

RANZCR acknowledges the Traditional Owners of Country throughout Australia. We recognise the continuing connection of Aboriginal and Torres Strait Islander people to the sky, lands, waters and culture and we pay our respect to their Elders past, and present and emerging.

RANZCR acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.



# WELCOME

- Type any queries you have into 'Questions'
- Queries will be read out and answered
- Queries will also contribute to a series of 'Frequently Asked Questions'
- If you think of any queries after the webinar, please email.

## **OVERVIEW**

This webinar session will cover:

**Learning Outcomes** 

**The Training Handbook** 

**Training Program Requirements** 

**Work-Based Assessments** 

**Structured Learning Experiences** 

**Examinations & Research** 

**Monitoring and Review** 

**Trainees Requiring Additional Support** 

**Progression** 

# TRAINING PROGRAM 2022 WHY THE CHANGE?

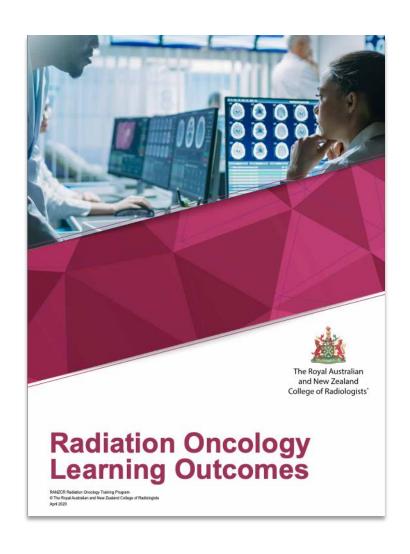
- ACER-Prideaux Review evaluation of the training program identified areas to improve
- Update the structure of the training program in line with current best practice in medical education
  - Competency based approach
  - More direct observation of trainees and feedback
  - Progression through stages of training rather than years
  - A programmatic approach to assessment
- Curriculum required updating to reflect contemporary practice

All trainees have transitioned to the new training program.

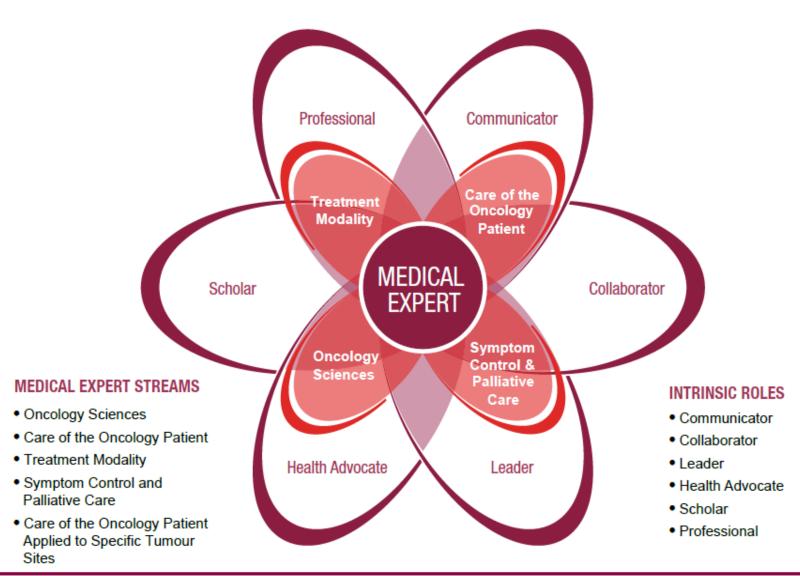
Radiation Oncology Training Program				
Phase 1		Phase 2		Fellowship
Min: 18 mths accredited time  Max: 30 mths accredited time	Review of COMPETENCY to Progress	Min: Dependent on competency (usually 36 mths accredited time)  Max: 10 years (Phase 1 + Phase 2)	COMPETENCY for Fellowship	Career Continuing Professional
Work-based Assessments PEAT, CPET, CST		Work-based Assessments PEAT, CPET, CRDT, CST	Development	
Structured Learning Experiences Oncology Sciences Workshops Phase 1 Practical Oncology Experiences		Structured Learning Experiences SMART workshop Phase 2 Practical Oncology Experiences Professional Activities Research	Review of COMPETE	
Phase 1 Examination	e-Portfolio	Phase 2 Examination	ollo R	
Monitoring and Review Clinical Supervisor Appraisals Director of Training Reviews	e-Por	Monitoring and Review Clinical Supervisor Appraisals Director of Training Reviews	e-Portfolio	

# LEARNING OUTCOMES

- The Learning Outcomes document articulates what is expected of a trainee on their FIRST DAY of specialist practice
- The Learning Outcomes guide teaching and learning, and assessment in the program
- Trainees are eligible for Fellowship when they have completed the training requirements and demonstrated competence



### THE RADIATION ONCOLOGIST



# TRAINING PROGRAM HANDBOOK

- The handbook is a comprehensive guide to all elements of the enhanced program
- One resource which provides information about:
  - Training program requirements
  - Possible variations to training
  - Progressing through the program
  - Additional trainee support
- Links to updated policies and guides
- Links to further resources on RANZCR website



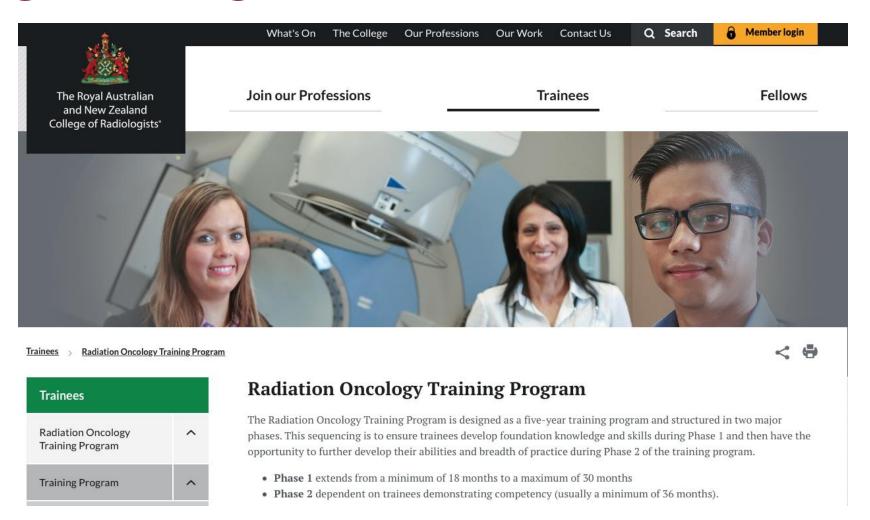
Radiation Oncology Training Program Handbook

RANZCR Radiatori Oncology Training Program

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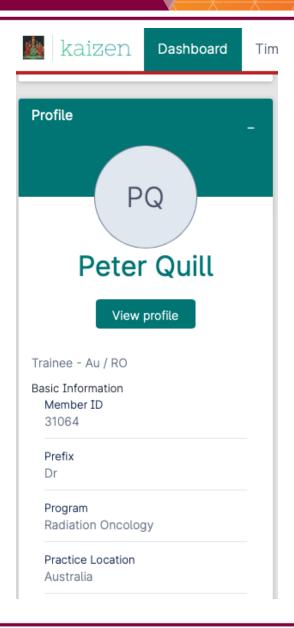
Avenue 2004

