



# The Royal Australian and New Zealand College of Radiologists®

## The Faculty of Clinical Radiology

### APPLICATION FOR LINKED ACCREDITATION FOR CLINICAL RADIOLOGY TRAINING

Please complete this form if your accreditation has lapsed and provide all supporting documents to be sent by the training site to the College at [accreditation@ranzcr.edu.au](mailto:accreditation@ranzcr.edu.au). The application will be reviewed by the Chief Accreditation Officer (CAO) and submitted to the Clinical Radiology Education & Training Committee (CRETC) for approval.

*\*A Letter of Support is required from both the Hospital Executive and Head of Department of the Full Accredited Training Site and the Network Training Director, demonstrating a link has been established.*

#### TRAINING SITE DETAILS

Date of application submission:	
Name of Training Site:	
Physical & Postal Address of this Site:	

Name of person completing this application form:	
Position Title:	
Email:	
Contact Number:	

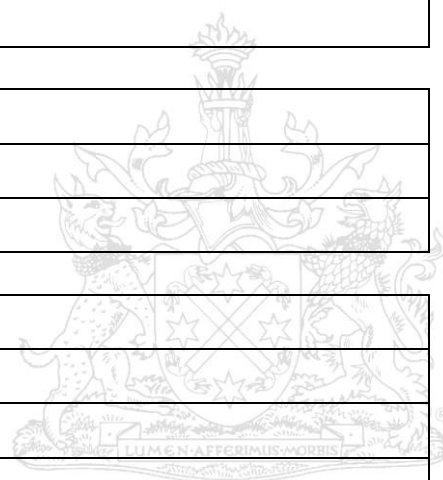
Head of Department at this site:	
Email:	
Contact Number:	

Director of Training at this site:	
Email:	
Contact Number:	

Executive Representative at this site:	
Position Title: (e.g., CEO, DMS)	
Email:	
Contact Number:	



## DEPARTMENT DETAILS

Proposed Accreditation Link Details	Comment:
Name of Fully Accredited RANZCR Training Site you will be linked to:	
Network Name:	
Purpose of the link:	
<p><b>* Please note a letter of support is required from the Site executive and Network Training Director (NTD), indicating the purpose of accreditation and the value to participate in the accredited Training Network.</b></p>	

Proposed Classified Group	Please select applicable option:
<b><u>Independent Linked</u></b> - Site will have a separate Director of Training and workload to Full Site. Rotations are normally in blocks of 3 months.	<input type="checkbox"/>
<b><u>Satellite Linked</u></b> - Full Site and Linked Site departments are administered as a single department/group over multiple campuses with a shared Director/s of Training.	<input type="checkbox"/>
<b><u>Short-Term</u></b> – Site is administered separately to Full Site and rotations are rostered on a daily/weekly basis. May or may not have a separate Director of Training.	<input type="checkbox"/>

Trainees rotating to this Training Site at any one time:	Number of:
Total number of trainees per level per week:	<b>1<sup>st</sup> Year Trainees:</b> <b>2<sup>nd</sup> Year Trainees:</b> <b>3<sup>rd</sup> Year Trainees:</b> <b>4<sup>th</sup> Year Trainees:</b> <b>5<sup>th</sup> Year Trainees:</b>
Length of rotation at this Site	

Workload (This is a count of exams reported, not Medicare items and should EXCLUDE exams reported from nuclear medicine, offsite or by consultants not involved in training)	
Total number of examinations per year at this Site	
Number of OUTSOURCED examinations per FTE per year at this Site:	
Number of ONSITE examinations per FTE per year at this Site:	

## Training Experience

Please indicate the modalities/subspecialties covered by a trainee during their rotation

Area	Total Number:	% of Trainee Time:
Plain Films		
Interventional		
CT		
MRI		
Ultrasound (including O&G)		
Nuclear Medicine		
Paediatrics		
Breast Imaging		
Other (please indicate)		

Please provide information outlining the in-hours and after-hours supervision for the trainees:

What are the main objectives and benefits for trainees to rotate to this potential training facility?

Potential implications for the Network and Trainees in that Network:

## TEACHING PROGRAM

Please indicate which of the following elements of teaching are conducted at your department and frequency:

Formal Lecture Program / Local & Informal Onsite Teaching	Local	Onsite	Informal	Duration	Day of week
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Multidisciplinary & Clinic Meetings	Duration	Frequency	MDT
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

RESOURCES	AVAILABLE
Online Access to Journals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Department Internet Access	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case Library	<input type="checkbox"/> Electronic <input type="checkbox"/> Hardcopy <input type="checkbox"/> Not Available
<b>* Please attach copies of the registrar roster, timetable for formal lectures/tutorials and details of available multidisciplinary/clinical meetings</b>	

## STAFFING – CONSULTANT RADIOLOGISTS

Please indicate if the Fellows are directly involved in providing training to trainees at your training Site

