RANZCR CLINICAL RADIOLOGY TRAINING PROGRAM 2022
YEAR 2 2022
LEADERSHIP TEAM

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CHIEF ACCREDITATION OFFICER, CHAIR CRTAWG

Dr Kwang Chin
CHAIR IMG COMMITTEE
## WEBINARS

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<tr>
<th>Date</th>
<th>Webinars</th>
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<tr>
<td>July-August</td>
<td>Session 1: Overview of the new training program, transition scenarios</td>
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<td>Sessions:</td>
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<td>DoTs, NTDs, trainees</td>
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<td>Individual trainee year groups</td>
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<td>Local Jurisdictions</td>
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<td>September</td>
<td>Session 2: Work-Based Assessments</td>
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<td>Session 4: Examination changes</td>
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<td>December</td>
<td>Session 5: Progression</td>
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OVERVIEW

- Background
- Overview of the Training Program and summary of phases
- Examinations
- Transition arrangements
The Clinical Radiology Training Program is Changing

February 2022 for all Australian, New Zealand and Singapore Trainees
THE TRAINING PROGRAM HANDBOOK

• The draft Training Program Handbook for Clinical Radiology has been developed and is currently under review by College staff and various College committees and working groups.

• The handbook will serve as a comprehensive guide for trainees that will encompass every element of the new training program from assessment tools and instructions, to policies and guidelines.

• The handbook will be the final product of the program and will be released once finalized.
The training program will be administered in the new e-Portfolio which will:

- Replace TIMS
- Manage trainee information and rotations
- Monitor trainee progression
- Host and manage WBAs
- Manage trainee examination eligibility
- As well as other training functions
**OVERVIEW OF THE TRAINING PROGRAM**

* Designed as a 5-year program over 3 phases
  * Trainees progress between phases as competencies are achieved

**Phase 1**
- Must complete by 24 months training time
- Cannot progress to Phase 2 before 12 months training time

*Local Governance Committee to determine trainee progression to Phase 2*

**Phase 2**
- Must complete by 60 months training time
- Cannot progress to Phase 3 before 48 months training time

*Local Governance Committee to determine trainee progression to Phase 3*

**Phase 3**
- Consolidation phase
  * 4 x 3 month subspecialty rotations

*Local Governance Committee to make recommendation to Chief Censor*
**PHASE 1 OVERVIEW**

**times refers to training time**

| Time                        | Min 12 months  
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Max 24 months</td>
</tr>
<tr>
<td><strong>Learning outcomes</strong></td>
<td>Intrinsic roles, anatomy, AIT</td>
</tr>
<tr>
<td><strong>Learning experiences</strong></td>
<td>Radiography attachment</td>
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<td>Report writing module</td>
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<td>Key conditions</td>
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<td></td>
<td>Progress towards ETRs</td>
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<tr>
<td><strong>Work based assessments</strong></td>
<td>Key conditions assessment</td>
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<tr>
<td></td>
<td>20 reporting sessions per 6 months</td>
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<tr>
<td></td>
<td>50 US performed</td>
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<td></td>
<td>Progress towards fluoroscopy, procedures, meetings</td>
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<tr>
<td><strong>Research</strong></td>
<td>CATs x 2</td>
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<td></td>
<td>RP proposal</td>
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<tr>
<td><strong>Monitoring and review</strong></td>
<td>DoT assessment every 6 months</td>
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<tr>
<td></td>
<td>MSF x 1</td>
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<tr>
<td><strong>Examinations</strong></td>
<td>Anatomy</td>
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<tr>
<td></td>
<td>AIT</td>
</tr>
<tr>
<td><strong>Progression</strong></td>
<td>Portfolio review by LGC</td>
</tr>
</tbody>
</table>
### PHASE 2 OVERVIEW

