

The Royal Australian and New Zealand College of Radiologists®

The Faculty of Clinical Radiology

Interventional Radiology and Interventional Neuroradiology Training Pathway Working Group

Terms Of Reference

Name	Interventional Radiology (IR) and Interventional Neuroradiology (INR) Training Pathway Working Group					
Туре	Standing Committee		Working Group	\boxtimes		
	Advisory Committee		Special Interest Group			
	Reference Group/Panel		Conjoint Body			
Date	Ratified by the Faculty of Clinical Radiology Council at the meeting on 28 February 2020; reviewed by FCR on 6 May 2021; 5 May 2023					
Review/ cessation date	Review ⊠ Date: 24 months from last F review i.e. May 2025		Cessation 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	The work of the IR and INR Training Pathway Working Group will be guided by these principles: 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'). 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): Planning: 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: Development phase Implementation phase					
	 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: 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; 					

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		Develo commuDevelo	work based a Ensure const learning activ p supporting d unications, etc p the process	assessmei tructive ali vities, asse locumenta that may l	eriential training requirements etc), nts and examinations ignment between curriculum and essments and examination ation – policies, clinical guidelines, be applied to new specialties cam 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.						
	me req sta	ets the Aust quirements fo indards.	ralian Medical or recognition o	Council a of specialt	lege will ensure the training pathway and Medical Council of NZ by practice and accreditation		
Scope	ou	tside the sc	ope must be	referred t	ns as outlined below. Any activities to the Faculty of Clinical Radiology as for discussion and endorsement.		
	Th	ne IR and INI	R Training Pat	hway Wor	king Group has the scope to:		
	1.	Approve ex	penditure				
	Ī	Yes	☐ up to	[\$XXX]			
	Ī	No	\boxtimes				
	ĺ	Exceptions grants.	: activity fund	led under	r existing projects, or external		
	2.		idditional proje ard approval.	cts, subje	ct to Faculty of Clinical Radiology		
	1	Yes		No	\boxtimes		
	3.		work that wou king Group.	ıld signific	antly expand/alter objectives or scope		
	Ī	Yes		No	\boxtimes		
	4.				dditional support from College staff kisting projects).		
	Ī	Yes		No	\boxtimes		
	5.	Develop po Council app		delines, su	ubject to Faculty of Clinical Radiology		
	Ī	Yes		No	\boxtimes		
	6.	6. Establish subcommittees or working groups, subject to Faculty of Clinical Radiology Council approval.					
	Ī	Yes		No	\boxtimes		
	7.				s only through or by delegation from logy, or the RANZCR President.		
	İ	Yes		No			
Reporting arrangements	Authority is delegated by the Interventional Radiology Committee (IRC) and 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).

Reports to the IRC and PPC

- 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.

Liaison and links

- 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:
 - Clinical Radiology Education and Training Committee
 - o Clinical Radiology Trainee Committee
 - o Clinical Radiology Workforce Committee
 - Faculty of Radiation Oncology
 - Australia and New Zealand Rural Radiology Group (ANZRRSIG)
 - o Interventional Radiology Society of Australasia (IRSA)
 - Australian and New Zealand Society of Neuroradiology (ANZSNR)

Membership

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.

Membership must include:

- 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

Specific consideration must be given to whether the following are necessary for the effective functioning of the Working Group:

- 1. An elected Faculty of Clinical Radiology Councillor
- 2. A Fellow from New Zealand

- 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

Additional members may be co-opted as required to provide expertise.

Attached (Appendix 1) is a completed Guidance for Membership of Faculty of Clinical Radiology Bodies.

Terms of membership

Member term

For the term of the Working Group.

Chair

The Chair will be a member from the IRC and appointed by the PPC and IRC for the duration of the Working Group.

To note: The Dean, FCR cannot be the Chair, and no Fellow can be the Chair of more than one FCR Body.

Meetings

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

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.

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.

The working group will have the support of the following RANZCR staff:

- Head of Standards
- Senior Project Officer, Subspecialties
- Program Officer, Specialties

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.

Election/ Nomination/ Recruitment of

Expression of Interest (EoI)

Expressions of Interest will be called from the Faculty of Clinical Radiology

members process

Fellowship, including the Interventional Radiology Committee membership for the IRC representative positions. For trainee positions an EOI will be called from the Clinical Radiology Trainee membership.

Eol 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. <u>Click here</u> to view the EoI application form.

All eligible Fellows will be informed of the process, including the date that expressions of interest close.

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.

Recruitment of representatives from external organisations

IRSA and ANZSNR will be formally invited to nominate suitable nominees for this working group.

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.

Election Process for the Chair

A Chair is appointed from the IRC membership. Refer to Appendix 2 for further details on the election process.

Responsibilities of Working Group members

Conduct

All Working Group members are required to:

- 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.
- 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.
- Assist in the development of relationships with College partners and stakeholders.
- 7. Support the development of policies by the Faculty of Clinical Radiology.

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.

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.

Meeting attendance

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 <u>click here</u> (or copy and paste <u>http://www.ranzcr.edu.au/documents-download/document-library-9/3958-ethics</u> 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.





The Royal Australian and New Zealand College of Radiologists®

The Faculty of Clinical Radiology

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	\boxtimes	Ex-Officio Member			
2. Dean, Faculty of Clinical Radiology	\boxtimes	Ex-Officio Member			
An elected Faculty of Clinical Radiology Councillor					
4. Chief Censor, Clinical Radiology		Ex-Officio Member (of Bodies that report to the Clinical Radiology Education and Training Committee)			
5. A New Zealand Fellow	\boxtimes				
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.					
a. NSW 🗌 b. QLD 🔲 c. VIC 🗌 d. WA 📗 e.SA 📗 f.ACT 🔲 g. TAS 🗌					
7. Regional and Rural	\boxtimes				
8. Public Practice	\boxtimes				
9. Private Practice	\boxtimes				
A Fellow of the Faculty of Radiation Oncology					
Knowledge of the work of other Faculty of Clinical Radiology Committees Click here for a list of all FCR Committees	\boxtimes	Links to education and training and workforce committees will be key to this area of work			
12. A Clinical Radiology Trainee	\boxtimes				
13. A Consumer or other External member (with approval from the FCR Council)		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:		A RANZCR member within 5 years of becoming a Fello			
Comment:					

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

APPENDIX 2

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.

APPENDIX 3

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.