# **COLLEGE WEBSITE**



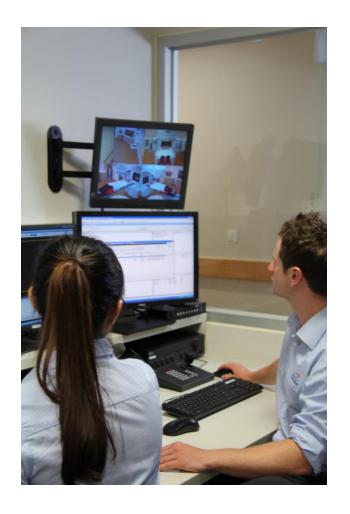
# **ePORTFOLIO SYSTEM**

- Trainee profiles include a record of all training requirements
- Facilitates work-based assessment
- Monitors trainees progress through each phase of training
- Identifies when trainees are eligible to progress to the next phase or sit an examination
- User friendly and mobile device compatible



# **WORK-BASED ASSESSMENT (WBA)**

- Assessment of trainees completing activities with actual patients in the clinical setting
- Assessment for learning
  - Assessments can be repeated as many times as necessary
  - Focus is on improvement
- Feedback from a variety of consultants
- Tools focus on medical expertise as well as other competencies (communication, advocacy etc)



### **WORK-BASED ASSESSMENT TOOLS**

### FIT FOR PURPOSE



Patient Encounter Assessment Tool (PEAT)



Contouring and Plan Evaluation Tool (CPET)



Case Report Discussion Tool (CRDT)



Communication Skills Tool (CST)

# **ENTRUSTABILITY SCALE**

Rating relies on the supervisor's clinical expertise

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Direct Input Required direct instructions and inputs to fill knowledge gaps or deliver effective treatment	Substantial Guidance Required substantial guidance to complete. Major corrections needed in order to deliver effective treatment.	Some Guidance Required minimal supervision, but some guidance. Minor corrections needed to proposed treatment	Competent Did not require guidance or support. Any suggestions for improvement had no significant impact on proposed treatment. Capable of independent practice.

🚵 kaizen

Dashboard

Timeline -

Documents

Content ▼

Overview of Training Requirements

Reports





### What would you like to create?

Apply a Location

RO Apply a location - Current Site

**Training Status** 

FTE Status Change Notification RO Break In Training (BIT)

Work Based Assessments

RO Work-based Assessment - Case Report and Discussion Tool (CRDT)

RO Work-based Assessment - Communication Skills Tool (CST)

RO Work-based Assessment - Contouring and Plan Evaluation Tool (CPET)

RO Work-based Assessment - Patient Encounter Assessment Tool (PEAT)

#### ↑ Information

Select a form from the list and you will be redirected to fill it in. Forms displayed here are grouped based on the created Timeline categories.

# **How many WBAs?**

### Phase 1

### A minimum of:

- Ten Patient Encounter Assessment Tools (PEATs) (10 inc. Mini CEX + competence)
- Ten Contouring and Plan Evaluation Tools (CPETs) (5 + competence)
- Communication Skills Tools (CSTs) assessments in each of the following contexts: (recommended)
  - During an initial consultation
  - A follow up consultation and treatment review
  - Explaining a management plan and obtaining informed consent
  - Breaking bad news

# **How many WBAs?**

### Phase 2

### A minimum of:

- 15 Patient Encounter Assessment Tools (PEATs) (10 inc. Mini CEX + competence)
- 15 Contouring and Plan Evaluation Tools (CPETs) (2 + competence)
- 20 Case Report Discussion Tools (CRDTs)
- Communication Skills Tools (CSTs) re-assessment in each of the contexts (recommended)

PLUS - one Multisource Feedback in each phase.

# STRUCTURED LEARNING EXPERIENCES

- Oncology Science Workshops (Phase 1)
  - Assisting trainees to learn foundation knowledge
  - Trainees MUST attend at least 2 of 3





# Oncology Sciences Workshop 1 Questions and Answers (for facilitators)

Oncology Sciences Workshop 1 Questions and Answers (for facilitators) Specialty Training
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# Oncology Sciences Workshop 2 Questions and Answers (for facilitators)

Oncology Sciences Workshop 2 Questions and Answers (for facilitators) Specially Training

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# Oncology Sciences Workshop 3 Questions and Answers (for facilitators)

Oncology Sciences Workshop 3 Questions and Answers (for facilitators) Specialty Training

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### **PHYSICS**

### **QUESTION 1**

Accurate set-up and target definition are vital for the delivery of high-quality radiation therapy.

1.1 Briefly describe five methods used at the time of simulation to ensure reproduction of patient positioning at the time of treatment.

1.2 List the advantages and disadvantages of diagnostic image co-registra radiation therapy planning. Provide some clinical examples of each. W the disadvantages, include potential sources of error.

#### **PHYSICS**

#### **QUESTION 1**

Accurate set-up and target definition are vital for the delivery of high-quality radiation therapy.

1.1 Briefly describe five methods used at the time of simulation to ensure accurate reproduction of patient positioning at the time of treatment.

Examples of correct responses:

- a. External reference marks For example skin tattoos placed over relatively immobile/ taut skin such as over bony prominences, typically corresponding to the isocentre. The tattoos allow the patient to be accurately positioned in the x, y, z axes externally using the laser beams within the simulation and treatment rooms
- Immobilisation devices which minimise external patient movement
   – Examples include thermoplastic masks/casts, body fixation system (e.g. vacuum bags), belly boards, knee/ foot rests, stereotactic frames
- Identification of accurate body midline using surface anatomy such as the suprasternal notch and xiphisternum
- d. Positioning of patient in comfortable and reproducible position and documentation of position, e.g. arms up/ down, body supine/prone
- e. Physiological/internal reproducibility e.g. bladder or rectal filling
- f. Clinical photos of clinical mark-up, patient position
- g. Measurement and documentation of clinical landmarks from reference points

### STRUCTURED LEARNING EXPERIENCES

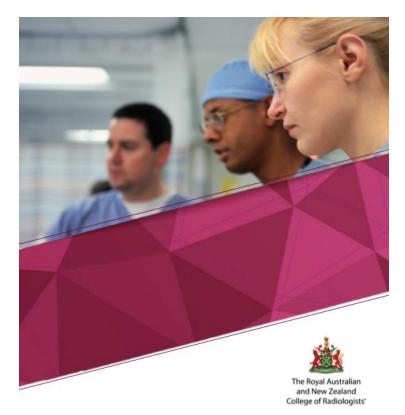
- Oncology Science Workshops (Phase 1)
  - Assisting trainees to learn foundation knowledge
  - Trainees MUST attend at least 2 of 3
- SMART Workshops (Phase 2)
  - Held in conjunction with the TROG meeting
  - Evidence Appraisal Skills / Study Design Concepts
  - Trainees MUST attend at least 1 of 2 before the Phase 2 Exam



# STRUCTURED LEARNING EXPERIENCES

- Practical Oncology Experiences
  - Target learning in particular areas 3hr sessions
  - Phase 1
    - 2 x pathology
    - 2 x radiation planning
    - 2 x radiation delivery
  - Phase 2
    - 2 x palliative care
    - 2 x surgery
    - 2 x systemic therapy
    - 4 x any treatment modality





# Practical Oncology Experiences Learning Guide

Phase 1 and Phase 2

# PHASE 1 PRACTICAL ONCOLOGY EXPERIENCES LEARNING GUIDE

#### Pathology

The suggested learning activities have been developed to assist trainees in achieving the learning outcomes within Section Two – Care of the Oncology Patient, Principles of Care.

