



Clinical Radiology Training Program Checklist, Application Form and Trainee Compact

Important changes to the Clinical Radiology Training Program in 2020 and 2021

Please find below important information about changes to the clinical radiology training program taking effect from 2020 and 2021.

In December 2014, the College commissioned reviews of its assessment and examination processes for specialist training in clinical radiology and radiation oncology. These reviews were commenced in response to new and emerging knowledge in education and medical practice and evolving trends in science and technology. The recommendations from each review formed the basis of a Training and Assessment Reform (TAR) project. The TAR project aims to enhance the curriculum and assessment framework for the training and examination of clinical radiologists and radiation oncologists to the standards required for optimal patient care.

Arising from the TAR project are important changes to the clinical radiology training program that will align with contemporary clinical practice and better reflect current competency-based educational principles.

Among the enhancements are:

- A restructured and more streamlined curriculum for easier navigation and reference
- Improved focus on cultural competency and patient care
- Inclusion of artificial intelligence in the curriculum to stay abreast of technological innovation
- Work-based assessments that better reflect day-to-day practice, improve communication between trainees and assessors and allow for tracking of each trainee's progress
- An ability to complete work-based assessments on a mobile-friendly electronic platform
- Examinations that are fit-for-purpose, with an optimised format and greater flexibility in exam sittings.

Incorporation of a programmatic assessment approach into the training program will ensure that key decisions about a trainee's performance are based on information aggregated across clinical practice and assessments, rather than on 'high stakes' examinations.

As part of broader changes to the IT system at the College, the current Trainee Information Management System (TIMS) will be replaced by a new Learning Management System (LMS) designed to support the implementation of the enhanced program.

The TAR project will move into its implementation phase over the next 18 months. The College plans to launch the enhanced clinical radiology training program in:

- December 2020 for trainees in New Zealand, and
- February 2021 for trainees in Australia and Singapore.

ALL CURRENT and NEW trainees will transition to the enhanced program when it is implemented.

Transitioning all new and current trainees to the enhanced program from its implementation will avoid the need to operate two IT systems concurrently, reduce potential confusion and allow all trainees to benefit from the enhanced program. Planning is now underway to minimise any disruption and make the transition smooth and seamless.

As a new trainee entering the training program, it is important you keep abreast of transition arrangements and planned changes that may affect you. In the coming months, more information regarding the transition will be provided through our communication channels (e.g. e-newsletters, Inside News, direct correspondence etc.), to ensure all trainees are well-informed and properly supported throughout the process.

To expedite the transition, all trainees are asked to complete the learning activities and assessments required under the current training program in a timely manner. Completed training time and progress under the current training program will be recognised when transitioning to the enhanced program.

You are also asked to keep all your relevant information and records up to date in TIMS, including details of training status, rotation, location, experiential training requirements, logbooks, mini-individual patient exercise (IPX), direct observation of procedural skills (DOPS), research requirements, director of training assessments, and multi-source feedback. This will ensure that the data being transferred to the new LMS is as accurate as possible.

Part 1 Examination Changes in 2021

Recently the Clinical Radiology Education and Training Committee (CRETc) and the Faculty of Clinical Radiology Council decided to amend the Part 1 Anatomy and Applied Imaging Technology (AIT) examinations. The changes to the Part 1 Anatomy and Applied Imaging Technology examinations recommended by the TAR project have recently been approved by the CRETc and the Faculty Clinical Radiology Council. These amendments will optimise how examinations assess candidate knowledge (see table below).

The new format for the Anatomy and AIT examinations will commence from Series 1 in March 2021 and will apply to all trainees. This includes trainees enrolled in the training program prior to 2021 and who may be required to sit the Series 1, 2021 Part 1 examinations, as well as all new trainees commencing the training program in December 2020 and February 2021.

Please be advised that trainees must successfully complete the Part 1 examinations within two years from the date of commencement of training. Therefore, you are encouraged to sit for the Part 1 examinations in 2020. Any trainee impacted by the 2021, Part 1 examinations changes will be considered by the CRETc in late 2020 and communicated with directly.

From Series 1 2021, trainees will be permitted to apply to sit the Part 1 Anatomy examination and the Part 1 AIT examination independently of each other. Alternatively, trainees may elect to apply to sit both examinations at the same time.

	Current	Future
Anatomy exam	Two papers of: <ul style="list-style-type: none"> • 15 short-answer questions (SAQs) in two hours • Eight questions based on radiological anatomy in two hours 	One paper based on radiological anatomy in three hours: <ul style="list-style-type: none"> • 120 diagram labelling questions • 60 multiple-choice questions (MCQs) • 30 very-short-answer questions (VSAs) • 20 SAQs
AIT exam	Two papers of: <ul style="list-style-type: none"> • Three written essay format questions in two hours • 100 MCQs in two hours 	One paper based on content comprising imaging technology, quality and safety in three hours with: <ul style="list-style-type: none"> • Written essay format questions in two hours • MCQs in one hour

The current examination format will not be facilitated from Series 1, 2021 onwards.

