Radiology Training Networks in NSW

HETI/ACI Proposal Paper

2014
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Radiology Training Networks in NSW – HETI/ACI Proposal Paper 2014
TRIM Ref: DOC14/25641
1 BACKGROUND

Education and training in the specialty of radiology in NSW was reviewed by HETI’s predecessor, the Institute of Medical Education and Training (IMET) in 2006 and the final recommendations sent to the Director General of NSW Health\(^1\). These included recommendations related to educational, programs in radiology, delivery of training, support for trainees and trainers, governance including the organisation and administration of radiology training in NSW, workforce, selection and recruitment. IMET received advice from the NSW Department of Health on these recommendations in 2008 and the Radiology Training Implementation Group was subsequently formed. This group was established to assist IMET by providing expert advice on issues surrounding the delivery of training in radiology and included representatives from the Royal Australian and New Zealand College of Radiologists (RANZCR), trainees, trainers, and health service administration.

In 2011, the MOH outlined in a letter to IMET’s successor, the Clinical Education and Training Institute (CETI) that while it supported the implementation of networks in radiology, no new funding was available for such networks. The MOH suggested that CETI review the existing funding for other medical vocational training programs and provide advice on how this funding might be redistributed to meet the proposed radiology network requirements.

In 2011-12, South Eastern Sydney Local Health District (SESLHD) entered into discussion with CETI to provide funding to become the site for the pilot of the proposed Networked Radiology Training and after an agreement was signed the pilot commenced. The objective was to establish a networked education and training program for trainees under the new curriculum from the Royal Australian and New Zealand College of Radiologists (RANZCR) and to continue to forge a healthy working relationship between the sites within the Network which includes the Prince of Wales Hospital, St George Hospital, St Vincent’s Hospital, Sutherland Hospital and Wollongong Hospital\(^2\).

In 2014 Professor John Collins completed a comprehensive review into the Medical Portfolio Programs of HETI in which he included a number of recommendations that HETI should focus more on prevocational and non-specialist training and less on vocational training and specifically recommended that the strategy of implementing radiology networks in NSW be reconsidered\(^3\).

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\(^1\) IMET Radiology Training in NSW: Recommendations for the delivery of Radiology Training in NSW Health Services – Final Report 2006

\(^2\) Extract from HETI Medical Portfolio Programs Review: Equipping NSW Doctors for Patient Centred Care, 2014

\(^3\) Medical Portfolio Programs Review, Equipping NSW Doctors for Patient Centred Care, Review of the Health Education and Training Institute Medical Portfolio Programs. HETI 2014. Section 2.8, 2.8.2.2, p. 35.
2 CURRENT SITUATION

The Royal Australian and New Zealand College of Radiologists (RANZCR) requires Radiology training to be networked for the 2016 intake of trainees.

RANZCR has developed Principles and Policies for network training and these are in alignment with the HETI Principles for Network Training in NSW. [Appendix 1 HETI Principles for Network Training in NSW]. [Appendix 7 RANZCR Radiology Network Training Policy].

The RANZCR Radiology Network Training Policy [Appendix 7] notes under Section 4 Governance Arrangements, 4.3, that:

4.3.3 The Training Network Director appointment must be supported by the relevant Health Service Administration

4.3.4 The Health Service Administration will allocate protected time for the Training Network Director to undertake their tasks

4.3.8 To function effectively, each Network should have a Network Education Support Officer (NESO) to support training administration...

And further under Section 7, Training Network Accreditation, that:

7.3 It is the responsibility of each training site to provide adequate resources for training.

In NSW RANZCR has accredited 11 hospitals with full accreditation, eight hospitals/training sites with partial accreditation and one specialty site for paediatrics. One of the training sites is private, Alfred Imaging, the others are all public hospitals. There are currently 110 trainees in Radiology in NSW registered with RANZCR. There is one network of training sites, Southern Radiology Training Network. Networks for Radiology Training need to be implemented, developed and resourced from 2015. This will enable recruitment to networks for 2016.

2.1 HETI RADIOLOGY TRAINING IN NSW MEETING

In July 2014 HETI hosted a meeting of representatives of Chief Executives of Local Health Districts (LHDs), Directors of Radiology Departments, Directors of Training and other stakeholders including the College, the Agency for Clinical Innovation (ACI) the Ministry of Health, Workforce Planning and Development. [Appendix 5: HETI Radiology Training Meeting 15 July 2014 - Participant list]

Key discussion at the Radiology Training Meeting centred on:

1. Setting up a Radiology Working Group to progress implementation of networks

2. Composition of the networks:
   • establishment of a Wide Area Network (WAN) and a number of Local Area Networks (LANs)
   • principles for composition of the LANs
   • which hospitals would be included in each of the LANs

3. Support/resourcing of networks

A Summary of that meeting was sent to all participants on 24 July 2014.
3 OUTCOMES: PLANNING FOR IMPLEMENTATION OF NETWORK TRAINING

3.1 OUTCOME 1 - ESTABLISHMENT OF A RADIOLOGY TRAINING WORKING GROUP

That a Working Group be set up under the auspices of HETI, made up of relevant stakeholders to:

- coordinate and work through the issues arising during the implementation of the networks (Recommendations 1-4 refer)
- liaise and consult with Local Health Districts, in relation to provision of resources across the State for a Network Training Program
- liaise with the Royal Australian and New Zealand College of Radiologists (RANZCR) as required during the implementation of networks
- liaise and begin consultation with the Ministry of Health (MOH) in relation to centralised recruitment for Radiology, until the implementation of the WAN, which would undertake this responsibility.

Proposed composition of the Radiology Training Working Group:

<table>
<thead>
<tr>
<th>Role</th>
<th>Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiology</td>
<td>2 Heads of Departments/Service Managers</td>
</tr>
<tr>
<td>LHDs</td>
<td>2 Directors of Workforce or DMS</td>
</tr>
<tr>
<td>Radiology Trainee</td>
<td>1 Radiology trainee</td>
</tr>
<tr>
<td>HETI</td>
<td>Clinical Chair Radiology</td>
</tr>
<tr>
<td>ACI</td>
<td>1 representative</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>1 representative</td>
</tr>
<tr>
<td>Health Consumers NSW</td>
<td>1 representative</td>
</tr>
</tbody>
</table>

3.2 OUTCOME 2 - IMPLEMENTATION AND COMPOSITION OF NETWORKS A WIDE AREA NETWORK (WAN)

ONE WIDE AREA NETWORK (WAN)

That a single Training Network at Branch level (a WAN, wide area network) be established, in accordance with the RANZCR networks structure, to oversee:

- Governance
- Education strategic planning
- Centralised recruitment to the Training Networks

Recommendation 1 for Working Group

1.1 That resourcing for the WAN to consist of a Steering Committee with voluntary members

1.2 That resourcing initiatives are investigated to allow for a paid administrative staff member for the WAN (eg. HM2 Health Manager @ 1 FTE). There was consensus that The Radiology Network Manager should have relevant HR and administrative capabilities.

