The Royal Australian and New Zealand College of Radiologists®

Radiation Oncology Training Program Handbook

Radiation Oncology Training Program Handbook
Specialty Training Unit
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Radiation Oncology Education and Training Committee

Faculty of Radiation Oncology Council

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2.3	January 2025	Minor	• Updates to Selection and Training Program Onboarding Process, Examinations, College contacts, and Feedback on the Training Program

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PREFACE

A radiation oncologist is a specialist medical doctor with training in the use of radiation therapy (also called radiotherapy) and in the overall medical care of cancer patients. Radiation therapy can be used to cure or reduce the symptoms of cancer. They are ultimately responsible for assessing individual patients, determining the best management plan, overseeing treatment and assessing progress. Radiation oncologists may order tests and imaging, prescribe medications, and consult with other doctors involved with cancer treatment. They also have expertise in the treatment of noncancerous conditions using radiation therapy.

Radiation oncologists work closely with other medical specialists, especially surgeons, medical oncologists and palliative care physicians, as part of a team caring for patients with cancer. Radiation oncologists also work closely with radiation oncology medical physicists and radiation therapists to plan and deliver radiation therapy. They have an important role in communicating with patients, their family members and other carers in the management of the patient's cancer and overall care.

Radiation oncologists have overall responsibility for determining and administering the most suitable dose of radiation (from high energy X-rays, electron beams, gamma rays or particle therapy) to deliver to a patient including the number of doses over a defined treatment timeframe.

To become a radiation oncologist, a trainee must complete the training program administered by The Royal Australian and New Zealand College of Radiologists (RANZCR). The program provides broad experience across the full variety of skills that radiation oncologists need to be familiar with.

This Training Program Handbook provides information and guidance for trainees, Fellows and staff in relation to all aspects of the Radiation Oncology Training Program, from commencement to Fellowship.

Throughout the handbook electronic hyperlinks are provided to associated documentation, including:

- Board and Committee Terms of Reference
- Position descriptions of roles associated with the delivery of the training program
- Learning Outcomes
- Accreditation Standards and Criteria
- Additional guidelines, procedures, and processes
- Resources
- Policies.

We welcome new trainees into the program and will provide support and encouragement to them throughout, as they strive to meet the requirements for attaining the FRANZCR.

We trust that all trainees will find their chosen career path to be exciting, challenging and rewarding.

Acknowledgement

The College is grateful for all those who have contributed their time and their invaluable input to developing the Radiation Oncology Training Program Handbook resource.

Thank you to the members of the working groups, committees and Council who contributed to the Training and Assessment Reform initiative. Special mention to all the trainees, Fellows and staff for their professional expertise and involvement.

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Section One
INTRODUCTION

ABOUT THE COLLEGE

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a not-for-profit professional organisation for clinical radiologists and radiation oncologists in Australia, New Zealand, and Singapore. RANZCR is a membership organisation led by clinicians who are elected by the membership, with oversight from a Board of Directors.

We are the leaders in medical imaging and cancer care. We enable the best practice of clinical radiology, radiation oncology and associated subspecialty areas through engagement, education, and advocacy; and by supporting clinical excellence. Our Fellows play a critical role in the diagnosis and monitoring of disease, provide interventional treatments and targeted treatments for cancer.

Our evidence-based culture focuses on best practice outcomes for patients and equity of access to high quality care, underpinned by an attitude of compassion and empathy. As an organisation we are committed to diversity and inclusion, and to the training and professional development of our Fellows and Trainees throughout their career. We are dedicated to enhancing the health outcomes of Māori, Aboriginal and Torres Strait Islander peoples and to increasing their participation in the professions of clinical radiology and radiation oncology by ensuring our educational programs support best outcomes for them. This includes a commitment to cultural safety in our organisation, for staff and members.

Purpose

To enable the safe and appropriate use of clinical radiology and radiation oncology to optimise health outcomes for our patients and society.

Values

Our leadership values underpin all that we do and embody our focus on quality patient outcomes.

Integrity

We maintain the confidence and trust of our stakeholders through our honesty, transparency, and authenticity.

Accountability

We take responsibility for all our actions, behaviours, performance, commitments, and decisions.

Inclusivity

We foster an inclusive workplace and clinical environments for people in Australia and New Zealand.

Innovation

We constantly strive to reimagine excellence in everything we do.

Code of Ethics

- *RANZCR's Code of Ethics* defines the values and principles that underpin the best practice of clinical radiology and radiation oncology and makes explicit the standards of ethical conduct the College expects of its members.

- The College endorsed the joint statement regarding a *respectful culture in medicine*. This aligns with the College's Code of Ethics and supports the principles which focus on promoting environments which are safe, inclusive and respectful and target eliminating unacceptable behaviour including bullying, harassment and racism.

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HOW TO USE THE HANDBOOK

Training Program Handbook

The Radiation Oncology Training Program Handbook has been developed to ensure trainees, Directors of Training, Clinical Supervisors and Networks have a comprehensive resource with all relevant information of the Training Program, including links to all training documents, forms, and policies.

This resource has been divided into sections that cover all elements of training from commencement through to Fellowship. It is recommended that this Handbook and the Learning Outcomes document be utilised throughout all stages of the Training Program. Each section has been designed so that it can be read independently.

- For ease of reference, links have been provided to other relevant sections within the Handbook and to further information, which can also be found in the *Trainees* section of the College website at www.ranzcr.com/trainees.

Handbook Symbols

Throughout the Training Program Handbook, a range of symbols are used to represent the type of document or information; these are:

Reference to section in the Handbook or Learning Outcomes

Link to relevant policies or other related documents

ePortfolio information

Link to College website or electronic documents.

- If you have any questions, please email ROTraining@ranzcr.edu.au. For specific queries, please refer to the College Contacts for the most appropriate staff member.

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COLLEGE CONTACTS

Trainees and members can contact the College on:

Australia: +61 2 9268 9777 New Zealand: +64 4 472 6470

For specific queries, please refer to below for College contact information.

DEPARTMENT	DESCRIPTION	INFORMATION
College	General College enquiries	Australia: +61 2 9268 9777 New Zealand: +64 4 472 6470 ranzcr@ranzcr.edu.au
Training Program	Enquiries about training or the training program and selection	+61 2 9268 9700 ROTraining@ranzcr.edu.au
Trainee Liaison Officer (TLO)	Trainee guidance, support and wellbeing	Australia: +61 437 893 913 New Zealand: +64 7434 8515 tlo@ranzcr.edu.au
First Nations Trainee Liaison Officer (FN TLO)	First Nations trainee guidance, support and wellbeing	Australia: FNTLO@ranzcr.edu.au 02 9268 9758
Fellowship	Completion of training and admission to Fellowship	+61 2 9268 9700 fellowship@ranzcr.edu.au
ePortfolio	Technical Support	+61 2 9268 9700 eportfolio@ranzcr.edu.au
DoT and CS Support	DoT, CS, TND applications and support	+61 2 9268 9795 ROtraining@ranzcr.edu.au
Finance	Enquiries about College fees	+61 2 9268 9777 finance@ranzcr.edu.au
Examinations	Enquiries about examinations	+61 2 9268 9700 roexams@ranzcr.edu.au
International Medical Graduate Education Support Officer (IMG ESO)	IMG guidance, support and wellbeing	+61 2 9268 9765 imgeso@ranzcr.edu.au
CPD	Enquiries about transitioning to CPD	Surnames A-K: +61 2 9268 9737 Surnames L-Z: +61 2 9268 9703 cpd@ranzcr.edu.au
Accreditation	Enquiries about training site accreditation	+61 2 9268 9777 accreditation@ranzcr.edu.au

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STRUCTURE OF THE TRAINING PROGRAM

The Radiation Oncology Training Program is structured in two major phases. This sequencing is to ensure trainees develop foundation knowledge and skills during Phase 1 and then have the opportunity to further develop their abilities and breadth of practice during Phase 2 of the training program.

Completion of the Training Program leads to certification as a Fellow of The Royal Australian and New Zealand College of Radiologists (FRANZCR). Fellowship of the RANZCR is the only specialist level qualification which leads to recognition as a specialist Radiation Oncologist in Australia or registration in the vocational space scope of practice radiation oncology in New Zealand. Fellowship is awarded after the required training and assessments are completed, and all requirements are met.

Trainees commence training in Phase 1 and are required to achieve both an expected standard of competence and complete all training requirements prior to progressing to Phase 2. Phase 1 extends from a minimum of 18 months to a maximum of 30 months. In Phase 2, trainees broaden and develop their skills and knowledge across multiple areas to become competent, safe and ready for independent practice. Completion time depends on a trainee demonstrating competency, usually a minimum of 36 months. The maximum time in the training program is 10 years (inclusive of Phase 1 and Phase 2). Trainees progress from Phase 2 to Fellowship following achievement of full competence and completion of all training requirements. The duration of each phase is determined by each trainees' progress. Trainees will progress at different rates based on their learning and completion of certain training milestones during each phase.

Trainees must hold an accredited training position for the full duration of training.

For more information, refer to **Section 2 – Overview of Training Requirements**.

Training Network and Training Sites

Training Network is a term used to describe a group of training sites (minimum of two), which are separated geographically, administratively and with respect to radiation oncologist staffing. Networks are governed by the Network Governance Committee (NGC), formed by the Directors of Training at each training site. The NGC is chaired by a Training Network Director (TND) and supported by an Education Support Officer (ESO).

The Network supports comprehensive training for a trainee as they rotate across a number of hospitals, private practices, and regional practices. Training in a network allows trainees to access multiple radiation oncology facilities that provide exposure to different clinical settings, range of tumour sites, clinical supervisors and patient groups.

Each network must be able to provide or ensure the provision of experiences necessary to fulfil the training program requirements as outlined in the Radiation Oncology Training Program Handbook, within a reasonable timeframe (approximately 5 years). A formal, documented teaching program comprised of network-wide and department-level activities is provided (for example, Oncology Sciences Workshops, tutorials, journal clubs). Both the network and individual training sites are measured against specific standards. These standards apply to the accreditation of radiation oncology networks and training sites located in Australia, New Zealand and Singapore.

Each network must have a network-wide process of recruitment, selection and appointment aligned to the Radiation Oncology Principles and Guidelines for Trainee Selection.

For more information, refer to the Radiation Oncology Training Site Accreditation Standards.

Network Rotation Principles and Allocated Rotations

Training sites work together as a network to provide trainees with the opportunity to attain all the competencies required by the end of the training program. While not all individual sites within a network can support learning in every aspect, a combination of experiences at multiple training sites within the network will provide trainees with access to a range of different learning experiences described in the Radiation Oncology Training Program Learning Outcomes.

