



Interventional Radiology and Interventional Neuroradiology Training Pathway Working Group

Terms Of Reference

Name	Interventional Radiology (IR) and Interventional Neuroradiology (INR) Training Pathway Working Group	
Type	Standing Committee <input type="checkbox"/>	Working Group <input checked="" type="checkbox"/>
	Advisory Committee <input type="checkbox"/>	Special Interest Group <input type="checkbox"/>
	Reference Group/Panel <input type="checkbox"/>	Conjoint Body <input type="checkbox"/>
Date	Ratified by the Faculty of Clinical Radiology Council at the meeting on 28 February 2020; reviewed by FCR on 6 May 2021; reviewed by FCR on 5 May 2022	
Review/ cessation date	Review <input checked="" type="checkbox"/> Date: 24 months from last FCR review i.e. May 2023	Cessation <input type="checkbox"/> Date:
Aim	The aim of the IR and INR Training Pathway Working Group is to develop and implement a best practice generic post Fellowship training pathway framework to facilitate professional practise across the continuum of radiologists practising in IR and INR	
Objectives	<p>The work of the IR and INR Training Pathway Working Group will be guided by these principles:</p> <ul style="list-style-type: none">▪ The best interests of patients will be acted upon.▪ High quality healthcare is provided.▪ The integrity of the profession of Clinical Radiology, RANZCR and the Faculty of Clinical Radiology is upheld. Refer to the RANZCR Code of Ethics (see 'Responsibilities of Working Group members'). <p>The objectives below will be followed irrespective of any constraints, either real or perceived, imposed by external factors (e.g. government health funding arrangements, corporatisation of radiology practices, demographics):</p> <p>Planning:</p> <ul style="list-style-type: none">• Develop a working group project plan outlining key activities, timelines, identified risks and accompanied by a resourcing budget. The plan will be outlined across two phases:<ul style="list-style-type: none">○ Development phase○ Implementation phase <p>Development phase:</p> <ul style="list-style-type: none">• Development of a post Fellowship training pathway framework for specialty practice in IR and INR that is beyond the RANZCR Clinical Radiology training program. This includes key activities such as:<ul style="list-style-type: none">○ Define an Advanced 'Scope of Practice' for IR and INR○ Identify and review existing international specialist training pathways for IR and INR with a view to define an educational framework, i.e. curriculum (learning objectives, includes knowledge and skills, core competencies, intrinsic	

roles); a syllabus of required knowledge in IR and INR; learning activities (experiential training requirements etc), work based assessments and examinations

- Ensure constructive alignment between curriculum and learning activities, assessments and examination
- Develop supporting documentation – policies, clinical guidelines, communications, etc
- Develop the process that may be applied to new specialties
- Develop an accreditation program for potential training sites

Implementation phase:

- Training program implementation and review. Activities include but are not limited to implementing the infrastructure, communication plan, quality assurance and evaluation framework.

The above work undertaken by the College will ensure the training pathway meets the Australian Medical Council and Medical Council of NZ requirements for recognition of specialty practice and accreditation standards.

Scope	<p>Activities are subject to scope limitations as outlined below. Any activities outside the scope must be referred to the Faculty of Clinical Radiology Council and/or the Board of Directors for discussion and endorsement.</p> <p>The IR and INR Training Pathway Working Group has the scope to:</p> <ol style="list-style-type: none"> 1. Approve expenditure Yes <input type="checkbox"/> up to [\$XXX] No <input checked="" type="checkbox"/> Exceptions: activity funded under existing projects, or external grants. 2. Generate additional projects, subject to Faculty of Clinical Radiology Council/Board approval. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 3. Approve of work that would significantly expand/alter objectives or scope of the Working Group. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 4. Approve work that would require additional support from College staff (outside of the agreed work plan/existing projects). Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 5. Develop policies and guidelines, subject to Faculty of Clinical Radiology Council approval. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 6. Establish subcommittees or working groups, subject to Faculty of Clinical Radiology Council approval. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 7. Liaise and report to external bodies only through or by delegation from the Dean, Faculty of Clinical Radiology, or the RANZCR President. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reporting	Authority is delegated by the Interventional Radiology Committee (IRC) and