Proposed areas of responsibility for the Radiology Network Manager

- Support for the Steering Committee
- Administrative and HR management of centralised recruitment
- Management and administration of the Radiology Network’s examination preparation courses in NSW
Issues to be resolved

Securing ongoing funding for the appointment of a paid administrative staff member for the WAN. Options to be investigated include:

1.1 Consultation/negotiation with the relevant LHDs in which the LANs are located;
1.2 exploration of whether course registration fees from the examination preparation courses could provide resourcing for an Administrative Officer eg. Network Manager

How does the WAN fit into the Governance of both HETI and ACI?

If required will need to be aligned with any new HETI governance structure arising from the MPPR Implementation response.

LOCAL AREA NETWORKS (LANs)

That RANZCR accredited hospitals and training sites be allocated to LANs in a model that provides:

- equity of access to training;
- is geographically and structurally functional;
- case mixed, with accredited and more established sites linked with less established sites;
- each LAN to include a large major teaching hospital, a metropolitan hospital and regional/rural hospitals.

1.2 There is currently a Southern Radiology Training Network comprising:

- Prince of Wales
- St George
- St Vincent’s
- Sutherland
- Wollongong

Support for LANs

Requirements for support would most likely have to be realised within existing funding and current roles. At present:

- The RANZCR proposal is for Health Service Administrations to provide allocated protected time for Network Directors
- Accredited hospitals already have Directors of Training
- HETI supports Directors of Training and Education Support Officers in their roles through HETI Online, which provides access to educational resources, including those directly related to supervision and support for vocational training
- HETI is currently providing the Southern Radiology Training Network with a contribution to the position of a Network Manager for a limited time period to June 2015.

Recommendation 2 for Working Group

That the WG takes the lead in the establishment of the LANs including progressing consultation with LHDs in which the LANs will be located on resourcing

[Appendix 2: Support for WAN and LANs]
Issues to be resolved

1.1 Decision on composition of a 3 LAN model or a 4 LAN model based on the options outlined in Table 1
1.2 Progressing negotiation with LHDs about arrangements for appointment of Network Directors
1.3 Investigating and progressing negotiation with MoH/HETI about the appointment of Network Education Support Officer resources for LANs

Note: the following tables include Table 1, a 3 LAN configuration suggested by HETI/ACI and Table 2, an alternative 4 LAN configuration suggested by a Director of Radiology (Appendix 6). It should be noted that the Alternate 4 LAN Model does not reflect all of the HETI Principles for Network Training the basis upon which establishment of other vocational training networks has occurred in NSW (e.g. Basic Physician Training, Psychiatry Training).
### Radiology Training in NSW - Suggested Models for Local Area Networks

#### Table 1. 3 LAN Model

<table>
<thead>
<tr>
<th>Proposed Network 1</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Hunter New England LHD</td>
<td>John Hunter</td>
</tr>
<tr>
<td></td>
<td>Maitland (linked John Hunter)</td>
</tr>
<tr>
<td></td>
<td>Belmont (linked John Hunter)</td>
</tr>
<tr>
<td></td>
<td>Calvary Mater Newcastle</td>
</tr>
<tr>
<td>Central Coast LHD</td>
<td>Gosford</td>
</tr>
<tr>
<td></td>
<td>Wyong (linked Gosford)</td>
</tr>
<tr>
<td>Northern Sydney LHD</td>
<td>Royal North Shore</td>
</tr>
<tr>
<td>Nepean Blue Mountains LHD</td>
<td>Nepean</td>
</tr>
<tr>
<td>Mid North Coast LHD</td>
<td>Coffs Harbour</td>
</tr>
<tr>
<td></td>
<td>Port Macquarie</td>
</tr>
<tr>
<td>Northern NSW LHD</td>
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</tr>
</tbody>
</table>

#### Table 2. Alternative 4 LAN Model

<table>
<thead>
<tr>
<th>Proposed Network: South East</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>South Eastern Sydney LHD</td>
<td>St George</td>
</tr>
<tr>
<td></td>
<td>Prince of Wales</td>
</tr>
<tr>
<td></td>
<td>St Vincent’s Health Network</td>
</tr>
<tr>
<td></td>
<td>St Vincent’s</td>
</tr>
<tr>
<td>Illawarra Shoalhaven LHD</td>
<td>Wollongong-Illawarra</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Proposed Network: Central</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney LHD</td>
<td>Royal Prince Alfred (RPA)</td>
</tr>
<tr>
<td></td>
<td>Concord</td>
</tr>
<tr>
<td>Northern Sydney LHD</td>
<td>Nepean</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Network: Northern</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Nepean Blue Mountains LHD</td>
<td>Nepean</td>
</tr>
<tr>
<td>Central Coast LHD</td>
<td>Gosford</td>
</tr>
<tr>
<td>Hunter New England LHD</td>
<td>John Hunter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Network Western</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Western Sydney LHD</td>
<td>Westmead</td>
</tr>
<tr>
<td></td>
<td>Auburn (linked Westmead)</td>
</tr>
<tr>
<td>Sydney LHD</td>
<td>Concord</td>
</tr>
<tr>
<td></td>
<td>Canterbury (linked Concord)</td>
</tr>
<tr>
<td></td>
<td>Royal Prince Alfred (RPA)</td>
</tr>
<tr>
<td>Western NSW LHD</td>
<td>Orange</td>
</tr>
<tr>
<td></td>
<td>Dubbo</td>
</tr>
<tr>
<td>Far West LHD</td>
<td>No site identified at present</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Network 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>South Western Sydney LHD</td>
<td>Liverpool</td>
</tr>
<tr>
<td></td>
<td>Campbelltown (linked Liverpool)</td>
</tr>
<tr>
<td>South Eastern Sydney LHD</td>
<td>St George</td>
</tr>
<tr>
<td></td>
<td>Prince of Wales</td>
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<tr>
<td>St Vincent’s Health Network</td>
<td>St Vincent’s</td>
</tr>
<tr>
<td>Illawarra Shoalhaven LHD</td>
<td>Wollongong</td>
</tr>
<tr>
<td>Murrumbidgee LHD</td>
<td>Wagga Wagga</td>
</tr>
<tr>
<td>Southern NSW LHD</td>
<td>No site identified at present</td>
</tr>
</tbody>
</table>

**NOTE:** Recognise that neither of these network options fully comply with RANZCR requirements for regional or rural and private rotations

**NOTE:** Potential accredited regional hospitals/training sites to be included are coloured green

### HETI Principles for Network Training

HETI’s framework for network training is based on the following guiding principles:

- equity of access for patients to appropriate and high quality care
- equity of access for trainees to high quality training
- a sustainable and transparent process of management and oversight
- high quality training as a focus for the health system
- promoting teaching as an integral and rewarding part of medical practice
- increasing training opportunities in NSW that meet the accreditation standards of the College and the relevant State Training Council
- consideration of alignment with the work of the other Pillars
3.3 CENTRALISED RECRUITMENT FOR RADIOLOGY IN NSW

There was agreement at the Radiology Training Meeting that recruitment was an important component for NSW Radiology training networks.