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Networks should ensure that there is as broad a mix as possible of trainees at different stages of their training in individual departments (this is to avoid any individual department only ever having junior trainees (unless it is the department's explicit preference)).

Trainee preferences will be taken into account if the request is made within the Networks proposed deadlines. Rotation requests will be considered on the basis of the time the trainee has been in the Network and the capacity of the requested training site to provide the breadth of training experience required by the trainee.

Rotations between networked departments should be of a minimum duration of six months. If shorter rotations are required, they will need to be prospectively approved by the Chief Censor together with the Chief Accreditation Officer.

All trainee rotations within the network must be prospectively planned. At least six months' notice, and ideally twelve months, should be given for rotations requiring relocation, to allow the trainee to make appropriate arrangements. Rotations should be planned to assist the trainee to gain exposure to all the learning opportunities they will require to satisfy training requirements.

The specific details of rotational arrangements are to be determined at the local level by the Network Governance Committee. Planned rotations are subject to change at any time, as determined by the NGC to accommodate any qualifying circumstances.

All trainees must have rotated to another training site, other than their home training site, for a minimum of 12 months FTE (in total) prior to sitting the Phase 2 Examination.

If a trainee has any concerns regarding their allocated rotation, the concerns should be discussed in the first instance with the Director of Training or Education Support Officer. If unresolved, they should be raised with the Training Network Director.

For more information, refer to the current list of accredited training sites.

Clinical and Non-Clinical Time

It is an essential accreditation requirement that training sites provide adequate training experience and protected non-clinical time to allow trainees to adequately complete their training requirements.

Clinical Time

'Clinical time' in relation to training refers to the time trainees are involved in patient care and includes clinical assessment (new patient and follow up clinics), planning, treatment, treatment reviews, ward work, clinical procedures and clerical or administrative duties relating to patient care.

Non-Clinical Time

Non-clinical time refers to time spent on activities related to study and other educational activities which assist trainees in achieving the learning outcomes. These may include tutorial sessions, preparation of case reports, and research activities.

Trainees are allocated 4 hours per week of 'protected time', which is part of non-clinical time. This time is set aside to ensure all trainees have the opportunity to engage in formal teaching and learning activities. During the period of protected time, trainees' clinical responsibilities must be covered by their peers and/or senior colleagues.

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GOVERNANCE OF THE TRAINING PROGRAM

The Faculty of Radiation Oncology is the peak body for the profession of radiation oncology in Australia and New Zealand. The Faculty of Radiation Oncology is governed by a Council and sets quality standards, provides world-class training and ongoing professional education, and drives research, innovation and collaboration in the treatment of cancer.

It acts in the following areas to advance the profession and its relationships with government, the wider medical system and the public:

- Study, research and advancement of knowledge
- Skill, expertise and ethical standards in practice
- Quality and rigour in training and assessment
- The needs of consumers and the community
- Matters of public interest connected to radiation therapy
- Collaboration with clinicians, health practitioners and others.

The Faculty of Radiation Oncology has a number of initiatives, Committees and Working Groups which oversee specific operational areas that develop policy and support decision making across the Faculty.

For more information, refer to the Faculty of Radiation Oncology page on the College website.

Radiation Oncology Education and Training Committee

The Faculty of Radiation Oncology Council has delegated the responsibility for the Radiation Oncology Training Program to the Radiation Oncology Education and Training Committee (ROETC).

The ROETC is chaired by the Chief Censor and its aim is to develop and oversee the educational content, assessments, and accreditation mechanisms to ensure that trainees can become competent radiation oncologists.

For more information, refer to the ROETC Terms of Reference.

Learning Experiences and Outcomes Committee

The Learning Experiences and Outcomes (LEO) Committee is an advisory committee to the Radiation Oncology Education and Training Committee.

The LEO Committee is chaired by the Deputy Chief Censor and is responsible for the development and maintenance of the Radiation Oncology Training Program learning outcomes, development and monitoring of work-based assessments and ensuring the assessments measure progress against the learning outcomes.

For more information refer to the LEO Terms of Reference.

Radiation Oncology Trainees Committee

The Radiation Oncology Trainees Committee (ROTC) is a standing committee of the Faculty of Radiation Oncology Council (reporting to the Specialty Training Unit) and represents the interests of trainees within RANZCR. The ROTC facilitates opportunities for communication and information sharing between trainees and furthers dialogue on issues important to the trainee community.

The aim of the ROTC is to ensure that trainee perspectives, issues and priorities are represented at all key levels within the College.

For more information, refer to the ROTC Terms of Reference.

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For more information, refer to **Section 15 – Communication and Engagement.**

Training Network Directors Committee

The Training Network Directors' Committee (TNDC) is a sub-committee of the ROETC and provides review, feedback and recommendations regarding network training, implementation of the learning outcomes and design of the training program.

The aim of the TNDC is to implement College policies for training networks within Australia, New Zealand and Singapore.

For more information, refer to the TNDC Terms of Reference.

Network Governance Committee

Each training network is overseen by a Network Governance Committee (NGC). The NGC is responsible for oversight of training network operation, resolution of local issues and delivery of the training program.

The Committee's role is to manage the training network according to the agreed principles and College policies. This includes selection and recruitment of trainees and allocation across the network and quality assurance of the training experience.

For more information refer to the NGC Terms of Reference.

Network Portfolio Review Committee

Each NGC has a subgroup called the Network Portfolio Review Committee (NPRC). The NPRC is responsible for the review of the trainees' portfolios to determine whether trainees demonstrate competence to progress from Phase 1 to Phase 2 or are eligible for Fellowship.

For more information, refer to the NPRC Terms of Reference.

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RESPONSIBILITIES WITHIN THE TRAINING PROGRAM

The RANZCR Radiation Oncology Training Program is delivered by radiation oncologists and administered by the College. The responsibilities and roles of members supporting the training program are listed below.

Training Site Roles

Trainees

Radiation oncologists should be life-long learners. They are aware of the need to update their clinical knowledge and skills knowing that there are rapid changes in technology and in understanding the biology of cancer coupled with advances in treatment modalities. Trainees must take the initiative in relation to their learning and are encouraged to seek feedback from radiation oncologists and other clinicians about their performance, and to reflect and action feedback to improve their knowledge and clinical skills.

Trainees are responsible for:

- Ensuring that they abide by the College's policies and guidelines including those directly referenced in the Radiation Oncology Training Program Handbook.
- Completing training program requirements and recording completion in a timely manner.
- Seeking education opportunities to meet learning needs.
- Requesting feedback from supervisors and incorporating feedback into practice.
- Using Work-Based Assessment tools and learning activities to gain insight into areas which need improvement.
- Actioning suggestions from Directors of Training (DoTs) and Clinical Supervisors to optimise performance.
- Responding to specific requests by the College or College Officers, such as DoTs and Clinical Supervisors.
- Learning to use the ePortfolio and using it effectively to monitor performance and progression through the training program.
- Actively participating in the College's monitoring and review process to develop plans to improve performance, when required.
- Acting professionally and responsibly always, including being respectful of all colleagues and co-workers.
- Providing feedback to the College about aspects of the training site and program through evaluation processes, e.g. Trainee Assessment of Training Sites (TATS) survey.
- Maintaining their College membership, keeping contact details up to date and remaining in financial good standing for the duration of training.
- Maintaining medical registration and meeting any reporting, notification or other obligations under the relevant National Laws and registration bodies of Australia, New Zealand and/or Singapore.

Director of Training

The Director of Training (DoT) is a radiation oncologist who has overall responsibility for the structure and quality of training in a training department, in line with College policies and the specific arrangements within their training network, including providing trainees with information and feedback on their progress.

DoTs support and facilitate the development of clinical skills, knowledge and attitudes of trainees.

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DoTs should be provided with allocated time to fulfil their role. If a DoT is supervising 1-4 trainees, 4 hours per week should be allocated and if supervising 5 or more trainees, 8 hours should be allocated. The College recommends that a DoT supervises no more than 4 or 5 trainees. At larger centres, it may be appropriate to have more than one DoT to share the responsibility.

For more information, refer to the Director of Training Role Description.

Clinical Supervisor

A Clinical Supervisor is defined as a consultant radiation oncologist who is involved with trainee teaching, assessment and feedback. All radiation oncologists seeing patients in training centres should be involved in clinical supervision.

It is expected that a trainee will always receive clinical supervision when direct patient care is being undertaken. The physical proximity of the Clinical Supervisor and the actual input/extent of interaction between the trainee and Clinical Supervisor will vary according to the trainee's experience and the activities at hand.

The ratio in each department must be a minimum of one full-time Clinical Supervisor to one full-time accredited trainee.

For more information, refer to the Clinical Supervisor Role Description.

Non-Radiation Oncologist Supervisor or Observer

Non-radiation oncologist supervisors or observers are those professionals from related disciplines who assist in training radiation oncology trainees. These include, but are not limited to, medical physicists, radiation therapists, radiologists, pathologists, medical oncologists, surgeons and physicians and any other medical colleagues who have a role in teaching. These supervisors may have a role in formal and informal teaching sessions and may also be involved in signing-off some education activities (e.g. practical oncology experiences).

Training Network Roles

Training Network Director

The Training Network Director (TND) coordinates and leads the training network by chairing the Network Governance Committee. The TND is the central point of contact for the College and health jurisdictions regarding training network delivery.

For more information, refer to the Training Network Director Role Description.

Research Mentor

The Research Mentor position exists to help develop mentor relationships early in a trainee's career as a critical component in fostering his/her research interest. Some training networks have a Research Mentor who will not necessarily be a supervisor for individual research projects but will provide support and advice in relation to trainees' research activities.

Please contact the Education Support Officer (ESO) of the Network to enquire about Research Mentors and to obtain the contact details for the mentor in your Network, if available.

For more information, refer to the Research Mentor Role Description.

Education Support Officer

Training networks are supported by an Education Support Officer (ESO) who provides administrative support to the Training Network Director to ensure the functioning of the training network.

For more information, refer to the Education Support Officer Role Description.

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Section Two
OVERVIEW OF THE TRAINING PROGRAM

COMMENCING THE PROGRAM

Medical practitioners wishing to register as trainees in The Royal Australian and New Zealand College of Radiologists (RANZCR) Radiation Oncology Training Program must have completed at least 24 months of prevocational medical education and training. In Australia and New Zealand, prevocational medical education and training is often comprised of the internship (postgraduate year one) and postgraduate year two. Applicants must also meet the prerequisites of entry into the Radiation Oncology Training Program and have secured employment as an accredited trainee (or equivalent) in a RANZCR accredited training department.