#### Aim

By the end of the POE sessions, trainees should be able to:

- . Describe the role of the pathologist in the multidisciplinary team
- · Identify the general principles of laboratory diagnosis of malignancy
- Use observations to identify the practical requirements of pathology specimen processing and the relevance of morphological assessment, immunohistochemical staining and molecular analysis of malignant cells
- . Explain the relevance of cancer staging and grading systems and their practical application
- . Use observations to identify the principles underlying the generation of a synoptic pathology report
- · Interpret pathology reports, including the relevance of predictive and prognostic factors
- · Better understand some of the difficulties and uncertainties of histological diagnosis and reporting.

#### **Suggested Learning Activities**

The following suggestions are examples of activities trainees can observe or participate in during their pathology sessions.

- Follow the entire process of a pathology specimen being prepared for histological analysis after it enters the pathology laboratory. This should include the 'cut up' of a gross specimen and the reporting of the macroscopic appearance.
- 2. Observe the creation of slides for microscopic analysis.
- 3. Observe histochemical staining being performed.
- Discuss the principles of staging and grading systems with a pathologist, to understand their perspective on their use.
- Discuss with a pathologist the histology reports that are generated for common cancers such as breast cancer, prostate cancer, lung cancer and colon cancer. Include a discussion about the relevance of predictive and prognostic factors.
- Spend time with a pathologist as they analyse a malignant tissue sample, to understand the features they are looking for that will lead them to classify that tissue as malignant and what processes help to determine the type of malignancy.
- Observe a pathologist while a full histopathology report (including synoptic components) is created.
   Discuss with the pathologist how they decide what to include in the report.
- 8. Observe a pathologist preparing for, and taking part in, a multidisciplinary meeting.

#### New RO Structured Learning Experiences - Practical O...

Add tags Link to Overview of Training Requirements

Session Supervisor Role

### Instructions Practical Oncology Experience (POE) Session Summary for each session, documenting what was experienced and reflecting on the learning. The POE Session Summary for each session must be signed by the staff member who was supervising the session, at the bottom of this form. **Session Type** POF Type Pathology Radiation Therapy Planning Radiation Therapy Delivery Description of case A brief list of observations or activities completed during the session. **Application of Learning Session** Application of learning What did you learn from this session that you will apply to the care of oncology patients in the future? Session Supervisor Details & Sign-Off The session supervisor signs to confirm that the trainee participated in a half-day session (minimum 3 hours) and engaged in the activities. \*The session supervisor in this instance is the staff member who was supervising the trainee during the session, e.g. a radiation therapist or a pathologist. **Session Supervisor Name**

The next section of this form can be filled in by users with these roles: Director of Training - RO, Training Network Director - RO

Who would you like to fill in the next section of this form? \*

Start typing to search

You can only invite users with a Kaizen account to fill in the next section. After typing at least 3 characters, we will suggest matches from known users in Kaizen. You may enter a user's name or email address

Fill in on the same device

о 🥡

Yes

#### Sign-Off

Director of Training Comments

File attachments are not mandatory for this assessment.

Attach files

## STRUCTURED LEARNING EXPERIENCES

- Professional Activities
  - Running a meeting
  - Presenting at an MDM
  - Recruiting a patient to a clinical trial

**NEW** work-based assessments are also for learning



### New RO Professional Activities - Running a Meeting

Name Add tags 
Link to Overview of Training Requirements

This form is designed to assist the development of competencies in the Leader, Professional and they relate to organising and running an effective meeting. The meeting should relate to a new ac not running an existing quality assurance meeting or journal club.

This activity includes preparation, conduct and follow-up of the meeting, and should be discussed actual meeting. The session supervisor may be an active participant in the meeting or may be preonly.

Brief description of the meeting

E.g. family meeting on ward, meeting about a research project, meeting to plan and interdepartmental GP education or advocacy event.

#### Please hand the device to your session supervisor to complete.

#### Instructions

Provide specific feedback on whether the trainee performed well and how they might improve new feedback that would be most helpful to the trainee at this stage of their learning. Not all items bel to the type of meeting chosen.

#### 1. Preparation for the Meeting

- Goals of meeting defined
- · Meeting scheduled in advance
- · Participant list ideal to meet goals
- Agenda prepared to address key issues
- · Documentation distributed prior to meeting, if required
- Plan as to how meeting outcomes will be documented (and who will be doing this task).

#### Preparation for the meeting

E.g. providing background reading to participants may have saved time in the meeting

#### New RO Professional Activities - Presenting at a Multi...

Add tags Link to Overview of Training Requirements

This form is designed to assist the development of competencies in the Collaborator, Leader, Health Advocate and Scholar roles, as they relate to presenting at Multidisciplinary Team Meeting (MDT) meeting to assist management of an individual patient.

This activity includes preparation for and follow-up of the presentation, and should be discussed before and after the actual meeting. The session supervisor may be an active participant of the meeting or may be present as an observer only.

Brief description of the patient's case and reason for presentation at MDT meeting

#### Please hand the device to your session supervisor to complete.

#### Instructions

Provide specific feedback on whether the trainee performed well and how they might improve next time. Document feedback that would be most helpful to the trainee at this stage of their learning.

#### 1. Identification of the Patient

- . Identifies a patient who would benefit from multi-disciplinary team input at MDT meeting
- Obtains consent from patient to present case details at the meeting.

Identification of the patient

#### 2. Preparation for the Meeting

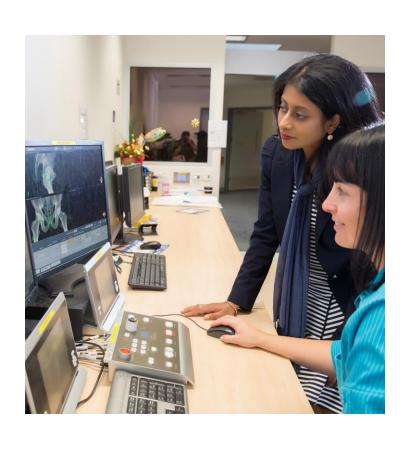
- Organises to have patient included on meeting agenda
- Records in the request the minimum information/data set required (e.g. diagnosis, stage etc.)
- · Collates all information (i.e. investigations) pertinent to the case discussion and ensures it will be available
- Reviews the entire case and is aware of all relevant issues regarding the patient's care
- Articulates and records the specific purpose for presenting the patient and desired outcome.

Preparation for the meeting

E.g. next time you might check that the nuclear medicine physician had the opportunity to see the scan (from another hospital) to prepare better for the meeting

. .