Issue to be resolved

Once the networks are agreed upon, consultation will be needed between the WAN and NSW Health relating to the procedures and processes for JMO centralised recruitment for Radiology training, including:

- Determinations for single selection criteria across NSW, centralised interviewing and applicant preference matching
- The capacity within the WAN to provide administrative support for recruitment
- Provision of a designated JMO Unit for Radiology recruitment
- Access to Paediatric training in Radiology, where some LANs are likely to have better opportunities for trainees in undertaking experiences linked to this component of training.
4 COURSES FOR RADIOLOGY TRAINEES IN NSW

There are examination preparation courses for Radiology Trainees in NSW, currently being administered by HETI. Participants in the Anatomy examination preparation course and the RANZCR Part 2 examination preparation course pay registration fees and these fees need to cover the cost of running the courses.

Radiology courses in 2014-15

Anatomy course
Coordinator: Dr Dzang Vu, with Dr Kelly Tse
Dates/sessions: March to July, Wednesdays 6-9 pm
Number of participants: up to 60 (2014 – 60, 2013 – 60+)
Course registration fee: $2,100 - for 2015 $2,500 proposed by Chair
Medical Portfolio support: promotion on HETI website, managing course enquiries, registration, payments, tax invoices on CVENT, liaising with coordinators and venue, distribution of examination results to DOTs

Part 1 Physics examination preparation course
Coordinator: Dr Noel Young
Dates/sessions: Tuesdays 6-8.30 pm for 18 weeks (2014 - 4 March – 8 July)
Number of participants: around 35
Course registration fee: $1,500 (no cost or revenue to HETI) – no increase proposed by Chair
Medical Portfolio support: distribution of examination results to DOTs

Part 2 examination preparation course
Coordinator: Dr Lloyd Ridley
Dates/sessions: 17-25 July - five full day sessions
20-25 October - six full day sessions
Number of participants: 2014 18 participants; (2013 31 participants)
Course registration fee: $300 – for 2015 $500 proposed by Chair
Medical Portfolio support: promotion on HETI website, managing course enquiries, registration, payments, tax invoices on CVENT, liaising with presenters and trainees regarding changes to topics, dates, venue

Issue to be resolved
Planning for HETI to hand over administration of Radiology courses to the WAN for administration, in July 2015 or January 2016, as agreed. The participant registration fees need to be adequate to cover the cost of running the courses including, presenter fees, venues, administration, resource materials.
Principles for Network Training

May 2014

HETI’s framework for network training is based on the following guiding principles:

- equity of access for patients to appropriate and high quality care
- equity of access for trainees to high quality training
- a sustainable and transparent process of management and oversight
- high quality training as a focus for the health system
- promoting teaching as an integral and rewarding part of medical practice
- increasing training opportunities in NSW that meet the accreditation standards of the College and the relevant State Training Council
- consideration of alignment with work of the other Pillars
### 6 APPENDIX 2

#### SUPPORT FOR WAN

There was consensus that support positions were the most critical resource required for networks.

The proposal for support for the WAN includes:

- A Steering Committee – voluntary
- A Support staff member to support the steering committee and provided administrative and HR support for centralised recruitment – probably an HM2 Health Manager

<table>
<thead>
<tr>
<th>Network Manager</th>
<th>FTE</th>
<th>Salary per year</th>
<th>Salary @ 0.5 FTE</th>
<th>Funded by</th>
</tr>
</thead>
<tbody>
<tr>
<td>HM2</td>
<td>@ 0.5 FTE</td>
<td>$100,262(^4)</td>
<td>$51,384.28</td>
<td>LHDs?</td>
</tr>
</tbody>
</table>

#### SUPPORT FOR LANS

The proposal for support for the LANs includes:

- Network Director (RANZCR proposal for allocated protected time by relevant LHDs)
- Director of Training at each site (already in place)
- Network Education Support Officer (NESO) resource for each LAN

**HETI funding contribution for Southern Radiology Training Network Manager**

_July 2014-June 2015_

<table>
<thead>
<tr>
<th>Network Manager</th>
<th>FTE</th>
<th>Salary per year</th>
<th>HETI contribution July 2014-June 2015</th>
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<tr>
<td>HM2</td>
<td>@ 0.5 FTE</td>
<td>$100,262(^4)</td>
<td>$51,384.28</td>
</tr>
</tbody>
</table>

The RANZCR proposed network structure is defined as follows: A Training Network at Branch level (a WAN, wide area network) is a larger system that functions to oversee the governance, education strategic planning and centralised recruitment for the Training Networks. A Training Network at local level (a LAN, local area Network) features as an autonomous operational system. It focuses on operational delivery of the curriculum by managing rotations, organizing teaching and assessments, in accordance with Network principles.

4.2 The reporting structure regarding network training is as follows:

- Trainee
- Director of training
- Training Network Director
- Branch Education Officer
- Radiology Education & Training Committee
- Faculty of Clinical Radiology
### RANZCR ACCREDITED HOSPITALS/TRAINING SITES

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Accreditation</th>
<th>Accredited in conjunction with</th>
<th>LHD/ Specialty Network</th>
<th>Network</th>
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<tbody>
<tr>
<td>Alfred Imaging</td>
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<td>JHH</td>
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<td>HNELHD</td>
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<td>Liverpool</td>
<td>SWSLHD</td>
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<td>Canterbury</td>
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<td>Gosford</td>
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<td>CCLHD</td>
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<td>John Hunter</td>
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<td>Southern</td>
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<tr>
<td>Royal North Shore</td>
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<td>SESLHD</td>
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<td>Southern Network</td>
<td>ISLHD</td>
<td>Southern</td>
</tr>
</tbody>
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**Accreditation Status - from RANZCA website**

**Full Accreditation** – A site which is able to provide the full five-year training program, either internally or via a combination of internal & external rotations.

**Specialty Accreditation** – A site which provides training in a particular sub-specialty/ies and receives trainees on rotation from multiple sites, e.g. Paediatric hospitals. Specialty sites are subject to the full accreditation standards, with the exception of criteria pertaining to coverage of the five-year Curriculum.

**Linked Accreditation** – A site where specific training is undertaken for certain periods. This will always be in association with a Full site. The Full site is responsible for monitoring the rotation so as to be aware whether it is beneficial to their trainees. Specific Accreditation Standards for Linked sites are currently being developed.
**Radiology Training in NSW Meeting**
Novotel Sydney Olympic Park Hotel, Olympic Boulevard, Sydney Olympic Park NSW 2127
Tuesday 15 July 2014

**Participant List**

**Chair:** Dr Anthony Llewellyn, HETI Medical Director

**Representatives of Chief Executives Local Health Districts (LHDs)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>LHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Barry Soans</td>
<td>Director HNE Imaging</td>
<td>Hunter New England LHD</td>
</tr>
<tr>
<td>Mr Michael Symonds</td>
<td>Service Director HNE Imaging</td>
<td></td>
</tr>
<tr>
<td>A/Professor Ian Rewell</td>
<td>District Director of Medical Services, ISLHD &amp; SESLHD</td>
<td>Illawarra Shoalhaven LHD &amp; South Eastern Sydney LHD</td>
</tr>
<tr>
<td>Dr Munyaradzi Gwede</td>
<td>Business Manager, Medical Imaging</td>
<td>South West Sydney LHD</td>
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<tr>
<td>Dr Lisa Tarlinton</td>
<td>Director of Radiology</td>
<td>St Vincent's Health Network</td>
</tr>
<tr>
<td>Dr Claire Blizard</td>
<td>Director Clinical Practice and Innovation</td>
<td>Sydney LHD</td>
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<tr>
<td>Dr Glen Farrow</td>
<td>Executive Director of Clinical Governance</td>
<td>Sydney Children's Hospital Network</td>
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<tr>
<td>Dr Roslyn Crampton</td>
<td>Director Education SWLHD</td>
<td>Western Sydney LHD</td>
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**Directors of Radiology Departments**