The Radiation Oncology Training Program is based on collaboration between the College, trainees, their training site and training network. Trainees have the primary role of being responsible for their own learning. The training site and training network is responsible for ensuring trainees have access to learning opportunities, focussed teaching and support that will allow trainees to complete their training. Directors of Training (DoTs) are crucial to the success of the trainee's training journey and it is suggested trainees meet with their DoT at the earliest opportunity to discuss this in the first few months of training. Trainees will also receive training and will be assessed by Clinical Supervisors and other members of the multidisciplinary clinical teams where they will work.

Trainees will receive an employment letter and contract notifying them of their successful appointment to an accredited training position from the employer of the site. After securing a training position and before commencing employment at the accredited training site, it is strongly recommended that trainees review the Training Program Application Form to familiarise themselves and prepare the required supporting documentation that needs to be submitted with their application to the College.

The Training Requirements Policy outlines the requirements of the Training Program leading to the qualification of FRANZCR and is applicable to all applicants and trainees undertaking the Training Program. It also specifies the progression requirements for each phase of the Training Program and time limits to complete phases of training and the Training Program in its entirety.

Refer to the Radiation Oncology Training Requirements Policy.

Selection Process

A new selection policy has been implemented to help create a more fair and transparent process for selection into specialty training. Prior to applying for any training position, applicants are required to register via the College website to obtain a RANZCR College Verification Number (CRVN).

To initiate the registration process, candidates create a 'MyRANZCR' profile and then navigate to the 'Apply' tab. Candidates will be prompted to answer eligibility screening questions. Upon meeting the criteria candidates will complete the registration form and pay the associated fee. The College will then verify the eligibility documents and issue a CRVN.

Applicants are required include their RANZCR CRVN with applications made to jurisdictions and will not be considered for selection if they do not have a CRVN. The CRVN will be valid for 12 months and does not guarantee an interview for selection into training, nor does it guarantee appointment to a training position or continuing employment.

Refer to the Selection into Specialty Training Policy.

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Training Program Onboarding Process

Successful candidates will receive a link via email directing them to the application portal. They will be asked to confirm and update their personal information, upload their contract and sign the Trainee Compact.

Once the College verifies the contract, the successful candidate will receive a confirmation email and be issued an enrolment fee. The contract must be verified, and enrolment fee paid before accredited training commences.

The status of an application can also be viewed by logging onto MyRANZCR and navigating to the application tab. When the College is ready to accept a contract, the status will change to 'Contract Upload'.

Trainee Compact

The Trainee Compact outlines trainees' obligations to the College while completing the training program, and to their training site/employer. Trainees are required to sign and date the last page.

Membership and Training Fees

Trainees must be financial members of the College during the training program. Each year, trainees pay a RANZCR Membership Fee and an Annual Training Fee to cover the costs of running the training program.

The RANZCR fee structure and the fee amounts are determined by the RANZCR Board of Directors on an annual basis as part of the annual budgeting process.

The Annual Membership Subscription fee is valid for the current financial year. Trainees will be charged the Annual Membership Subscription fee pro rata calculated from their commencement date.

The Annual Training Fee is paid per calendar year. Trainees will be charged the Annual Training Fee pro rata calculated from their commencement date.

Upon completion of training, an Admission to Fellowship fee is payable at the time that trainees submit their application for Admission to Fellowship. This fee is a one off fee which can be paid in full or in 6 instalments. A 10% up-front payment discount is available to trainees who have paid their fee in full by the invoice due date.

With reference to fees, part time trainees, are categorised as those training between 0.5 and 0.65 full time equivalent. These trainees are eligible for part time membership and training fees.

There are also fees associated with courses and examinations which are to be paid upon registration of the specific activity.

Refer to Fees or view the RANZCR Fees Policy on the College website.

Initial Meeting with Director of Training

In the first few weeks of training, and when commencing any training position at a new site, it is important for trainees to have an initial meeting with the Director of Training (DoT). Trainees who have moved to a new training site should prepare for the meeting by having their ePortfolio up to date.

Trainees should also consider the training requirements they intend to complete and the learning opportunities they would like to access in the upcoming rotation and approach the DoT to organise a suitable time.

Initial meetings should include discussion on:

- Applying for recognition of prior learning, if applicable
- Work-Based Assessments (WBAs), including particular topic areas the trainee is looking to complete case reports on
- Structured Learning Experiences that the trainee intends to complete during the training term, including specific Practical Oncology Experiences (POEs)
- Leave for workshops or courses

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- Any learning support anticipated (e.g. in relation to research interests)
- Unique opportunities the training site may provide for learning in the training program.

The main purpose of this meeting is to ensure expectations of the trainee and the DoT are aligned and to have early conversations about specific elements of the training program the trainee would like to achieve over the next 6 months.

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SUMMARY OF TRAINING PROGRAM REQUIREMENTS

Phase 1

In Phase 1, the focus of education and training is acquiring the necessary knowledge in relation to oncology sciences, applied anatomy, pathology and clinical assessment, and radiation therapy as a treatment modality.

WBAs are regular assessments conducted by a DoT or Clinical Supervisor which provide feedback to trainees on their ability to assess patients, elicit a comprehensive history and conduct a physical examination and their ability to communicate with patients. Trainees must show improvement in contouring and plan evaluation by the end of Phase 1.

Trainees are expected to complete a Multi-Source Feedback assessment (MSF) during this phase. The MSF is an evaluation-based assessment which rates a trainee's interpersonal, communication, professionalism, leadership and collaboration behaviours. Ratings are conducted by clinicians, peers, and co-workers.

Trainees must attend the oncology sciences workshops which are usually facilitated at a network level. They must also engage in Phase 1 Practical Oncology Experiences (POEs), which guide trainees on the application of knowledge in relation to pathology, radiation planning and treatment delivery. It is recommended that trainees complete some of the POE sessions early in their training, as part of the general orientation to the discipline, and then complete the remaining POEs later in Phase 1.

Successful completion of the Phase 1 Examination, which assess knowledge relating to radiation oncology physics, radiation and cancer biology and anatomy, is a requirement of this phase.

When all Phase 1 requirements are completed trainees can submit an application for their portfolio to be reviewed by the Network Portfolio Review Committee (NPRC). If sufficient progress has been demonstrated, trainees will progress to Phase 2.

Summary of Phase 1 Requirements

Anticipated Duration of Phase 1	Minimum accredited training time: 18 months. Maximum time: 30 accredited months.
Learning Outcomes Primary Focus	**Section One – Oncology Sciences** **Section Two – Care of the Oncology Patient** Applied Anatomy Pathology Clinical Assessment **Section Three – Treatment Modalities** Radiation Therapy **Section Six – Intrinsic Roles** Communication
Work-Based Assessments (WBA)	Demonstrated progress with WBA. **A minimum of one WBA should be completed each month to obtain regular feedback.** **Patient Encounter Assessment Tool (PEAT)** A minimum of ten assessments which focus on the trainee's ability to obtain a history, conduct a physical examination, interpret patient's investigations or order additional investigations as required, and synthesise this information into a management plan. Five of these assessments must include the Clinical Supervisor observing the trainee with the patient.

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	Contouring and Plan Evaluation Tool (CPET) A minimum of ten assessments which focus on the trainee's ability to prepare a radiation therapy plan. **Communication Skills Tool (CST)** Assessments of the trainee's communication skills in each of the following contexts: • During an initial consultation • A follow up consultation or treatment review • Explaining a management plan to a patient and obtaining informed consent • Breaking bad news **Case Report and Discussion Tool (CRDT)** Trainees have the option to complete a maximum of 5 assessments in Phase 1, this will count towards the Phase 2 CRDT training requirement.
Structured Learning Experiences	**Oncology Sciences Workshops** Three Oncology Sciences workshops provide some formal learning in relation to radiation oncology physics and radiation and cancer biology. Trainees must attend at least two. **Phase 1 Practical Oncology Experiences (POEs)** Two pathology sessions Four radiation planning sessions Four radiation delivery sessions
Monitoring and Review	**Clinical Supervisor Appraisal** Every 3-4 months. **Director of Training Review** Every six months. Phase 1 Review of trainees' portfolios at each DoT Review, and full review no later than 24 months into Phase 1, to check progress toward completing Phase 1. **Multi-Source Feedback (MSF)** One MSF completed within the first 12 months. **Trainee Assessment of Training Sites (TATS)** Trainees must complete one TATS every six months.
Phase 1 Examination	Trainees must complete a minimum 12 months of accredited training time and all Structured Learning Experiences to be eligible to sit for the Phase 1 Examination. The Phase 1 Examination includes three subject papers, each of two hours duration.
Progression to Phase 2	Trainees may present for portfolio review by Network Portfolio Review Committee, after a minimum of 18 months of accredited training time. Overall, the trainee's ePortfolio must: • Record the completion of all Phase 1 training requirements referred to in this table • Demonstrate learning and progress on a variety of clinical cases, as assessed by multiple assessors • Demonstrate learning and progress in acquiring competence in the intrinsic roles. Trainees must achieve Level 2 or greater on the overall entrustability scale for at least half of the PEAT and CPET, and Level 3 on the CST for each scenario.

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Phase 2

Trainees broaden and develop their skills and knowledge across multiple areas in Phase 2 so that, by the end of Phase 2, trainees are competent, safe and ready for independent practice.

As in Phase 1, WBA's enable trainees to be assessed by a DoT or Clinical Supervisor which provide feedback on trainees' progress as they acquire an expanded range of skills pertinent to the radiation oncologist. Trainees will continue to be observed when assessing and explaining management plans to patients. In Phase 2 trainees are encouraged to select cases across the spectrum of tumour sites, and specific radiation therapy techniques and cancer procedures. In addition, case reports and discussions require trainees to consider the evidence base in development of management plans and provide a rationale for their decision-making. Communication skills are further consolidated in this phase and another Multi-Source Feedback assesses progress and the consistent demonstration of competencies related to the intrinsic roles.

Trainees are encouraged to attend a SMART workshop early in Phase 2, designed to enhance their skills in research methodology, critical appraisal and statistics, to assist them in completing their research project.

Phase 2 POE sessions include trainees being involved in the care of patients: being managed by a specialist palliative care team; undergoing surgery; and receiving systemic therapy.

The Phase 2 Examination assess the ability of the trainee to analyse, interpret and synthesise theoretical information and apply this knowledge to a range of clinical cases.