The Part 1 (Clinical Radiology) Examination Policy which governs the examinations will be updated to reflect these examination changes and circulated to all trainees in 2020.

The TAR project is ongoing, with more changes to be introduced progressively in all aspects of the training program, including work-based assessments and Part 2 examinations. I look forward to sharing these changes with you in the coming months through our communication channels, including the TAR webpage (www.ranzcr.com/tar), e-newsletters, printed newsletters and direct correspondence.

It is important that you keep abreast of the transition arrangements and planned changes that may affect your training progress. This is to ensure you are well-informed and properly supported throughout the transition.

If you have any questions regarding the above, please contact the College at CRtraining@ranzcr.edu.au

Yours sincerely,



Dr Meredith Thomas
Clinical Radiology Chief Censor



Clinical Radiology Training Program Checklist, Application Form and Trainee Compact

The Clinical Radiology Training Program Checklist, Application Form and Trainee Compact are to be submitted once an offer of employment has been made from a RANZCR Clinical Radiology accredited training site or Network and once you have commenced accredited training.

The Clinical Radiology Training Program Checklist, Application Form and Trainee Compact can be submitted either electronically or in hardcopy.

In order to ensure timely processing of your Clinical Radiology Training Program Application please ensure that you have:

	Please Check	College Use
Completed all sections of the Clinical Radiology Training Program Application Form.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Included a high quality, colour, passport sized photo no less than six months old.</p> <ul style="list-style-type: none"> ▪ <i>If submitting the application in hardcopy, a heavy-weight, glossy print on photo paper (200 gsm minimum) must be provided and the standard dimensions of the photo are to be 35mm to 40mm wide and 45mm to 50mm high. Please include your full name on the back of the photo.</i> ▪ <i>If submitting the application via e-mail the photo must be labelled with your full name and attached as a separate high resolution.jpg/.jpeg/.eps format file.</i> <p>Photos must be taken with a plain background (images with family/friends will not be accepted)</p>	<input type="checkbox"/>	<input type="checkbox"/>
Included a certified copy of your Medical Degree Qualification	<input type="checkbox"/>	<input type="checkbox"/>
Included a copy of current Medical Registration	<input type="checkbox"/>	<input type="checkbox"/>
Included copies of letters, certificates, <i>statements of service or compliance statements</i> of successful completion for two years of postgraduate training	<input type="checkbox"/>	<input type="checkbox"/>
Included a copy of your letter of appointment to a RANZCR accredited training site or Network (interview outcome letters will not be accepted)	<input type="checkbox"/>	<input type="checkbox"/>
Included a copy of the Trainee Compact which has been read (and understood) and each page has been initialed, with the last page signed and dated	<input type="checkbox"/>	<input type="checkbox"/>

Combined the Clinical Radiology Training Program Checklist, Application Form, Trainee Compact and all required supporting documents in one PDF file (if e-mailing)	<input type="checkbox"/>	<input type="checkbox"/>
Submitted the Clinical Radiology Training Program Checklist, Application Form, Trainee Compact and all required supporting documents to the College Office <u>within two weeks of the commencement of your accredited training date</u>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Late or failure to complete any of the above requirements will deem the Clinical Radiology Training Program Application as incomplete and may alter the commencement of accredited training date.</i>		
PART 1 EXAM APPLICATION: If you are planning to sit the Series 1 2020 Part 1 Examination, complete ALL sections of the attached application form. This form is to be returned to the College by <u>Friday 7 February 2020</u> <i>Late exam applications will not be accepted.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Submission of the Clinical Radiology Training Program Application

 **Mail (by Express or Registered Post)**

Specialty Training Unit (Clinical Radiology)
RANZCR, Level 9, 51 Druitt Street, Sydney NSW 2000

 **E-mail** radtaa@ranzcr.edu.au

Please ensure that you retain a copy of your submitted Clinical Radiology Training Program Application for audit purposes for the duration of your training.

If you have any questions regarding your application, please contact the College on +61 2 9268 9777 or email radtaa@ranzcr.edu.au.

PLEASE NOTE: The College office will be closed from Friday 20 December 2019 and will reopen on Monday 6 January 2020. The College office closure period may affect application acknowledgement and processing times.

PLEASE ALLOW FIFTEEN (15) BUSINESS DAYS FOR COLLEGE PROCESSING.



CLINICAL RADIOLOGY TRAINING PROGRAM APPLICATION FORM

Completed Training Program Application and all supporting documents must be received at The Royal Australian and New Zealand College of Radiologists (RANZCR) **within two weeks of the commencement of accredited training date.**

Applications are to be submitted by email or mailed to the RANZCR office. Incomplete forms will not be processed until completed.

