2 Direct Supervision	Level 3 Minimal Direct Supervision	Level 4 Direct Supervision Not Required
Assists the Consultant to prepare for the presentation	Presents to the meeting in conjunction with the Consultant	Presents to the meeting with the Consultant in attendance	Present to the meeting independently

Instructions

Trainees should record the name of the meeting, the type of the meeting and whether or not a Pathologist is present, for each meeting entered into the logbook.

At the end of the meeting Clinical Supervisors, in conjunction with the Trainee, should record an Entrustability Level according to the scale above for each logbook entry. This should be a global decision based on the overall performance of the Trainee. In making the decision, Supervisors should pay particular attention to demonstration of:

- clear and concise communication
- recommendations for appropriate management/follow-up/further investigation
- constructive contribution to MDM discussion including answering questions appropriately

It should be based upon the Supervisor's judgement and entrustment of the level of supervision that the Trainee requires for participation. The Supervisor is required to confirm this. Feedback should be provided to the Trainee to guide future participation in meetings.

Directors of Training (DoTs) should review Meeting Logbooks presented by trainees at each of the 6 monthly reviews throughout all three Phases of the Training Program. The DoTs will examine the entries and provide advice on progress towards the target of 100 meetings by the end of training, and the Entrustability Level achieved. This should guide Trainees in their further participation in meetings.

NAME/TRAINEE ID: _____ **TRAINING SITE**: _____

DATE TRAINING COMMENCED: _____

DATE	TRAINING PHASE	NAME AND TYPE OF MEETING (CLINICAL OR MDM)	PATHOLOGIST Y/N	ENTRUSTABILITY LEVEL	COMMENTS AND FEEDBACK	SUPERVISOR SIGNATURE

Instructions for progression decisions

To meet progress requirements, Trainees will need to demonstrate satisfactory progress towards participating in 100 meetings.

- For completion of the requirements for Phase 1 of Training Trainees must be judged to be performing at Level 2 at least.
- For completion of the requirements for Phase 2 of Training Trainees must be judged to be performing at Level 3 at least.
- For completion of the requirements for Phase 3 of Training Trainees must be judged to be performing at Level 4.

Progression from Phase 1 to 2 is determined by the Director of Training. Progression from Phase 2 to Phase 3 and completion of training is determined by Progress and Review Panel.

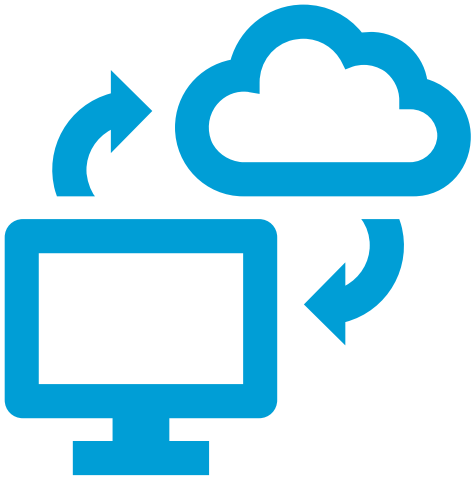
DoTs and Progress and Review Panel will make a global decision on the overall Entrustability Level based on the Entrustability Levels recorded for each meeting. Advice should be provided to Trainees on areas of strengths and weakness to guide them in subsequent participation in meetings.

When making decisions regarding borderline performance in formal examinations (Clinical Radiology MCQ, e-Film Reporting and Viva examinations) the Progress and Review Panel will review all DOT Assessments, progress in relevant work-based assessments and performance in other examinations.

SIGNATURE OF DIRECTOR OF TRAINING _____

NAME OF DIRECTOR OF TRAINING _____ **DATE** _____

Rapid Film Reporting



- On-site learning and self-assessment tool in the perception and interpretation radiological findings
- Allows for a broad sampling of diagnoses and conditions in all topic areas
- The assessment will be comprised of a selection of cases consisting of 1 or 2 images, with the capacity to filter by topic area and modality
- To be delivered via an online platform, with automatic scoring by the platform
- Feedback according to topic area and modality

Research Requirements

- Critically Appraised Topics (CATs) - 6 in total over 3 Phases
- **ONE Research** Project
  - Project plan / research proposal approval locally by end of Phase 1
  - Research project to be completed by 54 months, including:
    - ✓ Presentation at local branch level for consideration for Branch of Origin, **AND**
    - ✓ Evidence of acceptance for peer-review in a journal of impact factor greater than 1.0

Examinations

- Fit for purpose and complementary to work-based-assessments
- Better alignment with learning outcomes
- Terminology changed to better reflect the nature of the exams
- More flexibility around exam sittings
- Duration and format of questions will change
- Digitalised and standardised

Phase 1 Examination Changes

- Phase 1 Exam Format - Commences Series 1, 2021

	Current	Future

Anatomy	• Two papers x 2 hours
	  ○ Short Answer Questions
		• One paper x 3 hours
		  ○ Diagram Labelling
		  ○ Multiple Choice Questions (MCQs)
		  ○ Very Short Answer Questions (VSAs)
		  ○ Short Answer Questions (SAQs)