Professional activities, which are completed independent of the Phase 2 Examination, require that trainees focus on improving skills in facilitating meetings and obtaining consent from patients to participate in clinical trials. Trainees also complete most of their research project throughout Phase 2 in parallel to preparing and successfully completing the Phase 2 Examination. Trainees with a research interest may combine a formal graduate research higher degree with specialist radiation oncology training. Trainees will be encouraged and supported by the College to achieve this by providing flexible training options.

When trainees have completed all the training program requirements, they may apply for their portfolio to be reviewed by the Network Portfolio Review Committee. The combination of WBAs in a trainees' portfolio must demonstrate competence across the breadth of the Radiation Oncology Training Program learning outcomes.

Summary of Phase 2 Requirements

Anticipated Duration of Phase 2	Dependent on trainees demonstrating competency (usually a minimum of 36 months). Maximum training time for the program: Up to 10 years (Phase 1 + Phase 2).
Learning Outcomes Primary Focus	**Section Two - Care of the Oncology Patient** **Section Three – Treatment Modalities** **Section Four – Symptom Control and Palliative Care** **Section Five – Care of the Oncology Patient Applied to Specific Tumour Sites** **Section Six – Intrinsic Roles**
Work-Based Assessments	**A minimum of one Work-Based Assessment should be completed each month to obtain regular feedback.** **Patient Encounter Assessment Tool (PEAT)** A minimum of 15 assessments. Five of these assessments must include the Clinical Supervisor observing the trainee with the patient. **Contouring and Plan Evaluation Tool (CPET)** A minimum of 15 assessments. **Case Report and Discussion Tool (CRDT)** A minimum of 20 assessments. At least five assessments on lesser focus topics, two on in-patient care and five on specific techniques.

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	Communication Skills Tool (CST) Assessments of the trainee's communication skills in specific contexts including: • During an initial consultation • A follow up consultation or treatment review • Explaining a management plan to a patient and obtaining informed consent • Breaking bad news.
Structured Learning Experiences	**SMART Workshops** Trainees are required to complete at least one SMART workshop and are encouraged to do so within the first 12 months of Phase 2 to provide the foundation for their engagement in their research project. **Phase 2 Practical Oncology Experiences (POEs)** Two sessions with patients being managed by a specialist palliative care team Two sessions with patients undergoing surgery Two sessions with patients receiving systemic therapy Four sessions focusing on any treatment modality. **Cultural Safety Online Learning** Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety Course.
Monitoring and Review	**Clinical Supervisor Appraisal** Every 3-4 months. **Director of Training Review** Every six months. Phase 2 Review of trainees' portfolios at each DoT Review, and full review no later than 36 months into Phase 2, to check progress toward presenting for the Part 2 Examination. **Multi-Source Feedback (MSF)** One MSF to be completed for eligibility for the Phase 2 Examination. **Trainee Assessment of Training Sites (TATS)** Trainees must complete one TATS every six months.
Phase 2 Examination	Trainees must complete a minimum 24 months of accredited training time in Phase 2, all WBAs, an MSF, all POES and the Cultural Safety Online Learning to be eligible to apply for the Phase 2 Examination. The SMART Workshop is strongly encouraged to be completed prior to the exam and must be completed prior to application for Fellowship. Phase 2 Examination – four written papers and viva voce examinations (vivas).

The following activities must be completed for eligibility for Fellowship, though they may be completed any time during Phase 2	
Professional Activities	**For eligibility for Fellowship**: • Presenting at a multidisciplinary meeting • Recruiting a patient to a clinical trial • Running a meeting.

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Research	**For eligibility for Fellowship**, trainees are required to submit a manuscript of their research project to an acceptable journal. Trainees may select one of three options: 1. Original Research Study 2. Cochrane Protocol or Review 3. Prospective Study.
Progression to Completion of Training	Trainees may present for portfolio review by Network Portfolio Review Committee, **after completion of all training requirements.** Overall, the trainee's ePortfolio must: • Record the completion of all training program requirements • Demonstrate progress leading to competence across the breadth of the curriculum (a variety of clinical cases of differing complexity), as assessed by multiple assessors • Demonstrate the achievement of competence across the intrinsic roles. As a guide, Trainees must achieve Level 4 on the overall entrustability scale for at least half of the PEAT, CPET and CRDT, and on the CST for each scenario.
Admission to Fellowship	When the College is notified that the Network Portfolio Review Committee has approved completion of training, a fellowship application pack will be sent to the trainee to complete and return. The completed application, including the outcome letter from the Network Portfolio Review Committee, will be sent to the Chief Censor for ratification and to the Board for approval.

Phase 1 and 2 Trainee Checklists

Checklists for Phase 1 and 2 of the Training Program have been developed as a resource for trainees. These checklists provide trainees with an easy to use checklist that outlines the core phase requirements of the training program.

Refer to the Phase 1 Trainee Checklist.

Refer to the Phase 2 Trainee Checklist.

Changes to the Radiation Oncology Training Program

The Radiation Oncology Training Program including its assessments and examinations are frequently reviewed. Sufficient notice of any proposed changes will be provided through our communication channels (enewsletters, Inside News, direct correspondence, website etc.), to ensure all trainees are well-informed and supported throughout the process.

At least 12 months' notice will normally be given of significant changes to any assessment or examination requirements. In all cases there will be a realistic transition period to allow those already in training to complete the requirements.

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VARIATIONS TO TRAINING

Recognition of Prior Learning

Recognition of Prior Learning (RPL) provides for trainees the opportunity to obtain recognition for learning, experience or assessments which predate the commencement of approved Radiation Oncology accredited training.

Eligibility

Applications for RPL will be accepted from trainees who have met the standard eligibility criteria for entry to the Radiation Oncology Training Program and have successfully obtained an accredited training position. Applications will be accepted up until six months after the applicant has commenced training.

Applicants who have had de facto training in non-accredited/un-accredited Radiation Oncology positions cannot request this to be retrospectively accredited under the RPL Pathway.

Trainees Re-entering the Training Program

Trainees permitted to re-enter the Radiation Oncology Training Program may apply for RPL before securing a RANZCR accredited training position. These trainees will be assessed on an individual basis for recognition of accredited training time, assessments, examinations and other training program requirements.

For more information, refer to the Re-Entry into the Training Programs Policy.

Categories of Recognition

Trainees may receive RPL, and therefore exemption from, accredited training time and/or one or more training program requirements such as:

- Attendance at courses or workshops
- Structured Learning Experiences
- Research project.

RPL will not be considered for examinations or Work-Based Assessments (WBAs) and manuscripts that have been accepted for peer-review but not published.

Application

An application for RPL must be submitted to the College between the time the applicant has obtained an accredited training position **up until six months** after the applicant has commenced training.

Applications must be made in writing to the Chief Censor, Radiation Oncology, including an RPL application form and cover letter which specifies the learning, experience or assessment to be considered and the outcome being sought. The onus is on the applicant to demonstrate how the previous achievement is commensurate with the Radiation Oncology Training Program and must provide relevant supporting documentation (certified documentation, extracts from training program handbooks etc) to support the application.

Applications will be assessed by the Radiation Oncology Education and Training Committee (ROETC) (and/or their delegated bodies/committees) at their next meeting. Trainees will be advised of the date of the next meeting when their application is acknowledged.

Trainees will be advised of the outcome, in writing, within 28 calendar days following the ROETC (and/or their delegated bodies/committees) meeting.

For more information, refer to the Recognition of Prior Learning Application Form.

For more information, refer to the Recognition of Prior Learning Policy.

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Provision for Working Outside of Radiation Oncology

During Phase 2, a trainee may undertake a maximum of six months of full-time work (or equivalent on a part-time basis) in medical oncology, palliative care, clinical haematology, oncological surgical training, nuclear medicine, paediatrics, pathology, pain management or a combination of these, provided that any department proposed for such rotation is appropriately accredited by the relevant College.

Working outside radiation oncology may only be completed in **Phase 2**. Approval from the Network Governance Committee (NGC) and Chief Censor must be prospectively sought and should be submitted **four** months prior to any proposed rotation.

Application

Applications for working outside of radiation oncology must be made in writing to the Chief Censor, Radiation Oncology, including a cover letter which specifies:

- The department the trainee will be working in
- The College it has been accredited by
- The duration of the placement
- How the placement will contribute to the trainee's learning
- The name of the nominated supervisor the trainee will work with during the placement and who will complete Clinical Supervisor Appraisals during the trainee's time outside radiation oncology
- Supporting documentation that shows approval from the DoT and/or Network.

Applications must be submitted to the College at ROTraining@ranzcr.edu.au. Trainees will be advised of the outcome in writing, within 28 calendar days.

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FLEXIBLE TRAINING

Trainees may also apply to the College to vary their time commitment when completing the training program.

This allows trainees to maintain:

- Professional obligations
- Ongoing commitment to training
- Clinical knowledge and procedural skills
- Currency of training
- Recency of practice.

Part-Time Training

Trainees may complete the training program on a part-time basis. They must have a clinical load of at least 50% of a full-time equivalent (0.5 FTE) position. If any accredited training position is less than 0.5 FTE, it will not be counted as accredited training time. Some training positions that include a substantial research component toward a higher degree may be full-time employment, but in part-time training.

Whilst training part-time, trainees are expected to have Clinical Supervisor Appraisals (CSAs) every 3-4 months, DoT reviews every 6 months and to complete the Trainee Assessment of Training Sites (TATS) every 6 months.

The recommended frequency and timing of WBAs also remains unchanged for trainees completing the program on a part-time basis.

Trainees should retain their protected time (pro-rata) and should try to attend local education activities.

The total time for completion of the training program is 10 years regardless of the full-time equivalent status of the trainee across both phases of the training program.

Requesting part-time training status

Part-time training must be discussed and approved by the DoT.

The request must be made at least 14 calendar days prior to the change in training status.

Requests must be made via the ePortfolio by creating a ‘RO FTE Status Change Notification’. The trainee indicates whether the request is for an increase or decrease in FTE, enters the FTE value and then selects their DoT and submits the form. The DoT considers the request by approving or otherwise, and then submits the form to RANZCR Specialty Training for processing.

For more information, refer to the Interrupted and Part-time Training Policy.

College fees

Trainees are eligible for a reduction in College Membership and Annual training fees when undertaking part-time training. For calculating fees for trainees, “part time” status is capped at 0.65 FTE. Payments already paid will not be reimbursed.

For current fees, refer to Fees on the College website.

For more information regarding fees, refer to the Fees Policy.