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<tr>
<th>Name</th>
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<tr>
<td>Dr David Rowe</td>
<td>Director, Radiology Department</td>
<td>Concord Hospital</td>
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<tr>
<td>Dr Rajiv Rattan</td>
<td>Director, Radiology Department</td>
<td>Gosford Hospital</td>
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<tr>
<td>Dr Glen Shchlaphoff</td>
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<tr>
<td>Dr Han Loh</td>
<td>Director, Radiology Department</td>
<td>Nepean Hospital</td>
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<tr>
<td>Dr Steven Blome</td>
<td>Director, Radiology Department</td>
<td>Royal North Shore</td>
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<tr>
<td>Dr Richard Waugh</td>
<td>Director, Radiology Department</td>
<td>Royal Prince Alfred Hospital</td>
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<tr>
<td>Dr Derek Glenn</td>
<td>Director, Radiology Department</td>
<td>St George Hospital</td>
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<tr>
<td>Dr Seymour Atlas</td>
<td>Radiology Department</td>
<td>Bankstown-Lidcombe Hospital</td>
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<tr>
<td>Dr Ross Dwyer</td>
<td>A/Director, Radiology Department</td>
<td>Westmead Hospital</td>
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<tr>
<td>Ms Lorraine Fellows</td>
<td>NSW Southern Radiology Network</td>
<td>Representing Dr John Periera, Prince of Wales Radiology Department</td>
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**Directors of Radiology Training**

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Dr Stephen Morris</td>
<td>Director of Training</td>
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<tr>
<td>Dr Wynn Sum</td>
<td>Director of Training</td>
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<tr>
<td>Dr Siva Rajaratnam</td>
<td>Director of Training</td>
<td>John Hunter Hospital</td>
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<tr>
<td>Dr Nira Borok</td>
<td>Director of Training</td>
<td>Liverpool Hospital</td>
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<tr>
<td>Dr Pramod Phadke</td>
<td>Director of Training</td>
<td>Nepean Hospital</td>
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<tr>
<td>Dr Nishantha Karunaratne</td>
<td>Director of Training</td>
<td>Westmead Hospital</td>
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**Royal Australian and New Zealand College of Radiology (RANZCR), NSW Health**

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<tr>
<th>Name</th>
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<tr>
<td>Mr Scott Raymond</td>
<td>Head of Specialty Training</td>
<td>RANZCR</td>
</tr>
<tr>
<td>Ms Caroline Llewellyn</td>
<td>Manager Training &amp; IMG</td>
<td>RANZCR</td>
</tr>
<tr>
<td>Mr Tim Burt</td>
<td>Associate Director External Relations, MOH, WPD</td>
<td>NSW Ministry of Health</td>
</tr>
<tr>
<td>Mr Nick Bradshaw</td>
<td>A/Principal Policy Officer, Clinical Workforce, WPD</td>
<td>NSW Ministry of Health</td>
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<tr>
<td>Mr Todd Hunt</td>
<td>Manager, Workforce Planning</td>
<td>NSW Ministry of Health</td>
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<tr>
<td>Mr Daniel Comerford</td>
<td>Director, Acute Care</td>
<td>Agency for Clinical Innovation</td>
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<tr>
<td>Ms Annie Hutton</td>
<td>Manager, Radiology Networks</td>
<td>Agency for Clinical Innovation</td>
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<tr>
<td>Ms Annie Hutton</td>
<td>Network Manager, Radiology</td>
<td>Agency for Clinical Innovation</td>
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<tr>
<td>Dr Noel Young</td>
<td>HETI Clinical Chair, Radiology</td>
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<tr>
<td>Ms Arline Dumazel</td>
<td>Program Manager, Medical Portfolio</td>
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<tr>
<td>Ms Lynny Groshinski</td>
<td>Medical Portfolio</td>
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<td>Ms Tina Hoang</td>
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<td>Ms Claire Maddocks</td>
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<td>Dr Paul Savage</td>
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<tr>
<td>Dr Jo Karnarghan</td>
<td>District Director Medical Workforce</td>
<td>Nepean Blue Mountains LHD</td>
</tr>
<tr>
<td>Dr Brett Oliver</td>
<td>Director, Medical Services</td>
<td>South West Sydney LHD</td>
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Dear Dr Anthony Llewellyn,

Re: Radiology Training Networks

Thank you for taking the time to organise yet another meeting on this difficult issue. Over the last couple of years, Radiology Heads of Departments have met on several occasions in an attempt to reach agreement on a workable arrangement of networked hospitals.

Over this time, there has gradually emerged a majority consensus among the hospitals around which groupings make sense both to hospital departments and for trainees. There is not now, nor is there likely to be in the near future, complete agreement.

Foremost among the considerations of this majority are the following:

- A mix of training experiences for trainees
- A reasonable geographic grouping avoiding as much as possible the need for long distance travel between centres in a network. Sydney is a congested city and all the trainees and trainers have better things to do than to sit in traffic
- Willingness of the hospitals in each network to work together cohesively to strengthen networked training
- Alignment with College training and accreditation guidelines

At the end of our recent meeting, the following four groupings appeared to the majority to resolve these considerations:

1. South East: St George/Prince of Wales/St Vincents/Wollongong-Illawarra (the only currently existing network)
2. Central: RPA/Concord/RNSH
4. Western: Westmead/Liverpool (non-aligned).

Of these hospitals, it is only Liverpool and Westmead Hospitals that have not formed natural professional alignments. As these are in a single geographic region, it seems logical to group these two large and expanding institutions into a single network.
RPA, Royal North Shore and Concord Hospitals have last year expressed their intention to form a training network at the behest of the College (see attached). Further, these hospitals have indicated to prospective employees at interview since last year that such a network will be in place. As such, there is concern that these hospitals may be held in breach of an implied contract to those trainees should a network other than the Central Network proposed be created.

The greatest training resource that this state has is the staff radiologists who work in our teaching hospitals. Trainees are trained and then move on. It is paramount, therefore to listen to the wishes of those trainers and maintain their engagement. The most regularly stated concern about training networks is the lack of the familiar bond of mutual obligation between trainer and trainee if there is too great a flux of trainees thru our hospitals. For many of our staff radiologists, this opportunity to train is one of the most important factors attracting and retaining them in the public hospital system.

By creating networks that fulfill the above criteria AND are acceptable to the trainers, the chance of success of the overall scheme is maximized.

Some concerns around likely migration of trainees to the Central Network from the others have been voiced. This could be addressed by restricting movements during training to other hospitals within a network except in exceptional circumstances.

Canberra Hospital needs to be brought into one of these networks and Dr Glenn has offered for them to rotate thru the SE Network.

