RANZCR

Accreditation Standards for Education, Training and Supervision of Clinical Radiology Trainees
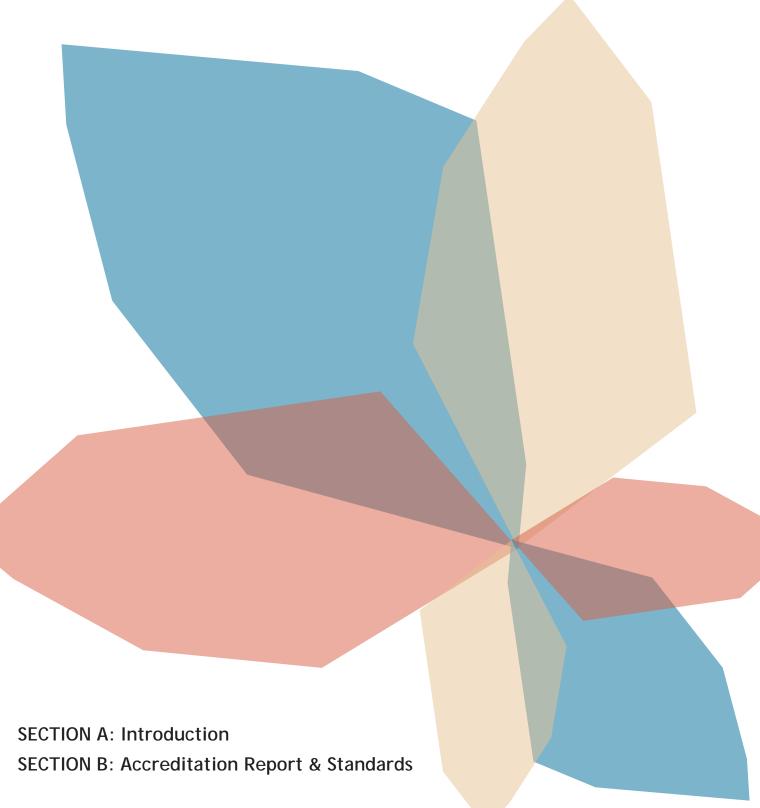
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SECTION A: Introduction

The aim of accreditation is to ensure that a minimum acceptable standard of facilities (staff equipment, diversity of clinical material and tuition) is available to provide successful training in Clinical Radiology.

Trainees must have the opportunity for exposure to a full range of Diagnostic Radiology. It is the responsibility of the site to arrange appropriate rotation to other centers if it is considered necessary by the College to fulfil this requirement. It is the responsibility of the relevant site to provide adequate resources for its trainees.

The site seeking accreditation must provide the documentary evidence requested by the College before the application will be considered.

The Accreditation Process

Requests for new accreditation or review of accreditation must be forwarded to the Chief Censor in Clinical Radiology of The Royal Australian and New Zealand College of Radiologists.

The application and supporting documents will be forwarded by the Chief Censor in Clinical Radiology to the Chief Accreditation Officer (CAO) and the Branch Education Officer (BEO) who together will act as an Accreditation Panel.

An Accreditation Panel can request whatever additional information deemed necessary to complete the accreditation process. The BEO will assist the CAO in the collection of data and the evaluation of training programs.

New Application for Accreditation

New Application	→	Site Visit	⇒	Recommendation to Education and Training Committee	⇒	Accreditation

Sites seeking to become accredited should submit to the College the form *"Application for Accreditation as a Training Site for Clinical Radiology Training"*. Once the application has been reviewed, the site will be requested to submit an Accreditation Report (Section B of this document) and a site visit will be organised.

Site visits will be made by the CAO and BEO or their deputies. The CAO will stand aside when site visits are being made in his/her home state and his/her place will be taken by a senior Fellow from another Branch, appointed by the Chief Censor in Clinical Radiology. Following a site visit, the Accreditation Panel will make a recommendation to the Education and Training Committee.

The types of accreditation which are available are –
- **Full Accreditation** – A site which is able to provide the full five-year training program, either internally or via a combination of internal & external rotations
- **Specialty Accreditation** – A site which provides training in a particular sub-specialty/ies and receives trainees on rotation from multiple sites. E.g. Paediatric hospitals. Specialty sites are subject to the full accreditation standards, with the exception of criteria pertaining to coverage of the five-year Curriculum.
- **Linked Accreditation** – A site where specific training is undertaken for certain periods. This will always be in association with a Full site. The Full site is responsible for monitoring the rotation so as to be aware of whether it is beneficial to their trainees.

Accredited sites will be granted an overall level (A-D, see Appendix B) based on the assessment of the Accreditation Panel however it should be noted that not all criteria in the Standards are weighted equally.

Private practices may be accredited for training. Prior to accepting a trainee, the practice must obtain Linked accreditation with a fully accredited training department.

Ongoing Accreditation

Accreditation	→ 3 years →	Interim Review	→ 2 years →	Site Visit	⇒	Recommendation to Education and Training Committee

The status of A or B-level sites (Full, Linked or Specialty) will normally be reviewed every three years by desk audit and every five years by a site visit, or more frequently if required. The status of C or D-level sites will be reviewed as determined by the CAO and BEO. Linked sites will be reviewed in conjunction with the linked Full site.