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Interrupted Training

Interrupted training is when a trainee takes consecutive leave in excess of six weeks (including all eligible leave entitlements). Interrupted training is usually applied for when trainees need to temporarily stop training, for example, parental leave, to support a sick relative, to manage their own health or to complete full-time research.

Trainees may request a period of interrupted training for up to 12 months.

A trainee embarking upon an interrupted training period must remain on contract (for an accredited training position) for the duration of their interrupted training period and must ensure that they retain an active contract to return to upon completion of their interrupted training period.

Trainees requesting a break in training acknowledge that their rotations may be affected, and the Network may be unable to accommodate trainee preferences for particular rotations upon the trainee's return.

Requesting a period of interrupted training

A period of interrupted training must be discussed and approved by the trainee's DoT.

The request must be made at least 14 calendar days prior to the commencement of the interruption. Requests must be made via the ePortfolio by creating a 'RO Application for Interrupted Training' form. Trainees enter the proposed dates, duration, and circumstances for the request. In addition, documentation must be attached to support the request (for example, a medical certificate, bereavement notice, statutory declaration). The trainee then selects their DoT and submits the form. The DoT considers the request by approving or otherwise and then submits the form to RANZCR Specialty Training for processing.

Should the trainee need to extend the period of interrupted training, a new request must be made in the ePortfolio. The request must be accompanied by supporting documentation including DoT approval. The DoT considers the request by approving or otherwise and then submits the form to RANZCR Specialty Training for processing.

The maximum continuous period of interrupted training must comply with recency of practice requirements as mandated by regulatory authorities.

If the Trainee is absent from the training program for an extended period of time, the Chief Censor may assess the trainee to determine their currency of knowledge and skills. An extended absence from the training program would be 12 months or more of continual absence from the program.

For more information on Interrupted Training, refer to the Interrupted and Part-Time Training Policy.

College fees

Trainees who are approved for a period of interrupted training are eligible to receive a reduced rate for their annual membership subscription and annual training fee, on a pro-rata basis. Trainees must make this request within 30 days of their commencement of their period of interrupted training.

For more information regarding fees, refer to the RANZCR Fees Policy.

Non-consecutive Leave

Trainees who take non-consecutive leave in excess of 10 weeks in any 12 months training year (pro-rata for shorter training periods) may have this training time unaccredited. Training time may be unaccredited should the DoT believe that the amount of non-consecutive leave has had a detrimental impact on the trainee's performance or progression within the Training Program. DoTs are to advise the College in writing, by email, ROTraining@ranzcr.edu.au.

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Maximum Training Time for the Training Program

Trainees must complete Phase 1 of the program within 30 months of accredited training (pro-rata for part-time trainees).

The maximum time for completion of the Training Program is ten years from the trainee's commencement of training date. Periods of interrupted training or remediation are not counted toward maximum training time.

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FELLOWSHIP

Completion of Training

Before applying for admission to Fellowship, trainees must have their portfolio reviewed and approved for completion of training. Trainees should apply to have their portfolio reviewed by the Network Portfolio Review Committee, after completing all Phase 2 training requirements.

For information relating to completion of training, refer to **Section 11 – Trainee Progression**.

Admission to Fellowship

When the College is notified that the Network Portfolio Review Committee has approved completion of training, a fellowship application pack will be sent to the trainee.

To apply:

1. The trainee completes the completion of training form and arranges for the form to be signed by their Director of Training. The form must include a list of **all** rotations completed by the trainee including 12 months away from their main site.
2. The trainee completes the Admission to Fellowship form and arranges for the application to be certified by two current Fellows of the College. For transitioning trainees who have a minimum training time of 5 years, Fellowship applications can be made up to two months prior to their expected completion of training date.
3. The trainee completes a Fellowship fee form. An Admission to Fellowship fee is payable at the time of trainees submitting their application. The Admission to Fellowship fee is a one off fee which can be paid in full or by 6 monthly instalments. A 10% up-front payment discount is available to trainees who have paid their fee in full by the invoice date.
4. Trainees in Australia will also be sent a medical practitioner form to complete.

Trainees must submit their completed Fellowship Application Pack to fellowship@ranzcr.edu.au.

Once all paperwork is complete, the application is sent to the Chief Censor for approval. After receiving approval from the Chief Censor, the application is sent to the Board for approval.

The trainee will receive a Fellowship approval letter with their Fellowship date. The Fellowship date is determined by the date of the final completion of training requirements or the date of the final Board member approval, whichever date is later.

For more information, please refer to Becoming a Fellow on the College website.

For Fellowship fees, please refer to Fees on the College website.

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Section Three
LEARNING OUTCOMES

The Radiation Oncology Learning Outcomes outline the knowledge, skills and attitudes trainees are expected to develop during the Radiation Oncology Training Program. These competencies are essential to providing the highest possible quality of service to meet the relevant health care needs of all communities in Australia, New Zealand and Singapore, including the health care needs of Aboriginal and Torres Strait Islander and Māori people.

The competencies articulated in the learning outcomes document are designed to guide:

- Self-directed learning
- Content of mandatory workshops and courses
- Structured Learning Experiences during the training program, such as Practical Oncology Experiences (POEs)
- The focus of Work-Based Assessments (WBAs) is to prompt feedback on trainees' application of knowledge and skills in the clinical setting
- The emphasis of assessments such as the Phase 1 and Phase 2 Examinations is to assess the learning which has occurred
- Accreditation of training networks and training sites to ensure trainees obtain the breadth of practice and experience required during the training program.

Learning outcomes articulate the level expected at the completion for training

A list of learning outcomes is generally prefaced by the common stem 'The trainee is able to:'. Together, the learning outcomes combine to create competencies that apply to the radiation oncologist who is about to commence independent clinical practice, i.e. at the completion of training.

The learning outcomes articulate the minimum expectation of a specialist in the field. High level sub-specialist knowledge is not expected. It is anticipated that the core competencies acquired during the training program can be extended through continuing professional development as a Fellow, which may then lead to sub-specialty practice.

Not all learning outcomes need to be achieved to the same level

Learning outcomes related to knowledge (mainly in Section One – Oncology Sciences and Section Five – Care of the Oncology Patient Applied to Specific Tumour Sites) may be denoted as follows:

[D] A **D**etailed level of knowledge, and ability to apply this knowledge in clinical settings is required

[G] A more **G**eneral level of knowledge, and minimal application of this knowledge is required.

Learning outcomes are directly aligned with assessment

The College has developed a longitudinal assessment strategy so that trainees are assessed at multiple points throughout the training program, in a variety of formats. Specific assessment methods, that are most suitable to assessing the different types of competencies, have been selected.

Knowledge outcomes tend to be assessed by Phase 1 and 2 written examinations. The application of this knowledge is assessed during the clinical vivas or in the workplace when providing care to patients.

WBAs that incorporate direct observations, have been custom designed to ensure trainees obtain feedback in relation to the core competencies of a radiation oncologist. Assessment tools include items relevant to medical expertise and the intrinsic roles, as it is the integration of these competencies which is vital to providing quality care. The various assessment tools are applicable to different settings and contexts. Some competencies, for example, communication skills, must be demonstrated during a variety of patient interactions such as explaining a treatment plan and obtaining informed consent.

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ASSESSMENT FRAMEWORK

Assessments are aligned with the learning outcomes, to ensure all are assessed and there is sufficient overlap.

Curriculum Section	Phase 1 Examination	Patient Encounter Assessment Tool	Contouring and Plan Evaluation Tool	Case Report Discussion Tool	Communication Skills Tool	Multi-Source Feedback	Phase 2 Examination	Research Requirements
MEDICAL EXPERT								
ONCOLOGY SCIENCES								
Radiation Oncology Physics	✓						✓	
Radiation and Cancer Biology	✓						✓	
Anatomy	✓							
CARE OF THE ONCOLOGY PATIENT								
Applied Anatomy			✓				✓	
Pathology		✓					✓	
Clinical Assessment		✓					✓	
Management		✓		✓			✓	
Symptom Control and Treatment Side Effects		✓		✓			✓	
Outcome and Continuing Care				✓			✓	
Screening and Prevention				✓			✓	
Tailoring Care for Oncology Patients from Specific Populations		✓		✓			✓	
TREATMENT MODALITIES								
Radiation Therapy		✓	✓	✓			✓	
Other Treatment Modalities		✓		✓			✓	

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Curriculum Section	Phase 1 Examination	Patient Encounter Assessment Tool	Contouring and Plan Evaluation Tool	Case Report Discussion Tool	Communication Skills Tool	Multi-Source Feedback	Phase 2 Examination	Research Requirements
SYMPTOM CONTROL AND PALLIATIVE CARE								
Cancer Related Symptoms		✓		✓			✓	
Palliative Care		✓		✓			✓	
CARE OF THE ONCOLOGY PATIENT APPLIED TO SPECIFIC TUMOUR SITES								
All sites		✓	✓	✓			✓	
INTRINSIC ROLES								
Communication		✓		✓	✓	✓		
Collaboration				✓		✓		✓
Professionalism		✓			✓	✓	✓	
Leadership (and Management)				✓		✓	✓	
Health Advocacy		✓		✓		✓	✓	
Scholarship				✓		✓	✓	✓
Cultural Competency		✓		✓	✓	✓	✓	

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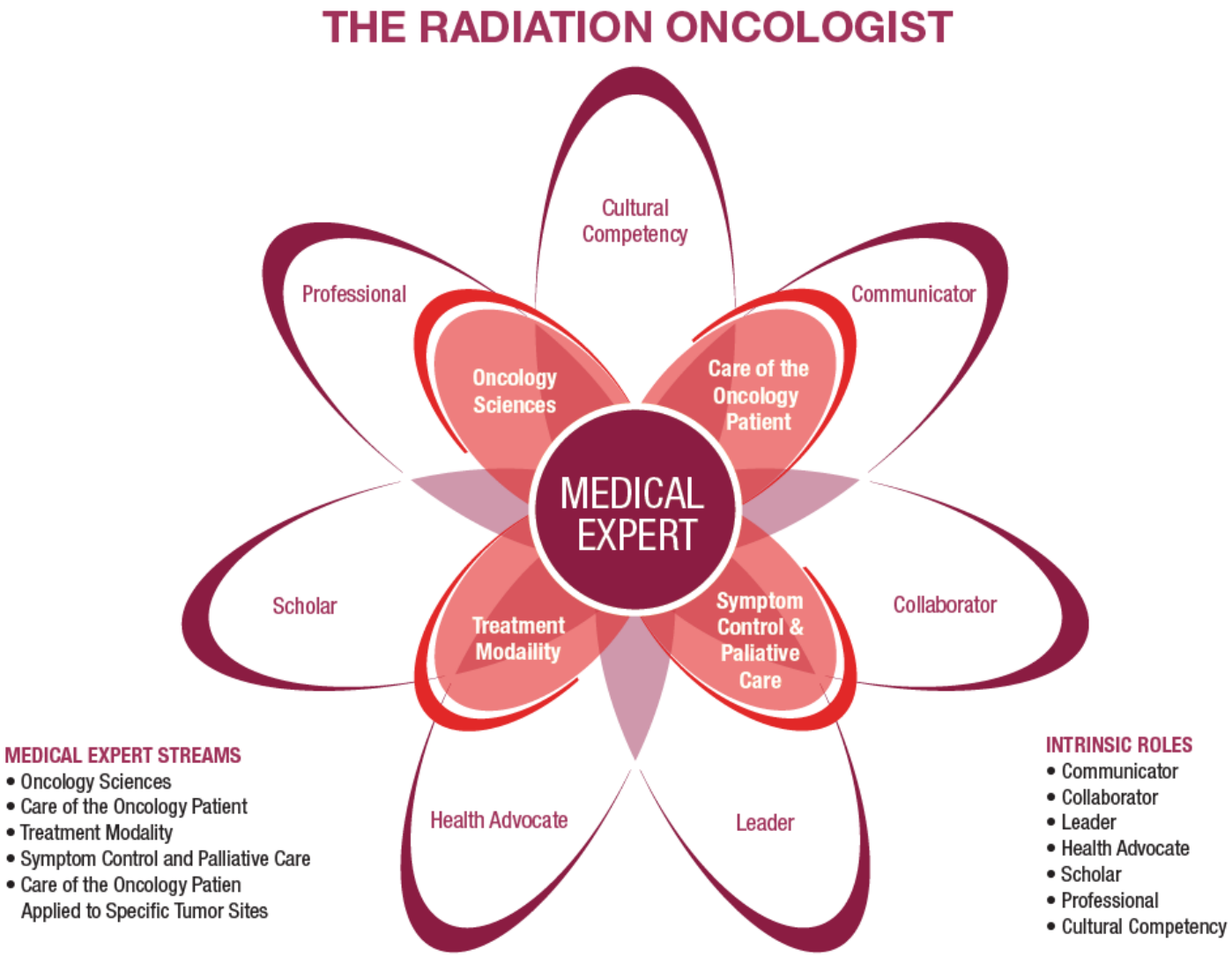
LEARNING OUTCOMES DOCUMENT

The Royal College of Physicians and Surgeons of Canada described the seven roles of a doctor as: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional. These were named the Canadian Medical Education Directives for Specialists (CanMEDS). In 2015, they were revised, and the role of Manager was changed to Leader.

The Radiation Oncology Learning Outcomes document is structured around the general CanMEDS concepts and is organised around the seven key roles with the addition of Cultural Competency as an eighth key role. Sections One to Five pertain to the Medical Expert role and Section Six includes competencies of the intrinsic roles. The following diagram is an amended version on the CanMEDS 'flower' to show the medical expert streams that have been defined for the RANZCR Radiation Oncology Training Program.

The Radiation Oncology Learning Outcomes document is available on the College website.



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Medical Expert

Section One – Oncology Sciences

This section focuses on the ability of a radiation oncologist to demonstrate foundation knowledge in the following oncology sciences subjects:

- Radiation oncology physics
- Radiation and cancer biology
- Anatomy.

Knowledge in these subjects at a foundation level is considered necessary to attain the skills and knowledge required for clinical application. The latter, more complex, applied competencies will be developed in an ongoing, progressive manner throughout the full length and breadth of the training program. Learning outcomes have been organised into Phase 1 and Phase 2 and this has been done to guide trainees in prioritising study in these subjects.

Please note, all the knowledge acquired in Phase 1 of the Oncology Sciences is relevant to Phase 2 training and the clinical application of this knowledge is examinable in the Phase 2 Examinations.

Section Two – Care of the Oncology Patient

Section Two includes learning outcomes relevant to applied anatomy, pathology, clinical assessment, management, symptom control and treatment side effects, outcome and continuing care, and screening and prevention. There is also an emphasis on follow-up after therapy and at recurrence, with the inclusion of the concept of survivorship.

This section provides a detailed framework for the scope of radiation oncology training and practice. The principles here are not linked to individual tumour sites or specific clinical situations. Subheadings from Section Two are then used as a basis for Section Five – *Care of the Oncology Patient Applied to Specific Tumour Sites*

A sub-section 'Tailoring Care for Oncology Patients from Specific Populations' has been included to articulate the special needs of paediatric patients, adolescent or young patients, pregnant or lactating patients, and the elderly.

Section Three – Treatment Modalities

Competencies articulated in this Section Three focus on the ability of a radiation oncologist to:

- Supervise the patient treatment planning process,
- Prescribe a course of radiation therapy, and
- Supervise a course of radiation therapy.

In addition, the ability of the radiation oncologist to incorporate other treatment modalities in the overall management plan of the patient, including surgery, systemic therapy, interventional radiology and other therapies.

Section Four – Symptom Control and Palliative Care

Section Four focuses on the ability of a radiation oncologist to manage common symptoms and conditions that occur in patients with cancer. They are listed in alphabetical order. Learning outcomes within the palliative care subsection include prognostication in the palliative setting and the ability to provide holistic management to the terminally ill patient.

Section Five – Care of the Oncology Patient Applied to Specific Tumour Sites

Section Five takes the general learning outcomes listed in *Care of the Oncology Patient* and applies them to individual tumour sites. It focuses on the radiation oncologist's ability to develop knowledge pertaining to the

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individual tumour sub-types and apply tumour site specific knowledge to the care of each patient to optimize assessment, management, cancer symptom control and side effects and the clinical outcome and the patient's continuing care.

Intrinsic Roles

Section Six – Intrinsic Roles

Learning outcomes in this section focus on the ability of a radiation oncologist to embrace their intrinsic roles to help reverse the under-utilisation of radiation therapy as a major cancer treatment, and in doing so reduce unnecessary deaths and needless suffering caused by cancer.

Communication:

- Establish professional therapeutic relationships with patients in order to elicit information, develop a patient- centred management plan and navigate challenging communication scenarios.
- Document and share patient information in an effective manner, including in written and electronic formats, to optimise clinical decision making, cultural and patient safety, confidentiality and privacy.

Collaboration:

- Develop and maintain working relationships with other health professionals, engaging in respectful shared decision making and ensuring continuity of care.

Leadership (and Management):

- Display leadership in local and wider healthcare systems, initiating and carrying out quality improvements, and exhibiting responsible stewardship of cancer care resources.
- Manage elements of professional practice, career development and personal life to balance wellbeing with optimal patient care.

Health Advocacy:

- Apply expertise and influence, individually or as part of a collective, to advance cancer care outcomes on behalf of individual patients, groups of people with cancer and the general community.
- Promote cultural safety and tailor care according to patients' diverse needs, including religious and personal beliefs and values.

Professionalism:

- Consistently demonstrate professional behaviour, in accordance with the RANZCR Code of Ethics, reflecting the values of the specialty and medical profession in general.

Scholarship:

- Critically appraise scientific literature and adapt clinical practice according to the best available evidence.
- Design and engage in research to address a clinical question and disseminate findings to contribute to the advancement of radiation oncology as a specialty.
- Apply a lifelong learning approach to professional development and participate in the education of students, peers, patients and other health professionals.

Cultural Competency:

- Promote cultural safety and tailor care according to patients' diverse needs, including religious and personal beliefs and values.
- Advance the health of Aboriginal and Torres Strait Islander peoples and Māori and Pacific peoples by being aware of disparities in relation to incidence of cancer, diagnosis and treatment and actively support access to cancer care treatment for communities and patients.

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Section Four
WORK-BASED ASSESSMENTS

Competency-based training (as opposed to completion of the training program based on time spent at accredited sites) acknowledges that each trainee may take a variable amount of time to demonstrate certain abilities or complete the expected competencies to the required standard.

The Radiation Oncology Training Program has a comprehensive approach to Work-Based Assessment (WBA) of trainee competence. The training program utilises a variety of assessment methods to guide trainees in learning clinical skills across the two phases of the training program and to make inferences about trainees' future real world practice. All assessment methods have their limitations and multiple methods are used in the Radiation Oncology Training Program to obtain comprehensive information on trainee performance and overcome the issues with any one method.

WBA tools were crafted around the following aspects of a radiation oncologist's work:

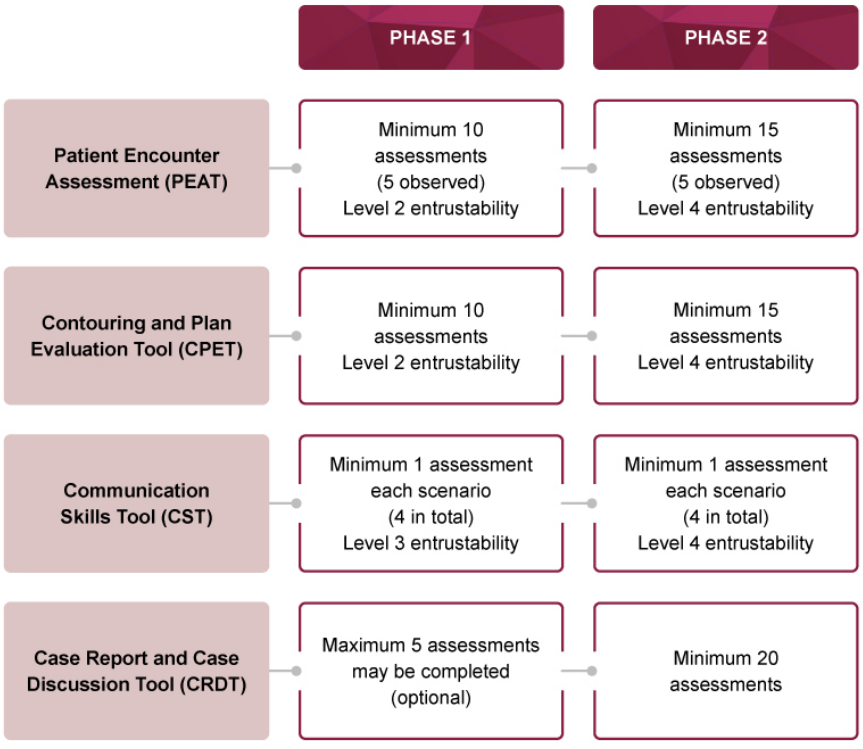
- Assessing patients
- Planning radiation treatment
- Documenting and reflecting on patient experience
- Communication skills.