Return completed application form to:
Specialty Training Unit (Clinical Radiology)
RANZCR
Level 9, 51 Druitt Street
Sydney NSW 2000, Australia
Email: radtaa@ranzcr.edu.au

1 PERSONAL DETAILS (All fields under section 1 are mandatory)

FAMILY NAME: _____

FIRST NAME: _____

OTHER NAME(S): _____

PREFERRED NAME: _____

DATE OF BIRTH: _____

GENDER: FEMALE MALE

MOBILE: _____

EMAIL: _____

WORK PHONE: _____

HOME PHONE: _____



**ONE COLOUR
PASSPORT PHOTO TO
BE INCLUDED WITH
APPLICATION**

*(please refer to the
Clinical Radiology
Training Program
Checklist)*

2 WORK ADDRESS AND RESIDENTIAL ADDRESS

<u>WORK ADDRESS</u>	<u>RESIDENTIAL ADDRESS</u>
DEPARTMENT: _____	
STREET/PO BOX: _____	STREET/PO BOX: _____
SUBURB: _____	SUBURB: _____
STATE: _____	STATE: _____
POSTCODE: _____	POSTCODE: _____
COUNTRY: _____	COUNTRY: _____
PREFERED MAILING ADDRESS:	<input type="checkbox"/> WORK <input type="checkbox"/> RESIDENTIAL

3 QUALIFICATIONS

<u>MEDICAL QUALIFICATIONS</u>	<u>OTHER QUALIFICATIONS</u>
QUALIFICATION OBTAINED: _____	QUALIFICATION OBTAINED: _____
YEAR OF GRADUATION: _____	YEAR OF GRADUATION: _____
INSTITUTION: _____	INSTITUTION: _____
COUNTRY: _____	COUNTRY: _____

 **PLEASE ATTACH A CERTIFIED COPY OF YOUR MEDICAL DEGREE QUALIFICATION**

4 MEDICAL REGISTRATION

REGISTRATION NUMBER: _____ TYPE OF REGISTRATION: _____
(must be general)

STATE OR TERRITORY: _____ COUNTRY: _____

DATE TO OF **CURRENT** MEDICAL REGISTRATION: _____ DATE OF **ORIGINAL** MEDICAL REGISTRATION: _____
DD/MM/YYYY DD/MM/YYYY



PLEASE ATTACH A COPY OF YOUR CURRENT MEDICAL REGISTRATION

5 POSTGRADUATE TRAINING – PGY 1 AND PGY 2 YEARS

PGY 1

TERM	DATE (FROM AND TO) DD/MM/YYYY - DD/MM/YYYY	SPECIALTY AREA	LOCATION

PGY 2

TERM	DATE (FROM AND TO) DD/MM/YYYY - DD/MM/YYYY	SPECIALTY AREA	LOCATION



PLEASE ATTACH A COPY OF LETTERS, CERTIFICATES, STATEMENTS OF SERVICE OR COMPLIANCE STATEMENTS OF SUCCESSFUL COMPLETION FOR THE ABOVE TWO YEARS OF TRAINING

6 PERMANENT AND/OR CHRONIC IMPAIRMENT OR DISABILITY

Do you have a permanent and/or chronic impairment or disability, which may affect your training? Yes No

If yes, indicate the nature of your disability: Hearing Visual Mobility Learning Medical Other

If other, please specify: _____

(This information is used in a confidential manner by the College to assist you in accessing support services as required)

Please note: Failure to disclose pre-existing conditions which affect your training will result in an unsuccessful application for Consideration of Special Circumstances as defined under the Consideration of Special Circumstances Policy.

7 ABORIGINAL, TORRES STRAIT ISLANDER, MAORI ORIGIN

Are you of Aboriginal and/or Torres Strait Islander origin? Yes No

Are you descended from a Maori (that is, did you have a Maori birth parent, grandparent or great grandparent, etc.)? Yes No

8 PRIVACY AND CONFIDENTIALITY STATEMENT

Your privacy is respected by the College. The College will manage your personal information in accordance with its Privacy Policy. Information regarding how the College collects and uses personal information can be found in the College's Privacy Policy, which can be accessed on the College website – www.ranzcr.com

9 CONFIRMATION FROM HEAD OF DEPARTMENT / DIRECTOR OF TRAINING

I HEREBY CONFIRM THE APPOINTMENT AND PROPOSED COURSE OF TRAINING FOR:

TRAINEE NAME: _____

COMMENCED TRAINING AT: _____ (SITE)

TRAINING BRANCH/STATE: _____

COMMENCEMENT DATE: _____ (DD/MM/YYYY)

TRAINING ARRANGEMENT: FULL TIME PART TIME

IF PART TIME, WHAT IS YOUR TRAINING CAPACITY: _____ (FTE)

HEAD OF DEPARTMENT / DIRECTOR OF TRAINING NAME: _____

POSITION: HEAD OF DEPARTMENT DIRECTOR OF TRAINING

SIGNATURE: _____

DATE: _____



PLEASE ATTACH A COPY OF YOUR LETTER OF APPOINTMENT TO A RANZCR ACCREDITED TRAINING SITE OR HEALTH NETWORK (INTERVIEW OUTCOME LETTERS WILL NOT BE ACCEPTED)

10 PAYMENT OF RANZCR FEES**RANZCR Membership Subscription Fee and Annual Training Fee**

Trainees in the training program pay an Annual Training and Membership fee. Additional fees apply to undertake examinations. Trainees must maintain their financial status with the College throughout the duration of their training.