| Time                          | Min 48 months (Phase 1 and 2)  
|                              | Max 60 months (Phase 1 and 2)  |
| Learning Outcomes            | Intrinsic roles, AI, pathology, CR, PR |
| Learning experiences         | System attachments               |
|                              | Progress towards ETRs            |
| Work based assessments       | 20 reporting sessions per 6 months |
|                              | Progress towards performed paeds and O&G ultrasounds, fluoroscopy, procedures, meetings |
| Research                     | CATs x 2                          |
|                              | Research project progress including oral presentation |
| Monitoring and review        | DoT assessment every 6 months     |
|                              | MSF x 2                           |
| Examinations                 | Written examinations-path and CR |
|                              | OSCER (must complete writtens before presenting) |
| Progression                  | Portfolio review by LGC           |
### PHASE 3 OVERVIEW

<table>
<thead>
<tr>
<th>Time</th>
<th>12 months in Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning Outcomes</strong></td>
<td>Intrinsic roles, pathology, CR, PR</td>
</tr>
</tbody>
</table>
| **Learning experiences** | 4 x 3 month subspecialty rotations  
No more than 6 months in broad subspecialty area (eg IR)  
Completion of ETRs |
| **Work based assessments** | 20 reporting sessions per 6 months  
Completion of performed paeds and O&G US, fluoroscopy, procedures, meetings |
| **Research**          | CATs x 2  
Complete research project, including oral presentation if not previously performed |
| **Monitoring and review** | DoT assessment every 6 months  
MSF x 1 |
| **Examinations**      | - |
| **Progression**       | Portfolio review by LGC, recommendation to CC |
PHASE 3 – CONSOLIDATION PHASE

12 months in duration, after the trainee has completed all Phase 2 requirements

Subspecialty rotations of 3 months duration within their training network in areas of interest, such as neuro, body, women’s imaging, interventional radiology etc

No more than 6 months in a broad area of practice, eg IR

During these rotations, trainees will

Undertake reporting and perform procedures in a subspecialty area

Participate in relevant administrative duties, clinical and multidisciplinary meetings and/or other training activities

Be expected to maintain general skills and knowledge by participating in after hours and on call activities on an equitable basis.
CURRICULUM LEARNING OUTCOME CHANGES

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

- Better alignment with learning outcomes
- Quick and easy to complete on mobile friendly electronic platforms
- Better reflection of day-to-day practice
- Enable timely and constructive feedback between trainees and assessors
- Allow tracking of trainee progression using the Entrustability Scale
WORK BASED ASSESSMENTS

Work-Based Assessments include the following:

• Reporting Assessment
• Performed Ultrasound Assessment
• Fluoroscopic Procedures Assessment
• Procedural Radiology Assessment
• Multidisciplinary/Clinical Radiology Meetings Assessment

The onus is on trainees to initiate Work-Based Assessments with Clinical Supervisors.

Clinical Supervisors can direct trainees to complete assessments on specific topic areas or modalities in order for the trainee to obtain feedback on particular clinical skills.

Competency-based training acknowledges that each trainee may take a variable amount of time to develop and demonstrate certain abilities or all expected competencies to the required standard.
# ENTRUSTABILITY SCALE

The benchmark: Competent specialist capable of safe independent practice

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
<th>LEVEL 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant Direct Supervision</td>
<td>Direct Supervision</td>
<td>Minimal Direct Supervision</td>
<td>Direct Supervision not Required</td>
</tr>
</tbody>
</table>
REPORTING ASSESSMENT

20 sessions per 6-month period (approx. 1 per week)

The Clinical Supervisor reviews the studies reported by a trainee in a “session” (4 hours).

The number of studies assessed in the session will be variable, depending on the seniority of the trainee, the modality and the complexity of studies.

Across the training program, the collated Reporting Assessments should include a wide variety of studies and a variety of assessors.

*CS will have a greater role in assessments, DoT will oversee or assessment processes
PERFORMED ULTRASOUND ASSESSMENT

Trainees are required to perform and record:

- 50 general ultrasound scans by the end of Phase 1 of training
- 50 additional paediatric ultrasound scans, including 10 neonatal heads by the end of Phase 3 of training
- 50 additional obstetric and gynaecological ultrasound scans by the end of Phase 3 of training

The trainee requests the supervising sonographer or sonologist to consider their performance on each ultrasound.