While WBAs may be less standardised due to the variety of patients, conditions and contexts, the qualitative data derived from them, in the form of comments, have been found to be most valuable to trainee learning.

WBA tools include the following:

- Patient Encounter Assessment Tool (PEAT)
- Contouring and Plan Evaluation Tool (CPET)
- Case Report and Case Report Discussion Tool (CRDT)
- Communication Skills Tool (CST).

The onus is on trainees to select patient cases and initiate WBAs with Clinical Supervisors. However, Clinical Supervisors can direct trainees to complete assessments so that trainees obtain feedback on their competence with assessing or managing patients associated with a particular topic area.



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Direct observation and regular feedback

Assessment methods need to be 'fit for purpose' and aligned to the type of competencies they are aiming to assess. For example, clinical skills such as interacting with a patient and conducting a physical examination are best assessed by direct observation. A written examination paper may only assess knowledge associated with the skills in this example. The frequency of WBAs in the training program promotes the role and importance of direct observation with real patients in everyday clinical settings incorporating feedback from a range of senior colleagues and taking a deliberate reflective approach to practice.

The value of multiple assessors

Multiple assessors are valued as they each provide a different perspective on performance and may compensate for assessor shortcomings such as biases, leniency or halo effects.

The number of WBAs required across the training program, in addition to coupling this data with that obtained from other assessment methods, ensures reliability.

Entrustability scale

The entrustability scale is a criterion referenced scale. It incorporates the need for supervised practice to ensure safety, with Clinical Supervisors helping trainees toward the goal of competence by providing input to elevate the trainee's practice to an optimal level. As the trainee improves, with learning and experience, their performance will reflect the decreasing need for input from Clinical Supervisors to provide the same standard of optimal care.

Assessors are requested to indicate the level that is indicative of the trainee's observed performance:

Level 1 Direct Input

Required direct instructions and input to fill knowledge gaps or to complete the clinical encounter. For Level 1, this means that the trainee could not complete the clinical activity or manage that case without explicit instructions of what to do.

Level 2 Substantial Guidance

Required substantial guidance to complete the activity, e.g., not all relevant information obtained, gaps in knowledge demonstrated, corrections to management plan required. This rating would be indicated if the trainee has good foundational knowledge but requires more experience or practice with integrating that knowledge in practice. The trainee needs guidance to ensure the patient receives the expected standard of care.

Level 3 Some Guidance

Required minimal supervision, but some guidance to complete the clinical encounter - e.g., minor gaps in knowledge demonstrated, minor corrections to plan required. In this instance the assessor may have made suggestions to improve performance but overall, the trainee's decision-making and overall approach was sound. Corrections enhance the care, or it was evident that the trainee was aware of the issues raised and will most likely incorporate for the next similar case.

Level 4 Competent

Did not require guidance or support to complete the clinical encounter. Capable of independent practice. An entrustability level of 4 therefore indicates that the trainee is able to perform that activity independently, without input. This is the required standard of a graduating radiation oncologist.

Active engagement by the learner

WBAs require active engagement by trainees:

- Ideally trainees will determine their learning needs and select patients and cases which will be most beneficial to their learning.

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- Prior to the start of the assessment trainees should identify specific areas that they would appreciate feedback on and relay these to the Clinical Supervisor.
- Self-assessment and the ability of a trainee to reflect on their own performance is a powerful catalyst to professional growth. Prior to the Clinical Supervisor volunteering their thoughts, trainees should be encouraged to consider their own performance, including what they did well and what they feel they need more practice on.

Assessment for learning

The WBAs have been designed to primarily support trainees' learning. Individual assessments are not intended to be a pass/fail assessment of trainees' knowledge and skills.

Trainees are encouraged to complete WBAs multiple times over an extended period. Based on feedback obtained, revised approaches should then be reflected upon, practiced and followed by re-assessment to refine. As trainees continue through the training program they progress toward competence.

Each trainee's ePortfolio will include assessments with a range of ratings on the entrustability scale. Trainees who have recently commenced the training program are not expected to be rated as Level 4 on the entrustability scale as it is likely they require a higher level of guidance early on. As they progress through the training program, it is expected that they demonstrate improvement in their ratings on the entrustability scale, moving toward Level 4 and independent practice.

Assessment is not only about detecting deficiencies

Typically, people think about assessment to prevent trainees who are not at the expected standard, from continuing through the program or entering independent practice.

WBAs are about finding aspects of performance that need to be improved, and to lead trainees towards continual learning. Even when a trainee has mastered a skill to a level of competence there may still be ways in which they could expand their expertise. Selecting more challenging cases and taking the opportunity, while in the training program, to be observed by senior colleagues, assists trainees to become proficient radiation oncologists.

Reviewing performance across the different tools

More meaningful conclusions on trainee performance may be found by looking at similar items across multiple assessment tools. Being attentive to individual items and any patterns of performance on those items can help to narrow the focus of future learning, for example, communication skills or interpretation of investigations.

Assessment encounters across the depth and breadth of the training program

Trainees are encouraged to complete WBAs beyond the minimum suggested to obtain proficiency across all topic areas. For each WBA, trainees must identify the relevant topic area. When reviewing trainees' ePortfolio, Directors of Training (DoTs) and the Network Portfolio Review Committee (NPRC) will take into account the variety of topic areas the trainee has been involved with, and the case complexity, and may request additional assessments to be conducted if those completed do not reflect the depth and breadth of topic areas within the learning outcomes document.

For all assessments, except for the Communication Skills Tool (CST), the Clinical Supervisor rates the trainee's performance on each item according to how much input the trainee required from the Clinical Supervisor. Not all items may be applicable in each assessment, and in such a situation the Clinical Supervisor selects 'not applicable' for that item.

After rating the trainee on each item, there is also an entrustability scale at the end of the form. This rating should not be an average of the items on the form but rather the overall impression the Clinical Supervisor has of the trainee's performance in managing that particular case.

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Patient Encounter Assessment Tool (PEAT)

The PEAT focuses on providing feedback to trainees on their ability to obtain a history and conduct a physical examination, interpret patient's investigations, or order additional investigations as required, and synthesise this information into a management plan. It is designed to capture what happens on a regular basis in any clinic where a Clinical Supervisor is working with a trainee. It can be completed with minimal additional time required on top of the natural workflow.

Most of the assessment addresses what happens when a trainee presents a patient they have seen to a Clinical Supervisor, and the following discussion.

In addition to the above, feedback from a Clinical Supervisor after observing the trainee interacting directly with the patient is helpful for learning and development. Therefore, it is required that some of these PEATs include a direct observation by the Clinical Supervisor.

Process

Trainee Presenting the Case to the Clinical Supervisor

It is intended that the PEAT is integrated into routine clinic work. The trainee should identify a patient case they feel they would derive significant learning from and requests the help of the Clinical Supervisor to complete a PEAT.

During the case presentation, the Clinical Supervisor should refer to the online version of the PEAT (via the ePortfolio) so they are thinking about what performance areas they will discuss with the trainee and provide feedback on. The Clinical Supervisor may ask questions to gather further information or to clarify aspects of the case which is presented.

Trainee Observed During the Consultation

It is a requirement that some PEATs include the Clinical Supervisor observing the trainee interacting directly with the patient. This is not usually part of routine clinic workflow, so the trainee needs to think ahead and ask the help of the Clinical Supervisor in achieving this.

The trainee should explain to the patient that their Clinical Supervisor will be observing the consultation and will contribute if a clinical need arises. While observing the consultation, the Clinical Supervisor should refer to the online version of the PEAT so they are thinking about what performance areas they will discuss with the trainee and provide feedback on.

PEAT Form Completion

Via the ePortfolio, the trainee creates a 'RO Work-Based Assessment – Patient Encounter Assessment Tool' form and completes the top of the form, including the topic area and brief description of the case.

Then the trainee has two options to select from:

1. If the Clinical Supervisor/DoT is present the trainee can select 'Yes' to allow the Clinical Supervisor/DoT to fill in the assessment form on the trainee's device, or

2. The trainee can submit the form to allow the Clinical Supervisor/DoT to review and conduct the assessment on their own device, through their own log in, at a later time.

After the completion of the case presentation or observing the trainee with the patient, the Clinical Supervisor considers the trainee's performance, including their ability to obtain a relevant history and perform a targeted examination, their interpretation of investigations, their understanding of tumour pathology, the management plan they have developed and the likely treatment outcome for the patient. If the trainee was observed, the Clinical Supervisor selects 'Yes' and rates the trainee on their use of patient interviewing skills, explanation to the patient and their professional conduct.

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The Clinical Supervisor should encourage the trainee to reflect on their own performance by talking with them about what they did well and what they could improve upon. The Clinical Supervisor then provides their perspective, and summarises areas the trainee performed well, or those that require improvement, by writing comments under relevant items on the form. The Clinical Supervisor should aim to document key feedback on the form that would be most helpful to the trainee at their stage of learning.

The feedback discussion with the trainee and the completion of the PEAT should occur as soon as possible after the case presentation. Ideally this would occur directly following the encounter, but if workflow demands do not allow this, then within 24 hours is a reasonable goal.

After the Clinical Supervisor submits the assessment, the trainee can add their response and finalises the assessment in the ePortfolio.

Collecting PEATs in the ePortfolio

Before progressing to Phase 2, trainees must collect a minimum of 10 PEATs, with a minimum of 5 where the Clinical Supervisor observes the trainee interacting with the patient during the consultation. Trainees must achieve Level 2 (or greater) on the entrustability scale for at least 50% of the Phase 1 PEATs for the NPRC to consider the trainee's eligibility to progress to Phase 2.

During Phase 2, before applying for the Phase 2 Examination, trainees must collect a minimum of 15 PEATs, with a minimum of 5 of these being observed by the Clinical Supervisor (in addition to the minimum 10 completed during Phase 1, equalling a total minimum of 25).

When the NPRC reviews the trainee's ePortfolio for progression, they will assess whether the PEATs have been conducted on a variety of clinical cases and that there is evidence of improvement/progress.

Trainees must achieve Level 4 on the entrustability scale for at least 50% of the Phase 2 PEATs for the NPRC to consider the trainee's eligibility for Fellowship.

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Contouring and Plan Evaluation Tool (CPET)

The CPET focuses on the trainee's level of competence in the tasks required of a radiation oncologist when preparing a radiation therapy plan. Trainees are required to demonstrate the rationale for selecting the appropriate radiation modality and their ability to evaluate a treatment plan.