The Childrens Hospital Westmead (and possibly Sydney Childrens Hospital) would stand outside these networks permitting trainees to rotate thru in a programmed fashion as required.

Each network has ample opportunity to develop the required regional and private rotations required by the College Accreditation Guidelines.

I therefore strongly urge HETI/ACI to recommend the four network model outlined above as that which most closely addresses the required consideration for Networked training and which importantly is welcomed by the majority of NSW training hospitals.

Yours faithfully

[Signature]

Dr Steven Blome
Director of RNS Radiology
APPENDIX 7

Royal Australian and New Zealand College of Radiologists, Radiology Network Training Policy
Radiology Network Training Policy

Radiology

Policy

Name of document and version:
Radiology Network Training Policy, Version 1.0

Approved by:
Faculty of Clinical Radiology Council

Date of approval:
11 July 2014

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1 INTRODUCTION

1.1 Purpose and scope

This Radiology Network Training Policy is intended to assist The Royal Australian and New Zealand College of Radiologists® (ABN 37 000 029 863) (the College) as per the Executive Summary provided below:

- Specialist medical postgraduate training in Australia and New Zealand is moving towards a network model, endorsed by the Australian Medical Council and Medical Council of New Zealand.
- RANZCR has already implemented network training for radiation oncology.
- Some Branches already have in place clinical radiology training networks, in full or in part.
- Network training will be implemented for all Clinical Radiology Training in the next few years.
- The College operates a Branch structure for implementation of College strategies, including Clinical Radiology Training.
- RANZCR Branches are diverse in terms of geography and population.
- Branches are represented by their Branch Education Officer (BEO) at the Clinical Radiology Education and Training Committee (RETC), which is the body responsible for Radiology Training and Accreditation.
- For network training purposes, each Branch will comprise a Wide Area Network (WAN).
- WANs will consist of one or more autonomous Local Area Networks (LANs).
- A LAN governance structure is envisaged, the Local Governance Committee (LGC), with a composition and governance as defined in this document. LAN level governance activities should include comprehensive delivery of the Clinical Radiology Training Program curriculum, trainee allocations and rotations, as discussed within this document.
- A WAN level governance structure is envisaged, the Network Governance Committee (NGC), with a composition and governance as defined in this document. WAN governance activities should include centralised recruitment and strategic planning, as discussed within this document.
- It is anticipated that solutions to network training may differ between Branches, reflecting the geographical and population diversity of RANZCR Branches, but that all solutions will adhere to the principles of network training, as described in this document.
- Branch proposals for Network Training will require approval from RETC.
- New radiology accreditation standards will be developed to reflect the move to network training.
1.2 Definitions

In this Radiology Network Training Policy:

- **AMC**: Australian Medical Council
- **BEO**: Branch Education Officer
- **College**: The Royal Australian and New Zealand College of Radiologists
- **FCR**: Faculty of Clinical Radiology
- **LAN**: Local Area Network
- **LGC**: Local Governance Committee
- **Member**: A member of the Royal Australian and New Zealand College of Radiologists
- **NESO**: Network Education Support Officer
- **NGC**: Network Governance Committee
- **NTD**: Network Training Director
- **RETC**: Clinical Radiology Education and Training Committee
- **RNT**: Radiology Network Training
- **RNTSC**: Radiology Network Training Steering Committee
- **RNTWG**: Radiology Network Training Working Group
- **WAN**: Wide Area Network

1.3 College Mission

The mission of The Royal Australian and New Zealand College of Radiologists is to drive the appropriate, proper and safe use of radiological and radiation oncological medical services for optimum health outcomes by leading, training and sustaining our professionals.
2 INTRODUCTION TO THE RANZCR RADIOLOGY NETWORK TRAINING PROJECT

The networked model of postgraduate specialty training is being adopted across all medical specialties, and is an accreditation requirement of the Australian Medical Council (AMC), with reciprocal acceptance by the Medical Council of New Zealand. The College is moving to a network model for training. This will involve all sites in Australia and New Zealand accredited for RANZCR Clinical Radiology Training. The Faculty of Radiation Oncology made a successful transition to networked training two years ago and the Faculty of Clinical Radiology will complete its transition over the next two years.

The shift of focus within medical specialist training, driven by the AMC, is to encompass multiple sites or ‘networked’ training. A single site training program is increasingly less able to provide the comprehensive experience required to reflect the varied workplace scenarios within the modern health care system, with its mix of public and private services, and metropolitan and rural locations. Training networks place increased emphasis on competencies, utilising multidisciplinary teams and recognising that trainees within a Network Training Program receive a broader range of learning experiences to equip them for the specialist workforce.

Training networks address the need for increased capacity to train radiologists by encompassing new training sites, which may have the advantage of adding an increased variety of training experiences (e.g. rural, private sector and sub-specialty). Trainees gain a broader training experience by working with different radiologists and other health professionals in a variety of settings, and by seeing a more diverse group of patients. It is envisaged that this variety of experiences will contribute to the network’s ability to deliver comprehensive training and fulfill RANZCR curriculum requirements.

The RANZCR Radiology Network Training Project:

Part 1: The Radiology Network Training Steering Committee (RNTSC)

The first part of the Radiology Network Training (RNT) Project was completed in 2013. The Radiology Network Training Steering Committee (RNTSC) was formed to develop the framework for Network training in Clinical Radiology. The RNTSC consisted of representatives from all RANZCR training jurisdictions in Australia and New Zealand. The work of the committee was augmented by visits to key stakeholder groups by the RNTSC Chair, the Chief Censor, and College support staff from the Training and Accreditation unit. The RNTSC reported to the Radiology Education and Training Committee (RETC) in the third quarter of 2013.

Part 2: Pre-implementation phase – the Radiology Network Training Working Group (RNTWG)

The first part of the pre-implementation phase of the RNT project was extended to July 2014. The RNTWG was convened to develop the Radiology Network Training Policy. The policy document is built on the framework of the 2013 RNTSC report and on those principles agreed on by that group, and it provides a roadmap for implementation of Network training in Radiology. It articulates the expectations,
definitions and governance arrangements that are required for network training, and lays the groundwork for training site accreditation criteria to be aligned with radiology network training.

3 DEFINITION OF THE RADIOLOGY NETWORK TRAINING SYSTEM

3.1 Radiology network training is a formalised system of training delivery, whereby:

3.1.1 Training sites are linked for the purpose of delivering training in Radiology as prescribed by the Faculty of Clinical Radiology;

3.1.2 Trainees gain access to multiple radiology training facilities that offer different practice settings, staff and patient groups;

3.1.3 Trainees gain access to all experiences required to fulfil the requirements of the RANZCR radiology curriculum.

4 INTENTIONS OF RADIOLOGY NETWORK TRAINING

4.1 To provide radiology training that reflects work practices in the country in which the network training program operates;

4.2 To provide a comprehensive educational experience for trainees;

4.3 To support trainees to fulfil curriculum requirements;

4.4 To enhance accountability for delivery of training at individual training sites;

4.5 To provide improved, more consistent, accessible educational programs;

4.6 To encourage peer-support and sharing of responsibility, resources and expertise between training sites;

4.7 To enhance training at all training sites, particularly the smaller training sites;

4.8 To expose trainees to various practice settings;

4.9 To expose trainees to varying approaches to patient management;

4.10 To increase the variety of the training experience, by including regional and private sites in training delivery;

4.11 To better support Directors of Training and RANZCR Fellows in their educational roles.

5. KEY ELEMENTS OF A NETWORK TRAINING

5.1 Radiology Network Training - Principles

Network training is the term used to describe a group of training sites linking together to provide a training program for radiology registrars. Within this network, trainees will rotate between sites, to gain exposure to different training experiences and to meet the minimum curriculum requirements for the clinical radiology training program.

