



The Royal Australian
and New Zealand
College of Radiologists®

RANZCR CLINICAL RADIOLOGY TRAINING PROGRAM 2022 YEAR 2 2022

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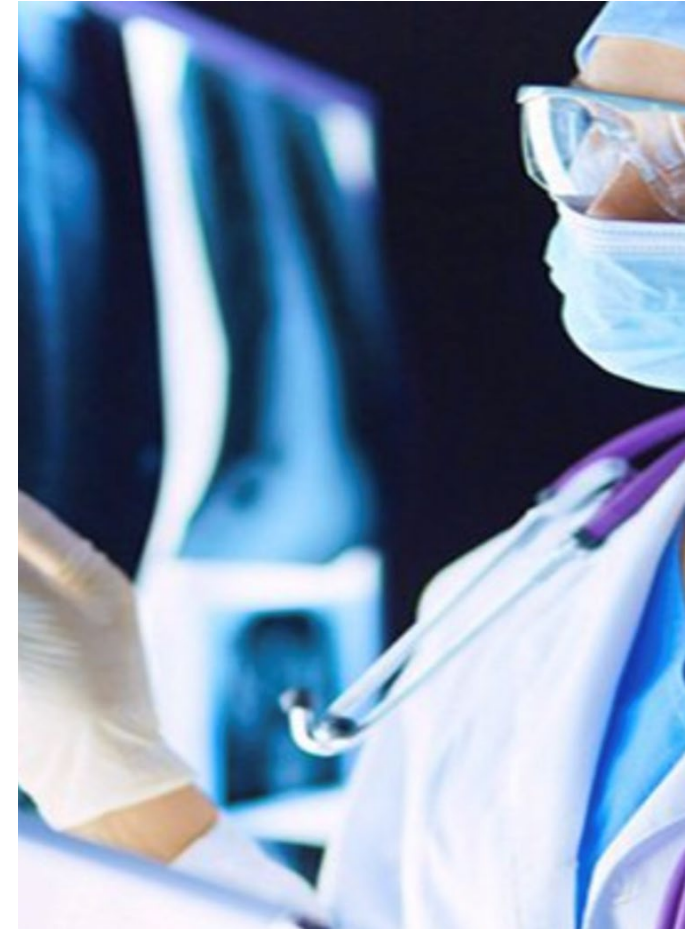
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CHIEF ACCREDITATION OFFICER, CHAIR CRTAWG

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CHAIR IMG COMMITTEE



WEBINARS

Date	Webinars	
July-August	Session 1:	Overview of the new training program, transition scenarios Sessions: DoTs, NTDs, trainees Individual trainee year groups Local Jurisdictions
September	Session 2:	Work-Based Assessments
October	Session 3:	e-Portfolio System
November	Session 4:	Examination changes
December	Session 5:	Progression

OVERVIEW

- ❑ Background
- ❑ Overview of the Training Program and summary of phases
- ❑ Examinations
- ❑ Transition arrangements



The Clinical Radiology Training Program is Changing

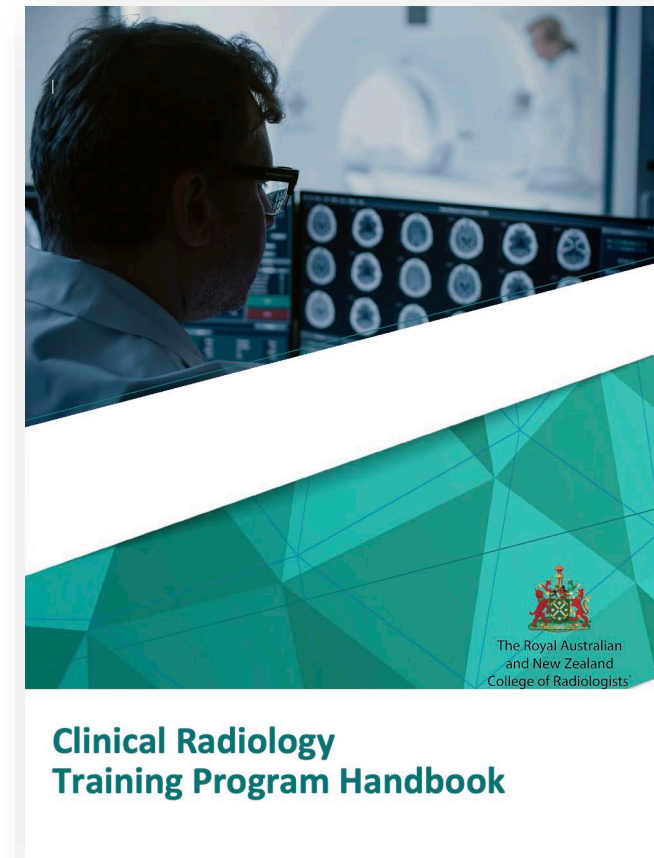
**February 2022 for all Australian, New Zealand
and Singapore Trainees**