The sonographer uses the entrustability scale to rate the trainee’s performance according to how much supervision the trainee requires to perform the ultrasound.
Trainees are required to perform and record:

- 50 general fluoroscopic procedures by the end of Phase 3 of training
- 20 additional paediatric fluoroscopic procedures by the end of Phase 3 of training

The trainee requests the Clinical Supervisor consider their performance on each procedure. The Clinical Supervisor uses the entrustability scale to rate the trainee’s performance according to how much supervision the trainee requires to perform and report on the case. In assigning a rating the Clinical Supervisor should consider both knowledge and skills-based competencies, as well as intrinsic roles.
Trainees are required to perform and record 100 interventional procedures under radiological guidance across the three phases of training. At least 15 of each of the following core skills is required:

- Injection
- Drainage
- Biopsy
- Vascular access

The trainee requests the Clinical Supervisor consider their performance on each procedure.

The Clinical Supervisor uses the entrustability scale to rate the trainee’s performance according to how much supervision the trainee requires to report on the case.

In assigning a rating the Clinical Supervisor should consider both knowledge and skills-based competencies, as well as intrinsic roles.
MULTIDISCIPLINARY/CLINICAL MEETINGS

ASSESSMENT

Trainees are required to attend and participate in 100 meetings over the 3 phases of training, 50 of which must be MDMs with a pathologist present to meet progression requirements.

In clinical radiology meetings and MDMs, trainees are expected to present radiological findings and work collaboratively with other team members correlating clinical, radiological and pathological findings to optimise patient care.

An assessment can only be recorded if the trainee primarily assists in the preparation or presents at meetings.
Critically Appraised Topics (CATs) - 6 in total, 2 in each phase

ONE Research Project
  o Project plan / research proposal approval by end of Phase 1
  o Research project to be completed by end of training, including:
    1a. evidence of acceptance for peer review in peer-reviewed journal of impact factor greater than 1.0, or
    1b. in the event that a manuscript is declined, submission of a research report of approx. 7000 words

AND

2. oral presentation at local Branch level for consideration for Branch of Origin
EXAMINATION CHANGES

Complimentary to Work-Based Assessments

Better alignment with learning outcomes

More flexibility around Examination sittings

Duration and format of questions changed

Digital and standardised
Summary of Examination Timetable to be implemented from 2023:

<table>
<thead>
<tr>
<th>Phase 1 Examinations</th>
<th>Sitting 1</th>
<th>Sitting 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications Open/Close</td>
<td>Jan/Feb</td>
<td>July/Aug</td>
</tr>
<tr>
<td>Examinations Held</td>
<td>April</td>
<td>October</td>
</tr>
<tr>
<td>Release of Results</td>
<td>End June</td>
<td>End Nov</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 2 Written Examinations</th>
<th>Sitting 1</th>
<th>Sitting 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications Open/Close</td>
<td>Oct/Nov the year prior</td>
<td>April/May</td>
</tr>
<tr>
<td>Examinations Held</td>
<td>February</td>
<td>July</td>
</tr>
<tr>
<td>Release of Results</td>
<td>April</td>
<td>Sept</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 2 OSCER Examinations</th>
<th>Sitting 1</th>
<th>Sitting 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications Open/Close (intention to sit)</td>
<td>Feb/March</td>
<td>July/August</td>
</tr>
<tr>
<td>Examinations Held</td>
<td>Early June</td>
<td>Early November</td>
</tr>
<tr>
<td>Release of Results</td>
<td>Late June</td>
<td>Late November</td>
</tr>
</tbody>
</table>
EXAMINATION CHANGES – PART 1
COMMENCE 2022

RULES

• Can sit the Anatomy and AIT Examination independently or together

• Up to 4 consecutive opportunities, irrespective of number of examinations sat at an opportunity.

