

# Area of Need Site Accreditation Standards

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The Royal Australian  
and New Zealand  
College of Radiologists®

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The Faculty of Clinical Radiology

# Area of Need Site Accreditation Standards

## Clinical Radiology

## Standards

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The Royal Australian and New Zealand College of Radiologists  
Level 9, 51 Druitt Street  
Sydney NSW 2000 Australia

New Zealand Office: Floor 6, 142 Lambton Quay, Wellington 6011, New Zealand

Email: [ranzcr@ranzcr.edu.au](mailto:ranzcr@ranzcr.edu.au)  
Website: [www.ranzcr.com](http://www.ranzcr.com)  
Telephone: +61 2 9268 9777

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## About the College

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a not-for-profit professional organisation for clinical radiologists and radiation oncologists in Australia, New Zealand, and Singapore. RANZCR is a membership organisation led by clinicians who are elected by the membership, with oversight from a Board of Directors.

We are the leaders in medical imaging and cancer care. We enable the best practice of clinical radiology, radiation oncology and associated subspecialty areas through engagement, education, and advocacy; and by supporting clinical excellence. Our Fellows play a critical role in the diagnosis and monitoring of disease, provide interventional treatments and targeted treatments for cancer.

Our evidence-based culture focuses on best practice outcomes for patients and equity of access to high quality care, underpinned by an attitude of compassion and empathy. As an organisation we are committed to diversity and inclusion, and to the training and professional development of our Fellows and trainees throughout their career. We are dedicated to enhancing the health outcomes of Māori, Aboriginal and Torres Strait Islander peoples and to increasing their participation in the professions of clinical radiology and radiation oncology by ensuring our educational programs support best outcomes for them. This includes a commitment to cultural safety in our organisation, for staff and members.

### Purpose

To enable the safe and appropriate use of clinical radiology and radiation oncology to optimise health outcomes for our patients and society.

### Values

Our leadership values underpin all that we do and embody our focus on quality patient outcomes.

### Integrity

We maintain the confidence and trust of our stakeholders through our honesty, transparency, and authenticity.

### Accountability

We take responsibility for all our actions, behaviours, performance, commitments, and decisions.

### Inclusivity

We foster an inclusive workplace and clinical environments for people in Australia and New Zealand.

### Innovation

We constantly strive to reimagine excellence in everything we do.

### Code of Ethics

The Code defines the values and principles that underpin the best practice of clinical radiology and radiation oncology and makes explicit the standards of ethical conduct the College expects of its members.

# 1. INTRODUCTION

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## 1.1 Purpose and scope

The Royal Australian and New Zealand College of Radiologists (RANZCR) is responsible for ensuring that International Medical Graduates (IMGs) practising in Australia are supported to practise safely. To achieve this aim, RANZCR's core role is to ensure there are structures, processes and policies to support IMGs to reach the standard of a RANZCR trained Clinical Radiologist in order to practise safely, effectively, and collaboratively, and at an expected standard in Australia.

A broader aim is to ensure those upskilling in RANZCR accredited Area of Need sites in regional and rural Australia and/or state and territory determined as Areas of Need (AoN) are well supported.

The aim of AoN accreditation is to ensure that a minimum acceptable standard of facilities (staff, equipment, diversity of clinical material and support) is available to provide a successful upskilling environment for International Medical Graduates working in Areas of Need positions and also for IMGs towards specialist recognition in Australia.

This document lays out the requirements for Clinical Radiology sites and practices to gain Area of Need accreditation for the upskilling of IMGs on the Specialist Recognition pathway.

## 1.2 Definitions

In this document:

**Ahpra** means Australian Health Practitioner Regulation Agency which is the administrative body for the Medical Board of Australia.

**AMC** means Australian Medical Council which is an independent national standards body for medical education and training. The AMC is an external accreditation entity for the purposes of the Health Practitioner Regulation National Law in Australia.

**AoN** means Area of Need which are the geographical locations determined by state and territory governments, primarily in rural and remote areas, where there is an inability of employers to attract locally trained specialists.

**CAO** means Chief Accreditation Officer. The CAO is the officer in charge of all matters with site accreditation. The CAO is a member of the Clinical Radiology Education and Training Committee.

**College** means The Royal Australian and New Zealand College of Radiologists.

**CRTAC** means Clinical Radiology Training Accreditation Committee. CRTAC is a committee that monitors and make recommendations to sites providing training to have the appropriate facilities, ability, resources and governance to be able to deliver training to a standard that the College identifies to meet and deliver the needs of the training program.

**CRETC** means Clinical Radiology Education and Training Committee. CRETC is the governing body that develops the educational content, assessments and accreditation mechanisms that ensure that trainees can become competent Clinical Radiologists.

**CPD** means Continuing Professional Development. CPD enables health practitioners to maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. CPD is also referred to as Continuing Medical Education (CME).

**DWS** means District Workforce Shortage which are geographical areas determined by the Federal Government based on statistical data where the local population has less access to Medicare subsidised medical services.

**Fellow** means a College member admitted to Fellowship of the Royal Australian and New Zealand College of Radiologists.

**FRANZCR** means Fellow of the Royal Australian and New Zealand College of Radiology.

**IMG** means International Medical Graduates. IMGs are graduates who have completed their primary and specialist medical training in radiation oncology overseas; outside of Australia and/or New Zealand.

**IMG Committee** means the College body tasked with addressing all matters relating to International Medical Graduates (IMGs) including administering International Medical Graduate Specialist Recognition assessment and Area of Need assessments.

**MBA** means Medical Board of Australia. The MBA is responsible for the registration of medical practitioners, developing standards, codes and guidelines as well as investigating complaints about medical practitioners.

**National Law** means the Health Practitioner Regulation National Law 2009 (Commonwealth) as applicable from time to time.

**RANZCR Accredited Training Site** means an organisation that actively engages and is responsible and accountable for the delivery of training in Radiation Oncology. These organisations may be public or private entities who are accredited by the College and are required to follow the relevant training curriculum and accreditation standards as set out by the College.

**Specialist Assessment** means assessment for either comparability to an Australian-trained clinical radiologist or radiation oncologist (Specialist Recognition) or suitability for an Area of Need (AoN) position.

**Specialist Recognition** means the pathway for international medical graduates who are overseas-trained specialists applying for assessment of comparability to the standard of a specialist trained in that specialty in Australia.

**Specialty** means a branch of medicine. At RANZCR there are two specialties: Clinical Radiology and Radiation Oncology.

## 2. AREA OF NEED SITE ACCREDITATION PROCESS

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### 2.1 Accreditation period

To align with the MBA requirement for IMGs found partially comparable to complete the Specialist Recognition pathway within four years, RANZCR AoN accreditation is granted for a period of four (4) years.

A new AoN site will undergo a site assessment to validate the ability of the site to meet the AON accreditation standards as part of the initial accreditation process. Once an AoN IMG has commenced in the position a follow up site visit is required to be undertaken within the first 12 months.

## 2.2 Accreditation process

The AoN Site Accreditation process is a 4-stage process.

Full details: [AoN Site Accreditation Application Guidelines](#)

- Stage 1: Paper based review of the Site Self-Assessment application.
- Stage 2: Site assessment to ensure site meets the AoN Site Accreditation standards
- Stage 3: Follow up site assessment after the IMG has been on site to ensure
- Stage 4: Variation not involving a site visit



## 2.3 Accreditation with Limitations

- (a) Recognising the variability in service provision and therefore upskilling opportunities in the various AoN sites, there may be limitations placed on a site, for example limitations on the breadth and type of upskilling that the site is accredited to provide an IMG.
- (b) The CAO may request a visit outside the regular accreditation cycle to any site at his/her discretion.

## 2.4 Accreditation Outcomes

The CRETC will determine if a site meets the requirements to be accredited to upskill IMGs on the specialist recognition pathway. There are two possible outcomes:

- (a) Accredited or
- (b) Not accredited

| Outcome        | Definition   | Follow-up   |
|----------------|--|---|
| Accredited     | Site has demonstrated that there are adequate systems, structures and staffing to support IMGs requiring up to 12 months upskilling on the Specialist Recognition pathway. | Site visit within 12 months of IMG commencing at the site.  |
| Not Accredited | Concern the site does not have sufficient systems, structures and staffing to adequately support the IMG.  | a. Site advised to reapply for accreditation at a later date once noted concerns have been addressed<br>or<br>b. Site requested to refer to accreditation standards |

### **3. AREA OF NEED SITE ACCREDITATION STANDARDS**

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#### **3.1 Structure of AoN Standards**

The AoN Standards have been developed to:

- (a) Promote the safety, welfare and interests of IMGs;
- (b) Ensure IMGs have the appropriate knowledge, skills and supervision to provide, quality patient care;
- (c) Support a wide range of educational and upskilling opportunities for IMGs to ensure that IMGs are competent, safe and supported on the specialist recognition pathway;
- (d) Support IMGs to complete the Specialist Recognition pathway requirements, including work based assessments and, where required, examinations; and
- (e) Ensure accredited AoN site meet College standards and requirements for education, training, workplace safety and patient care and safety.



## DOMAIN 1

### The AoN Site promotes the health, welfare and interests of IMGs.

*(While the College recognises the differing requirements of workplace policies across jurisdictions, there is still a responsibility to ensure that sites support IMG welfare. This may require new policies to be drafted. However, it may be more appropriate to ensure adherence to existing policies applicable to IMG welfare.)*

## Standard 1.1 Governance, safety and quality assurance

The AoN provides effective organisational structures for the management of IMGs.

**Criterion 1.1.1.A** The AoN Practice has clear governance structures which support education and upskilling

| Number     | Standard   | Intent   |
|------------|--|--|
| 1.1.1.A. 1 | The governance structure of the Practice prioritises, <b>promotes and supports a culture of education and training</b> as well as respect and professionalism.   | To ensure an organisation-wide commitment to education of RANZCR IMGs with the expectation to promote high quality learning, and foster an environment of inquiry, scholarship and professional development. |
| 1.1.1.A. 2 | Where there is more than <b>one AoN location</b> , all locations are unified under the <b>same governance structure</b> .  | The Practice may operate in more than one location/site.   |
| 1.1.1.A. 3 | The <b>Practice Executive has an active communication, is engaged and supports the upskilling program</b> at the Practice.   | To ensure there is oversight at an executive level and a mechanism for escalation of information.  |
| 1.1.1.A. 4 | <b>Sufficient resources and adequate budgeted allocated funding</b> are provided by the Practice to adequately support and manage IMGs as well as their education.   | Sufficient resources and allocated funding are provided by the Practice to adequately support and manage IMGs and their education.   |
| 1.1.1.A. 5 | The Practice establishes and communicates to the IMGs <b>clearly defined lines of accountability</b> for the management of IMG training, which is understood by the IMG(s), including the means of contacting the stakeholders involved in the upskilling program. | To ensure there is appropriate governance communication between IMGs, IMG supervisors and the principal IMG supervisor.  |
| 1.1.1.A. 6 | The Practice must provide <b>accurate feedback to the College</b> , particularly where the Specialist Recognition outcome determination does not align to the IMG's clinical skills.   | To ensure there is appropriate governance communication between IMGs, IMG supervisors and the College.   |
| 1.1.1.A. 7 | The Practice <b>prioritises and promotes equality, equal opportunity and diversity</b> in their governance structures.   | To ensure appropriate representation, advocacy and philosophical integrity.  |

| <b>Criterion 1.1.1.B</b> The Practice has clear governance structures which support safety and quality |   |   |
|--|---|---|
| <b>Number</b>  | <b>Standard</b>   | <b>Intent</b>   |
| 1.1.1.B. 1   | The Practice fosters a <b>culture of quality improvement</b> .  | To ensure a commitment to a culture of high quality learning and improvement within a safe learning environment.  |
| 1.1.1.B. 2   | The Practice subscribes to and is <b>assessed by an external accreditation agency</b> by which it is recognised as possessing a safe and high-quality practice for the equipment utilised and imaging produced. | The Practice/site subscribes to and is assessed by an external accreditation agency by which it is recognised as possessing a safe and high-quality practice and for the equipment utilised and imaging produced in the practice. |
| 1.1.1.B. 3   | The Practice <b>engages in quality assurance and audit practices</b> such as morbidity & mortality, peer review, root cause analyses and discrepancy meetings when required.                                    | To ensure the nature of quality assurance activities occurring at the Practice and that IMGs are trained in focused quality assurance and practice improvement projects.  |

| <b>Criterion 1.1.1.C</b> The Practice has clear <b>governance structures which support workplace health, safety and welfare of IMGs</b> |   |   |
|---|---|---|
| <b>Number</b>   | <b>Standard</b>   | <b>Intent</b>   |
| 1.1.1.C. 1  | The Practice supports a <b>holistic culture of the workplace health, safety, equality and welfare of IMGs</b> which includes levels of communication, mentorship and social perspectives.                   | To ensure that the site: is physically, emotionally and psychologically safe; is free from discrimination, bullying, violence and sexual harassment; is an inclusive and culturally safe environment that promotes cultural competence within its workforce; and supports IMGs and actively encourages them to maintain their health and wellbeing. |
| 1.1.1.C. 2  | The Practice has a current <b>Work Health and Safety</b> policy and practice in accordance with the Work Health and Safety Act relevant to the state.   | To ensure the Practice adheres to the Work Health and Safety requirements.  |
| 1.1.1.C. 3  | The Practice publishes <b>documentation on human resource, clinical risk management and other safety policies</b> in accordance with the Department of Health recommendations.                              | To ensure the IMGs are able to access OHS and risk management policies.   |
| 1.1.1.C. 4  | The Practice has <b>radiation exposure protocols</b> and provides adequate routinely QA tested radiation protection garments for fluoroscopic, interventional work and in other situations where necessary. | To ensure IMGs and all members of staff minimise their exposure to ionising radiation.  |
| 1.1.1.C. 5  | The Practice has a protocol for <b>exposure to toxins</b> .   | To ensure IMGs and all members of staff are aware of procedures following toxin exposure.   |
| 1.1.1.C. 6  | The Practice has a protocol for <b>exposure to infectious agents</b> .  | To ensure IMGs and all members of staff are aware of procedures following exposure or potential exposure to infectious agents   |

|             |   |   |
|-------------|---|---|
|             |   | including blood borne agents.   |
| 1.1.1.C. 7  | The Practice has protocols for dealing with <b>inappropriate behaviours</b> and violence from patients, staff or others, including bullying, intimidation and sexual harassment.  | To ensure IMGs and all members of staff are aware of and protected by the policy on inappropriate behaviours and protocols for dealing with these.                      |
| 1.1.1.C. 8  | The Practice supports <b>IMGs in taking responsibility for their self-care but provides access to personal support mechanisms to improve their wellbeing</b> , provides education and information about available support, counselling, and other human resource services.              | To ensure IMGs have the autonomy and support to maintain a positive state of wellbeing.   |
| 1.1.1.C. 9  | The Practice maintains the <b>professional and personal confidentiality</b> of IMGs particularly in the setting of seeking or receiving personal support. The Practice balances the privacy of the IMG with the need to engage additional support to ensure the safety of patient care. | To ensure an appropriate level of IMG confidentiality and that patient advocacy prevails.   |
| 1.1.1.C. 10 | The Practice <b>rostering and work schedules take into account the principles outlined in the AMA National Code of Practice.</b>  | To ensure safe and fair rosters for IMGs appropriate to their level of experience.  |
| 1.1.1.C. 11 | The Practice <b>monitors all overtime</b> including IMG-initiated overtime.   | <i>Recommendation</i><br>To ensure IMGs are able to undertake the work they are rostered to, is not excessive and is able to be completed in an appropriate time frame. |
|             |   |   |
| 1.1.1.C. 12 | The Practice must provide <b>security for IMGs</b> leaving or arriving on site outside of normal working hours.   | <i>Recommendation</i><br>To ensure the physical safety of IMGs attending to after-hours duties.   |

**Criterion 1.1.1.D The Practice has clear governance structures which support grievance & complaint management processes**

| Number     | Standard   | Intent  |
|------------|--|---|
| 1.1.1.D. 1 | The Practice must have its own <b>grievance policy</b> and be aware of the RANZCR Grievance Policy. An individual or group from an external organisation is to complete their organisation's internal process for lodging a grievance before approaching a Grievance Officer at the College. This must be communicated to IMGs at orientation. | To ensure all IMGs are aware of the process of grievance management.  |
| 1.1.1.D. 2 | The Practice has <b>policies and procedures for open and transparent management and investigation</b> of complaints including bullying, discrimination and sexual harassment.  | To ensure IMGs can work in a safe environment free of bullying, discrimination and harassment of all forms. |
| 1.1.1.D. 3 | The Practice <b>does not allow IMGs to be intimidated, harassed, discriminated</b>   | To ensure IMGs can work in a safe environment free of bullying, discrimination                              |

|            |  |  |
|------------|--|--|
|            | <b>against, segregated or abused.</b>  | and harassment of all forms.   |
| 1.1.1.D. 4 | The Practice has formal <b>performance review processes for all staff</b> so there is documentation and an awareness of any repeated misdemeanours or serious complaints requiring escalation and/or intervention to maintain a safe training environment. | To ensure there is no loss of corporate knowledge regarding a history of repeated misdemeanours or serious complaints for members of staff and Practice attendees. |
| 1.1.1.D. 5 | Grievances raised by IMGs must be resolved in a timely manner and communicated to the College via the IMG team if a resolution has not been resolved and there is an ongoing dispute.  | To ensure there is timely management of grievances and complaints.   |

**Criterion 1.1.1. E The Practice supports IMG participation in governance**

| Number     | Standard  | Intent  |
|------------|---|---|
| 1.1.1.E. 1 | The Practice has clear processes for routine face-to-face <b>consultation and involvement with IMG(s)</b> in relevant decision-making processes.  | To ensure there is adequate consultation in the relevant decision-making processes. |
| 1.1.1.E. 2 | The Practice <b>consults prior to any proposed changes</b> in policy, process or governance that will impact on the IMG(s) at the affected practice. The intent and implications of the changes should be made clear and transparent to the IMG(s). | To ensure there is adequate consultation in the relevant decision-making processes. |