# **EXAMINATIONS – 2023 onwards**



### Phase 1

- Changes to Examination from 2023
- Eligibility
  - 12 months FTE accredited training time
  - Structured learning experiences
    - 2 x Oncology Science Workshops
    - Practical Oncology Experiences
- NEW Two sittings per year (March & Sept)
- Three subject papers each of two hours duration

## **EXAMINATIONS – 2023 onwards**

### **Anatomy**

**Radiation Oncology Physics** 

**Radiation and Cancer Biology** 

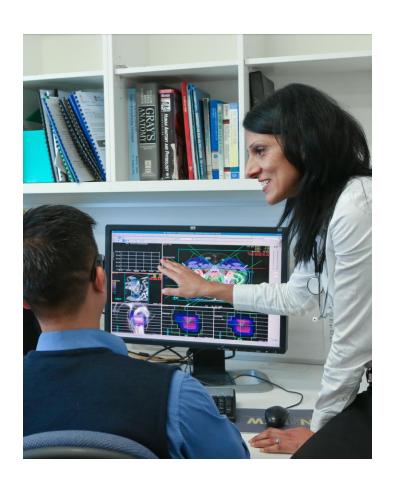
### Phase 1

- Trainees can elect to complete 1, 2 or 3 papers in any siting
- All 3 papers must be completed in 3 successive exam attempts (and within 30 months FTE accredited time)
- Attempting more than one paper in each sitting is strongly advised

# **EXAMINATIONS – 2023 onwards**

### Phase 2

- Examination remains the same
- Eligibility changes in 2023
  - 24 months FTE accredited training time in Phase 2
  - Completion of volume of Phase 2 WBAs
  - Structured learning experiences— SMART Workshop and Phase 2 Practical Oncology Experiences
  - 1 x MSF in Phase 2
  - 12 months FTE rotation to another training site
- Two sittings per year as currently
  - Held in February & March and then July & August



# **EXAMINATIONS** in 2022

### **Phase 1 Examinations**

- Current eligibility criteria
- Current exam format, mapped to current curriculum

### Candidates registering for the 2<sup>nd</sup> sitting of the Phase 2 Examinations in 2022

- 3 years since commencement of training, 18 months since Phase 1 Exam pass
- Transition WBA requirement (or if eligible based on current requirements at February 2022, no assessments required)
- Transition structured learning experiences
- The research project can be completed after the exam

### RESEARCH

- Research Project
  - 1. Original Research Projects
  - 2. Cochrane Protocol or Review
  - 3. Prospective Study
- Must be first author and have primary responsibility

### For research project:

- List journals accepted for peer review
- Any other journal accepted for publication/published

# HANDBOOK - SECTION 2

Anticipated Duration of Phase 1	Minimum accredited training time: 18 months.  Maximum time: 30 accredited months.
Work-based Assessment	Demonstrated progress with work-based assessment.  Patient Encounter Assessment Tool (PEAT)  A minimum of ten assessments which focus on the trainee's ability to obtain a history, conduct a physical examination, interpret patient's investigations or order additional investigations as required, and synthesise this information into a management plan. Five of these assessments must include the Clinical Supervisor observing the trainee with the patient.  Contouring and Plan Evaluation Tool (CPET)  A minimum of ten assessments which focus on the trainee's ability to prepare a radiation therapy plan.  Communication Skills Tool (CST)  Assessments of the trainee's communication skills in each of the following contexts:  o during an initial consultation  a follow up consultation or treatment review  explaining a management plan to a patient and obtaining informed consent obreaking bad news  A minimum of one work-based assessment should be completed each month to obtain regular feedback.

# **MONITORING AND REVIEW**

- Multisource Feedback
  - During Phase 1, ideally within the first 12 months
  - During Phase 2, for eligibility for Phase 2 Exam
  - Trainee should initiate at least 6 weeks prior to a DoT Review, by completing the self-assessment
  - DoT then sends the link to 10-12 assessors.
  - 6 or more forms = A valid assessment
  - Results collated and feedback provided during the DoT Review

#### Multi-Source Feedback

Please return the completed form by:

File attachments are not mandatory for this assessment.

Attach files

The next section of this form has been designed to be completed by multiple people. Please indicate who you would like to invite using the boxes below. The minimum number of responses you must achieve is 6. Invitations can be sent now and also after this form has been submitted by returning to this page.

The next section of this form can be filled in by users with these roles: Anyone, External assessor, Chief Censor - RO, Clinical Supervisor - RO, CPD - OS/ RO, Director of Training - RO, Education Support Officer - RO, CPD - Au / RO, CPD - NZ / RO, Trainee - Au / RO, Trainee - NZ / RO, Training Network Director - RO

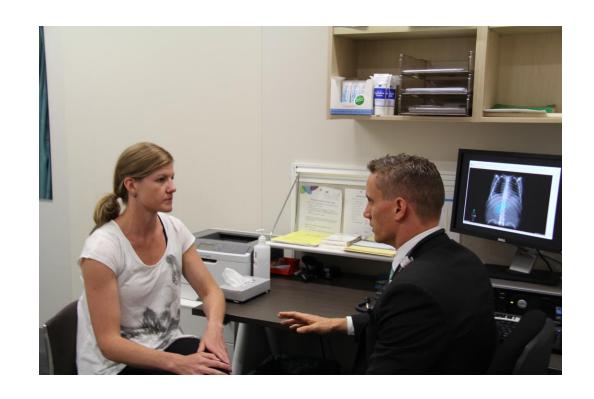
Who would you like to fill in the next section of this form?

Start typing to search

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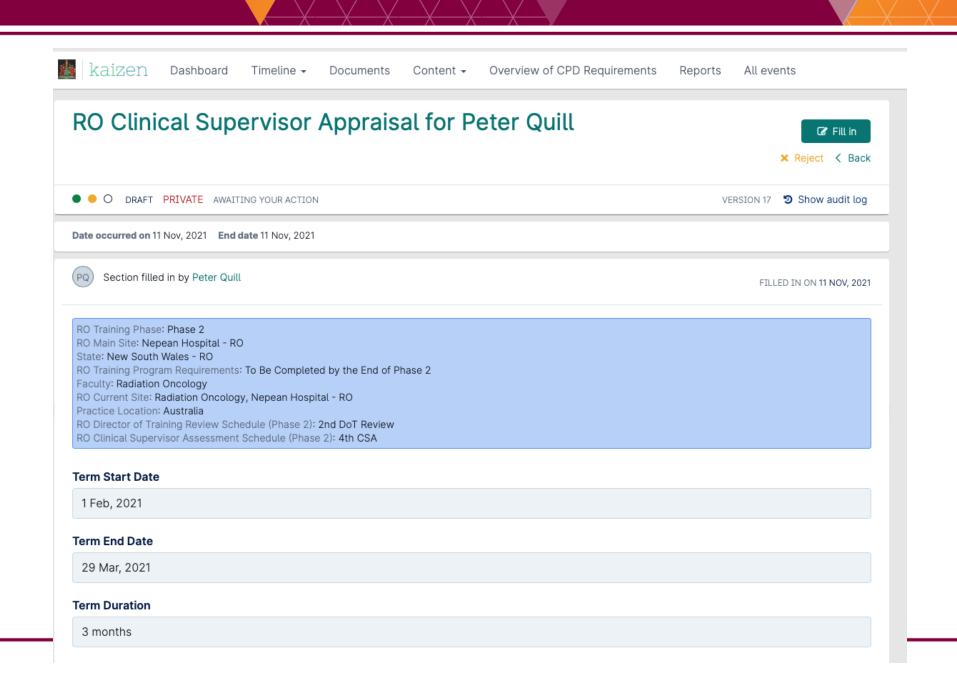
### **MONITORING AND REVIEW**

- Clinical Supervisor Appraisals
  - Every 3 months
  - Focus on day-to day activity and implementing feedback
- Director of Training Review
  - Every 6 months
  - Review progress for phase of training
  - Assist to remove barriers to completion



# Monitoring – Clinical Supervisor Appraisal

- Check WBAs are regular if not, why not?
- Check different assessors are completing WBA
- Discuss WBA feedback received help narrow the improvement focus
- Collate comments from WBA/add extra comments in four areas
  - Clinical Management
  - General Oncology and Supportive Care
  - Communication
  - Professionalism
  - Approach to Learning
- Identify if the DoT needs to do immediate review



## RO Clinical Supervisor Appraisal for Peter Quill

#### Instructions

The Clinical Supervisor Appraisal (CSA) is conducted every three months for all trainees, even though training term lengths vary at different centres. The focus for the appraisal is to monitor the trainees' performance over the previous period and consider the feedback the trainee received whilst completing learning experiences and assessments. If required, the Clinical Supervisor may identify issues that need to be raised with the Director of Training.