<p>arrangements</p>	<p>Professional Practice Committee (PPC) to fulfil the objectives as outlined in these Terms of Reference or as specifically requested by the Dean (on behalf of the Faculty of Clinical Radiology Council) or, in exceptional circumstances, the President (on behalf of the College and Board).</p> <p>Reports to the IRC and PPC</p> <ul style="list-style-type: none"> • Following each IR and INR Training Pathway Working Group meeting, provide a brief written summary report (maximum length 1.5 pages) to the IRC and PPC for review and decision. • Must keep minutes of meetings and ensure that a copy is kept by the College Secretariat.
<p>Liaison and links</p>	<ul style="list-style-type: none"> • Primarily to the IRC and PPC • Secondary liaison and links to the Faculty of Clinical Radiology Council, RANZCR Board of Directors and RANZCR Branches • Other liaison and links are a means by which internal RANZCR committees and external organisations can be kept informed of progress of the working group. Other liaison and links include: <ul style="list-style-type: none"> ○ Clinical Radiology Education and Training Committee ○ Clinical Radiology Trainee Committee ○ Clinical Radiology Workforce Committee ○ Faculty of Radiation Oncology ○ Australia and New Zealand Rural Radiology Group (ANZRRSIG) ○ Interventional Radiology Society of Australasia (IRSA) ○ Australian and New Zealand Society of Neuroradiology (ANZSNR)
<p>Membership</p>	<p>Unless the Faculty of Clinical Radiology Council determines otherwise, the membership shall include a minimum of three members. The maximum number of members required will be determined by the representation requirements of the Working Group.</p> <p>Membership must include:</p> <ol style="list-style-type: none"> 1. President, RANZCR (ex-officio) 2. Dean, Faculty of Clinical Radiology (ex-officio) 3. Chief of Professional Practice (office bearer) or delegate 4. Interventional Radiology Committee (IRC) chair 5. Clinical Radiology Education and Training Committee (CRETC) chair or delegate 6. Clinical Radiology Trainee elected member (IR) 7. Clinical Radiology Trainee elected member (INR) 8. IRC member (IR) 9. IRC member (INR) 10. RANZCR member (IR) 11. RANZCR member (IR) 12. RANZCR member (INR) 13. RANZCR member (INR) 14. IRSA nominee 15. ANZSNR nominee 16. Medical Educationalist <p>Specific consideration must be given to whether the following are necessary for the effective functioning of the Working Group:</p> <ol style="list-style-type: none"> 1. An elected Faculty of Clinical Radiology Councillor 2. A Fellow from New Zealand

	<ol style="list-style-type: none"> 3. Fellows from at least four of the seven Australian states and territories. 4. A regional and rural member 5. Public and private sector members 6. A Fellow of the Faculty of Radiation Oncology 7. Knowledge of the work of other Faculty of Clinical Radiology Committees 8. A clinical radiology trainee 9. A consumer or other external member (with approval from Faculty of Clinical Radiology Council) 10. A RANZCR member within 5 years of Fellowship <p>Attached (Appendix 1) is a completed Guidance for Membership of Faculty of Clinical Radiology Bodies.</p>
<p>Terms of membership</p>	<p>Member term For the term of the Working Group.</p> <p>Chair The Chair will be a member from the IRC and appointed by the PPC and IRC for the duration of the Working Group.</p> <p>To note: The Dean, FCR cannot be the Chair, and no Fellow can be the Chair of more than one FCR Body.</p>
<p>Meetings</p>	<p>Meeting frequency The Working Group will meet when necessary, as determined by the Chairs of the PPC and IRC with the majority of work anticipated to be completed by email and teleconferences</p> <p>Quorum More than half of the members (e.g. five if the Working Group has eight or nine members and six if the Working Group has ten or eleven members). If there are fewer than five members, the minimum quorum shall be no less than three.</p> <p>Secretariat support The Working Group will have administrative, research and analytical support provided by the College through the Standards Unit. In consultation with the Chair, the secretariat will prepare and distribute meeting papers, take and distribute minutes of meetings, and prepare and receive correspondence.</p> <p>The working group will have the support of the following RANZCR staff:</p> <ul style="list-style-type: none"> • Head of Standards • Senior Project Officer, Subspecialties • Program Officer, Specialties <p>Resolutions Must be passed with majority support. If voting is tied, then the Chair has the casting vote or the authority to raise the issue with the IRC and PPC for consideration and final decision.</p>
<p>Election/ Nomination/ Recruitment of members</p>	<p>Expression of Interest (Eoi) Expressions of Interest will be called from the Faculty of Clinical Radiology Fellowship, including the Interventional Radiology Committee membership</p>

process	<p>for the IRC representative positions. For trainee positions an EOI will be called from the Clinical Radiology Trainee membership.</p> <p>Eoi Process Nominees are to submit their curriculum vitae and an application (no more than 300 words) on the official form outlining their interest and fit for the position. Click here to view the Eoi application form. All eligible Fellows will be informed of the process, including the date that expressions of interest close.</p> <p>Nominations will be considered jointly by the IRC and PPC and a recommendation for appointment to be passed to the Faculty of Clinical Radiology Council. The Faculty of Clinical Radiology Council retains the discretion to review appointments if required.</p> <p>Recruitment of representatives from external organisations IRSA and ANZSNR will be formally invited to nominate suitable nominees for this working group.</p> <p>Casual vacancies To be filled at the discretion of the IRC and PPC. Where a Fellow is appointed to fill a casual vacancy and the period of the term remaining is less than one year that appointment shall not be regarded as a term of office for the purpose of calculating member terms.</p> <p>Election Process for the Chair A Chair is appointed from the IRC membership. Refer to Appendix 2 for further details on the election process.</p>
Responsibilities of Working Group members	<p>Conduct All Working Group members are required to:</p> <ol style="list-style-type: none"> 1. Attend Working Group meetings and actively participate in discussions at these meetings. 2. Read and consider agenda papers and minutes of meetings. 3. Act with care and diligence and in the best interests of the IR and INR Training Pathway Working Group and RANZCR. 4. Keep abreast of key issues, including bi-national & international developments that may affect the work and areas of responsibility of the Working Group. 5. Dedicate time outside of Working Group meetings to undertake activities on behalf of the Working Group, such as drafting of documents, responding to emails, research, provision of advice and otherwise as required. 6. Assist in the development of relationships with College partners and stakeholders. 7. Support the development of policies by the Faculty of Clinical Radiology. <p>Conflict of Interest Members will be required to complete a statement of conflicts of interest and to declare any further potential conflicts of interest that may arise. These are to be recorded in the minutes/reports of the relevant meeting.</p> <p>Disputes Disputes that cannot be satisfactorily resolved within the Working Group will be referred to the Dean of the Faculty of Clinical Radiology via the Chief Executive Officer.</p> <p>Meeting attendance</p>

All members are to RSVP their attendance and (if necessary) send their apologies as early as possible prior to any video/teleconference meeting of the Working Group. If unable to attend Working Group meetings, members are encouraged to provide the College secretariat with their comments on the meeting papers prior to the meeting.

Confidentiality

Working Group members must keep matters relevant to individual members of the College or specific cases of patient care confidential. Working Group members are required to maintain confidentiality on matters of importance to the College and on matters that can affect the interests of the College, and the profession of clinical radiology. Further information about the levels of confidentiality can be found in Appendix 3.

Agenda papers and minutes should be annotated with the appropriate level of confidentiality to assist members in application of confidentiality rules and in communication across bodies. If in doubt consult the Chair of the Body.

Code of Ethics

The Code defines the values and principles that underpin the best practice of clinical radiology and radiation oncology and makes explicit the standards of ethical conduct the College expects of its members. These apply to members of Working Groups in their work for the Working Group and members must abide by the Code of Ethics.

To download the RANZCR Code of Ethics please [click here](#) (or copy and paste <http://www.ranzcr.edu.au/documents-download/document-library-9/3958-ethics> into your web browser).

Cost of Operation

Activities will be conducted by email and teleconference as far as possible. Any face-to-face meetings in addition to this will require approval from the Faculty of Clinical Radiology Council, who may elect to consult with the RANZCR Board of Directors. Any requests for expenditure/reimbursement must comply with College guidelines.

Responsibilities of the Chair

The Chair will provide oversight of the Working Group and will be responsible for ensuring that the Working Group fulfils its functions and acts on assigned tasks in a timely manner. The Chair will approve the agenda for each meeting and chair meetings. The Chair will be responsible for reviewing the draft minutes so that they can be sent to the Working Group for review and verification in a timely manner.

Responsibilities of the FCR Council Representative (if required)

The appointed Faculty Councillor on the Body is responsible for reporting to the Faculty of Clinical Radiology Council.



Guidance for Membership of Faculty of Clinical Radiology Bodies

Name: IR and INR Training Pathway Working Group

Membership of each Body should reflect the specific responsibilities of the Body. When appointing members to a Body, consideration should be given to the diversity of skills, relevant expertise and level of experience required of its members, collectively and individually, in order to ensure effective functioning and balanced decision-making. The following list is provided as guidance and reflects an ideal set of skills and expertise.