<table>
<thead>
<tr>
<th>FORMAT</th>
<th>Current</th>
<th>Future</th>
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</thead>
</table>
| Anatomy | • Two papers x 2 hours  
  o Short Answer Questions | • One paper x 3 hours  
  o Labelling  
  o Multiple Choice Questions (MCQs)  
  o Very Short Answer Questions (VSAs)  
  o Short Answer Questions (SAQs) |
| Applied Imaging Technology (AIT) | • Two papers x 2 hours  
  o Written essay questions  
  o MCQs | • One paper x 3 hours  
  o Constructed Response Questions (CRQ)  
  o MCQs |
ANATOMY EXAMINATION

One 3 hour paper (1 mark per minute):

- Labelling – 120 labels, ¼ mark each, across 6 body systems
- MCQs – 60 questions, 1 mark each
- VSAs – 30 questions, 1 mark each
- SAQs – 20 questions, 3 marks each
One 3 hour paper to assess trainee knowledge on imaging technology, quality and safety:

- Constructed Response Questions – 9 questions worth 10 marks each
- MCQs – 60 questions worth 1 mark each
PROGRESSION RULES

Clearer milestones for progression

Trainees are responsible for completing their portfolio and demonstrating progression

Decision making based on aggregate information rather than one high-stakes assessment

A programmatic approach will be utilised when considering trainee progression

Examination results and performance in Work-Based Assessments be considered in decision making

Progression decisions between phases are made by the Local Governance Committee

Recommendation for Fellowship made by Local Governance Committee, referred to Chief Censor
DIRECTOR OF TRAINING REVIEW

• DoT and the trainee to jointly evaluate trainee’s progress with learning and assessment requirements.

• For trainees who are meeting or exceeding expectations, this review provides an opportunity to identify new milestones for achievement and areas for further development.

• For trainees who are yet to achieve requirements, this provides an opportunity to organise additional support and/or resources if required.

• DoT is expected to review the trainee’s learning e-Portfolio, and seek feedback from Clinical Supervisors.

• Focus is to track trainee’s performance and progression within training over time.
TRANSITION
TRANSITION

The new training program will be implemented early February 2022

ALL current trainees will transition to the new training program at beginning of 2022

This is to:

• Avoid the need to operate two programs concurrently
• Allow all trainees to benefit from the changes to the training program
HOW TO TRANSITION

• A new **e-Portfolio system** will replace TIMS in late 2021
• There will be a cut-off date for TIMS
• All trainees’ progress will be moved from TIMS to the new e-Portfolio
• Training time completed and progress achieved under current program will be recognised
• All trainees will receive a transcript of their progress, which outlines what has been completed under the current program.
• All trainees should meet with their DoT to document training activities completed but not documented on TIMS, prior to the cut-off date.
• Adequate notice will be communicated to DoTs and trainees.
TRANSITION-LEARNING EXPERIENCES AND EXPERIENTIAL TRAINING REQUIREMENTS (ETRs)

• Trainees should use the time prior to TIMS shutdown to ensure all ETRs are up to date

• At transition:
  • ETRs must be up to date or will not be recognised
  • Trainees will receive a transcript outlining the ETRs they have completed on TIMS.
  • Completed ETRs will be recognised in the new e-Portfolio system.

• DoTs will have capacity to “sign off” on learning experiences and ETRs completed at transition, eg
  • CTs and other studies not documented on TIMS
TRANSITION-LEARNING EXPERIENCES AND EXPERIENTIAL TRAINING REQUIREMENTS (ETRs)

• It is the trainee’s responsibility to meet with their DoT prior to transition to ensure all relevant records are uploaded.

• If prior ETRs have not been documented, new ETRs will be “pro-rated” from implementation, according to the year of training.