Please use the **Generate report** button to create a report prior to completing the relevant fields.

#### Work-based Assessment

#### Patient Encounter Assessment Tool (PEAT)

For each work-based assessment type, please consider:

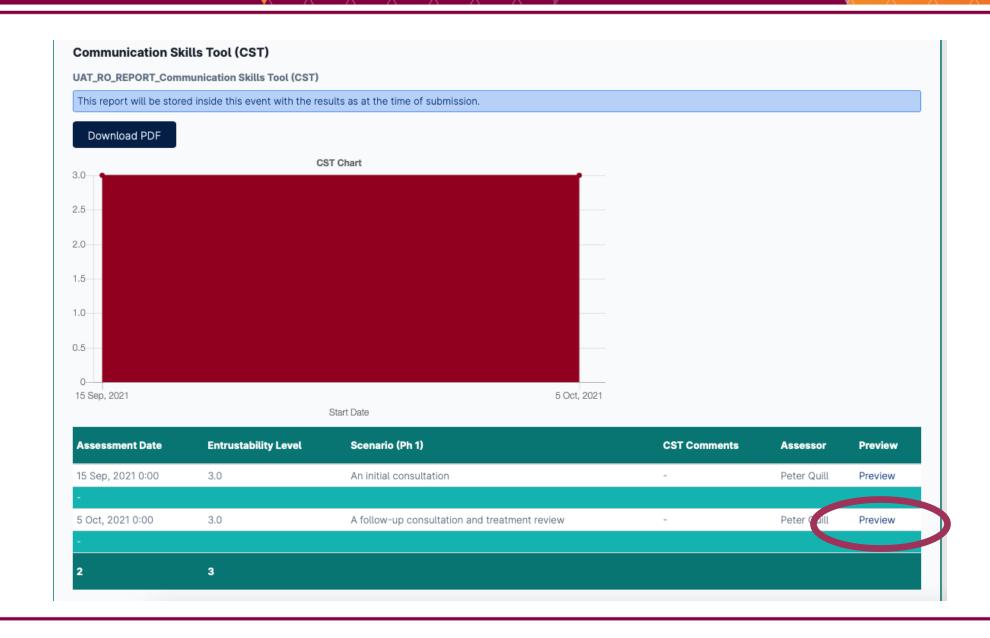
- the total number completed
- the range of topic areas assessments are completed on
- whether trainees have tried to action feedback from previous assessments.

#### UAT\_RO\_REPORT\_Patient Encounter Assessment Tool (PEAT)

This report will be stored inside this event with the results as at the time of submission.

#### Download PDF





The trainee has been completing WBAs at regular intervals.

No Yes

The trainee has engaged multiple assessors if applicable.

No Yes

The trainee has been involved in the management of inpatients.

No Yes

## New RO Clinical Supervisor Appraisal

Add tags Link to Overview of Training Requirements

Feedback
Clinical Management of Radiation Oncology Specific Issues
History and examination, investigations, tumour-specific pathology, management plan, contouring and planning.
Comments
Any comments on strengths/areas for improvement on this area of performance.
General Oncology and Supportive Care
Symptom and pain management, management of the dying patient, involvement in caring for inpatients.
Comments
Any comments on strengths/areas for improvement on this area of performance.
Communication and Teamwork
Communicates well with patients, other health professionals and hospital staff; contributes and works well as a team member.
Comments
Any comments on strengths/areas for improvement on this area of performance.
Any comments on strengths/areas for improvement of this area of performance.

#### **Professionalism**

Demonstrates ethical practice; manages health system resources effectively; good organisation, punctuality and time management; takes responsibility for actions, seeks advice and assistance where appropriate.

#### Comments

Any comments on strengths/areas for improvement on this area of performance.

#### Approach to Learning

Actively engages in learning activities to gain new knowledge and skills; seeks feedback and opportunities to improve performance.

#### Comments

Any comments on strengths/areas for improvement on this area of performance.

General feedback/comments regarding this term.
These comments will appear on the trainee's DoT Review.
In which area(s) is the trainee performing well?
These comments will appear on the trainee's DoT Review.
In which area(s) can the trainee work on improving for next term?
These comments will appear on the trainee's DoT Review.
The following co-supervisors contributed to this appraisal:
Due to concerns raised in this appraisal, it has been/will be discussed with the DoT for immediate review.
No Yes

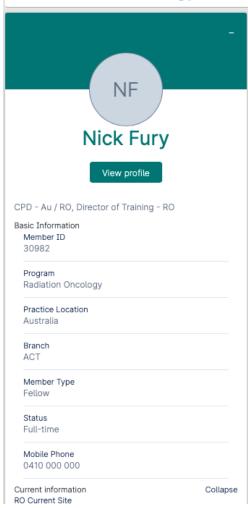
# **DoT Review**

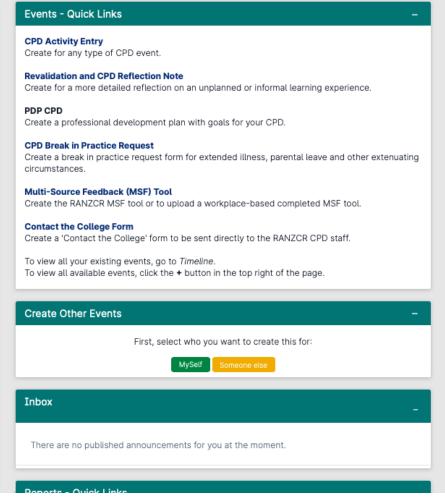
## Focus is on completion of requirements for the phase

- Check volume of work-based assessment compared to phase requirement
- Is the trainee acting on the WBA feedback? Are they progressing?
- Is the trainee engaging in a range of cases (topic areas)? If not, what do they need more exposure to?
- Discuss plans for sitting exams
- Phase 2 discuss how the trainee's research is progressing

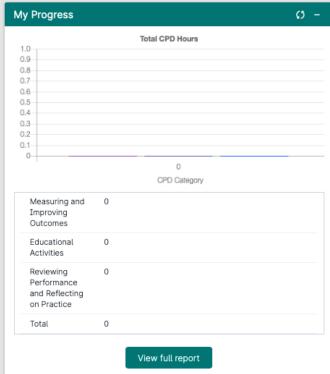
Progression from Phase 1 to Phase 2 and eligibility for Fellowship is determined by the Network Portfolio Review Committee