The membership section of the terms of reference lists some appointments as mandatory. Inclusion of members with other skills and expertise, although ideal, is not essential.

For each position listed below, please indicate whether it is applicable to this Body and provide justification for your response. It is not necessary to provide justification for positions that are not considered applicable.

Experience and Expertise of Members	Applicable to this Body	Justification
1. President	<input checked="" type="checkbox"/>	Ex-Officio Member
2. Dean, Faculty of Clinical Radiology	<input checked="" type="checkbox"/>	Ex-Officio Member
3. An elected Faculty of Clinical Radiology Councillor	<input type="checkbox"/>	
4. Chief Censor, Clinical Radiology	<input checked="" type="checkbox"/>	Ex-Officio Member (of Bodies that report to the Clinical Radiology Education and Training Committee)
5. A New Zealand Fellow	<input checked="" type="checkbox"/>	
6. A Fellow from at least a minimum number of States and Territories (e.g. at least 4 of the 7 Australian ones). Please indicate below.	<input type="checkbox"/>	
a. NSW <input type="checkbox"/> b. QLD <input type="checkbox"/> c. VIC <input type="checkbox"/> d. WA <input type="checkbox"/> e. SA <input type="checkbox"/> f. ACT <input type="checkbox"/> g. TAS <input type="checkbox"/>		
7. Regional and Rural	<input checked="" type="checkbox"/>	
8. Public Practice	<input checked="" type="checkbox"/>	
9. Private Practice	<input checked="" type="checkbox"/>	
10. A Fellow of the Faculty of Radiation Oncology	<input type="checkbox"/>	
11. Knowledge of the work of other Faculty of Clinical Radiology Committees Click here for a list of all FCR Committees	<input checked="" type="checkbox"/>	Links to education and training and workforce committees will be key to this area of work
12. A Clinical Radiology Trainee	<input checked="" type="checkbox"/>	
13. A Consumer or other External member (with approval from the FCR Council)	<input type="checkbox"/>	There is a consumer on the IRC, and all outputs from the working group will be subject to the approval of the IRC and PPC membership.
14. Other(s) – Please describe:	<input checked="" type="checkbox"/>	A RANZCR member within 5 years of becoming a Fellow

Comment:

To note: One member may have more than one of these skills or characteristics e.g. NSW and private or QLD and

rural/regional.



Process for Appointing FCR Body Chairs

Faculty of Clinical Radiology (FCR) Body Chairs are appointed by the following process:

1. Log vacancy and inform Dean/FCR Council.
2. Send Expression of Interest to Body members (unless specified otherwise in the FCR By-laws). Applications not meeting requirements are returned to the candidate as invalid.
3. Body members vote by secret ballot. Confirmation of due process by relevant senior manager at the College.
4. Result communicated to Body members.
5. Decision of the Body taken to FCR Council to ratify (out of session if urgent, as determined by Dean). Information on applicants' names, key dates and votes supplied. Further information can be requested if needed.
6. Chair and Body notified of FCR ratification.
7. Membership advised and register updated.

If there is only one nomination for a post and the person nominated meets all of the necessary criteria they will be considered for ratification by FCR Council without a vote.



Confidentiality Levels for Consideration

There are three major levels of confidentiality for matters considered by a Faculty of Clinical Radiology Body.

Level One

The highest level relates to matters that must not be discussed outside the meeting room now or at any time in the future: for example a member has been subject to investigation by a regulator or charged with a criminal offence; or a matter that is disclosed by government or is commercial in confidence, for the purpose of working together such as notification of new licences for equipment.

Level Two

The intermediate level of confidentiality relates to matters that are in the early stages of discussion and need further development and consideration before being released for confidential consultation with the membership, for example the development of a position paper regarding a clinical or economic matter or restructuring of the College such as the Governance Review. These can be discussed amongst those who have received the documents but not with the wider membership at this point.

As a membership organisation it is important, welcomed and encouraged that matters relevant to the profession are able to be discussed amongst the membership and the results of these discussions fed back to the College in order to optimise the College's stand on these matters. It is a matter of releasing this information at a time when it is sufficiently well-considered that a useful discussion can be had and rumour and supposition minimised.

Level Three

The lowest level covers all other matters and is covered by the Chatham House Rule: "When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed." The principles of these matters, but not the individuals involved, can be discussed more widely in the interests of developing ideas and enhancing collaboration.