• All new and transitioning trainees will be expected to complete the required learning experiences of the new program from implementation, according to phase of training.
TRANSLITION – WORK-BASED ASSESSMENTS

- Trainees should use the time prior to TIMS shutdown to ensure all WBAs are up to date.

- At transition:
  - **WBAs must be up to date or will not be recognised.**
  - Trainees will receive a transcript outlining the WBAs they have completed on TIMS.
  - Completed WBAs will be recognised in the new e-Portfolio system.

- DoTs will have capacity to “sign off” on WBA activities at transition, eg
  - Fluoroscopic procedures
  - Clinical meetings

- If prior WBA activities have not been documented, new activities will be “pro-rated” from implementation, according to the year of training.

- Once the 2022 Training Program has been launched, all new and transitioning trainees will be expected to complete the required new WBAs, according to the stage of training.
All transitioning trainees must complete old research project requirements:

- will be required to complete Project 1
- can have Project 2 signed off with old criteria

New trainees from February 2022 - new research project requirements:

- are not required to complete Project 1
- must have the new research project signed off with new criteria
PHASE 3 – CONSOLIDATION YEAR

• All new trainees from February 2022, after successful completion of Phase 2 Examinations, must complete four three-month subspecialty rotations.

• Transitioning trainees who have not completed Phase 2 Examinations, will be able to sit them in their 5th year of training, and will not be required to compete 12 months in Phase 3.

• Transitioning trainees, post-completion of Phase 2 Examinations, will move to Phase 3 in their 5th year of training and must either do system focused rotations, or subspecialty rotations (site-dependent).

• Phase 3 learning activities
  • Undertake reporting and perform procedures in a subspecialty areas
  • Participate in relevant administrative duties, clinical and multidisciplinary meetings and/or other training activities
  • Maintain general skills and knowledge by participating in after hours and on call activities on an equitable basis
# PHASE 1 EXAMINATION RULES

<table>
<thead>
<tr>
<th>Rule</th>
<th>Current Part 1</th>
<th>New Phase 1 (Series 1 2022)</th>
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<tbody>
<tr>
<td>Sitting</td>
<td>4 Examinations&lt;br&gt;Must sit all Examinations together</td>
<td>• 1 x Anatomy and 1 x AIT examinations&lt;br&gt;• Anatomy and AIT can be sat together or independently</td>
</tr>
<tr>
<td>Number of Opportunities</td>
<td>Up to 4 consecutive opportunities in 2 years</td>
<td>• Up to 4 consecutive opportunities in 2 years, irrespective of number of Examinations sat at an opportunity.&lt;br&gt;• Choosing not to sit an Examination counts as a missed opportunity.</td>
</tr>
<tr>
<td>Passing rule</td>
<td>Must meet a passing standard</td>
<td>• Must meet a passing standard</td>
</tr>
</tbody>
</table>

THE CURRENT PART 1 EXAMINATION FORMAT WILL NOT BE RUN AFTER SERIES 2 2021
PHASE 1 EXAMINATION RULES

• For transitioning trainees, *opportunities prior to implementation count.*

• Transitioning trainees who have failed one or two components of the current Anatomy Examination must sit the new Anatomy Examination.

• Transitioning trainees who have failed one or two components of the current AIT Examination must sit the new AIT Examination.

• All trainees transitioning into Phase 1 automatically granted a 6-month extension of training time and a 5th consecutive opportunity in the event of failure to pass after 4 opportunities.
## PHASE 2 EXAMINATION RULES FOR TRAINEES AND IMGS