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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 NEW E-PORTFOLIO

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 OVERVIEW

****times refers to training
time**

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

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 paed 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

Time	12 months in Phase 3
Learning Outcomes	Intrinsic roles, pathology, CR, PR
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 paed 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

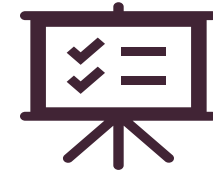
PHASE 3 – CONSOLIDATION PHASE



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

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

REPORTING ASSESSMENT

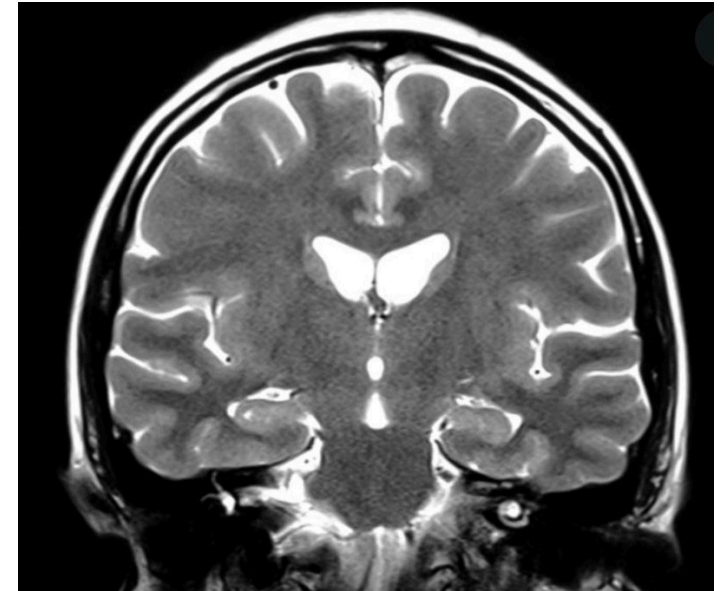
20 sessions per 6-month period (approx. 1 per week)

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



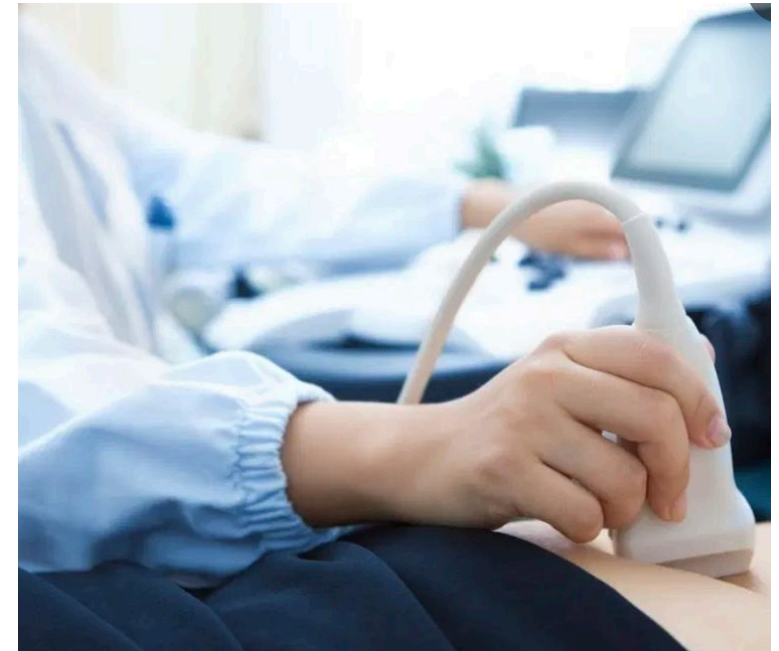
PERFORMED ULTRASOUND ASSESSMENT

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.



FLUOROSCOPIC PRODECURES ASSESSMENT

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.