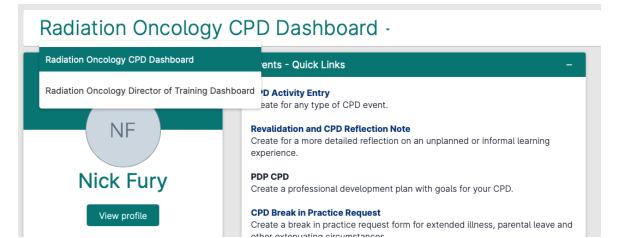
#### Radiation Oncology CPD Dashboard -

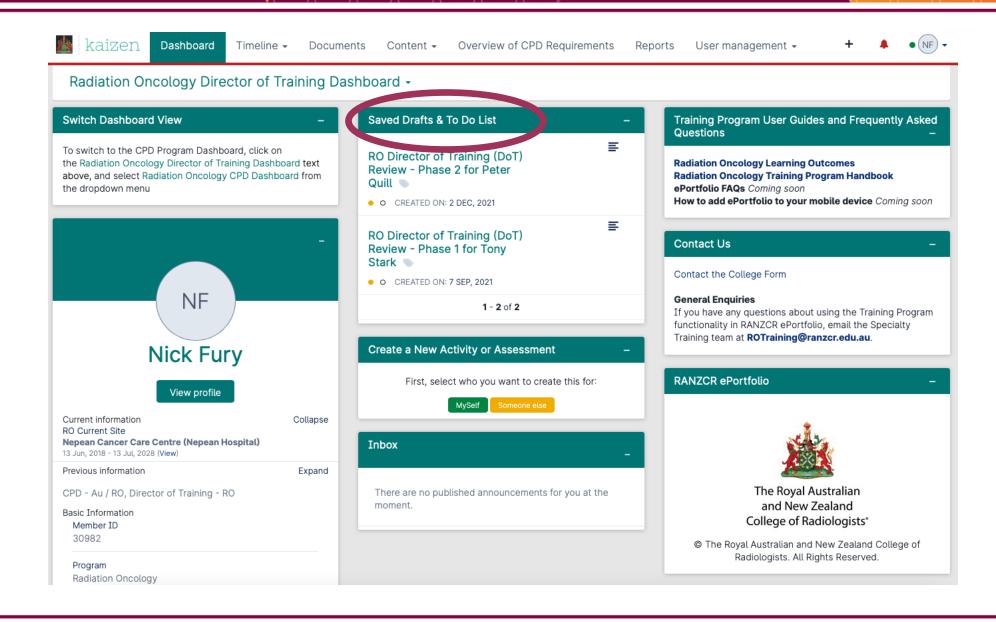


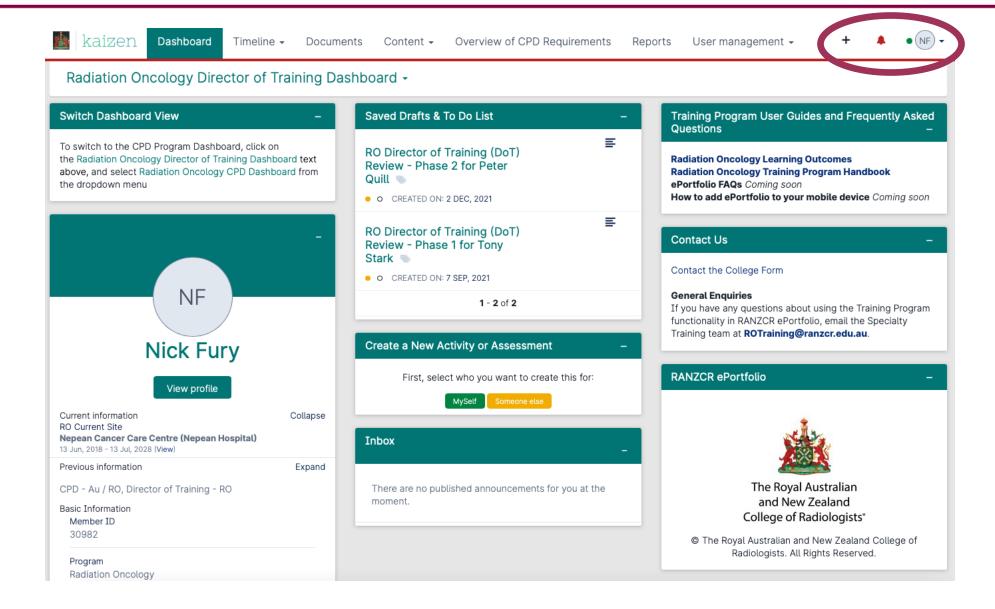


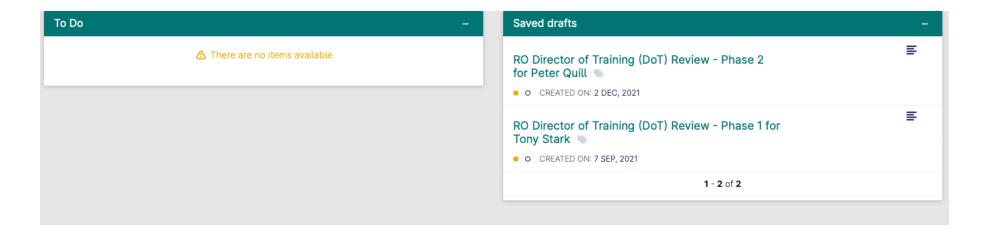




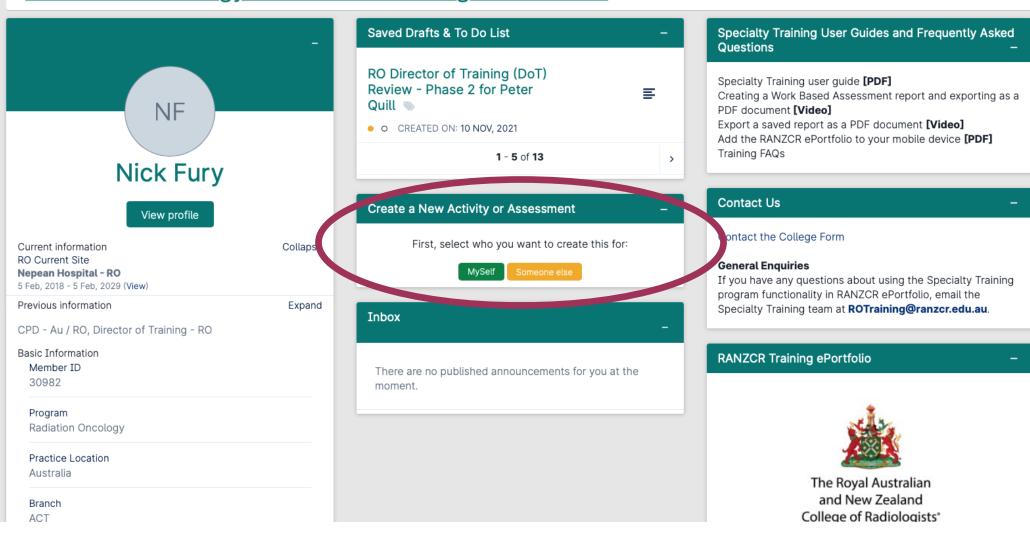


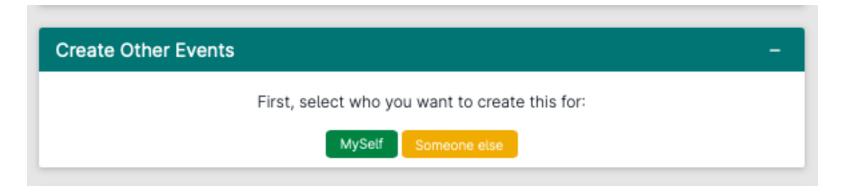


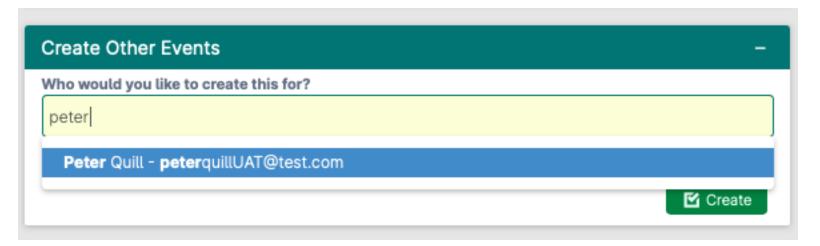




## Radiation Oncology Director of Training Dashboard -







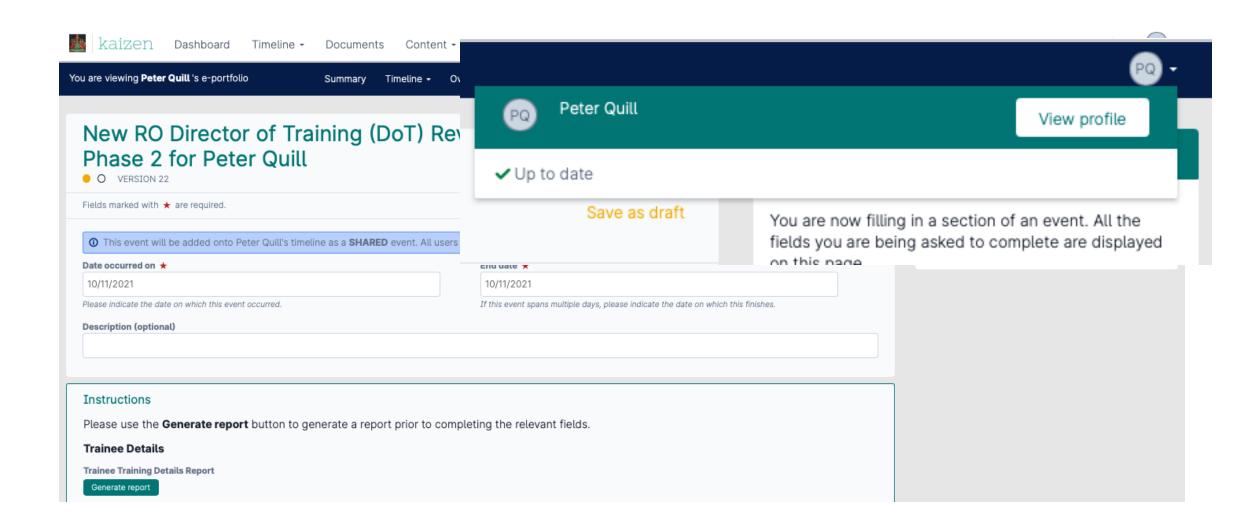
# What would you like to create?

Monitoring and Review (RO)

RO Director of Training (DoT) Review - Phase 1 RO Director of Training (DoT) Review - Phase 2

Uncategorised

UAT\_RO\_Phase 1 Review of Trainee Portfolio UAT\_RO\_Phase 2 Review of Trainee Portfolio



#### **Instructions**

Please use the **Generate report** button to generate a report prior to completing the relevant fields.

#### **Trainee Details**

**Trainee Training Details Report** 

This report will be stored inside this event with the results as at the time of submission.

#### Download PDF

Trainee	Training Start Date	Trainee Phase	Training Status	FTE Value
Peter Quill	1 Feb, 2021 0:00	Phase 2	Full Time	1
Peter Quill	4 Feb, 2019 0:00	Phase 1	Full Time	1

#### Update report

This trainee has been in Phase 2 for 36 months FTE and therefore this DoT review provides additional feedback to assist the trainee in completing the training requirements to progress to the Phase 2 Examination. Please consider if an action plan and further monitoring of trainee progress is required.