Fees are paid via the College's online MyRANZCR Member Portal. MyRANZCR provides a convenient, secure and reliable online self-service experience. The College will advise by email once a profile has been set up and invoices raised for payment.

Membership Subscription Fee (Valid from 1 July 2019 to 30 June 2020)

PERIOD	AUSTRALIA <i>(includes GST)</i>	OVERSEAS <i>(GST Free)</i>	NEW ZEALAND <i>(includes NZ GST)</i>
Full Financial Year Membership Subscription Fee**	\$ 2,290.00 AUD	\$ 2,080.00 AUD	\$ 2,390.00 NZD
Trainees will be charged at a pro rata of the Full Financial Year Membership Subscription Fee calculated from their commencement of training date.			

Annual Training Fee*

PERIOD	AUSTRALIA	OVERSEAS	NEW ZEALAND
Full Calendar Year Annual Training Fee**	\$ 2,085.00 AUD	\$ 2,085.00 AUD	\$ 2,315.00 NZD
Trainees will be charged at a pro rata of the Full Calendar Year Annual Training Fee calculated from their commencement of training date.			

*For Australian trainees, the Annual Training Fee is valid from 1 January 2020 – 31 December 2020

For New Zealand trainees, the Annual Training Fee is valid from 1 December 2019 – 1 December 2020

**Information related to the College's fees are available on the College website visit www.ranzcr.com.

11 TRAINING PROGRAM APPLICATION PROCESS

- **Application Acknowledgement:** An acknowledgement of receipt of application will be emailed within **10** business days of the application being received at the College office (where reasonably practicable).
- **Review of Application:** The application will be checked and reviewed for any missing, incorrect and/or outstanding items. The applicant will be informed by an email notification if the application is "complete" or "incomplete" (i.e. where additional information is needed to complete the application). Applicants with incomplete applications must submit items/supporting documents promptly to ensure that there are no delays which may result in unaccredited training time.
- **MyRANZCR Member Online Portal Account, Membership Subscription Fee and Annual Training Fee:** A student member account will be set up after an application is determined to be "complete" (please look out for a MyRANZCR activation email, including in your spam folder). Following account setup, an autogenerated email notification will be sent once the invoices are available for payment. Invoices must be paid in accordance with the timeframe stipulated in the invoices. A student member must maintain their financial status with the College to be eligible to undertake examinations.
- **Access to Training Information Management System (TIMS) and Trainee Approval Letter:** Access to TIMS (the learning portal) will be enabled once payment of fees has been confirmed. A confirmation of approval of your course of training in the program will be provided by email.
- **Enrolment Confirmation:** Enrolment into the training program will not be confirmed until **all** application information has been received and fees paid.

12 TRAINEE DECLARATION

- I declare the information supplied in this application and any supporting documentation is true and complete in every respect.
- I acknowledge that the provision of false or misleading information or the omission of information relevant to this application may result in the cancellation of the application, withdrawal of an offer of membership, or cancellation of an existing membership.
- I authorise the College to verify any information provided by me.
- I understand that my application may be cancelled if I do not provide true and complete information in connection with my application.
- I understand that I am required to notify the College of any changes to my circumstances (as provided in this application) which may affect my training.
- I understand my application for enrolment will not be confirmed until all necessary information has been provided and training and membership fees paid.
- I am not aware of any reason (including registration, employment, health, disability or otherwise) which would prevent or limit me undertaking all aspects of the Clinical Radiology Training Program.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



FACULTY OF CLINICAL RADIOLOGY TRAINEE COMPACT

The Royal Australian and New Zealand College of Radiologists (**the College**) is committed to ensuring that clinical radiology specialist training is undertaken in an appropriate environment and that clinical radiology trainees are aware of their rights and obligations. This document sets out intentions for a trainee undertaking specialist training in clinical radiology through the College.

While the primary focus of this document is to outline trainee obligations to the College while under the training scheme, it should be remembered that the practice of clinical radiology is carried out in service to and for the care of patients, and the trainee's duty of care for their patients is paramount. The trainee's obligation to their training site/employer must also be acknowledged.

The broad structure of the Clinical Radiology Training Program and requirements for Trainees are set out in the Clinical Radiology Training Program Curriculum (**Curriculum**). Trainees will be notified of changes to the curriculum from time to time by the College.

Trainees are to initial each page of the document and sign and date the last page and return to the College's registered office. The original signed version of this document will be kept in the Trainee's file at the College. Trainees should retain a copy of the signed document for the duration of their training.