<table>
<thead>
<tr>
<th>Rules</th>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting</td>
<td>All Examinations sat at the same time</td>
<td>• Pathology and Clinical Radiology Written Examinations can be sat independent of each other.</td>
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<tr>
<td></td>
<td>Can pass &quot;piecemeal&quot;</td>
<td>• Written Examinations has two components, CR MCQ and Case Reporting, which must be sat together.</td>
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<td></td>
<td>• Written Examinations must be passed before presenting for the OSCER.</td>
</tr>
<tr>
<td>Number of attempts</td>
<td>4 consecutive opportunities</td>
<td>Maximum consecutive opportunities:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pathology - 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Written Examinations – 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• OSCERS - 3</td>
</tr>
<tr>
<td>Passing</td>
<td>Must reach a passing standard in each Examination / Viva</td>
<td>Written Examinations and OSCERS:</td>
</tr>
<tr>
<td></td>
<td>Can pass Vivas &quot;piecemeal&quot;</td>
<td>• For borderline candidates, WBAs and other Examinations will be considered when determining is a candidate has reached a passing standard (concessional pass).</td>
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<td>OSCERS:</td>
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<td>• If 1 or 2 stations failed, only repeat those stations that were failed</td>
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<td>• If 3 or more stations failed, repeat the whole OSCER.</td>
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**THE CURRENT PART 2 EXAMINATION FORMAT WILL NOT BE RUN AFTER SERIES 2 2022**
PHASE 2 EXAMINATION RULES FOR TRAINEES

• Transitioning candidates who have been unsuccessful in the Pathology, CR or eFR Examinations prior to Series 1 2022 must sit the relevant new Examinations.

• Transitioning candidates who have commenced sitting the Vivas prior to Series 1 2023 and have successfully passed one or more of the Vivas will be exempt from that station at the OSCER (*see Pathology Viva).

• All candidates transitioning into Phase 2 in 2022 will be automatically granted a 6-month extension in training time and an additional consecutive Examination attempt if required, either:
  o 3rd 4th and 5th years - 5th Part 2 Examination opportunity
  o 2nd years (successfully completed Part 1 Examinations) - 4th OSCER opportunity
TRANSITION
SCENARIOS
### SCENARIO 2 – TRAINEES TRANSITIONING INTO 2ND YEAR IN 2022

<table>
<thead>
<tr>
<th>Trainees Who Have</th>
<th>Enter</th>
<th>Progression</th>
</tr>
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</table>
| Not passed all components of the Part 1 Examination | Phase 1 | - New Phase 1 Examination format and rules  
- Automatically granted a 6-month extension of training time and a 5th opportunity at the Phase 1 Examinations in the event of failure to pass after 4 opportunities  
- Cannot commence sitting Phase 2 Examinations until Series 1 2023  
- New Phase 2 Examination format and rules  
- 12 months in Phase 3 not mandatory, i.e., can still sit Phase 2 Examinations in 5th year |
| Complete all components of the Part 1 Examination | Phase 2 | - Cannot commence sitting Phase 2 Examinations until Series 1 2023  
- New Phase 2 Examination format and rules  
- Automatically granted a 6-month extension of training time and a 5th opportunity at the Phase 1 Examinations in the event of failure to pass after 3 opportunities  
- 12 months in Phase 3 not mandatory, i.e., can still sit Phase 2 Examinations in 5th year |
SCENARIO 2 – TRAINEES TRANSITIONING INTO 2ND YEAR IN 2022 (NEW RULES PHASE 1 AND PHASE 2 EXAMINATIONS)

Suggested transition scenario:

**2022** - Complete Phase 1 Examinations in new format
**2023** - Commence new Phase 2 Written Examinations
**2024** - Complete Phase 2 Written Examinations, and sit OSCER
**2025** - Complete new OSCER
WHAT NEEDS TO BE DONE

• Trainees to complete assessments and learning experiences in timely manner as per current training requirements.

• Trainees to keep all information and records up-to-date in TIMS, to ensure data being transferred to the e-Portfolio is as accurate as possible.

• Trainees to meet with DoT to determine and document all completed ETRs and training experiences.

• To read information regarding the transition provided through College communication channels and keep abreast of change.
FOR MORE INFORMATION
ASM trainee day presentation Sat 18 September

Visit the TAR webpage at
www.ranzcr.com/tar

Webinar schedule available:
www.ranzcr.com/tar/webinars

Email us at:
CRtraining@ranzcr.edu.au