PROCEDURAL RADIOLOGY ASSESSMENT

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.

RESEARCH REQUIREMENT

Critically Appraised Topics (CATs) - 6 in total, 2 in each phase

ONE Research Project

- Project plan / research proposal approval by end of Phase 1
- 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:

Phase 1 Examinations		
	Sitting 1	Sitting 2
Applications Open/Close	Jan/Feb	July/Aug
Examinations Held	April	October
Release of Results	End June	End Nov

Phase 2 Written Examinations		
	Sitting 1	Sitting 2
Applications Open/Close	Oct/Nov the year prior	April/May
Examinations Held	February	July
Release of Results	April	Sept

Phase 2 OSCER Examinations		
	Sitting 1	Sitting 2
Applications Open/Close (intention to sit)	Feb/March	July/August
Examinations Held	Early June	Early November
Release of Results	Late June	Late November

EXAMINATION CHANGES – PART 1

COMMENCE 2022

FORMAT

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.

	Current	Future
Anatomy	<ul style="list-style-type: none">• Two papers x 2 hours<ul style="list-style-type: none">○ Short Answer Questions	<ul style="list-style-type: none">• One paper x 3 hours<ul style="list-style-type: none">○ Labelling○ Multiple Choice Questions (MCQs)○ Very Short Answer Questions (VSAs)○ Short Answer Questions (SAQs)
Applied Imaging Technology (AIT)	<ul style="list-style-type: none">• Two papers x 2 hours<ul style="list-style-type: none">○ Written essay questions○ MCQs	<ul style="list-style-type: none">• One paper x 3 hours<ul style="list-style-type: none">○ Constructed Response Questions (CRQ)○ MCQs

ANATOMY EXAMINATION

One 3 hour paper (1 mark per minute):

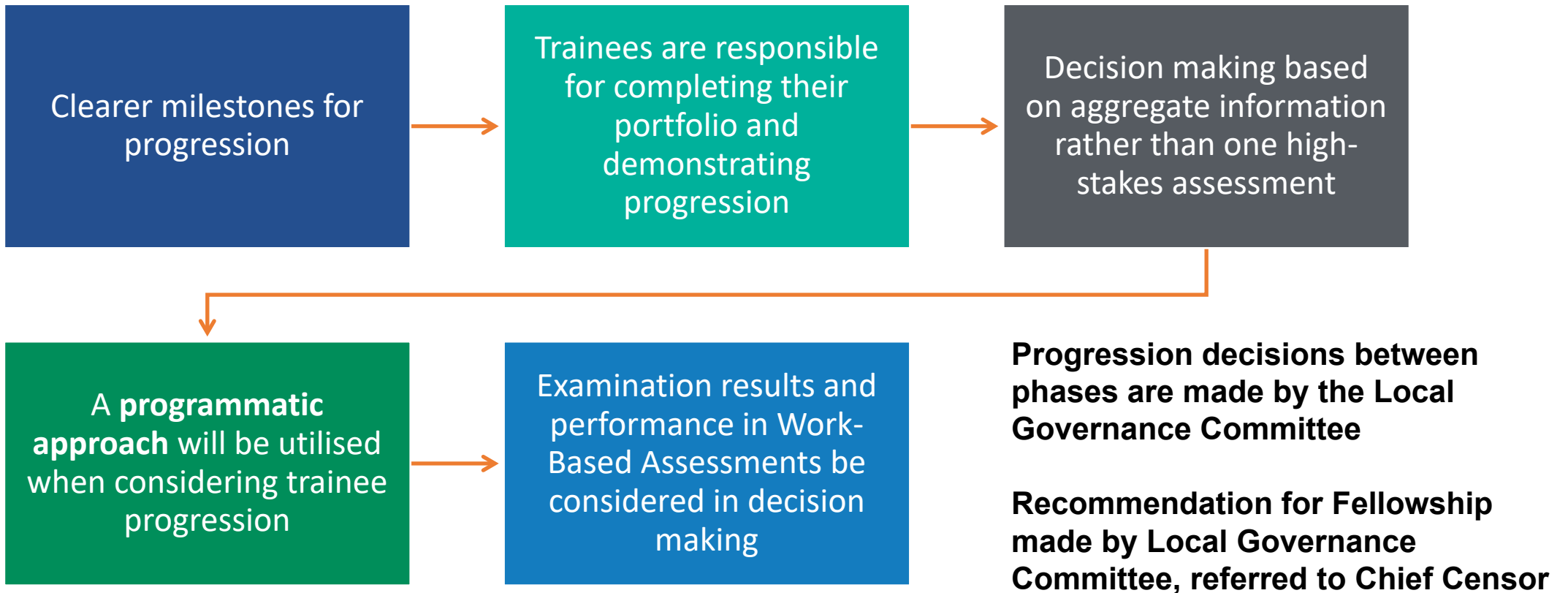
- Labelling – 120 labels, $\frac{1}{4}$ mark each, across 6 body systems
- MCQs – 60 questions, 1 mark each
- VSAs – 30 questions, 1 mark each
- SAQs – 20 questions, 3 marks each

AIT EXAMINATION

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



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



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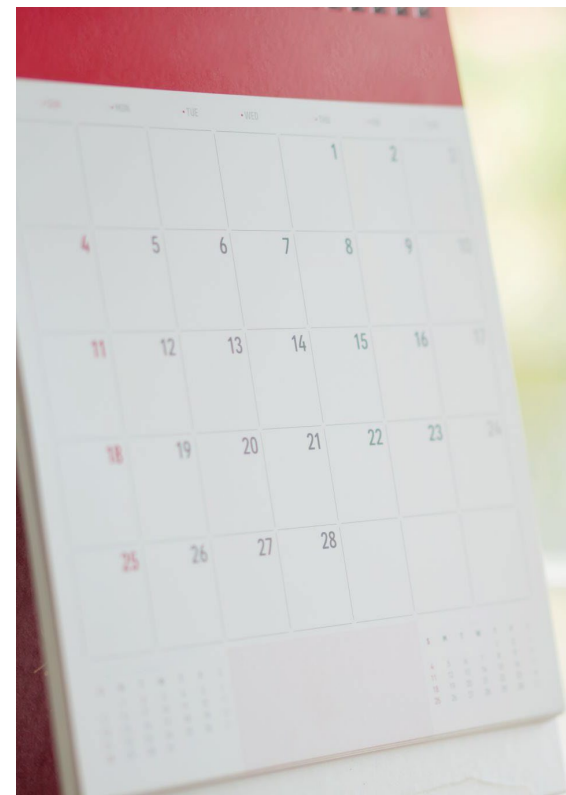
TRANSITION

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.
-

TRANSITION – 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.

TRANSITION - RESEARCH REQUIREMENTS

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

Rule	Current Part 1	New Phase 1 (Series 1 2022)
Sitting	4 Examinations Must sit all Examinations together	<ul style="list-style-type: none">• 1 x Anatomy and 1 x AIT examinations• Anatomy and AIT can be sat together or independently
Number of Opportunities	Up to 4 consecutive opportunities in 2 years	<ul style="list-style-type: none">• Up to 4 consecutive opportunities in 2 years, irrespective of number of Examinations sat at an opportunity.• Choosing not to sit an Examination counts as a missed opportunity.
Passing rule	Must meet a passing standard	<ul style="list-style-type: none">• Must meet a passing standard

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

Rules	Current	Future
Sitting	All Examinations sat at the same time Can pass “piecemeal”	<ul style="list-style-type: none">• Pathology and Clinical Radiology Written Examinations can be sat independent of each other.• Written Examinations has two components, CR MCQ and Case Reporting, which must be sat together.• Written Examinations must be passed before presenting for the OSCER.
Number of attempts	4 consecutive opportunities	Maximum consecutive opportunities: <ul style="list-style-type: none">• Pathology - 3• Written Examinations – 3• OSCERS - 3
Passing	Must reach a passing standard in each Examination / Viva Can pass Vivas “piecemeal”	Written Examinations and OSCERS: <ul style="list-style-type: none">• For borderline candidates, WBAs and other Examinations will be considered when determining if a candidate has reached a passing standard (concessional pass). OSCERS: <ul style="list-style-type: none">• If 1 or 2 stations failed, only repeat those stations that were failed• If 3 or more stations failed, repeat the whole OSCER.

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:
 - 3rd 4th and 5th years - 5th Part 2 Examination opportunity
 - 2nd years (successfully completed Part 1 Examinations) - 4th OSCER opportunity

TRANSITION SCENARIOS



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SCENARIO 2 – TRAINEES TRANSITIONING INTO 2ND YEAR IN 2022

Trainees Who Have	Enter	Progression
Not passed all components of the Part 1 Examination	Phase 1	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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



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