5.2 Radiology Network Training – Definitions

5.2.1 Trainees will be hired into a network.
The RNTSC borrowed computing terminology to further clarify the definition of ‘Network’:

- Network training at Branch level (a **WAN**, Wide Area Network) is a larger system that functions to oversee the governance, education strategic planning and centralised recruitment for the Network.

- Network training at local level (a **LAN**, Local Area Network) features as an autonomous operational system. It focuses on operational delivery of the curriculum by managing rotations, organising teaching and assessments, in accordance with Network Principles.

5.2.2 If recruitment is centralised at WAN level, a LAN need only have a minimum of one RANZCR accredited Full Site and one RANZCR accredited Linked site.

5.2.3 If recruitment is NOT centralised to WAN level – then a LAN must have a minimum of two RANZCR accredited Full Sites. This means that a single training site cannot recruit trainees independent of a network.

5.2.4 In some instances, a WAN consists of only one LAN, i.e. the LAN is the WAN.
5.3 **Wide Area Network (WAN)**

5.3.1 A WAN or Branch will consist of one or more autonomous LANs.

5.3.2 A WAN will have its own governance structure.

5.3.3 A WAN will be responsible for:

- The delivery of a comprehensive training program across the network which satisfies the requirements of the curriculum;
- Approval of network policies, guidelines and resources;
- The selection, recruitment and allocation of training terms and trainees across the network;
- responding to issues and concerns that arise; and
- quality assurance of the training experience that satisfies the principles of equity, transparency and consistency in relation to learning opportunities.

5.4 **Local Area Network (LAN)**

5.4.1 Each LAN will include at least one private rotation/component. A private rotation/component refers to rotations where the trainee is supervised by a consultant who at that point is working for a private group or practice. This may include:

- A community private practice;
- A public hospital department that is run by a private group or practice;
- A privately run radiology department in a private hospital;
- A private wing that is run by a public hospital.

5.4.2 Each LAN will include at least one regional or remote rotation

- For Australian sites, the Department of Health’s ASGC Remoteness Area classification will be used to define regional or remote. Anywhere other than RA1 (metropolitan) under that scheme is regional or remote.
- Regional or remote in the New Zealand setting means a non-tertiary hospital or rural practice.

5.4.3 In some circumstances a rotation may qualify as both private and rural.

5.4.4 Trainees will spend no more than four years at any single training site within their five year training program.

5.4.5 The LAN must provide the opportunity for all trainees to experience rotations to regional or remote and private sites.

5.4.6 The expectation is that the most trainees will experience rotations to regional or remote and private sites.

5.4.7 The specific details of rotational arrangements and needs are to be determined at the local level by the Network Training Director (NTD) and the Local Governance Committee (LGC), in consultation with trainees.
5.4.8 Each LAN must be able to provide the training experiences necessary to fulfill the RANZCR radiology curriculum requirements, as articulated within the goals of the Clinical Radiology Training Program Curriculum.

5.4.9 Each LAN must be able to provide registrar rotations and training experiences that allow a trainee to complete all of their training within that network, in the minimum timeframe specified by the RANZCR curriculum (5 years).

5.4.10 There should be a collaborative approach to education delivery and management of training across LAN sites, as supported by a representative LGC.

5.4.11 Each LGC will be responsible for the delivery of the Clinical Radiology Training Program Curriculum in line with the principles outlined in this Policy, consistent and reasonable for their local circumstances.

6. GOVERNANCE ARRANGEMENTS

6.1 Each Network (WAN and LAN) should ensure that a clear governance structure is in place in relation to delivery of Radiology Training.

6.2 The reporting structure regarding network training is as follows:

- Trainee
- Director of Training
- Network Training Director
- Branch Education Officer
- Radiology Education & Training Committee
- Faculty of Clinical Radiology

6.3 Each WAN will have a Network Governance Committee (NGC) [refer to Appendix 4 – Network Governance Committee Terms of Reference].

6.4 The role of the NGC is the oversight of training network operation in a WAN, resolution of local issues and development of the training network program. The NGC facilitates a collaborative approach to training delivery across WAN sites by giving an equal voice to all sites within the WAN. The principles of network training are to guide decision-making of the NGC in all matters.

6.4.1 The NGC should endeavour to resolve all issues locally in the first instance.

6.4.2 Any issues that cannot be resolved locally that are relevant to site accreditation, training program, assessments or trainee progression and other College-related issues should be escalated by the LGC to the RETC via the BEO.

6.4.3 Any issues that cannot be resolved locally that are relevant to service provision, resourcing or employment and other service related issues should be escalated by the LGC to the relevant Head of Department and/or Health Service Administration as appropriate.

6.4.4 Any service-related issues not resolved through steps outlined in items 6.4.2 and 6.4.3 and which will significantly impact on the capacity of the training site...
to provide appropriate training or physical environment are to be referred to the Chief Accreditation Officer for review and action. The RETC will require written evidence of attempts made to resolve the matter locally.

6.4.5 Each WAN will have designated network roles, including:

6.4.5.1 Chairperson - would commonly be the Branch Education Officer (BEO), (refer to Appendix 6 - BEO Roles and Responsibilities).

6.4.5.2 Network Training Director – one for each LAN within the WAN (refer to Appendix 1 - Network Training Director Roles and Responsibilities).

6.4.5.3 Network Education Support Officer - to function effectively, each network should have a Network Education Support Officer (NESO) to support training administration. The structure and funding of this position will be determined at network level. It is preferable that this role is one position, but different NESO role responsibilities could also be delegated across various sites within the network (refer to Appendix 3 - Network Education Support Officer Role Description).

6.5 Each LAN will have a Local Governance Committee (LGC) [refer to Appendix 5 - Local Governance Committee Terms of Reference]. The role of the LGC is the oversight of training network operation in a LAN, resolution of local issues and development of the training network program.

6.5.1 The principles of network training are to guide decision-making of the LGC in all matters.

6.5.2 The LGC should endeavour to resolve all issues locally in the first instance.

6.5.3 Any issues that cannot be resolved locally that are relevant to site accreditation, training program, assessments or trainee progression and other College-related issues should be escalated by the LGC to the NGC and then onto the RETC via the BEO.

6.5.4 Any issues that cannot be resolved locally that are relevant to service provision, resourcing or employment and other service related issues should be escalated by the LGC to the relevant Head of Department and/or Health Service Administration as appropriate.