The accreditation status of a site or network may be reviewed at the request of that site or network, provided an Accreditation Report and supporting documentation (indicating the change of circumstances) are submitted. Accreditation status may also be reviewed at the request of the BEO.

Interim Review

Accredited sites should complete the Self-Assessment portion of the Accreditation Report and submit it to the College in the third year of their accreditation cycle. Sites will be prompted by the College in June and the report should be submitted by the end of September. The Report will be reviewed by an Accreditation Panel who will then make a recommendation to the Education and Training Committee. The recommendation may be to:
- Continue with current accreditation level for the full five years
- Undertake a site visit (which may result in a downgrade of accreditation)

Site Visit

Site visits will be made by the CAO and BEO or their deputies. The CAO will stand aside when site visits are being made in his/her home state and his/her place will be taken by a senior Fellow from another Branch, appointed by the Chief Censor in Clinical Radiology.

Site visits will be undertaken during the 12 months prior to expiry of accreditation. Sites will be contacted by the College at the beginning of the year to determine the most practical time for a visit however the visit date may be dependent on the CAO's schedule. The department will then be requested to complete and submit an Accreditation Report prior to the visit.

Following a site visit, the Accreditation Panel will make a recommendation to the Education and Training Committee. The recommendation may be to:
- Continue with current accreditation level for a further five years
- Undertake a follow-up site visit (which may result in a downgrade of accreditation)

Annual Census

- *All* accredited sites must complete the Annual Census each June to provide the College with current details of consultant staff, trainees and workload
- The Census form will be pre-filled by the College and sent out to each department by email
- Linked sites must complete the Census unless they either have no trainees on the Census date or a Census is completed on their behalf by a Full site. Sites should contact the College if clarification is required
- The data collected by the Census forms the basis of the publicly available Clinical Radiology Training Site Accreditation Register

Changes of Departmental Heads or Directors of Training should be notified to the Chief Censor in Clinical Radiology as soon as they occur.

The Accreditation Standards

Structure

- Goals have been developed to:
    1. Promote the welfare and interests of trainees
    2. Ensure trainees have the appropriate knowledge, skills and supervision to provide quality patient care
    3. Support a wide range of educational and training opportunities for trainees to ensure that they are competent and safe
- A number of *Standards* support each goal. To fulfil the goal a training site must comply with the objectives defined in the standard.
- *Criteria* are the specific actions required to achieve each standard.
- *Specific requirements* are mandatory actions that support the criteria.
- *Guidelines* provide further explanation of the standards and criteria. These actions are not mandatory but may assist the training site in fulfilling the criteria.

Rating Scale

The training site is asked to assess its own performance using an A-D scale with A being the highest rating and D the lowest. The same rating is used by the Accreditation Panel. The training site is also asked to comment on how the criteria have been achieved. However, it is important to recognise that self-assessment should not be restricted to preparation for the survey process once every five years. Rather, the self-assessment tool should be used by the training site as part of an overall approach to continuous improvement. This process may be managed by the Director of Training and the Head of Department, and will enable training sites to identify and remedy problems as they arise.

APPENDIX A.1: Network Guidelines

A Network is defined as two or more sites that offer general Radiology and separated with respect to:

- Geography
- Administration
- Supervising consultants

A Network should:

1. Have a structured governance committee which:

    - Holds regular meetings
    - Includes a representative from each site
    - Facilitates communication between sites and the arrangement of rotations

2. Have a Director who is not a Head of Department or Director of Training

3. Have clear policies and procedures to manage local issues, as well as adhering to RANZCR policies

    (e.g. Performance and Progression (Clinical Radiology) Policy, Remediation in Training (Clinical Radiology Policy), Withdrawal from Training (Clinical Radiology) Policy, Supervision, Training & Teaching of Clinical Radiology Trainees - Protected Time Policy)

4. Have a standardised, shared educational program which ensures trainees are exposed to a variety of learning experiences

5. Have a clear & transparent network-wide process for recruitment, selection and appointment of trainees

6. Evaluate trainee experiences and respond to feedback

7. Fully support the complete five-year training program and provide trainees with experience consistent with curriculum requirements
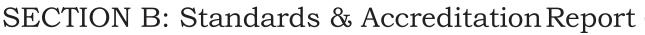
APPENDIX A.2: Accreditation Outcomes

Established Sites

LEVEL	DEFINITION	EXTENSION DATE	FOLLOW-UP
A	Completely satisfactory in all areas, no significant issues, suggestions for improvement only	Extend to 3yr/5yr date as per normal accreditation cycle	Note any suggested improvements for next review/site visit
B	Satisfactory in most areas, some issues noted which require correction but are not significant enough to prevent extension of accreditation		Site to submit report after agreed period of time confirming noted issues have been corrected. Failure to comply may result in downgrade to Level C
C	Significant issues noted which must be corrected before accreditation can continue long-term	Conditions applied to accreditation, extend short-term only, until issues satisfactorily addressed	Report/s to be submitted confirming compliance with conditions, follow-up site visit may be required. Failure to comply may result in downgrade to Level D
D	Multiple significant issues seriously impacting quality of training. Immediate action required, future accreditation in doubt		Report/s to be submitted confirming compliance with conditions, follow-up site visit. Failure to comply may result in loss of accreditation

New Sites

LEVEL	DEFINITION	OUTCOME	FOLLOW-UP
A	Good potential training experience, no concerns with proposed training program	Accredited	As per regular 5yr accreditation cycle
B	Good potential training experience, some concerns with proposed training program which require monitoring	Accredited – *Provisional*	Progress report and/or follow-up site visit in 3-12 months
C	Significant concerns noted with proposed training program which must be addressed before a training program can commence	Not Accredited	Site advised to reapply for accreditation at a later date once noted concerns have been addressed
D	Multiple significant concerns with proposed training program, site not considered appropriate for training	Not Accredited	Site requested to refer to accreditation standards

SECTION B: Standards & Accreditation Report

Accreditation Report to be completed in conjunction with a Site Visit (New or Review) or Interim Review

1. **Training Site - Self-Assessment Form:** *Pg 6-30*

2 **Assessment Team - Site Visit Report:** *Pg 31-36 or* **Interim Review:** *Pg 35 only*

GOAL 1
The Training Site promotes the welfare and interests of trainees
(While the college recognises the differing requirements of workplace policies across jurisdictions, there is still a responsibility to ensure that training departments support trainee welfare. This may require new policies to be drafted however it may be more appropriate simply to ensure adherence to existing policies applicable to trainee welfare)

Standard 1.1: Trainee Management
The training site provides effective organisational structures for the management of trainees

Previous Accreditation Report: *(Leave blank if this is a new application)*

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Recommendations:
-

This standard will be achieved when:

Criterion: 1.1.1

The training site provides sufficient resources to manage trainees
Specific Requirements
1. The training site establishes clear lines of accountability for the management of trainees. These must include at least one staff member who takes responsibility for managing trainees
2. The training site explains the lines of accountability and means of contact to the trainees
3. Trainee management is coordinated by the Director of Training, in consultation with other staff
4. The training site allocates adequate funding for the management of trainees
5. The delivery of training is the responsibility of all members of the department

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
-

Criterion: 1.1.2

The training site manages trainee grievances effectively

Specific Requirements

1. There is a grievance policy for trainees
2. The grievance process is communicated to trainees at orientation
3. Grievances raised by trainees are resolved in a timely manner and the resolution communicated to the relevant trainees
4. The effectiveness of the grievance policy and process is monitored by the training site

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
*

Criterion: 1.1.3

The training site has an effective process for rostering trainee staff

Specific Requirements

1. There is a designated staff member with appropriate skills for rostering
2. Rosters are distributed in a timely manner
3. The training site clearly identifies the conditions under which trainees may negotiate changes to their rosters.
4. There is flexibility in the rostering system

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
*

Criterion: 1.1.4   ☐ **N/A – Non Network**

The training site is responsible for actively participating in the management of the network, if applicable

Specific Requirements

1. The training site participates in the Network Governance Committee for Training
2. Training sites should show evidence that they are active in identifying and communicating any problems with network management to this Committee
3. The rotation training site provides early advice to the Network Governance Committee for Clinical Radiology Training of any proposed changes of rotations

Training Site Self-Assessment:

	A		B		C		D
☐		☐		☐		☐	

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Standard 1.2: Trainees not performing and/or progressing as expected
The training site identifies and supports Trainees not performing and/or progressing as expected

Previous Accreditation Report: *(Leave blank if this a new application)*

	A		B		C		D
☐		☐		☐		☐	

Recommendations
•

This standard will be achieved when:

Criterion 1.2.1

The training site is effective in the early identification of trainees not performing and/or progressing as expected
Specific Requirements
1. The training site has processes in place for gathering information about trainee performance from a range of sources including, previous training sites, the Director of Training Assessment and the Multi-Source Feedback tool
2. The training site is aware of and implements as necessary the RANZCR Policies entitled: Performance and Progression (Clinical Radiology) Policy, Remediation in Training (Clinical Radiology) Policy, Withdrawal from Training (Clinical Radiology) Policy
3. The training site has a responsibility to communicate the required information to relevant forums including Network Governance Committee, the RANZCR Clinical Radiology Education and Training Committee, Medical Registration Board, clinical supervisors, etc.

Guidelines
• The training site encourages early identification of trainees not performing and/or progressing as expected, by clinical supervisors and other senior staff

Training Site Self-Assessment:

	A		B		C		D
☐		☐		☐		☐	

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Criterion 1.2.2

The training site provides access to structured support for trainees not performing and/or progressing as expected coordinated at rotation, training site and network level as appropriate

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Standard 1.3: Safe Practice
The training site provides an environment that supports the safety of trainees

Previous Accreditation Report: *(Leave blank if this is a new application)*

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Recommendations
•

This standard will be achieved when:

Criterion: 1.3.1

The training site provides sufficient resources to manage trainees

Specific Requirements
  1. The training site provides duty rosters that balance the service needs of the training site with safe working hours for trainees

Guidelines
  • The training site has established a risk management approach to hours of working and rostering

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Standard 1.4: Promoting Trainee Interests
The training site promotes trainees' interests through representation and advocacy, in relation to radiological training

Previous Accreditation Report: *(Leave blank if this is a new application)*

☐ **A** ☐ **B** ☐ **C** ☐ **D**

Recommendations
•

This standard will be achieved when:

Criterion: 1.4.1

The training site engages trainees and their advocates in decision making

Specific Requirements
1. Any proposed change in policy at the network, training site or departmental level is assessed for its impact on trainees
2. The training site has clear processes for routine consultation with trainees
3. Consultation occurs prior to any proposed changes in policy that will impact on trainees

Training Site Self-Assessment:

☐ **A** ☐ **B** ☐ **C** ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Criterion: 1.4.2

The Director of Training supports and advocates effectively for trainees

Specific Requirements
1. The position description for the Director of Training is consistent with the RANZCR requirements for the functions and duties of the Directors of Training
2. The training site clearly explains the role of the Director of Training to trainees
3. The Director of Training facilitates regular feedback to trainees about their performance
4. The Director of Training acts as channel to raise issues for the trainee to the HOD, BEO and the College, to act as an advocate for the training needs of trainees, complying with the curriculum and policies

Training Site Self-Assessment:

☐ **A** ☐ **B** ☐ **C** ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Standard 1.5: Supporting Trainees

The training site supports trainees in taking responsibility for their self-care and provides access to personal support mechanisms to improve the well- being of trainees

Previous Accreditation Report: *(Leave blank if this is a new application)*

☐ A	☐ B	☐ C	☐ D

Recommendations
•

This standard will be achieved when:

Criterion: 1.5.1

The training site supports trainees in taking responsibility for their personal health and well-being

Specific Requirements

1. The training site maintains the confidentiality of trainees seeking or receiving personal support. The training site balances the privacy of the trainee with the need to engage additional support to ensure the safety of patient care
2. The training site monitors trainee initiated overtime
3. The training site provides education and information about support services available for trainees
4. Support processes are coordinated across the network where appropriate
5. Director of Training and/or Head of Department should facilitate discussions that encourage trainees to seek mentors either within the department or outside

Guidelines

Strategies may include:

• Access to health services including screening services;
• Employee assistance programs and staff counsellors; and
• Alternative support persons, such as mentors, who are not the Director of Training or Clinical Supervisors

Training Site Self-Assessment:

☐ A	☐ B	☐ C	☐ D

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Standard 1.6: Physical Environment

The training site provides a physical environment, resources and amenities that enable trainees to perform their work and to engage in learning and teaching activities

Previous Accreditation Report: *(Leave blank if this is a new application)*

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Recommendations
●

This standard will be achieved when:

Criterion: 1.6.1

The training site provides an accessible, safe, comfortable work area with a range of amenities

Specific Requirements

1. The area is suitably furnished to facilitate meetings, teaching and learning
2. Each trainee has access to work stations to access PACs and write reports
3. A telephone with appropriate access to STD facilities is provided
4. A computer with printing facilities is provided
5. There is an adequate notice board to facilitate communication within the training site
6. There are secure areas for personal belongings

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
●

Criterion: 1.6.2

The training site provides the appropriate physical environment to support trainees in meeting the requirements of the Radiodiagnosis Training Program Curriculum

Specific Requirements

1. The site is situated in, or has formal links with, a University-accredited teaching hospital clinical radiology department
2. The site has a minimum of 250 beds allocated in a reasonable ratio between general medicine and its sub-specialties and general surgery and its sub-specialties, with no undue use of beds for purely geriatric or nursing home type treatment
3. There is a minimum attendance at the out-patients of 40,000 per annum with a minimum ED attendance of 35,000 patients per annum.
4. There is a high proportion of hospital training posts accredited by other Colleges
5. Trainees have access to laboratory services and are able to consults with medical specialists in areas such as pathology, bacteriology, biochemistry, haematology etc.
6. Consultant staff have active involvement in basic and clinical research

Please note number of beds, outpatient attendance and ED attendance in the comments section below

Training Site Self-Assessment:

☐ A	☐ B	☐ C	☐ D

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Criterion: 1.6.3

The training site provides the appropriate physical *resources* to support trainees in meeting the requirements of the Radiodiagnosis Training Program Curriculum

Specific Requirements

1. There is compliant general radiological equipment as well as access to up to date equipment for:
    a. Mammography
    b. Ultrasound
    c. Computerized tomography
    d. Magnetic resonance imaging
    e. Nuclear imaging
    f. Angiography and interventional radiology
2. There is a unit record system in the hospital, preferably for non-public as well as public patients, which classified in such a way as to enable reviews and surveys to be made.
3. The site's medical records are of a standard which permits adequate analysis and follow-up
4. The site has a library which, as a minimum, includes textbooks to support the Radiodiagnosis Curriculum and physical or electronic access to the following journals:
    a. The Journal of Medical Imaging and Radiation Oncology
    b. Clinical Radiology
    c. Radiographics
    d. Radiology
    e. The American Journal of Roentgenology
    f. The Radiologic Clinics of North America
    g. Seminars in Roentgenology
    h. A wide range of journals covering subspecialty areas of imaging
5. There is a comprehensive imaging teaching and case library (either film-based or electronic) available to trainees, regularly updated and containing examples of a great majority of radiological pathology. This may be supplemented by access to the ACR Library and other similar digital teaching film collections.
6. The site has access to audio visual facilities to permit the presentation of lectures, demonstrations and teaching

Please attach
- *A complete list of current equipment including purchase date*
- *A complete list of all textbooks and journals available*

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
-

GOAL 2
The Training Site ensures Clinical Radiology trainees have the appropriate knowledge, skills and supervision to provide quality patient care

Standard 2.1: Training Site Orientation
The training site provides an effective orientation for Clinical Radiology trainees

Previous Accreditation Report: *(Leave blank if this is a new application)*

☐ **A** ☐ **B** ☐ **C** ☐ **D**

Recommendations
●

This standard will be achieved when:

Criterion: 2.1.1

The training site provides an orientation to all Clinical Radiology trainees. Orientation will be required:
   1. **At the commencement of the training year**
   2. **When a trainee commences at a new training site**

Specific Requirements
   1. The training site pays specific attention to the orientation of trainees who change training sites or commence mid-year
   2. The trainee orientation program addresses (but is not limited to):
      a. Introduction to all members of staff and the stage of training and the responsibilities of the trainee is known by all
      b. The role and relationships between the trainees, clinical supervisors, other members of the healthcare team, Director of Training and managers within the training site and training network (where applicable)
      c. Training on any systems in use (i.e. PACS)
      d. Training on all processes pertaining to receiving referrals, undertaking procedures, report writing, rostering, after hours and on call work and OH&S procedures
      e. The administrative arrangements and organisational structures within the training site
      f. Trainee management (supervision, training and teaching processes)
      g. Awareness of the location of all resources available (e.g. film library, medical library, audio visual facilities
      h. Trainee support programs
   3. The training site must document completion of orientation which includes sign off by both the trainee and the Director of Training that orientation has taken place

Training Site Self-Assessment:

☐ **A** ☐ **B** ☐ **C** ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
●

Criterion: 2.1.2

At orientation the training site ensures that trainees have the clinical information and skills required to commence work

Specific Requirements

1. At the initial orientation to the training site, training is offered on appropriate skills required (e.g. for CPR)
2. The training site provides protocols for imaging patient safety including but not limited to:
   a. Doctor-Patient Referral
   b. Review of Request
   c. Patient Preparation
   d. Consent
   e. Imaging Protocols
   f. Radiation Safety Protocols
   g. Shielding Protocols
   h. Drug administration protocols
   i. Management of complications
   j. Infection control
   k. Management of adverse events
   l. Report Writing
   m. Communication of results
3. Provision of feedback to trainee on reporting from their Clinical Supervisor(s)

Guidelines

- This may be conducted at one site for all training sites in a network (where applicable)
- Training sites should develop and document their protocols based on the Patient Safety Syllabus in the Radiodiagnosis Training Program Curriculum

Training Site Self-Assessment:

☐ A	☐ B	☐ C	☐ D

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
-

Standard 2.2: Supervision, Training and Teaching
The training site complies with the RANZCR Policy on Supervision, Training and Teaching of Clinical Radiology Trainees

Previous Accreditation Report: *(Leave blank if this is a new application)*

☐ A	☐ B	☐ C	☐ D

Recommendations
•

This standard will be achieved when:

Criterion: 2.2.1

The training site provides the mandatory hours required for trainees to spend in supervision, training and teaching onsite

Specific Requirements
1. Number of mandatory hours trainees required to spend in supervision, training and teaching onsite:
   12-14 hours per week

Training Site Self-Assessment:

☐ A	☐ B	☐ C	☐ D

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Criterion: 2.2.2

The training site enables Clinical Supervisors to provide the mandatory hours for active supervision to trainees

Specific Requirements
1. Number of mandatory hours clinical supervisors required to actively supervise trainees per session: **1 hour per session, average 8 hours per week – (subset of total mandatory training, teaching and supervision hours defined in 2.1 of the RANZCR Supervision, Training and Teaching of Clinical Radiology Trainees – Protected Time Policy)**

Training Site Self-Assessment:

☐ A	☐ B	☐ C	☐ D

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Criterion: 2.2.3

The training site provides the mandatory number of protected hours per week to trainees for study and or teaching

Specific Requirements

1. Number of protected hours per week to be allocated to trainees for study and or teaching: **2-4 hours per week – (excluding statutory requirements for leave)**

Training Site Self-Assessment:

☐ A	☐ B	☐ C	☐ D

Training site comment/evidence: *(Including any response to previous rating/recommendations)*

-

Criterion: 2.2.4

The training site provides the mandatory number of hours for protected time to Directors of Training to perform their duties

Specific Requirements

1. Number of protected hours per week to be allocated to Directors of Training to perform their duties depending on the number of trainees they are responsible for during rotations of one month or longer:
   - < 5 trainees: 4 hours /week
   - 5-10 trainees: 8 hours/week
   - 10-20 trainees: 10 hours/week
   - 20-40 trainees: 12 hours/week
2. The training site provides the Director of Training with adequate secretarial and administrative support

Training Site Self-Assessment:

☐ A	☐ B	☐ C	☐ D

Training site comment/evidence: *(Including any response to previous rating/recommendations)*

-

Criterion: 2.2.5

Accreditation of training time for trainees working after hours or on call rosters

Specific Requirements

1. In order for after hours and on call work to be counted towards accredited training time, feedback on the reports prepared by the trainee during after-hours and on call work must be provided by the Clinical Supervisor to the trainee as part of an active supervision session.
2. The feedback should be provided as soon as practicable following the after-hours or on call work undertaken by the trainee. The clinical supervisor should either be a specialist radiologist practicing at the training centre, or in the case where after hours examinations are reported from a site remote from the trainee's location, should be an appropriately qualified specialist radiologist providing a final report at that site
3. Feedback would ideally be provided directly through a live discussion over the findings and reporting of each case, but failing this, could be provided through provision of the final report to the trainee concerned, either electronically, by fax or by hard copy, within two working days

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
-

Criterion: 2.2.6

Maximum number of Examinations per Consultant

Specific Requirements

1. The internationally recognized work-load for a specialist engaged in administration, routine work and teaching is 7,500 examinations per annum

Guidelines

- It is considered that the upper work-load limit should not exceed 12,000 examinations per annum per full-time equivalent (FTE) supervising consultant for sites engaged in trainee teaching. However it is recognised that consultant workload is affected by complexity as well as volume. This "limit" has been appropriate for institutions with a more traditional mix of plain film and cross-sectional imaging; typically at least 70-80% plain radiography and a small amount of interventional work. Most tertiary level institutions no longer see this level of plain radiograph work, due to increasing case complexity and the clinical need for more and more cross-sectional imaging, particularly in chronic disease and patients on long-term follow-up. In such institutions 12,000 examinations per FTE supervising consultant is well in excess of what can be managed while maintaining satisfactory supervision and training. The RANZCR will review each department's workload and case mix carefully, taking into account caseload, modality, clinical meetings and any other factors that may be seen to impact on supervision and training. Therefore it should be noted that other factors in addition to workload will be considered when assessing a site for new or renewed accreditation

Please Attach:

- *Details of current departmental workload, broken down by subspecialty and (if applicable) by Linked sites*

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
-

Criterion: 2.2.7

Consultant to Trainee Ratio

Specific Requirements

1. There must be fully trained consultants in the department with qualifications recognized by either the Australian or New Zealand Medical Council and RANZCR

2. There must be a ratio of at least 1 full-time equivalent (FTE) specialist for 1.5 trainees in the department

3. For the purpose of supervision of trainees the true FTE will be determined by adding up the fractional rostered time each VMO or specialist actually spends providing supervision in a training site, i.e. the supervisor must be around and available when trainees are working in normal hours (1 session = 0.1 FTE)

4. For sites who have external VMOs coming in to report work after hours who are not supervising trainees, then those people cannot be counted as FTE supervisors. Conversely however, the work they report should be discounted from the total pool used to calculate the number of examinations reported per year per supervisor

Please Attach:

- *A current list of trainees and consultants in this department. Alternatively, complete Appendix B.1 (pg. 31) and Appendix B.2 (pg. 32)*

Training Site Self-Assessment:

☐ A	☐ B	☐ C	☐ D

Training site comment/evidence: *(Including any response to previous rating/recommendations)*

-

GOAL 3

The Training Site provides a wide range of educational and training opportunities for trainees that are aligned with the requirements of the Radiodiagnosis Training Program Curriculum
(Sites are expected to see trainees through the full five year program, subject to trainees satisfying the required training milestones)

Standard 3.1: Radiodiagnosis Training Program Curriculum

Previous Accreditation Report: *(Leave blank if this is a new application)*

☐ A	☐ B	☐ C	☐ D

Recommendations
•

This standard will be achieved when:

Criterion: 3.1.1

Training is Provided on Key Conditions in Year 1 of Training
Specific Requirements
1. The list of key conditions in the Radiodiagnosis Training Program Curriculum must, as a minimum requirement, be covered in formal and informal teaching sessions in the first four months of training and/ or before a trainee goes on call. Please refer to thecurriculum

Training Site Self-Assessment:

☐ A	☐ B	☐ C	☐ D

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Criterion: 3.1.2

Training is Provided on Body Systems Syllabuses

Specific Requirements

1. Training encompasses the learning competencies, clinical conditions and normal variants for each body system as defined in the Radiodiagnosis Training Program Curriculum:
   a. Abdominal Imaging
   b. Neuro/ Head & Neck
   c. Thoracic & Cardiovascular
   d. Breast Imaging/ O & G
   e. Musculoskeletal
   f. Paediatrics
   g. Pathology
2. The training site provides training and or facilitates attendance at external courses as part of the trainee's protected time for study and teaching, on;
   a. Anatomy
   b. Applied Imaging Technology

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Criterion: 3.1.3

Training Site meets Experiential Training Requirements

Specific Requirements

1. Trainees are expected to meet the minimum requirements specified for each of the experiential training requirements
2. Training sites/networks are expected to make every effort to ensure that trainee rosters accommodate experiential training requirements

Please Attach:

• *Details of the experiential training components provided in your training program (Appendix B.3)*

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Criterion: 3.1.4

Training Site Provides Patient Safety Training

Specific Requirements

1. The Patient Safety syllabus must be actively taught and learned in training centers in the first 6 months of training, and be referred to throughout the period of training

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Criterion: 3.1.5

Provision of training on Report Writing

Specific Requirements

1. Training is provided in accordance with the learning objectives defined in the Report Writing Module of the RANZCR Radiodiagnosis Training Program Curriculum

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Criterion: 3.1.6

Provision of training on Non-Medical Expert Roles

Specific Requirements

1. The expectation of trainees and trainers is that the skills defined in the non-medical expert roles are incorporated into all aspects of training and clinical radiology practice. Non-medical expertise is in no way viewed as being mutually exclusive from medical expertise

Training Site Self-Assessment:

☐ **A**   ☐ **B**   ☐ **C**   ☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Standard 3.2: Formal Education Program
The training site participates in a formal network education program for trainees or provides its own education program

Previous Accreditation Report: *(Leave blank if this is a new application)*

☐ **A**	☐ **B**	☐ **C**	☐ **D**

Recommendations
•

This standard will be achieved when:

Criterion: 3.2.1

The training site provides a formal and structured education program

Specific Requirements

1. The program is:
   a. Aligned with the requirements of the Radiodiagnosis Curriculum
   b. Coordinated across the network (where applicable); and
   c. Takes advantage of the learning opportunities in the different training sites
   d. Incorporate the Radiology Integrated Training Initiative (R-ITI) modules into the training program
2. The formal education program is planned, promoted and monitored for effectiveness & completeness by the Director of Training, as guided by the Radiodiagnosis Curriculum

Please Attach:
• *A timetable of formal lectures/teaching sessions*
• *Roster/s of any other educational activities such as tutorials, journal clubs etc.*
• *A timetable of all available clinical meetings*

Training Site Self-Assessment:

☐ **A**	☐ **B**	☐ **C**	☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Standard 3.3: Consultant Involvement

The training site provides adequate human resources for the provision of supervision, training and teaching that meets the requirements of the Radiodiagnosis Training Program Curriculum

Previous Accreditation Report: *(Leave blank if this is a new application)*

☐ **A**　　　　☐ **B**　　　　☐ **C**　　　　☐ **D**

Recommendations
•

This standard will be achieved when:

Criterion: 3.3.1

The Director of Training ensures that all clinical supervisors are involved in supervision, training and teaching and are aware of their responsibilities

Specific Requirements
1. The training site should provide this information in job descriptions

Training Site Self-Assessment:

☐ **A**　　　　☐ **B**　　　　☐ **C**　　　　☐ **D**

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Standard 3.4: Assessment and Feedback

Previous Accreditation Report: *(Leave blank if this is a new application)*

	A		B		C		D
☐		☐		☐		☐	

Recommendations
•

This standard will be achieved when:

Criterion: 3.4.1

The Training site allows Directors of Training and Clinical Supervisors to assist Trainees with meeting the assessment and feedback requirements as dictated in the Radiodiagnosis Training Program Curriculum

Training Site Self-Assessment:

	A		B		C		D
☐		☐		☐		☐	

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Criterion: 3.4.2

The training site is aware of and implements as necessary the RANZCR Policies entitled "Performance and Progression (Clinical Radiology) Policy, Remediation in Training (Clinical Radiology) Policy, Withdrawal from Training (Clinical Radiology) Policy". These policies prescribe processes for the identification, support, assessment, monitoring and management of trainees not performing and/or progressing as expected

Specific Requirements

1. Refer to policy processes for identification, support, assessment, monitoring and management

Training Site Self-Assessment:

	A		B		C		D
☐		☐		☐		☐	

Training site comment/evidence: *(Including any response to previous rating/recommendations)*
•

Attachment Checklist *Please ensure you have included the following documents with your form*	Tick or N/A
1. List of current equipment including dates **(1.6.2)**	☐
2. List of textbooks **(1.6.2)**	☐
3. List of journals (physical or electronic) **(1.6.2)**	☐
4. Workload figures **(2.2.6)**	☐
5. Current trainees: department list or Appendix B.1 **(2.2.7)**	☐
6. Current consultants: department list or Appendix B.2 **(2.2.7)**	☐
7. Details of experiential training components - Appendix B.3 **(3.1.3)**	☐
8. Timetable for formal teaching/lecture sessions **(3.2.1)**	☐
9. Roster/s of other educational activities **(3.2.1)**	☐
10. Timetable of available clinical meetings **(3.2.1)**	☐

APPENDIX B.1 – Consultants

Please list all clinical radiology consultants currently working at this site and indicate their FTE. For consultants employed across several sites, only indicate the proportion of time spent at this site.

Name	FTE	FRANZCR? (Y/N)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		

Total #		Total FTE	

APPENDIX B.2 – Trainees

Please list all trainees currently employed by this site (or Network where applicable), including trainees on any type of leave (specify this under 'FTE'), and enter details under either 'FRANZCR Trainees' or 'Other Trainees'. Also include trainees employed by this site/Network but currently on rotation and/or trainees from other sites currently on rotation to this site (if applicable)

| Name | FTE | FRANZCR Trainees | | Other Trainees (please tick) | | |
		Current site	Year (1-5)	IMG	Other College	Non-Accred
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						

Total #		Total FTE	

APPENDIX B.3 – Experiential Training

Please indicate the duration of exposure to experiential training components available at your site and in external rotations (if applicable) as well as the total exposure to these components that trainees in your training program gain over five years. If an exact figure is not available please give an estimate (indicating that it is an estimate). Please also indicate where a rotation occurs more than once (e.g. 3 months x 2)

Site Name	Duration			
	General Radiology	Breast Imaging	Interventional Radiology	MRI
Total				

Site Name	Duration		
	Nuclear Medicine	Obstetrics & Gynaecology	Paediatrics/ Neonatal
Total			

Summary of Scores Achieved at Accreditation Visit

(to be completed by RANZCR Assessment Team)

· The accreditation site visit conducted at_____on_____/_____/_____

• Was undertaken by: _____

• The authorising representatives from the hospital/training department who assisted in the conduct
  of the visit were: _____

Goal 1: The Training Sites Promotes the Welfare & Interest of Trainees	A	B	C	D
Standard 1.1 Trainee Management	☐	☐	☐	☐
Comments:				
Standard 1.2 Trainees not performing and/or progressing as expected	☐	☐	☐	☐
Comments:				
Standard 1.3 Safe Rostering	☐	☐	☐	☐
Comments:				
Standard 1.4 Trainee Consultation & Support	☐	☐	☐	☐
Comments:				
Standard 1.5 Trainee Well-Being	☐	☐	☐	☐
Comments:				
Standard 1.6 Physical Environment	☐	☐	☐	☐
Comments:				

Goal 2: The Training Site Complies with the RANZCR Policy on Supervision, Training and Teaching of Clinical Radiology Trainees				
	A	**B**	**C**	**D**
Standard 2.1 Effective Orientation	☐	☐	☐	☐
Comments:				
Standard 2.2 Supervision, Training and Teaching Policy	☐	☐	☐	☐
Comments:				

Goal 3: The Training Site Provides Educational and Training Opportunities that are Aligned with the Radiodiagnosis Curriculum				
	A	**B**	**C**	**D**
Standard 3.1 Curriculum Components	☐	☐	☐	☐
Comments:				
Standard 3.2 Formal Education Program	☐	☐	☐	☐
Comments:				
Standard 3.3 Consultant Involvement	☐	☐	☐	☐
Comments:				
Standard 3.4 Assessment and Feedback	☐	☐	☐	☐
Comments:				

Briefly summarize strengths and positive aspects of the training department and the training program:

- _____

- _____

- _____

- _____

- _____

The accreditation visit found the training **department** and the training **program** to be non - compliant with the following standards. This non-compliance is noted by the accreditation officer as having an unacceptable level of risk on the quality of training.

- _____

- _____

- _____

- _____

- _____

- _____

Suggested improvement actions were noted for these and must be addressed by the hospital/training department within the agreed time frames.

- _____

- _____

- _____

- _____

- _____

- _____

- _____

The accreditation team found the training department and/or the teaching program to be partially deficient in the following areas:

- _____

- _____

- _____

- _____

- _____

Suggestions are made for improvements to be undertaken within the agreed time frames:

- _____

- _____

- _____

- _____

- _____

Final Recommendation:

Site Type: ☐ Full ☐ Linked ☐ Specialty

Current Level: ☐ A ☐ B ☐ C ☐ D ☐ New

Established Site

☐ **Maintain Accreditation**

- For a period of: _____ Valid to: _____ / _____ / _____
- Reasons (if not Level A)

  - _____
  - _____
  - _____
  - _____

- Recommendations (Level B) or Conditions (Level C/D)

  - _____
  - _____
  - _____
  - _____

☐ **Upgrade/Downgrade Accreditation**

- Level ☐ A ☐ B ☐ C ☐ D
- For a period of: _____ Valid to: _____ / _____ / _____
- Reasons (if not Level A)

  - _____
  - _____
  - _____
  - _____

- Recommendations (Level B) or Conditions (Level C/D)

  - _____
  - _____
  - _____
  - _____

☐ **Withdraw Accreditation**

- Reasons

  - _____
  - _____
  - _____

New Site

☐ **Grant Accreditation**

• Level ☐ A ☐ B (Provisional)

• For a period of: _____ Valid to: _____/_____/_____

• Reasons

  • _____

  • _____

  • _____

  • _____

• Recommendations (if Level B)

  • _____

  • _____

  • _____

  • _____

☐ **Do Not Grant Accreditation**

• Level ☐ C ☐ D

  • Reasons

  • _____

  • _____

  • _____

  • _____