Applied Imaging Technology (AIT)	• Two papers x 2 hours
	  ○ Written essay questions
	  ○ MCQs
		• One paper x 3 hours
		  ○ Written essay questions
		  ○ MCQs

Phase 1 Examination Rules

Rule	Current	New
Sitting	Must sit all exams together	Anatomy and AIT can be sat together or independently
Number of opportunities	4 consecutive opportunities in 2 years	4 consecutive opportunities in 2 years, irrespective of number of exams sat at an opportunity
Passing rule	Must meet a passing standard	Must meet a passing standard

Phase 2 Examination Changes

- Phase 2 Written Exams Format Commences in Series 1, 2022 for *Trainees and IMGs*

Case Reporting (ECR)

- 2 hours change to 3 hours
- Consist of short cases, medium cases and long cases

Clinical Radiology MCQ (CR)

- Unchanged, 2 hours

Pathology

- 2 hours change to 3 hours
- Will incorporate SAQs in addition to MCQs to test depth of knowledge

Objective Structured Clinical Examination in Radiology (OSCER)

- *The current 'viva' examination has been renamed to the 'OSCER'*
- *Format commences in Series 2 2022*
    - Standardised digital cases will be used to align with the contemporary practice and to reduce the variation in cases.
    - Structured and standardised questions will be presented to ensure candidates have the same opportunity to display knowledge
    - Standardised marking templates with rubrics will be used

OSCER Format

- Single OSCER over half a day
- 7 stations with 2 examiners at each station
- Breast and O&G will be split
- Pathology incorporated, with capacity for Applied Anatomy and AIT questions
- Approx 8-10 cases each station
- Same cases shown to 42 candidates in a day

OSCER Structured Questions

There are structured questions for each case:

Each case is marked in 2 ways

- Each is scored out of 10 using a marking rubric.
- A global rating is also given for each case
- This enables standard setting for the OSCER

Each question is mapped to the following domains:

- Observation
- Interpretation
- Management
- Pathology
- Anatomy
- Applied Imaging Technology / Patient Safety
- Intrinsic roles

OSCER – Requirement to Pass

- Overall pass mark determined by standard setting
- Must pass all stations
- If fail 1 or 2 stations, repeat only those stations
- If fail > 2 stations- repeat all stations
- Candidates who have failed 1-2 stations and are borderline in those stations will be reviewed by Clinical Radiology Examination Advisory Committee (CREAC), taking into consideration WBAs and performance in other exams - may be granted a compensatory pass.

Phase 2 Examination Rules - Trainees and IMGs

Rules	Current	New
Sitting	All exams sat at the same time Can pass “piecemeal”	Pathology and CR/ECR can be sat independent of each other All writtens must be passed before presenting for the OSCER
Number of attempts	4 consecutive attempts	Maximum of 3 consecutive attempts for pathology written Maximum of 3 consecutive attempts for CR written/ECR Maximum of 3 consecutive attempts for OSCER
Passing	Must reach a passing standard in each exam/viva Can pass vivas “piecemeal”	In all exams, for borderline candidates, WBAs and other exams will be considered when determining if a candidate has reached a passing standard- may be granted a compensatory pass At the OSCER, greater than 5/7 stations passed, only repeat those stations that were failed

Progression Rules

- Clearer milestones for progression
- Trainees are responsible for completing their portfolio and demonstrating progression
- Decision making based on aggregate information rather than one high-stakes assessment
- A **programmatic approach** will be utilised when considering trainee progression
- Examination results and performance in work-based-assessments be considered in decision making

Progression Between Phases

- Designed as a 5-year (training time) program over 3 phases, but can be 6 years if required
- Maximum of ten calendar years, commencing from the date of joining the training program in an accredited training position, inclusive of breaks in training and remediation in training
- For part time trainees, pro-rata will be considered by CRETC.
- DoT Review every 6 months, which informs Local Governance Committee (LGC) decision

Phase 1

- Must complete by 24 months training time
- Cannot progress to Phase 2 before 12 months training time

LGC to determine trainee progression to Phase 2

Phase 2

- Must complete by 60 months training time
- Cannot progress to Phase 3 before 48 months training time