As a Trainee member of the College:

1. I understand that the College will begin to accredit my training time only if the completed Clinical Radiology Training Program Application Form is received by the College office prior to or within two weeks of commencement of the accredited training date.
2. I confirm that I am eligible to commence accredited clinical radiology training as I have met all the current pre-requisites for entry into the Clinical Radiology Training Program including completing at least two full years in an approved hospital as an intern or resident (PGY1 and PGY2).
3. I understand that membership of the College and my training by the College is governed by the Constitution, Regulations and Policies of the College (available on the College website www.ranzcr.com) and that should I no longer be actively engaged in a course of study (accredited training position), I am no longer eligible to maintain student membership with the College.
4. I undertake to notify the College within seven days of:
 - 4.1 my medical registration being withdrawn, or suspended for any reason whatsoever, or condition, restriction or limitation being placed on my medical registration, or on notification of any complaint to any medical registration authority (Medical Board of Australia / Medical Council of New Zealand or other authority); or

- 4.2 being charged or convicted of any criminal offences (other than minor or trivial traffic offences); or
- 4.3 being subject to any restrictions of limitation under any law or by any authority relating to mental health.
5. I undertake to notify the College if my employment is suspended or I am stood down by an employing authority, or if conditions or restrictions on my practice are implemented by an employing authority. Where requested to do so by the College, I undertake to provide reasons for the change in my employment status and authorise the College to seek information from my employing authority as to the circumstances and reasons for the change.
6. I will remain financial and in good standing with the College and I agree to maintain this good standing for the duration of training.
7. I agree to make all applications, provide all information required by the College and pay all required fees within the time limit or deadlines stipulated by the College in respect of membership of the College and the Clinical Radiology Training Program.
8. I agree that while the College (and its agents) is my accredited educational provider, they are not my employer.
9. I understand that it is my responsibility to notify the College of any amendments to my contact details to ensure they are always up to date.
10. I acknowledge that the College cannot guarantee employment. I understand that I am employed by a training site (employing authority) and not the College, and that issues relating to employment are the responsibility of the employing authority, not the College.
11. I understand it is my responsibility to notify the College of any changes to my employment within 14 calendar days of becoming aware of the change.
12. I understand that I release my Director/s of Training and the College (and its representatives) from all claims or liability arising from my reliance on any advice and assistance they give me in good faith.
13. I understand that the duty of care for patients is paramount, that I must act professionally and responsibly at all times and that I must comply with the RANZCR *Code of Ethics*.
14. I understand that I have a responsibility to treat my Director of Training and the Consultants with whom I work with respect and courtesy.
15. I will show respect for and will work collegially with my co-workers, support staff and other individuals with whom I interact.

16. I understand that when using social media applications, I must consider whether comments made about any aspect of my training would be likely to undermine or impinge on the reputation of the College in any way. I also understand that any social media activities/comments/discussion in which I may be involved should not be defamatory, obscene, threatening, harassing, discriminatory to or about the College, my training experiences and training sites, colleagues, Fellows or other trainees.
17. I acknowledge that I have the primary responsibility for the development of my own career. I recognise that I must take a realistic look at career opportunities and follow a path that matches my individual skills, values and interests.
18. I will endeavour to achieve the objectives of training and undertake all components of the training program within the time limits required.
19. I will develop the necessary skills and attributes associated with the competencies of the program and recognise that these attributes are essential to providing the highest possible quality of service to meet the relevant health care needs of all communities in Australia and New Zealand, including the health care needs of Aboriginal and Torres Strait Islander and Maori people.
20. I acknowledge and agree that any documentation or material provided to me by the College during the course of the Clinical Radiology Training Program is owned by the College, that the College has Intellectual Property rights in all documents and therefore I cannot use them for purposes other than the Clinical Radiology Training Program without the College's prior written consent.
21. I understand that no variation to the rules, guidelines, policies or granting of exemptions to the Clinical Radiology Training Program requirements may occur without relevant College approval.
22. I acknowledge that if I have concerns regarding my training, it is my responsibility to discuss these with my Director of Training, Network Training Director, Branch Education Officer or Education Support Officer (ESO) and to seek their guidance in resolving any concerns. Conflict resolution may be achieved outside of this relationship at a departmental, administrative, Network or College level when necessary.
23. I agree to the results of my examinations, assessments and Clinical Radiology Training Program activities being provided directly to my Director of Training, external organisations or such other persons as may be required from time to time by the Chief Censor, the College, Clinical Radiology Education and Training Committee (CRET) and the Faculty of Clinical Radiology Council.
24. I understand that an accredited training position of a minimum of 0.5 FTE (Full Time Equivalent) is an eligibility criterion to continue in the training program. I understand that should I wish to undertake part-time training, that period of part time training must entail at least 50% of a full-time (1.0 FTE 5 days) position (0.5 FTE 2.5 days) clinical load. I understand that any accredited training position less than 0.5 FTE will not be counted as accredited training time.
25. I acknowledge and understand the dual responsibilities of undertaking clinical radiology training, and of providing radiological services to patients, in the training sites(s) /Training Network to which I have been appointed.