No



# **Structured Learning Experiences** Workshops/Courses (indicate those completed) **RO Structured Learning Experiences - Workshop and Courses Report** Start Date \* 1/1/2021 End Date \* 31/12/2022 Generate report Comment on any plans to complete workshops/courses Practical Oncology Experiences (POEs) Trainees must complete ten (10) POE sessions, with a minimum of two (2) palliative care, two (2) surgery, two (2) systemic therapy sessions and four (4) other therapy. RO Structured Learning Experiences - Practical Oncology Experience (POE) Report Start Date ★ 1/1/2021 End Date \* 31/12/2022

### Structured Learning Experiences

**Workshops/Courses** (indicate those completed)

**RO Structured Learning Experiences - Workshop and Courses Report** 

This report will be stored inside this event with the results as at the time of submission.

#### Download PDF

Workshops/Courses	Completed Date
RO Structured Learning Experiences - SMART Workshop	14 Oct, 2021 12:40

Change report inputs

Comment on any plans to complete workshops/courses

Peter is considering attending the second SMART workshop which will assist his with his research project

#### Assessment

For each work-based assessment type, please review:

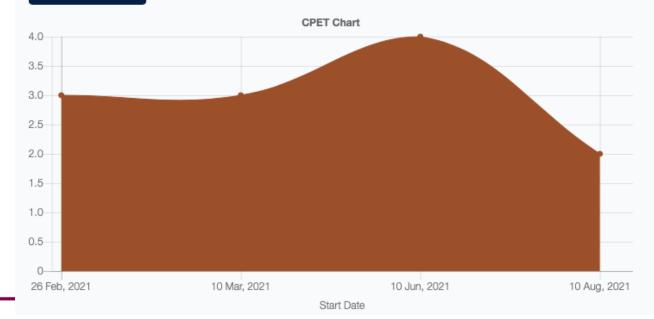
- · the total number completed
- the range of topic areas that the assessments have been completed on
- the number of assessors
- the trainee's progress toward competence toward Level 4.