LGC to determine trainee progression to Phase 3

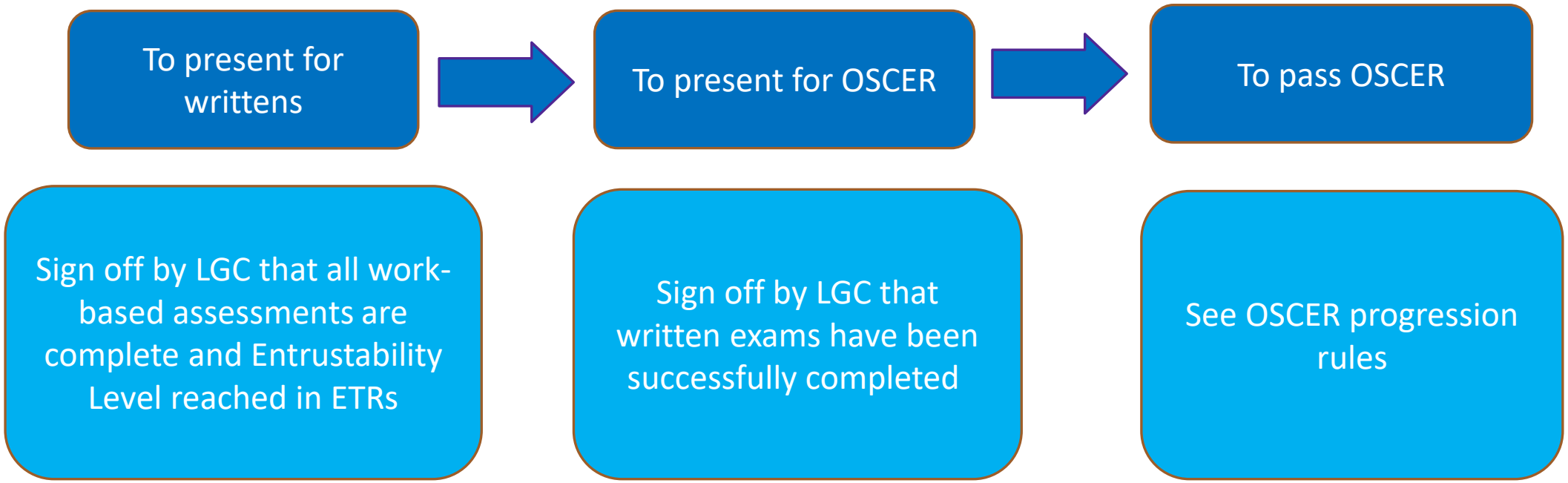
Phase 3

- 12 months training time
- Consolidation phase
- Sub-specialty rotation

Clinical Radiology Education and Training Committee (CRETC) to determine the eligibility for Fellowship

Progression Within Phase 2

- There are 3 progression steps within Phase 2
- DOT review informs the Local Governance Committee



What Are Your Key Responsibilities?

Trainees	• Timely completion of WBAs and learning experiences • Completion of training portfolio • Initiate assessment with Consultants/Clinical Supervisors, and DoT Review • Update records in LMS in a timely manner
Consultants/ Clinical Supervisors	• Timely completion of WBAs with trainees, and provide constructive feedback • Flag issues for discussions with DoTs, if there are any • Complete Clinical Supervisor feedback form prior to DOT review
Directors of Training (DoTs)	• 6 monthly DoT Review • Evaluate trainee's progress, and provide additional resources/support if required • Inform Local Governance Committee's decision on Trainee's progression to next phase
Training Network	• Provide adequate teaching and learning opportunities, and adequate supervision • Timely portfolio review (by LGC) to determine trainee's progression to Phase 2 and eligibility for OSCER exam during Phase 2
Department/ Training Site	• Provide trainees with adequate teaching and learning opportunities • Provide protected time for trainees and supervisors for learning activities and WBAs • Support Consultants/Clinical Supervisors and DoTs and others in delivery of training

Facilitate a safe training environment and monitor trainee health and wellbeing

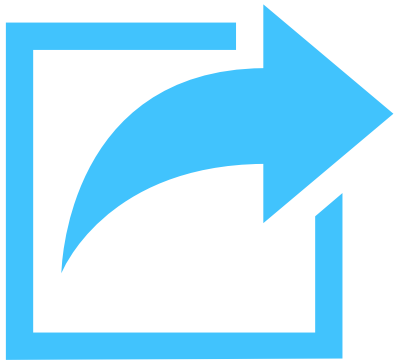
Transition

ALL trainees will be transitioned to the enhanced training program at beginning of 2021, with phased transitions scenarios.

This is to:

- Avoid the need to operate two programs concurrently
- Allow all trainees to benefit from the changes to the training program

Transition



The transition period requires a variety of trainee progression scenarios, and in determining these scenarios the overriding principles are to

- Minimise disruption for trainees
- Minimise disadvantage for trainees
- Introduce transition system flexibility
- Ensure feasibility from an administrative perspective, particularly in relation to the delivery of the OSCER

What Needs to be Done?

- Trainees to complete assessments and learning activities in a timely manner as per current training requirements
- Trainees to keep all information and records up-to-date in TIMS, to ensure data being transferred to the Training e-Portfolio is as accurate as possible
- To read information regarding the transition provided through College communication channels, and keep abreast of upcoming changes

Other Implementation Activities

- Training for Fellows, trainees and staff (work-based-assessment, Training e-Portfolio etc.)
- Stakeholder consultation/communication/pilots
- Policies/procedures review and update
- Accreditation documentation/regulations update
- Evaluation and monitoring

Got Questions?

FOR MORE INFORMATION

Visit our website at
www.ranzcr.com/tar

Email us at:
CRtraining@ranzcr.edu.au