6.5.5 Any service-related issues not resolved through steps outlined in clause 6.4 and which will significantly impact on the capacity of the training site to provide appropriate training or physical environment are to be referred to the Chief Accreditation Officer for review and action. The RETC will require a written evidence of attempts made to resolve the matter locally.

6.5.6 Each LAN will have designated Network roles, including:

6.5.6.1 A Network Training Director (NTD) (refer to Appendix 1 – Network Training Director Role Description).

6.5.6.2 A Director of Training (DOT) at each site (refer to Appendix 2 – Director of Training role and responsibilities).
6.5.6.3 To function effectively, each Network should have a Network Education Support Officer (NESO) to support training administration (refer to Appendix 3 – Network Education Support Officer Role Description).

6.6 Interface with health jurisdictions and across jurisdictions is to be facilitated by the Training Network Director with support from the relevant Heads of Department and Directors of Training.

6.7 Interface with Health Managers and service organisation at Department level is to be managed by the Director of Training with support from the relevant Head of Department.

6.8 Support from Heads of Departments is a key element to ensure effective training delivery.

7. NETWORK MANAGEMENT FOR TRAINING

7.1 All new trainees must be advised during the recruitment process that they may be assigned to work at any site in the LAN.

7.2 All trainee rotations within the LAN must be prospectively planned. Except in exceptional circumstances, at least six months’ notice should be given for rotations requiring relocation, to allow the trainee to make appropriate arrangements.

7.3 All trainee rotations between LAN sites should be agreed at the LGC level.

7.4 Networks should ensure that there is as broad a mix as possible of trainees at different stages of their training in individual sites. Site preferences for trainees at certain year levels should be determined by the LGC.

7.5 Trainee concerns regarding rotations should be discussed in the first instance with the Director of Training and, if necessary, the NTD.

7.6 The LGC is to have a role in the selection, recruitment and allocation of training terms and trainees across the network [refer to Appendix 4 – Network Local Governance Committee Terms of Reference].

8. REPORTING TO THE COLLEGE

8.1 The NTD reports to the Chief Censor via their BEO and the RETC.

9. NETWORK TRAINING ACCREDITATION

9.1 A training network must meet the key elements as outlined in section 3 of this policy. Network accreditation will occur at a LAN level.

9.2 Each training site must be part of an accredited LAN.

9.3 It is the responsibility of each training site to provide adequate resources for training.

9.4 Each training site must provide documentary evidence requested by the College before an application for site accreditation for RANZCR training will be considered.
9.4.1 Each application or site accreditation for RANZCR training must be supported by the relevant Training Network Director. Applications for training accreditation must be submitted to the Chief Accreditation Officer.

9.5 The College will accredit each site both individually and as part of the relevant training network.

9.6 Each network will be accredited to provide a designated number of training positions.

9.7 All sites within the LAN must meet the requirements of the College Accreditation Standards for Education, Training and Supervision of Radiology Trainees.
APPENDIX 1 – NETWORK TRAINING DIRECTOR ROLE DESCRIPTION
FACULTY OF CLINICAL RADIOLOGY, RANZCR

- The Network Training Director (NTD) will be a Radiologist who is not a Director of Training and not a Head of Department.
- The NTD may in some jurisdictions be the BEO.
- NTDs are appointed through an Expression of Interest process managed by the Local Governance Committee.
- The NTD appointment must be supported by the relevant Health Service Administration.
- The Health Service Administration must allocate protected time for the NTD to undertake their tasks.
- All NTD appointments must be ratified by the Radiology Education and Training Committee (RETC).
- NTDs report to the Chief Censor via the BEO and the RETC.
- The role of the NTD is to provide coordination and leadership to the LAN regarding training delivery matters in that network.

The NTD will:

• Provide leadership.
• Ensure the effective functioning of the LAN in accordance with Faculty of Clinical Radiology policy.
• Develop and communicate network policies and procedures, consistent with the RANZCR and jurisdictional policies and guidelines.
• Be Chairperson of the LAN’s LGC.
• Ensure provision of high quality training and supervision, consistent with the requirements of the training program curriculum, at all sites within the network through:
  • Regular liaison with Directors of Training, Health Service administrators, Fellows and trainees at each training site within the Network.
  • Ensuring that all sites in the LAN participate in the Network Training Program and continue to meet College accreditation standards.
  • Regular communication with all sites in the network.
  • Ensuring appropriate response to any network concerns raised by trainees that can not be resolved by the Director of Training.
  • Adherence to network policies, procedures and guidelines.
• Liaise with relevant Head of Department and Health Service Administration to manage issues and concerns related to the operations of the training Network.
• Report to the RETC via the BEO.
• Provide LAN performance reports to the BEO.
• Support and provide operational direction to the Local NESO.
APPENDIX 2 – DIRECTOR OF TRAINING ROLE AND RESPONSIBILITIES

The Role and responsibilities for the Director of Training is summarised below. A full position description for this role can be found on the College website: http://www.ranzcr.edu.au/component/docman/doc_download/1809-ra-dot-role-description

Primary Purpose of Position

DoTs are the College's representatives of training in Radiology within accredited departments. They have an important role and ideally should have a broad understanding and experience in College activities. They provide liaison between Trainees and hospital/department administration regarding matters related to training as well as with Branch Education Officers and the College Office. The role of the DoT also encompasses organisation and management, education, and human relations.

Appointment of Directors of Training

To be appointed as a DoT, Fellows must be nominated by their Heads/Directors of Department (or Network Committee for Networked sites) and approved by RETC.

- The DoT shall not be the Head of Department or administratively responsible for its functioning unless the circumstances are exceptional.
- The appointee shall hold Fellowship of RANZCR or be an Educational Affiliate.
- In hospitals with a large number of trainees, the RETC may approve more than one DoT, there being a maximum of 12 trainees per DoT. Where there is more than one DoT it should be clear which trainees are associated with each Director. In the situation where there are two or more DoTs, all will have responsibility for some trainees on site but one Director will also assume overall responsibility for DoT activities at the training site.
- In sites which only take trainees on short rotation (e.g. less than one month) a formal DoT is not mandatory, however there must be a radiologist on site who accepts responsibility for trainees and liaises with the DoT at the fully accredited site.
- The DoT will be appointed for a three-year term, with an optional second term. An extension to the term can be granted in extenuating circumstances.

Qualifications and Skills:

- The role of a DoT is multifaceted and will include a range of duties.
- Post-Fellowship experience for two years full time or three years part-time in a teaching Radiology Department is required.
- Demonstrated commitment to teaching and training.
- Good interpersonal skills and the ability to communicate effectively with trainees, other medical staff and patients.
- Understanding of the functions of formative and summative assessment.
- Ability to contribute to planning and delivery of an effective training program at the training site level.
• Other requirements as determined by the Clinical Radiology Education and Training Committee.

Responsibilities:

In conjunction with the Head of Department the DoT will be expected to:

1. Support and facilitate suitable programs for the development of clinical and broader based professional attributes relating to the skills, knowledge, attitudes and behaviour laid down in the College Curriculum and utilise a range of evaluation strategies in the continuous improvement of both formal and informal education programs.

   In partnership with appropriate personnel, contribute to developing a process to ensure there are opportunities to develop identified competencies ensuring that the overall roster is structured to provide suitable balance of satisfactory training for each trainee.