- 26.** I agree that it is my responsibility to be fully informed and aware of all the requirements of the College, particularly its rules, guidelines and policies that relate to the Clinical Radiology Training Program. It is my responsibility to familiarise myself with any changes or additions to these rules, guidelines and policies. I understand that failure to comply with these requirements, rules, guidelines and policies may result in my suspension or dismissal from the Clinical Radiology Training Program.
- 27.** I acknowledge that the College is currently reviewing its Clinical Radiology training program curriculum and assessments which includes examinations. Implementation of changes to the program are expected to commence from December 2020 for New Zealand trainees and from February 2021 for Australian and Singapore trainees.
- 28.** I acknowledge that the content of the Clinical Radiology Training Program Curriculum may be amended from time to time and the nature of assessments may be modified by the College. It is my responsibility to keep abreast of any changes communicated by the College.
- 29.** I understand that it is my responsibility to update the Trainee Information Management System (TIMS) platform (or any comparable system) at the beginning of each rotation and when required.
- 30.** I understand that it is my responsibility to initiate a discussion with Directors of Training and Clinical Supervisors on the clinical and training experience available and their expectations of my performance.
- 31.** I understand that I am appointed to a Branch and/or Network and based at a training site, and that I will spend no more than four years at any single training site within the five-year training program.
- 32.** I understand that it is my responsibility to ensure progression through the training program in line with curriculum guidelines. Failure to do so will be assessed by the Clinical Radiology Chief Censor and/or the CRETC or by the College CEO with possible withdrawal from the training program.
- 33.** I understand that I am expected to complete my training within a maximum of ten years. Failure to do so will result in withdrawal from the training program.
- 34.** I understand the need to maintain and provide to the College with documentation on my Clinical Radiology Training Program requirements and to ensure my TIMS (or any comparable system) e-portfolio is current.
- 35.** In order to satisfy full Clinical Radiology training requirements, I must satisfy the following requirements for training progression in accordance with the timelines required:
- 35.1 Complete all assessments as required including but not limited to:
- 35.1.1 Director of Training (DoT) Assessment;
 - 35.1.2 Multi Source Feedback (MSF);
 - 35.1.3 Direct Observation of Procedural Skills (DOPS);
 - 35.1.4 Mini-Individual Patient Exercise (Mini-IPX);
 - 35.1.5 Critically Appraised Topics (CATs);
 - 35.1.6 Trainee Assessment of Training Sites (TATS);

- 35.1.7 Project 1 and Project 2;
- 35.1.8 Part 1 and Part 2 Examinations;
- 35.1.9 Any other assessments or experiential training requirements developed in parallel with modifications and updating of the Curriculum.
- 35.2 Meet all Experiential Training Requirements including but not limited to:
 - 35.2.1 General X-ray;
 - 35.2.2 Breast Imaging;
 - 35.2.3 Interventional Radiology;
 - 35.2.4 Magnetic Resonance Imaging (MRI);
 - 35.2.5 Nuclear Medicine;
 - 35.2.6 Obstetrics and Gynaecology;
 - 35.2.7 Paediatrics/Neonatal;
 - 35.2.8 Bone Mineral Densitometry (BMD);
 - 35.2.9 CT Coronary Angiography (CTCA);
 - 35.2.10 CT Colonography (CTC).
- 35.3 It is my responsibility to keep my logbooks up to date including but not limited to:
 - 35.3.1 Angiography Interventional Log Book
 - 35.3.2 Ultrasound Logbook – Obstetrics and Gynaecology
 - 35.3.3 Ultrasound Logbook – Paediatrics and Neonatal
 - 35.3.4 Ultrasound Logbook – Undifferentiated
- 35.4 To be eligible to sit the Part 1 examination I recognise and agree that I must:
 - 35.4.1 be accepted into an accredited training position by the date of the examination;
 - 35.4.2 sit for all components of the Part 1 examination in one series, on the first sitting;
 - 35.4.3 submit my exam application prior to the submission deadline (late applications will not be accepted);
 - 35.4.4 pay my examination application fee prior to sitting the Part 1 examination;
 - 35.4.5 be a financial member of the College (all subscription and training fees must be up to date or not overdue where the due date is after the examination date) and
 - 35.4.6 have completed all assessments and training requirements as applicable.
- 35.5 I acknowledge that in order to remain in the training program, I must pass all components of the Part 1 examination within two years from the date of commencement of training irrespective of my College approved FTE status (excluding any periods of leave that have been approved by the College).
- 35.6 To be eligible to sit the Part 2 examination, I acknowledge and agree that I must:
 - 35.6.1 have passed the Part 1 examination in clinical radiology;
 - 35.6.2 be in an accredited training position by the date of the examination;
 - 35.6.3 have completed all training assessments and portfolio requirements for Phase 1 of training;
 - 35.6.4 be up to date with current assessments and portfolio requirements for Phase 2 of training at the time of application;
 - 35.6.5 submit my examination application prior to the submission deadline (late applications will not be accepted);
 - 35.6.6 pay my examination application fees prior to sitting the Part 2 examination;

- 35.6.7 be a financial member of the College (all subscription and training fees must be up to date or not overdue where the due date is after the examination date); and
- 35.6.8 have completed at least three years of accredited training.