#### **Contouring and Plan Evaluation Tool (CPET)**

UAT\_RO\_REPORT\_Contouring and Plan Evaluation Tool (CPET)

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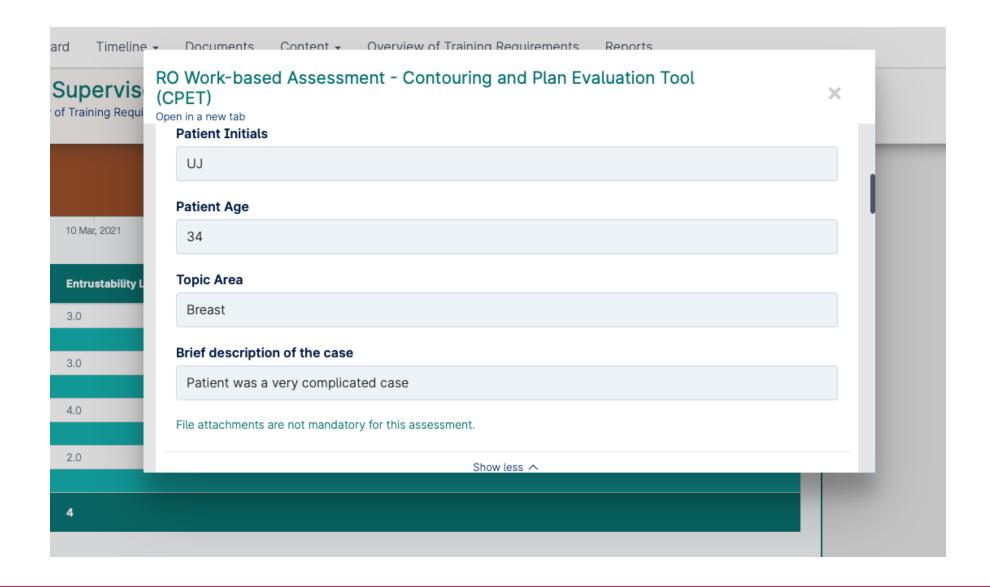
		0

Assessment Date	Entrustability Level	Topic Area	CPET Comments	Assessor	Preview
26 Feb, 2021 0:00	3.0	Head and neck	-	Peter Quill	Preview
-					
10 Mar, 2021 0:00	3.0	Non-malignant disease	-	Peter Quill	Preview
-					
10 Jun, 2021 0:00	4.0	Haematology	-	Peter Quill	Preview
-					
10 Aug, 2021 0:00	2.0	Breast	-	Peter Quill	Preview
-					
4	4				

Change report inputs

#### Contouring and Plan Evaluation Tool (CPET) Comments

Comment on any CPET cases the trainee may benefit from completing or specific aspects of contouring and planning the trainee needs to focus their learning on.



#### Start Date

Assessment Date	Entrustability Level	Topic Area	CPET Comments	Assessor	Preview
26 Feb, 2021 0:00	3.0	Head and neck	-	Peter Quill	Preview
-					
10 Mar, 2021 0:00	3.0	Non-malignant disease	-	Peter Quill	Preview
10 Jun, 2021 0:00	4.0	Haematology	_	Peter Quill	Preview
-	4.0	Tidelilatotogy		reter quitt	Fieview
10 Aug, 2021 0:00	2.0	Breast	-	Peter Quill	Preview
-					
4	4				

Change report inputs

#### Contouring and Plan Evaluation Tool (CPET) Comments

Comment on any CPET cases the trainee may benefit from completing or specific aspects of contouring and planning the trainee needs to focus their learning on.

The trainee has completed WBAs on cases involving a range of tumour sites

No 💮

Yes

The trainee has engaged multiple assessors

No ()

Yes

The trainee is implementing feedback provided and demonstrating progress over time

No (



Yes

#### Phase 2 Examinations

Trainees must complete a minimum 24 months of accredited training time in Phase 2, all WBAs, an MSF and all structured learning experiences to be eligible to apply for the Phase 2 Examination.

Planned date to sit Phase 2 Examinations

#### Written Examination: Pathology Paper

**RO Phase 2 Written Examination - Pathology Report** 

This report will be stored inside this event with the results as at the time of submission.

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Assessment Date

**Exam Passed** 

There are no data for the given criteria

Change report inputs

#### Written Examination: Radiation Therapy 1

RO Phase 2 Written Examination - Radiation Therapy 1 Report

This report will be stored inside this event with the results as at the time of submission.

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**Assessment Date** 

Exam Passed

There are no data for the given criteria

#### Research Project

Outline the trainee's progress with the research project, to be completed by the end of Phase 2

#### Clinical Supervisor Appraisal Comments

**RO Clinical Supervisor Appraisal Report** 

This report will be stored inside this event with the results as at the time of submission.

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Assessment Gen Date This

General Feedback/Comments Regarding This Term.

In which Area(s) is the Trainee Performing Well?

In Which Area(s) can the Trainee Work on Improving For Next Term?

**Preview** 

Change report inputs

0

Feedback	
General feedback/comments regarding progress in Phase 2	
Note any feedback from CSAs that still needs to be addressed.	
Which area(s) should the trainee prioritise and focus on?	
Due to concerns raised in this review, necessary steps must be taken in accordance with the Performance and Progression Policy or the Remediation Policy	
$\checkmark$	▼.
- n/a -	
Required	
Not required	

The next section of this form will be filled in by Peter Quill  Fill in on the same device  No Yes
Please review the feedback provided above, and provide any comments or notes if required. Submission of this section will complete the workflow of the review.  General comments
File attachments are not mandatory for this assessment.
<b>▲</b> Attach files

/

# **ACTION PLANS**

- May be required when:
  - A trainee's performance is not as expected
  - Progress is slower than expected
  - Additional monitoring and support is needed to keep the trainee on track.
- Action plan is prepared with the trainee, generally for 3 months.
- Meeting 6 weeks later ... if goals achieved the action plan can be closed.
- Action plans can be extended but the maximum is 6 months
- If action plan has not been achieved in 6 months ... remediation.

# REMEDIATION PLANS

- Usually initiated after a trainee has not achieved the goals of an action plan
- Remediation plan duration is a minimum of 6 months
- Training time is suspended during a period of remediation (and trainees are unable to request a portfolio review for progression
- Plan must be approved by the Chief Censor
- Outcomes
  - Another period of remediation
  - Consideration for withdrawal
- Two unsuccessful consecutive or three non-consecutive remediation periods leads to consideration for withdrawal

# **PROGRESSION**

## Phase 1 to Phase 2

- Minimum 18 months of accredited training time
- Review by Network Portfolio Review Committee
  - All Phase 1 requirements completed
  - Demonstrate learning and progress on a variety of clinical cases, as assessed by multiple assessors
  - Demonstrate learning and progress in acquiring competence in the intrinsic roles
  - Level 2 on at least half of PEAT, CPET
  - Level 3 on CST for each scenario
- TATS every six months

# **PROGRESSION**

## Completion of Training

- Likely around 36 months in Phase 2 (no sooner than 4.5 years)
- Review by Network Portfolio Review Committee
  - All Phase 2 requirements completed
  - Demonstrate learning and progress on a variety of clinical cases, as assessed by multiple assessors
  - Demonstrate learning and progress in acquiring competence in the intrinsic roles
  - Level 4 on at least half of PEAT, CPET and CRDT
  - Level 4 on CST for each scenario
- TATS every six months

# **SUMMARY**

- Learning Outcomes
- Information
  - Training Program Handbook
  - RANZCR website
- ePortfolio
  - Completing WBAs
  - Confirming learning experiences
  - Conducting DoT Reviews
- Action Plans and Remediation Plans
- Progression through Phases to Fellowship



# We are here to support you

Visit the TAR webpage at <a href="https://www.ranzcr.com/trainees">www.ranzcr.com/trainees</a>

Email us at:

ROtraining@ranzcr.edu.au

Support for DoTs and CSs: <a href="mailto:julie.denaro@ranzcr.edu.au">julie.denaro@ranzcr.edu.au</a>