Name	FRANZCR	IR	Substantive	Locum	Involved in Training	FTE	
						%DR	%IR
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total FTE:							

## STAFFING – VISITING MEDICAL OFFICERS (VMO'S)

Please indicate the FTE of VMO's directly involved in providing training to trainees at your training Site (if applicable)

Name	FRANZCR	IR	Substantive	Locum	Involved in Training	FTE	
						%DR	%IR
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total FTE:							

## FACILITIES

Please list **ALL** equipment in each category

Equipment	Type/Model/Year	Number	Installation Date	Other/Comment
MRI				Field Strength:
CT				<input type="checkbox"/> Helical (4,16,32,64) <input type="checkbox"/> Non-Helical
Ultrasound				
Plain Film				
Mammography				
Fluoroscopic Screening				
DSA Facilities				
PET CT				
Nuclear Medicine				

ONSITE SERVICE & SYSTEMS	AVAILABLE
Do you conduct interventional procedures at your Site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please give a description of what these are:	
Do you have PACS at your Site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Linked <input type="checkbox"/> Metropolitan <input type="checkbox"/> Access from home
Do you have Voice Recognition capability at your Site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROTECTED TIME	
<b>Will the Training Site provide the mandatory number of protected hours per week to trainees for study and or teaching?</b> <i>* please refer to Criterion 2.1.3 of the RANZCR Accreditation Standards for Linked Sites in Clinical Radiology Training.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will the Training Site provide the mandatory number of protected time to the Director(s) of Training to perform their duties?</b> <i>* please refer to Criterion 2.1.4 of the RANZCR Accreditation Standards for Linked Sites in Clinical Radiology Training.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SELF ASSESSMENT OF TRAINING DEPARTMENT

Please rate your department's performance for each topic area by placing a rating of 1 – 5 in the box next to each topic area.

In each case you are asked to rate your institution on its ability to provide training based on your experiences. This rating should not compare them to an ideal training scheme with perfect opportunities and equipment; just assess them on their ability to provide an acceptable teaching and training experience.

The ratings are:

1. Poor
2. Less than Adequate
3. Adequate
4. Above Required
5. Excellent
0. Not Applicable

Please rate your Department at this site on the following:

SUPERVISION	RATING
Are all critical reports / reports of junior Trainees or difficult cases checked by an appropriately qualified consultant and timely feedback provided to Trainees? Do consultants provide supervision/ teaching for Trainees attempting new procedures?	Select Rating
ROTATION	RATING
Does the current rotation address the training requirements of Trainees – e.g., are the Trainees getting or likely to get appropriate paediatric / obstetric / mammographic / special modality experience?	Select Rating
LIBRARY	RATING
This includes journals / books / film library / and electronic access. The value should reflect the adequacy of these resources to meet the requirements of the Trainee, accepting that some texts will be bought by each candidate.	Select Rating
TEACHING	RATING
Is there varied good quality teaching with regular formal or informal teaching / good introduction to new investigations / clinical conditions / radiological practice?	Select Rating
MEETINGS	RATING
This includes both the opportunity to give and attend a variety of clinical meetings during the period. Again, it is not expected that Trainees give / attend all clinical meetings at all stages during their training, but they should have the opportunity to attend several meetings, and these would change with changing clinical duties.	Select Rating
EQUIPMENT	RATING
Is this of similar standard to that which is in general use in their radiological community? Where some aspects are questionable, the Trainee should make a judgment based on the impact on their training and weight the value accordingly.	Select Rating
ACCESS	RATING
Are the supervising consultants approachable, and available at short notice when required for clinical problems both during regular hours and on call?	Select Rating

**Overall Comments:**

**Please comment on any WEAKNESSES that the department displays regarding the above topic areas:**



## Checklist:

Application Forms will not be accepted unless **ALL** required attachments are provided. Before sending your application to the College please ensure you have the following attached to the application:

Required:	Attached:
Letter of Support from the Site Executive	<input type="checkbox"/>
Letter of Support from the Network Training Director (this must be comprehensive and outline the benefits and implications for the Network)	<input type="checkbox"/>
Breakdown of workload by modality and subspecialty (in the breakdown provided above)	<input type="checkbox"/>
Copy of the proposed registrar / DoT roster	<input type="checkbox"/>
Copy of the timetable for formal lectures and onsite tutorials	<input type="checkbox"/>
Details of available multidisciplinary and clinical meetings (in the breakdown provided above)	<input type="checkbox"/>
Completed DoT application form(s)	<input type="checkbox"/>

**Applications and Letters of Support should be addressed to:** *(via email listed below)*

**Chief Accreditation Officer for Clinical Radiology  
The Royal Australian and New Zealand College of  
Radiologists Level 9, 51 Druitt Street  
SYDNEY NSW 2000**

All queries should be directed to [accreditation@ranzcr.edu.au](mailto:accreditation@ranzcr.edu.au)