- 35.7 I acknowledge that I must have completed at least three years of full time equivalent accredited training to be eligible to sit the Part 2 examination.
36. I acknowledge that I must fulfil all Phase 1 and Phase 2 assessments, including meeting the eligibility requirements to sit and successfully complete the Part 1 and Part 2 examinations within the permissible timeframes as prescribed by the *Part 1 Examination (Clinical Radiology) Policy* and the *Part 2 Examination (Clinical Radiology) Policy*.
37. I understand that should I choose not to, or be ineligible to sit an examination as a result of a late application, I will forfeit that opportunity and will not be provided with another.
38. I am aware that the College will not adjust any marks for any aspect of assessment or examinations because of ill health of other circumstances and the minimum passing standard is required to be met.
39. I understand that with reference to my examination sittings, the College will not provide me with my personal examination material which includes any breakdown of my marks or personal responses to questions/cases, a copy of my multiple choice examination papers, a copy of the marking criteria/rubric/template, scoresheets (e.g. Viva scoresheets) and in the case of the Part 2 examinations; specific diagnosis of cases or any information on the cases failed or presented during the Viva.
40. I understand that if I am absent from the training program for an extended period of time, the Chief Censor will determine if I am permitted to keep previous examination passes. An extended absence from the training program would be considered to be one or more years of continual absence from the training program.
41. I agree to adhere to all College policies in relation to my training and membership of the College and to comply with all regulations and reasonable directions of the College.
42. I understand that it is my responsibility throughout my training to access updates to the College's policies which are available on the College website www.ranzcr.com.
43. I agree to abide by the principles contained in the RANZCR *Code of Ethics*. I understand that any member who breaches the Code may be brought to the attention of the RANZCR Board.
44. I am aware that if a medical condition, disability or other personal circumstances may adversely impact or disadvantage my performance in an assessment or examination, it is my responsibility to consider applying for a deferral of my examination opportunity by submitting an application for consideration of special circumstances form as contained under the College's *Consideration of Special Circumstances Policy*.

45. I am aware of the existence, content, timelines and application process for the College's *Consideration of Special Circumstances Policy*.
46. I acknowledge that I am aware of the existence and content of the College's *Interrupted and Part-time Training Policy* and that I will notify the College of any changes which may affect my progression through the Clinical Radiology Training Program.
47. I acknowledge that I am aware of the existence and content of the College's *Grievance Policy* which relates to discrimination, harassment and bullying.
48. I acknowledge that I am aware of the existence and content of the College's *Reconsideration, Review and Appeal of Decisions Policy* regarding decisions about specialist training. I acknowledge that it is to be utilised when individuals who have been subject to a decision which they consider unsatisfactory wish to embark upon a defined pathway to enable a resolution.
49. I acknowledge that I am aware of the existence and content of the College's *Performance and Progression (Clinical Radiology) Policy*, *Remediation in Training (Clinical Radiology) Policy* and the *Withdrawal from Training (Clinical Radiology) Policy* and agree to participate in any College review processes in relation to my performance and/or progression.
50. I understand that should I agree to progress along the remediation pathway as set out under the *Remediation in Training (Clinical Radiology) Policy*, then such remediation is to be undertaken during training and there is no opportunity for remediation after training (i.e. after I have completed my five years of accredited time).
51. I consent to the use of information about my conduct and performance by all appropriate staff, officers, committee members of the College and all Clinical Supervisors of training (including Branch Education Officers, Directors of Training and Network Training Directors), including sharing information across rotations and across all institutions connected with my training. Use of information includes information pertaining to any hospital or health institution by whom I am employed or engaged and any other education institution connected with my training and education; including any information in relation to complaints or allegations or bullying, discrimination, sexual harassment or other inappropriate conduct.

I understand and accept the conditions set out in the agreement above.

Trainee Signature:

Print Name:

Date:



The Royal Australian
and New Zealand
College of Radiologists*

2020 FRANZCR CLINICAL RADIOLOGY PART 1 EXAMINATION APPLICATION FORM

1. APPLICANT DETAILS

RANZCR ID: _____ TRAINING START DATE: _____ (DD/MM/YYYY)

SURNAME: _____ FIRST NAME: _____

(Candidate Names must MATCH photo identification which will be required for ID check)

MOBILE: _____ EMAIL: _____

CURRENT TRAINING SITE: _____ STATE: _____
(at time of application)

HAVE YOU BEEN GRANTED ANY PREVIOUS EXAMINATION EXEMPTIONS OR DEFERMENT IN 2019? YES NO

If yes, please attach the outcome letter with this application.

2. EXAM SITTING

SITTING: MARCH 2020 APPLICATIONS OPEN: 1 NOVEMBER 2019 APPLICATION CLOSING DATE: 7 FEBRUARY 2020
 SEPTEMBER 2020 APPLICATIONS OPEN: 1 MAY 2020 APPLICATION CLOSING DATE: 26 JUNE 2020
Applications must be received by 4.00pm Sydney EST on the above closing dates. Late applications will not be accepted.

EXAMS: Anatomy Paper 1 Anatomy Paper 2
 AIT Paper 1 AIT Paper 2
Candidates who have previously passed one or more component(s) of the exam need only select the remaining component(s).

EXAM LOCATION: *All Part 1 examinations will be conducted electronically at three dedicated testing centres.
Please indicate your preferred location:*

Auckland Perth Sydney

3. ENDORSEMENT FROM HEAD OF DEPARTMENT / DIRECTOR OF TRAINING

ENDORSEMENT:

I support the Part 1 Examination of Dr _____ and confirm that:

I have reviewed the TIMS profile of this candidate and all required training program assessments are up to date.

The candidate is in a RANZCR accredited training position and will remain in this position for the upcoming examinations.

NAME: _____ POSITION: Head of Department Director of Training

SIGNATURE: _____ DATE: _____ (DD/MM/YYYY)

4. APPLICANT AGREEMENT AND COLLEGE POLICIES

APPLICANT AGREEMENT:

I agree that acknowledgement of receipt of application will be emailed within 10 business days of the application being received at the College office (where reasonably practical). I shall only contact the College if I have not received an acknowledgment within 10 business days. Confirmation of receipt of application will **NOT** be provided via phone.

I understand that misconduct or behaviour prejudicial to the proper management and conduct of the examinations, including failure to comply with examination regulations, may result in disqualification from the entire series.

I understand that in order to be eligible to sit the Part 1 Examinations:

- I must have been accepted into an accredited training position by the date of the examination.
- I must sit **ALL** components at my first sitting; and that if this is not my first sitting. I am **NOT** permitted to split components and must re-sit **ALL** components not passed at my previous sitting.
- I must be a financial member of the College. **ALL** examination, subscription and training fees must be up to date or not overdue where the due date is after the examination date.
- I must have completed **ALL** assessments and training requirements as applicable.

EXAMINATION RESULTS:

- Examination results will be sent out to candidates via e-mail within 10 weeks of sitting the Part 1 examination.
- My examination results will be sent to the e-mail address as indicated on page 1 of the examination application.
- I understand that my results may be shared with DoTs, HoDs, BEOs, NTDs and other bodies deemed necessary by the College.

POLICIES:

Please refer to the College website:

- **Part 1 Examination (Clinical Radiology) Policy**
- **Consideration of Special Circumstances Policy**
- **Reconsideration, Review and Appeal of Decisions Policy**

- I understand that I am provided with four opportunities to sit the Part 1 Examinations within two years of my training commencement date;
- I have read and am aware of the contents and observance of the above College policies;
- I understand and accept the conditions set out in the agreement above.

APPLICANT'S SIGNATURE: _____ DATE: _____ (DD/MM/YYYY)

5. PAYMENT OF FRANZCR EXAMINATION FEES

<input type="checkbox"/>	FULL SITTING	AUD\$3995.00	NZD\$4440.00
<input type="checkbox"/>	1 PAPER	AUD\$1460.00	NZD\$1620.00
<input type="checkbox"/>	2 PAPERS	AUD\$2910.00	NZD\$3230.00
<input type="checkbox"/>	3 PAPERS	AUD\$3995.00	NZD\$4440.00

All examination fees are now paid via the College's online member portal MYRANZCR, providing members with a convenient, secure and reliable online self-service experience. An invoice will be drawn, and an email notification will be sent once available for payment. Further information is available at <https://www.ranzcr.com/college/membership/myranzcr>.

6. COLLEGE PROCESS

The Examination application timeline is as follows:

- An acknowledgement of receipt of application will be emailed within 10 business days of the application being received at the College office. (where reasonably practical).
- As per the Part 1 Examination (Clinical Radiology) Policy, you will be accepted into the current examination series pending successful payment and completion of required assessments.
- An invoice will be drawn, and an email notification will be sent once available for payment. **Invoices need to be paid immediately.**
- Examination timetable will be emailed 3 weeks prior to the examination.

7. RETURN COMPLETED APPLICATION FORM TO

EMAIL (preferred):

Please send scanned (PDF) copies of your application to:

radtaa@ranzcr.edu.au

MAIL (by registered post):

Exams Officer (Clinical Radiology, Specialty Training Unit)
RANZCR
Level 9, 51 Druitt Street
Sydney, NSW 2000

(Please note INCOMPLETE and faxed copies are **NOT** accepted.)