**Criterion 1.1.2 IMG management structures are effective**

| Number   | Standard   | Intent   |
|----------|--|--|
| 1.1.2. 1 | The Practice has a clearly defined <b>structure that effectively manages and supports IMGs on the Specialist Recognition pathway.</b>  | To ensure the organisational governance and processes to educate and train are well established, sustainable and appropriately resourced, ensuring safe and quality training.                                    |
| 1.1.2. 2 | An <b>effective rostering process</b> for IMGs that ensures timely roster distribution and equitable exposure to all practice work as appropriate to the required upskilling, whilst balancing IMG workload, case-mix exposure, the service needs of the practice, safe working hours and leave arrangements. Time frames around alterations and acceptable circumstances under which an IMG can request an alteration must be prescribed. | To ensure there are equitable and timely rostering processes in place to balance the needs of the IMGs with the needs of the department.   |
| 1.1.2. 3 | The Practice has a process with <b>notifications and mechanisms to identify IMGs not performing and/or progressing</b> as expected, including providing information to the college.  | To ensure that all IMG progression is appropriate. Practices are able to identify IMGs who may be in difficulty and are able to provide the IMG with the necessary support and management that they may require. |

| <b>Criterion 1.1.3</b> There are appropriate quality assurances in place |  |  |
|--|--|--|
| <b>Number</b>  | <b>Standard</b>  | <b>Intent</b>  |
| 1.1.3. 1   | The Practice has a <b>quality framework</b> that aligns with DIAS standards and relevant national safety and quality health service standards. | To ensure an appropriate training environment is acknowledged that the DIAS Standards and relevant national safety and quality health service standards. |
| 1.1.3. 2   | The Practice <b>involves IMGs in quality improvement activities.</b>   | <i>Recommendation</i><br>To ensure IMGs have the opportunity to be involved in quality improvement activities at the site.                               |

## **Standard 1.2 Infrastructure, facilities and educational resources**

The AoN site provides appropriate infrastructure, facilities and resources to support the IMG on the Specialist Recognition pathway

| <b>Criterion 1.2.1 Appropriate educational resources</b> are made available for the IMGs |  |  |
|--|--|--|
| <b>Number</b>  | <b>Standard</b>  | <b>Intent</b>  |
| 1.2.1. 1   | The Practice <b>promotes the provision and access to educational resources.</b>  | To ensure IMGs have access to the educational resources that will assist them in meeting the Specialist Recognition pathway requirements.  |
| 1.2.1. 2   | The Practice provides <b>access to information resources</b> appropriate to radiology. There must be capacity to use online search engines with access to clinical and decision support resources. | To ensure IMGs have access to library facilities that will assist them in meeting the Specialist Recognition pathway requirements (e.g. clinical guidelines, policies and procedures) and to assist them in delivering quality care. |
| 1.2.1. 3   | The IMG must have access to a <b>comprehensive imaging teaching and case library.</b>  | To ensure IMGs have access to an imaging teaching case collection/library that will assist them in meeting the requirements of the current RANZCR curriculum framework / learning outcomes.  |
| 1.2.1. 4   | The Practice must provide <b>IT infrastructure for information management</b> and to allow training reporting requirements online.   | To ensure IMGs and Fellows have access to the College's online assessment platforms for the completion of Workplace-based Assessments (WBAs).  |
| 1.2.1. 5   | The Practice should <b>ensure sufficient computer terminals</b> are available at all practice sites to cover rostered and on-call work hours.  | To ensure IMGs have access to computing facilities 24/7 for linked/remote site access, for RANZCR activities and on call work if appropriate.  |
| 1.2.1. 6   | The Practice has access to <b>audio-visual facilities</b> for the presentation and reception of lectures, demonstrations and teaching.   | To ensure IMGs are able to access all educational opportunities.   |
| 1.2.1. 7   | The Practice provides a weekly listing of <b>upcoming scheduled learning opportunities.</b>  | To ensure IMGs are informed of all educational opportunities.  |
| 1.2.1. 8   | The Practice allows access to <b>external educational opportunities</b> for the IMG (face-to-face or online).  | <i>Recommendation</i><br>To ensure IMGs are able to access relevant educational opportunities.   |
| 1.2.1. 9   | The Practice has a documented policy on <b>educational and study leave</b> for IMGs.   | <i>Recommendation</i><br>To ensure IMGs are able to access relevant educational opportunities.   |

**Criterion 1.2.2** The Practice provides a **physical environment, technical resources and amenities** that enable IMGs and associated educational staff to perform their work and to engage in learning and teaching activities

| Number   | Standard  | Intent  |
|----------|---|---|
| 1.2.2. 1 | The Practice provides an <b>accessible, safe and ergonomic work area with a range of personal and professional amenities</b> for both staff and IMGs, including secure areas for personal belongings.         | To ensure an accessible, safe, secure and ergonomic work area for IMGs.   |
| 1.2.2. 2 | The Practice provides the <b>appropriate physical and academic environment to support IMGs</b> in meeting the upskilling requirements aligned with the Clinical Radiology Training Program Learning Outcomes. | To ensure the Practice has sufficient infrastructure to meet the Specialist Recognition pathway requirements.   |
| 1.2.2. 3 | Each IMG has ready access to <b>IT infrastructure with internet access and current software packages</b> .  | To ensure IMGs have sufficient IT capacity to undertake reporting, associated information management and Specialist Recognition pathway requirements. |
| 1.2.2. 4 | Each IMG has access to <b>sufficient reporting workstations with up-to-date applications including the PACS and RIS</b> . The RIS should provide reporting statistics for the site and the IMG.               | To ensure IMGs have sufficient IT capacity to undertake reporting, associated information management and Specialist Recognition pathway requirements. |
| 1.2.2. 5 | The Practice has areas suitably <b>ergonomically furnished</b> to facilitate meetings, teaching and learning; either onsite or remotely, including designated tutorial rooms.                                 | To ensure the Practice has sufficient capacity to hold and facilitate educational sessions and requirements.  |
| 1.2.2. 6 | The Practice provides access to <b>videoconferencing and/or web-based learning</b> for education activities, QA and clinical review.  | To ensure the Practice has sufficient capacity to hold and facilitate educational sessions and requirements.  |

## DOMAIN 2

The AoN site ensures IMGs have the appropriate knowledge, skills and supervision to deliver quality patient care. The AoN Site promotes the health, welfare and interests of IMGs.

### Standard 2.1 Practice specialist staffing and supervision

The AoN site ensures there is adequate specialist staffing to provide appropriate IMG supervision

**Criterion 2.1.1** There is appropriate and sufficient staff to ensure effective supervision of IMGs at all times

| Number   | Standard  | Intent  |
|----------|---|---|
| 2.1.1. 1 | <b>IMG Supervisors should hold the FRANZCR qualification. A principal</b> | To ensure IMGs have appropriate teachers at the practice. |



|          |  |  |
|----------|--|--|
|          | <b>supervisor to be nominated. Principal and co-supervisors to meet the MBA Guidelines for Supervised Practice for IMGs. A nominated supervisor must be available and accessible to the IMG.</b>   |  |
| 2.1.1. 2 | <b>The correct and appropriate complement of supervisory staff should align with a supervision ratio of more than 1 IMG supervisor: 1.5 IMGs and trainees at the practice</b> which only relates to in-hours supervision. All forms of IMG and IMG supervisor leave must be declared. The principal IMG supervisor ensures adequate coverage for the induction period when the IMG is on Level 2 supervision including leave provisions.   | To ensure all IMGs receive an appropriate level of supervision at all levels of training and experience.   |
| 2.1.1. 3 | The <b>workload for the principal IMG supervisor engaged in administration, clinical work and teaching</b> should range between 7,500 and 10,000 examinations per annum depending on the complexity of the case-mix (inclusive of supervised studies by the IMG). All forms of outsourcing must be declared. The accreditation assessors to make a determination at the time of the site assessment if the case numbers are appropriate, based on the case-mix and other conditions at the site. | To ensure there is sufficient manpower to appropriately report examinations and attend to education and training responsibilities.                                     |
| 2.1.1. 4 | The principal IMG supervisor provides <b>regular face-to-face feedback to IMG(s)</b> about their performance as aligned to the IMG's upskilling plan.  | To ensure IMGs have timely feedback to enable a positive culture in upskilling training and timely attention to behavioral correction and/or any required remediation. |
| 2.1.1. 5 | The <b>Practice lead Radiologist is a FRANZCR.</b>   | To ensure there is a Fellow responsible for the executive management of the Practice.  |
| 2.1.1. 6 | The principal <b>IMG supervisor is provided with resources</b> , inclusive of clinical support time, to fulfil the role.   | To ensure the principal IMG supervisor is able to effectively undertake their role.  |
| 2.1.1. 7 | Each IMG is aligned with a <b>principal supervisor to provide mentorship</b> . An IMG supervisor can have no more than 1.5 IMGs and must set out clear and agreed demonstrable goals with the specific IMG   | <i>Recommendation.</i><br>To ensure IMGs have directed supervision based on the performance, progression and preferences.  |

**Criterion 2.1.2** Supervisory staff understand their **roles and responsibilities** and are supported in their supervisory roles

| Number   | Standard   | Intent  |
|----------|--|---|
| 2.1.2. 1 | The Practice ensures that <b>all IMG supervisors are primarily responsible and involved in the supervision, training and teaching</b> and are aware of these responsibilities as well as the College's Curriculum / Learning Outcomes. This may be part of an employment contract and involve a credentialing process. | To ensure there is appropriate education support and training for the IMGs in the Practice. |

|          |   |  |
|----------|---|--|
| 2.1.2.2  | If the AoN site also has accredited trainees, these trainees can only be supervised by a FRANZCR  | To ensure that the trainee receives the appropriate level of supervision.  |
| 2.1.2. 3 | The IMG receives supervision at all times commensurate with the IMGs capabilities/ supervision requirements and relevant to the case-mix of the Practice. This includes the need to support Level 2 supervision for the first 6 months in the AoN position. | To ensure there is Fellow clinical supervision (direct and on-call) of IMGs appropriate to their level of training and the site's case-mix.                          |
| 2.1.2. 4 | The Practice has the capacity for IMG supervisors to <b>voluntarily contribute to RANZCR</b> committees, panels and activities relating to trainee education, assessment and examinations.  | <i>Recommendation</i><br>To ensure sites provide the ability for Fellows to contribute to College activities relating to IMG education, assessment and examinations. |

| <b>Criterion 2.1.3</b> The designated principal AoN supervisor is supported in the role and is available to IMGs |   |  |
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| Number   | Standard  | Intent   |
| 2.1.3. 1   | The Practice provides the principal IMG supervisor sufficient time to perform their administrative duties and support attendance at required activities, such as participating in DOT and IMG Training Workshops. | To ensure the IMG supervisors has an appropriate amount of clinical support time to fulfil their role. |
| 2.1.3. 2   | The IMG supervisor(s) are <b>supported by the Practice Lead Radiologist and Executive.</b>  | To ensure the culture in the greater organisation to support the training program.                     |

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| <b>Standard 2.2</b> The provision of <b>clinical experience and work is relevant</b> |
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| <b>Criterion 2.2.1</b> The Practice provides the appropriate breadth and volume of clinical experience |  |   |
|--|--|---|
| Number   | Standard   | Intent  |
| 2.2.1. 1   | The Practice IMG supervisors have a <b>contemporary standard of practice.</b>  | To ensure the training provided by the IMG supervisors is appropriate and up to date.                             |
| 2.2.1. 2   | The Practice provides opportunities in training for the entire imaging process including consultation, arranging imaging, protocolling, follow-up, clinical and multidisciplinary meetings to address upskilling requirements for the IMG.   | To ensure IMG's experience, develop knowledge and an understanding of the holistic provision of imaging practice. |
| 2.2.1. 3   | The <b>case-mix (including acuity and complexity) and caseload is deemed appropriate for the diagnostic and procedural needs of the IMG as identified in the Specialist Recognition assessment. The experience should</b> provide an optimal opportunity to complete the Specialist Recognition requirements, including the RANZCR Phase 2 Examinations. | To ensure IMGs experience and develop knowledge and understanding of the holistic provision of imaging practice.  |



### DOMAIN 3

Supports a wide range of educational and training opportunities aligned to the upskilling requirements of the IMG.

#### Standard 3.1 Education, training, teaching and learning opportunities

**Criterion 3.1.1** Teaching and learning opportunities in the workplace are **targeted and enable exposure to the breadth of experience** in the learning environment

| Number   | Standard  | Intent   |
|----------|---|--|
| 3.1.1. 1 | The Practice <b>provides an orientation</b> which will be required for all IMGs at the commencement of their employment or when an IMG commences at a new AoN accredited site. At orientation, the Practice ensures that IMGs <b>have the clinical information and appropriate skills (e.g. CPR) required to commence work</b> and the Practice must document completion of orientation which includes sign off by both the IMG and the principal IMG supervisor.   | To ensure IMGs new to the Practice/site are provided with a comprehensive orientation to allow a familiarity with the working environment, its practice and support processes and protocols. |
| 3.1.1. 2 | <p>The IMG <b>orientation program addresses</b> (but is not limited to):</p> <ul style="list-style-type: none"><li>. An introduction to all <b>key staff members</b>. The supervision level and responsibilities of the IMG are known by all.</li><li>. The <b>role and relationships</b> between the IMGs, IMG supervisors and other members of the healthcare team.</li><li>. The <b>departmental layout and equipment</b>.</li><li>. Arrangements and organisation of the <b>dedicated onsite protected teaching including for the Part 2 examination</b>.</li><li>. <b>Training on the use any systems</b> in use (i.e. PACS) including dedicated teaching on <b>Medicare</b></li><li>. <b>Case-mix description / models of care / work practices/referral mechanisms</b>.</li><li>. <b>Indigenous and cultural health competencies and resources</b>.</li><li>. Training on all <b>processes</b> pertaining to receiving referrals, undertaking procedures, report writing, rostering and Work/Occupational Health &amp; Safety procedures.</li><li>. The <b>administrative arrangements and organisational structures</b> within the AoN site including legal matters.</li><li>. IMG management (<b>supervision, training and teaching processes</b>).</li><li>. Awareness of the <b>location of all resources</b> available including policies and procedures related to discrimination, bullying, harassment,</li></ul> | To ensure new IMGs are provided with a comprehensive orientation to allow a familiarity with the working environment, its practice and support processes and protocols.                      |

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|          | <p>and cultural safety.</p> <ul style="list-style-type: none"> <li>· <b>IMG support programs and Patient safety training</b> applicable to site.</li> <li>· <b>Monitoring and oversight of the upskilling plan.</b></li> <li>· Internal grievance processes.</li> <li>· <b>Mentoring</b> process.</li> <li>· <b>The site's appointments and associated human resource credentialling process after Specialist Recognition has been achieved.</b></li> </ul>   |  |
| 3.1.1. 3 | <p>The practice provides <b>protocols for patient safety</b> including but not limited to:</p> <ul style="list-style-type: none"> <li>· Doctor-Patient Referral</li> <li>· Imaging request review</li> <li>· Patient preparation</li> <li>· Consent</li> <li>· Imaging protocols</li> <li>· Radiation safety protocols</li> <li>· Shielding protocols</li> <li>· Drug administration protocols</li> <li>· Management of complications</li> <li>· Infection control</li> <li>· Management of adverse events</li> <li>· Report writing</li> <li>· Communication of results</li> </ul> | To ensure there are structures and protocols for patient and IMG safety.   |
| 3.1.1. 4 | <p>Within clinical supervision there are <b>processes which facilitate clinical teaching and learning opportunities</b> including rostering and the provision of feedback to the IMG(s) on reporting from the IMG supervisor(s).</p>  | To ensure IMGs receive clinical teaching from the IMG supervisor.  |
| 3.1.1. 5 | <p>The Practice has <b>resources and systems for monitoring and assessing IMG performance against the upskilling plan and completion of Workplace-Based Assessments (WBAs).</b></p>   | To ensure sites have the resources and systems in place to facilitate and complete, within the specified timeframes, Workplace-Based Assessments (WBAs) and to provide IMGs with the opportunity to meet their WBA requirements. |
| 3.1.1. 6 | <p>In addition to providing AoN site-based teaching aligned to the RANZCR curriculum, the Practice allows IMGs to attend affiliated RANZCR Training Network educational activities with protected in-hours time.</p>  | To ensure IMGs have access to Network educational activities.  |
| 3.1.1. 7 | <p>Training is provided in accordance with the learning objectives defined in the <b>Report Writing Module</b> of the Clinical Radiology Training Program Learning Outcomes.</p>  | To ensure IMGs have a core competency, understanding and skills in report writing.   |

**Criterion 3.1.2 Structured education programs and continuing medical education sessions are accessible to the IMGs**

| Number   | Standard  | Intent  |
|----------|---|---|
| 3.1.2. 1 | The <b>structured education program and access to teaching resources is available</b> | To ensure the structured education program is aligned to the RANZCR |

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|          | <b>through a relationship /association with a RANZCR Training Network.</b>                 | curriculum / learning outcomes.  |
| 3.1.2. 2 | The Practice provides <b>protected 4 hours per week to IMGs for study and/or teaching.</b> | To ensure all IMGs are provided with adequate access to the structured education sessions. |

### Standard 3.2 Multidisciplinary clinical support services and equipment

**Criterion 3.2.1** Information on **relevant supporting services and specialties** to support the delivery of the specialty service

| Number   | Standard  | Intent  |
|----------|---|---|
| 3.2.1. 1 | There is a <b>unit medical record system</b> in the Practice/Hospital which is classified in such a way as to enable reviews, follow-up and surveys to be made. | To ensure the IMG's are able to access general clinical and laboratory information for imaging practice, correlation, inquiry and research. |

**Criterion 3.2.2** **Equipment is available** to provide the specialty service

| Number   | Standard   | Intent   |
|----------|--|--|
| 3.2.2. 1 | Clinical <b>equipment appropriate to the Practice's case-mix</b> is available.                         | To ensure the Practice has the appropriate clinical equipment to support the delivery of training.               |
| 3.2.2. 2 | There is <b>up-to-date, serviced and compliant radiological equipment</b> at the practice site(s).     | To ensure the Practice has the compliant clinical equipment to support the delivery of training.                 |
| 3.2.2. 3 | There is a process of relevant <b>clinical equipment orientation, education and training</b> for IMGs. | To ensure IMGs are provided with appropriate orientation and training in the use of relevant clinical equipment. |

## 4. RELATED DOCUMENTS

- [International Medical Graduate Assessment \(Australia\) Policy](#)
- [Reconsideration, Review and Appeal of Decisions Policy](#)
- [RANZCR's Code of Ethics](#)
- [RANZCR's Conflict of Interest Policy](#)
- [MBA Guidelines: Supervised Practice for International Medical Graduates](#)