2. With the assistance of senior members of the specialist staff of an accredited Department, provide trainees with orientation prior to commencement of duties.

3. Manage implementation of the training rotation and educational opportunities in order to ensure that the program of training is:
   - Consistent with the training requirements
   - Appropriate for the stage of training
   - Appropriate to the trainees needs

4. Supervise the professional education and clinical training of trainees (including ethical issues, career guidance, self-education etc.) in the context of a training Network that has an associated Radiology Training Network Coordination Committee, the DoT should work to ensure trainees have appropriate access to relevant training opportunities (e.g. breast imaging, paediatrics, nuclear medicine, obstetrics and gynaecology).

5. Monitor the Trainee’s progress by personal observation, feedback and discussion with delegation of these responsibilities to other trainers where appropriate.

6. The DoT should meet regularly with their Head of Department, local Branch Education Officer and other supervisors at the relevant training sites to discuss issues related to training. This meeting is recommended once a month and could be incorporated into monthly consultant meetings.

7. Provide formative assessment.

8. Advocate for maintenance of library and other resources. These should be readily accessible to trainees as per accreditation guidelines.

9. Facilitate the provision of counselling and information regarding career development for the future.

10. Facilitate the trainee’s attendance at scheduled training lectures, courses and workshops, and attendance at relevant hospital and local in-service activities. It is expected that clinical teaching takes place, as much as possible, during routine activities within the Department.
12. Promptly inform and counsel the trainee about perceived unsatisfactory performance, and if the trainee's performance fails to improve following this counsel, follow the agreed procedure / appeal mechanism to deal with poor trainee performance.

13. Attend at least one DoT Workshop per calendar year.

14. Participate in trainee selection as per agreed process of department or institution.

15. Assist with training accreditation visits as required by the College.


Endorsed: Clinical Radiology Education and Training Committee, July 2012
College Council, August 2012

Modified: June 2014
APPENDIX 3 – NETWORK EDUCATION SUPPORT OFFICER ROLE
DESCRIPTION
FACULTY OF CLINICAL RADIOLOGY, RANZCR

The Network Education Support Officer (NESO) is responsible for providing administrative support to the Training Network Director and assisting with the effective functioning of the training network.

The Education Support Officer (ESO) will:

a) Provide a full range of administrative and clerical support services to the Training Network Director in relation to the operation of the training network.

b) Ensure awareness of relevant College training policies and procedures, and relevant jurisdictional policy directives.

c) Manage the coordination and facilitation of a network training program across multiple sites, by liaising with the Training Network Director, site Directors of Training and clinical supervisors, registrars in training and other relevant hospital and Health Service staff.

d) Assist with the organisation of meetings, workshops, seminars, forums and other network training events. This will include arranging attendance of participants, venue, transport, travel and catering (where appropriate) and drafting and distributing relevant documents

e) Provide high-level administrative support to the network’s Local Governance Committee, including the preparation and distribution of agendas, progress reports, updates, meeting papers, venue booking and other secretariat functions as required.

f) Set up, maintain and use spreadsheets and/or databases to facilitate network operation, in particular as relevant to tracking trainee rotations and progress in line with the training program curriculum requirements.

g) Where relevant, provide assistance to the Training Network Director and trainees in regards to Human Resources and recruitment matters.

h) Other duties as required.
APPENDIX 4 – NETWORK GOVERNANCE COMMITTEE TERMS OF REFERENCE
FACULTY OF CLINICAL RADIOLOGY, RANZCR

Aim
The Network Governance Committee (NGC) is responsible for oversight of the Wide Area Network (WAN), resolution of local issues and development of the training network program.

Objectives
The role of the NGC is to manage the training network according to agreed principles and College policies which include:

• the delivery of a comprehensive training program across the WAN which satisfies the requirements of the curriculum
• approval of network policies, guidelines and resources
• the selection, recruitment and allocation of trainees across the WAN
• responding to issues and concerns that arise
• quality assurance of the training experience that satisfies the principles of equity, transparency and consistency in relation to learning opportunities

Scope
The NGC should endeavour to resolve all issues locally in the first instance.

Any issues that cannot be resolved locally that are relevant to site accreditation, training program, assessments or trainee progression and other College-related issues should be escalated to the Clinical Radiology Education and Training Committee (RETC) via the Branch Education Officer (BEO).

Any issues that cannot be resolved locally that are relevant to service provision, resourcing or employment and other service related issues should be escalated to the relevant Head of Department/ Health Service Administration.

Composition of the NGC:

• BEO (Chair)
• Network Education Support Officer (NESO)
• Network Training Directors (NTDs) from each Local Area Network (LAN) within the WAN (if applicable)
• Directors of Training (DOTs) from each site if the LAN is the WAN
• Trainee representative/s
• Other representatives may be co-opted as appropriate

Operations of the NGC:
The committee shall meet a minimum of four times per year.
APPENDIX 5 – LOCAL GOVERNANCE COMMITTEE TERMS OF REFERENCE
FACULTY OF CLINICAL RADIOLOGY, RANZCR

Aim
The Local Governance Committee is responsible for oversight of the Local Area Network (LAN), resolution of local issues and development of the network training program.

Objectives
The role of the LGC is to manage the training LAN according to agreed principles and College policies which include:

- the delivery of a comprehensive training program across the LAN which satisfies the requirements of the curriculum
- approval of network policies, guidelines and resources
- the allocation of training terms and trainees across the LAN
- responding to issues and concerns that arise within the LAN
- quality assurance of the training experience within the LAN that satisfies the principles of equity, transparency and consistency in relation to learning opportunities

Scope
The LGC should endeavour to resolve all issues locally in the first instance.

Any issues that cannot be resolved locally that are relevant to site accreditation, training program, assessments or trainee progression and other College-related issues should be escalated to the Network Governance Committee (NGC).

Any issues that cannot be resolved locally that are relevant to service provision, resourcing or employment and other service related issues should be escalated to the relevant Head of Department/ Health Service Administration.

Composition of the LGC:

- Network Training Director (NTD)-Chair
- Network Education Support Officer (NESO)
- Directors of Training (DOTs) from each site within the LAN
- Trainee representative/s
- Other representatives may be co-opted as appropriate

Operations of the LGC:

The committee shall meet a minimum of four times per year.

The Directors of Training from each site in collaboration with the Training Network Director shall be responsible for devising the individual training schedules for trainees in the network.
APPENDIX 6 – BRANCH EDUCATION OFFICER ROLES AND RESPONSIBILITIES

The Branch Education Officer (BEO) monitors and supports the training programs within their own State and liaises regularly with Directors of Training (DoTs) and the Chief Accreditation Officer regarding any significant training issues. They have an important role within the College and must have a broad understanding and experience in College activities. This includes attendance at the Education Committee Meetings and participation in subcommittees of the Education Committee. The BEO acts as a conduit between the College, the trainees, the training departments and State Health authorities. The BEO also assists or supports the accreditation process, the exam process, the IMG assessment process and the functioning of the Branch Committee. The BEO is a representative of the College and the decisions made in the democratic environment of College Governance.

The BEO’s roles and responsibilities can be found on the College website:
