



The Royal Australian  
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College of Radiologists®

# RANZCR CLINICAL RADIOLOGY TRAINING PROGRAM 2022 YEAR 4 2022

# LEADERSHIP TEAM

**Dr Meredith Thomas**

CHIEF CENSOR

**Dr Barry Soans**

DEPUTY CHIEF CENSOR, CHAIR CREAC

**Dr Jash Agraval**

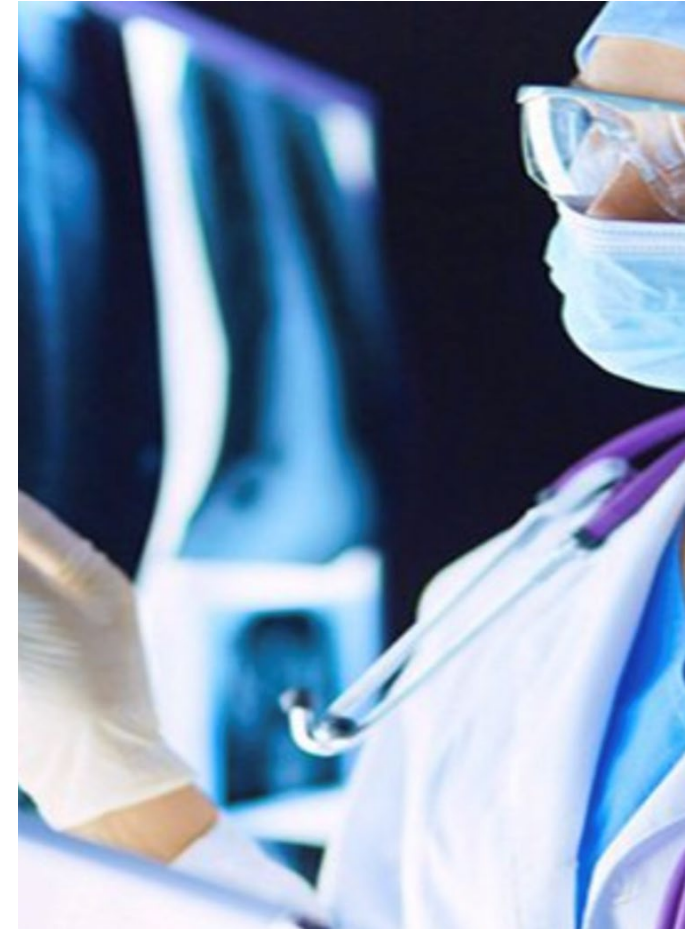
DEPUTY CHIEF CENSOR, CHAIR CRCAC

**Dr Mike Bynevelt**

CHIEF ACCREDITATION OFFICER, CHAIR CTRAWG

**Dr Kwang Chin**

CHAIR IMG COMMITTEE



# WEBINARS

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

# WEBINARS

## **Trainee webinars:**

Current year 1- Aug 10

Current year 2- Aug 12

Current year 3- Aug 17

Current year 4-5- Aug 19

2022 new trainees- ? Oct

**Webinar schedules and additional information including Q&As will be posted on to College website:**

**[www.ranzcr.com/tar/webinars](http://www.ranzcr.com/tar/webinars)**



# TAR INFORMATION

ASM trainee day presentation Sat 18 September

Visit the TAR webpage at  
[www.ranzcr.com/tar](http://www.ranzcr.com/tar)

Webinars available:  
[www.ranzcr.com/tar/webinars](http://www.ranzcr.com/tar/webinars)

Email us at:  
[CRtraining@ranzcr.edu.au](mailto:CRtraining@ranzcr.edu.au)



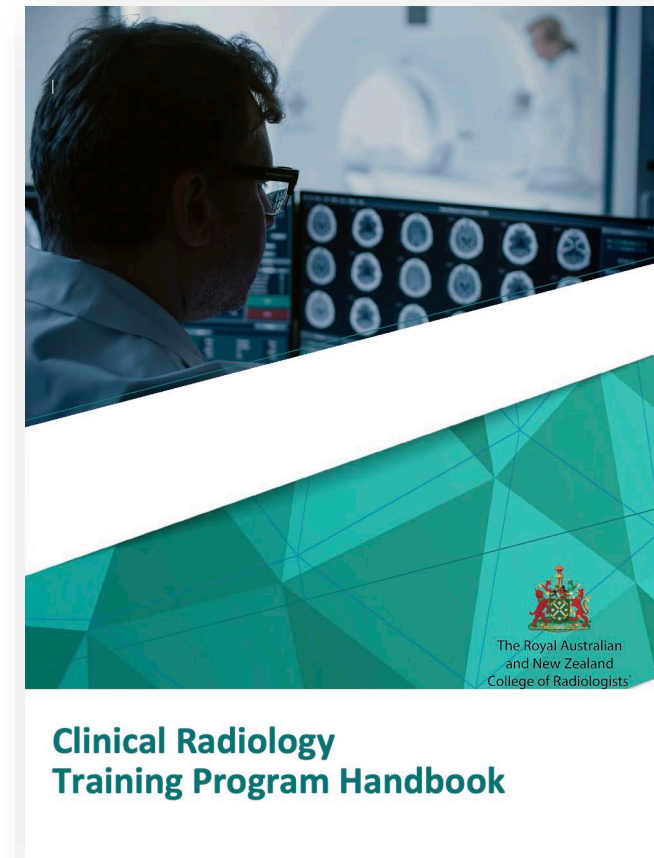
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**RECAP.....**



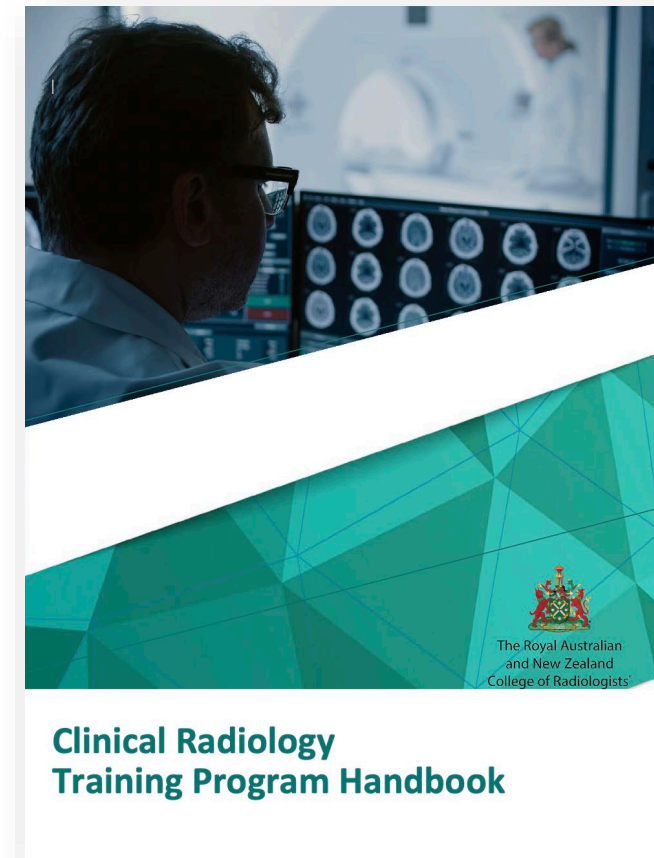
# THE TRAINING PROGRAM HANDBOOK

- 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 CURRICULUM

- Changing at implementation ie February 2022
- **2022 exams (Part 1 and Part 2) will be based on the new curriculum**
- Will be released shortly





# 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**

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

# PHASE 2 OVERVIEW

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



# PHASE 3 OVERVIEW

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

# KEY CHANGES TO THE LEARNING OUTCOMES

## Key changes

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

# LEARNING EXPERIENCES AND WORK- BASED ASSESSMENT CHANGES

Current Program	New Training Program
<ul style="list-style-type: none"><li>• <b>Structured Learning Experiences</b><ul style="list-style-type: none"><li>• Report writing, patient safety modules</li><li>• Experiential Training Requirements</li><li>• Systems Focused Rotations</li></ul></li><li>• <b>Work-Based Assessments</b><ul style="list-style-type: none"><li>• Key Conditions</li><li>• Ultrasound Logbook</li><li>• Angiographic and Interventional Logbook</li><li>• Direct Observation of Procedural Skills</li><li>• Mini-Individual Patient Exercise</li></ul></li><li>• <b>Research</b><ul style="list-style-type: none"><li>• 4 Critically Appraisal Topics (CAT)</li><li>• Project 1 and Project 2</li></ul></li><li>• <b>Review/Feedback Tools</b><ul style="list-style-type: none"><li>• Director of Training Review</li><li>• Multi-Source Feedback</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>Competencies of Early Training</b><ul style="list-style-type: none"><li>• Report writing, patient safety, incident reporting</li><li>• Key Conditions Assessment</li></ul></li><li>• <b>Structured Learning Experiences</b><ul style="list-style-type: none"><li>• Attachments</li><li>• Experiential Training Requirements – updated</li></ul></li><li>• <b>Work-Based Assessments</b><ul style="list-style-type: none"><li>• Reporting Assessment</li><li>• Performed Ultrasound Assessment</li><li>• Fluoroscopic Procedures Assessment</li><li>• Procedural Radiology Assessment</li><li>• Clinical Meeting/MDM Assessment</li></ul></li><li>• <b>Research</b><ul style="list-style-type: none"><li>• 6 CATS</li><li>• <b>ONE</b> Research Project</li></ul></li><li>• <b>Review/Feedback Tools</b><ul style="list-style-type: none"><li>• Director of Training Review</li><li>• Multi-Source Feedback</li></ul></li></ul>

# 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.**





# 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

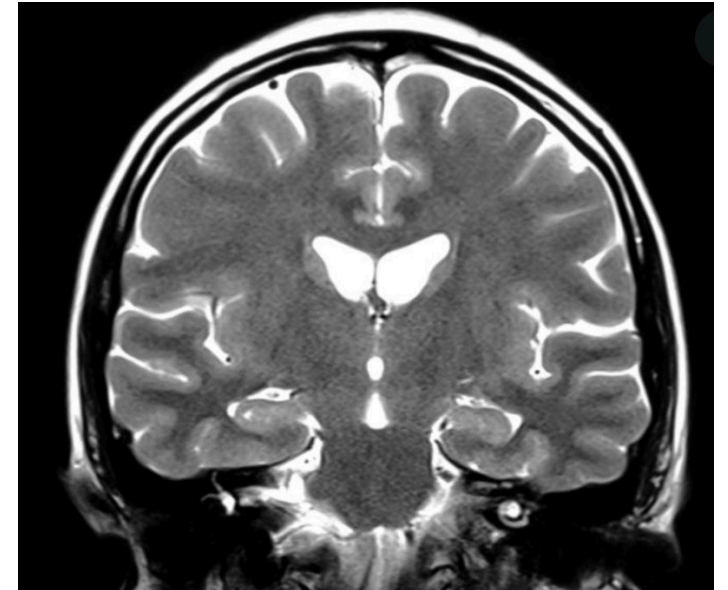
# REPORTING ASSESSMENT

## **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.



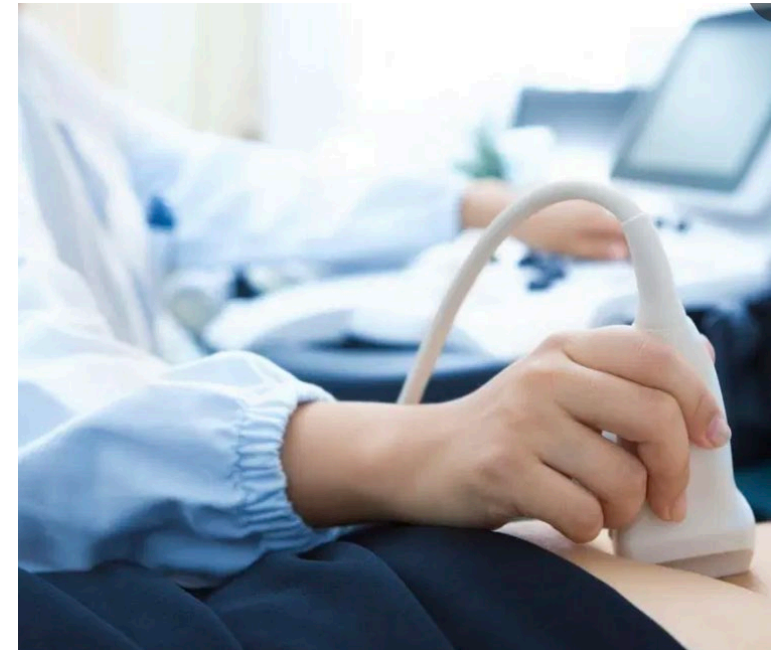
# PERFORMED ULTRASOUND ASSESSMENT

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.

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# 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



# EXAM TIMING...FROM 2023

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 FORMAT – PART 2 WRITTEN COMMENCES SERIES 1 2023

## **Pathology:**

- o 3 hours (Changed from 2 hours to 3 hours)
- o Will incorporate SAQs in addition to MCQs to test depth of knowledge

## **Clinical Radiology:**

### **Radiology MCQ**

- o Unchanged, 2 hours, 100 MCQs

### **Case reporting**

- o Changed from 2 hours to 3 hours
- o Will incorporate short, medium and long cases

# EXAMINATION FORMAT – OSCER COMMENCES SERIES 1 2023

## **Objective Structured Clinical Examination Radiology (OSCER)**

Standardised digital cases will be used to align with the contemporary practice and to reduce the variation in cases.

- o Standardised questions will be presented to ensure candidates have the same opportunity to display knowledge
- o Standardised marking templates with rubrics will be used

# OSCER FORMAT

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Run over half a day

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7 stations with 2 examiners at each station

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Breast, O&G split

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Pathology incorporated, with capacity for applied anatomy and AIT questions

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Number of cases at each station determined by topic area and modality

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Same case set shown to all candidates in a day

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Structured questions

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# OSCER – MARKING

Each case is marked in 2 ways:

- Scored out of 10 using a marking rubric
- A global rating is also given
- This enables standard setting for the Viva

Must pass all stations (nominal pass mark 50%)

- If fail 1 or 2 stations, repeat only those stations
- If fail > 2 stations- repeat all stations

Candidates who have failed 1-2 stations and are borderline in those stations will be reviewed by CREAC, taking into consideration WBAs and performance in other Examinations - may be granted a conceded pass.

# PHASE 2 EXAMINATION RULES

Rules	Current	Future
<b>Sitting</b>	<p>All Examinations sat at the same time</p> <p>Can pass “piecemeal”</p>	<ul style="list-style-type: none"> <li>• Pathology and Clinical Radiology Written Examinations can be sat independent of each other.</li> <li>• Written Examinations has two components, CR MCQ and Case Reporting, which must be sat together.</li> <li>• Written Examinations must be passed before presenting for the OSCER.</li> </ul>
<b>Number of attempts</b>	<p>4 consecutive opportunities from commencement of sitting</p>	<p>Maximum of 6 consecutive sittings from when exams commenced (3 years) irrespective of FTE</p> <p>Maximum consecutive opportunities</p> <ul style="list-style-type: none"> <li>• Pathology - 3</li> <li>• Written Examinations – 3</li> <li>• OSCERS - 3</li> </ul>
<b>Passing</b>	<p>Must reach a passing standard in each Examination / Viva</p> <p>Can pass Vivas “piecemeal”</p>	<p>Written Examinations and OSCERS:</p> <ul style="list-style-type: none"> <li>• For borderline candidates, WBAs and other Examinations will be considered when determining is a candidate has reached a passing standard (conceded pass).</li> </ul> <p>OSCERS:</p> <ul style="list-style-type: none"> <li>• If 1 or 2 stations failed, only repeat those stations that were failed</li> <li>• If 3 or more stations failed, repeat the whole OSCER.</li> </ul>

# TRANSITION



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# 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.**



# TRANSITION-ETRs, LEARNING EXPERIENCES, WBAs

- Trainees should use the time prior to TIMS shutdown to ensure all are up to date
- At transition:
  - **ETRs and WBAs must be up to date or will not be recognised**
  - Trainees will receive a transcript outlining those they have completed on TIMS.
  - Completed will be recognised in the new e-Portfolio system.
- DoTs will have capacity to “sign off” on learning experiences, ETRs and WBA completed at transition but not documented on TIMS, eg
  - CTs and other studies, meeting presentation
- If prior ETRs have not been documented, new ETRs will be “pro-rated” from implementation, according to the year 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

# TRANSITION- PHASE 3 CONSOLIDATION YEAR

## **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 5<sup>th</sup> 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 5<sup>th</sup> 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 2 EXAMINATION TRANSITION

- **All trainees who have completed  $\geq 24$  months training in Feb 2022 (i.e., transitioning into 3rd, 4th or 5th year) sit with the old rules, irrespective of format.**
- **All trainees who have completed  $< 24$  months training Feb 2022 (i.e., transitioning into 1st or 2nd year) sit with the new rules, and cannot commence sitting until Series 1 2023, new format.**

# TRANSITION SCENARIOS



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# SCENARIO 3 – TRAINEES TRANSITIONING INTO 3<sup>RD</sup> YEAR IN 2022

Trainees who have	Enter	Progression
<b>Passed Part 1 Examinations</b>	Phase 2	<p>Commence sitting Phase 2 Examinations in 2023</p> <ul style="list-style-type: none"><li>• New Examination format and delivery from Series 1 2023</li><li>• All old rules</li><li>• Automatically granted a 6-month extension of training time and an additional consecutive Examination opportunity in the event of failure to pass after 4 opportunities</li></ul> <p>12 months in Phase 3 not mandatory.</p>

# SCENARIO 3 – TRAINEES TRANSITIONING INTO 3<sup>RD</sup> YEAR IN 2022 (OLD RULES PHASE 2 EXAMINATIONS)

Suggest transition scenario:

**2022** - No Examinations

**2023** - Phase 2 Examinations, old rules, i.e., sit all at the same time, can pass Viva stations piecemeal

**2024** - Complete Examinations

# SCENARIO 4 – TRAINEES TRANSITIONING INTO 4<sup>TH</sup> YEAR IN 2022

Trainees who have	Enter	Progression
<b>Passed Part 1 Examinations</b>	Phase 2	<ul style="list-style-type: none"><li>• Old format and delivery of Part 2 Examinations 2022</li><li>• New Examination format and delivery from Series 1 2023</li><li>• All old Examination rules apply</li><li>• From Series 1 2023, at the OSCER each station will be considered as a separate Viva for these candidates and can pass piecemeal</li><li>• Automatically granted a 6-month extension of training time and a fifth consecutive opportunity at the Examination in the event of failure to pass after 4 opportunities</li><li>• 12 months in Phase 3 optional, i.e. can still sit Phase 2 Examinations in 5<sup>th</sup> year</li></ul>

# SCENARIO 4 – TRAINEES TRANSITIONING INTO 4<sup>TH</sup> YEAR IN 2022 (OLD PHASE 2 EXAMINATION RULES APPLY)

Suggested transition scenario:

**2022** - All Phase 2 Examinations, old rules, i.e. can sit all at the same time, pass piecemeal.

**2023** - Complete Examinations.

# 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.



# WANT TO FIND OUT MORE? ASK YOUR QUESTIONS HERE

Scan the QR Code below to submit your questions relating to the 2022 Training Programs, CPD or general College information.



**FOR MORE INFORMATION**

Please visit the College website at [www.ranzcr.com](http://www.ranzcr.com)



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# FOR MORE INFORMATION

ASM trainee day presentation Sat 18 September

Visit the TAR webpage at

[www.ranzcr.com/tar](http://www.ranzcr.com/tar)

Webinar schedule available:

[www.ranzcr.com/tar/webinars](http://www.ranzcr.com/tar/webinars)

Email us at:

[CRtraining@ranzcr.edu.au](mailto:CRtraining@ranzcr.edu.au)



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