Process

The trainee identifies a suitable patient case and schedules a meeting for the assessment to be completed. The Clinical Supervisor may observe the trainee for parts of the assessment, such as when they are performing the contouring. Likewise, plan evaluation can occur together, or the trainee can initially review the plan and then discuss it with the Clinical Supervisor.

Via the ePortfolio, the trainee creates a 'RO Work-Based Assessment - Contouring and Plan Evaluation' and completes the top of the form, including the topic area and brief description of the case.

Then the trainee has two options to select from:

1. If the Clinical Supervisor/DoT is present the trainee can select 'Yes' to allow the Clinical Supervisor/DoT to fill in the assessment form on the trainee's device, or

2. The trainee can submit the form to allow the Clinical Supervisor/DoT to review and conduct the assessment on their own device, through their own log in, at a later time.

While observing the trainee or during the discussion, the Clinical Supervisor refers to the CPET to guide the performance areas they will discuss with the trainee and provide feedback on.

The Clinical Supervisor considers the trainee's performance, including their ability to select treatment technique, simulation modality and appropriate imaging, verification of fusion, contour delineation (both target volumes and organs at risk (OAR), dose prescription and plan evaluation. The Clinical Supervisor may ask questions to gather further information or to clarify aspects.

A feedback discussion with the trainee should always occur. The Clinical Supervisor should encourage the trainee to reflect on their own performance by talking with them about what they did well and what they could improve upon. The Clinical Supervisor then provides their perspective, and summarises areas the trainee performed well, or those that require improvement, by writing comments under relevant items on the form. The Clinical Supervisor should aim to document key feedback on the online form that would be most helpful to the trainee at their stage of learning.

After the Clinical Supervisor submits the assessment, the trainee can add their response and finalises the assessment in the ePortfolio.

Collecting CPETs in the ePortfolio

Before progressing to Phase 2, trainees must collect a minimum of 10 CPETs and achieve Level 2 (or greater) on the entrustability scale for at least 50% of the Phase 1 CPETs for the NPRC to consider the trainee's eligibility to progress to Phase 2.

During Phase 2, before applying for the Phase 2 Examination, trainees must collect a minimum of 15 CPETs (in addition to the 10 completed during Phase 1, equalling a total of 25).

When the NPRC reviews the trainee's ePortfolio for progression, they will assess whether the CPETs have been conducted on a variety of clinical cases and that there is evidence of improvement/progress.

Trainees must achieve Level 4 on the entrustability scale for at least 50% of the Phase 2 CPETs for the NPRC to consider the trainee's eligibility for Fellowship.

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Case Report and Case Report Discussion Tool

The Case Report Discussion Tool (CRDT) is a two-step formative assessment. First, the trainee completes the case report in the ePortfolio, which requires them to comprehensively document all aspects of a case they have been actively involved with, in the past month or two. It is designed to drive trainees' self-learning and reflection, so they can build in-depth knowledge about the case.

After reviewing the trainee's case report, the Clinical Supervisor has a discussion with the trainee about their approach to the case and the rationale for their decision-making. The retrospective nature of this assessment allows the trainee to reflect on the experience, consider the outcomes for the patient and then how they may adjust plans for a similar case in the future.

Two-Step Process

Case Report

The trainee identifies a patient with a specific oncological issue in the clinic.

Via the ePortfolio, the trainee creates a 'RO Work-Based Assessment – Case Report and Discussion Tool' form and documents all the aspects of the case including the management plan, treatment details (if radiation therapy is included in the management plan) and treatment technique.

Most importantly, the trainee should consider how the management plan and treatment was tailored specifically to consider the specific needs of the patient and how they collaborated with colleagues to optimise patient care. The trainee must also be able to cite key evidence as justification for the recommended treatment and the rationale for any combination of therapies.

As this assessment is a retrospective review of patient care, trainees are expected to critically review the treatment of the patient and consider what alternate treatment options could have improved the care of the patient and specifically what they learnt from this case that they will apply to the care of oncology patients in the future. The trainee submits the case report for their Clinical Supervisor to review.

Case Discussion

After the case report is completed and submitted in the ePortfolio, the trainee should organise a time to meet the radiation oncologist treating the patient, or another Clinical Supervisor, for the case discussion. The trainee should allow enough time for the Clinical Supervisor to read through the case report before the assessment. The trainee may provide copies of treatment summaries and letters to the referring practitioner during the meeting.

The Clinical Supervisor discusses the case with the trainee asking questions to determine the trainee's depth of knowledge. The Clinical Supervisor may inquire about how the trainee would have managed related hypothetical scenarios to highlight areas the trainee may need to focus future learning on.

The CRDT provides prompts on the areas that the Clinical Supervisor should consider and provide comment on. They consider the trainee's performance, including how the trainee approached the case and the rationale behind decision-making. Written communication skills, including the letter back to the referring practitioner, are also assessed.

A feedback discussion with the trainee should always occur. The Clinical Supervisor should encourage the trainee to reflect on their own performance by talking with them about what they did well and what they could improve upon. The Clinical Supervisor then provides their perspective, and summarises areas the trainee performed well, or those that require improvement, by writing comments under relevant items on the online form. The Clinical Supervisor should aim to document key feedback on the form that would be most helpful to the trainee at their stage of learning.

After the Clinical Supervisor submits the assessment, the trainee can add their response and finalises the assessment in the ePortfolio.

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Collecting CRDTs in the ePortfolio

Before applying for the Phase 2 Examinations, trainees must complete a minimum of 20 CRDTs. Trainees can complete up to 5 CRDTs in Phase 1.

At least five of the CRDTs should be on lesser focus topics, two on in-patient care and five on specific techniques outlined below.

For the full list of lesser focus topics refer to Section 5 of the Radiation Oncology Learning Outcomes document - **Care of the Oncology Patient Applied to Specific Tumour Sites**.

The inpatient care CRDTs should focus on care of patients in hospital principally because of significant cancer symptoms or treatment related side effects.

Trainees must complete assessments on five different specific techniques, It is mandatory that there is at least one brachytherapy, one stereotactic AND one paediatric oncology case. Trainees may include two CRDTs of the same essential category as long as they are on two different specific techniques, for example a prostate brachytherapy and gynaecology brachytherapy.

A list of acceptable different specific techniques is included below:

ESSENTIAL CATEGORIES	SPECIFIC TECHNIQUES
Brachytherapy	• Gynaecology • Prostate • Other – breast, skin, lung
Stereotactic	• Cranial • Extra-cranial
Paediatric	• Any paediatric case
Others	• Total body irradiation • Total skin electron therapy • Craniospinal Irradiation (CSI) • Unsealed sources, including theranostics • Novel treatment (e.g. particle therapy)

When the NPRC reviews the trainee's ePortfolio for progression, they will assess whether the CRDTs have been conducted on a variety of cases of differing complexity and that there is evidence of improvement/progress.

Trainees must achieve Level 4 on the entrustability scale for at least 50% of the Phase 2 CRDTs for the NPRC to consider the trainee's eligibility for Fellowship.

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Communication Skills Tool

The Communication Skills Tool (CST) is focussed on providing feedback to trainees on their communication skills in a range of different contexts.

Trainees will be required to complete a CST (via the ePortfolio) while being observed interacting with patients during the following scenarios:

- An initial consultation
- A follow up consultation or treatment review
- Explaining a management plan to a patient and obtaining informed consent
- Breaking bad news.

Where possible, it would be helpful for the trainee to have the opportunity to observe a senior consultant demonstrating the approach for each scenario. Communication skills courses or videos could also be valuable to trainees.

Process

The trainee identifies a suitable patient case and organises for the assessment to be completed during the consultation. The trainee should explain to the patient that their Clinical Supervisor will be observing the consultation and will contribute if a clinical need for that arises.

Via the ePortfolio the trainee creates a 'RO Work-Based Assessment – Communication Skills Tool' form and completes the top of the form including the type of scenario and a brief description of the case.

Then the trainee has two options to select from:

1. If the Clinical Supervisor/DoT is present the trainee can select 'Yes' to allow the Clinical Supervisor/DoT to fill in the assessment form on the trainee's device, or

2. The trainee can submit the form to allow the Clinical Supervisor/DoT to review and conduct the assessment on their own device, through their own log in, at a later time.

The CST provides prompts on the aspects that the Clinical Supervisor should consider and provide comment on. The Clinical Supervisor considers the trainee's performance including interviewing techniques used by the trainee to elicit information; how the trainee shares information with a patient and obtains valid consent; demonstrating empathy; and the ability to close a consultation and provide reassurance and next steps to the patient.

Clinical Supervisors are not required to rate each individual item on the form, but rather provide comments on how the trainee may improve toward independent practice. The one online form is used for four different scenarios, and therefore not all items may be applicable in each case. In this situation, the Clinical Supervisor writes 'not applicable' instead of comments for that item.

At the end of the form, the Clinical Supervisor then records the level of entrustment they have in the trainee to communicate with patients in the given scenario. This rating should be the overall impression the Clinical Supervisor has of the trainee's performance. As for other assessments, the scale ranges from the trainee requiring direct instructions and input to fill knowledge gaps to thoroughly addressing each step.

A feedback discussion with the trainee should always occur. The Clinical Supervisor should encourage the trainee to reflect on their own performance by talking with them about what they did well and what they could improve upon. The Clinical Supervisor then provides their perspective, and summarises areas the trainee performed well, or those that require improvement, by writing comments under relevant items on the online form. The Clinical Supervisor should aim to document key feedback or resources on the online form that would be most helpful to the trainee at their stage of learning.

After the Clinical Supervisor submits the assessment, the trainee can add their response and finalises the assessment in the ePortfolio.

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Collecting CSTs in the ePortfolio

Trainees must complete a minimum of one CST for each of the following scenarios:

- An initial consultation
- A follow up consultation and treatment review
- Explaining a management plan to a patient and obtaining informed consent
- Breaking bad news.

It is anticipated that trainees may need multiple observations in each scenario prior to achieving competence. The goal is progress toward independent practice and trainees are encouraged to learn communication techniques, apply them in the various contexts and improve with practice.

Trainees must reach Level 3 for each scenario by the end of Phase 1. Trainees then need to repeat assessments for each scenario in Phase 2 and achieve Level 4 on the entrustability scale.

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WORK-BASED ASSESSMENTS AND PROGRESSION

Phase 1

To progress from Phase 1 to Phase 2, WBAs within the trainee's ePortfolio must demonstrate learning and progress on a variety of clinical cases, as assessed by multiple assessors.

Trainees must achieve Level 2 on the overall entrustability scale for at least half of the PEAT and CPET, and Level 3 on the CST for each scenario.

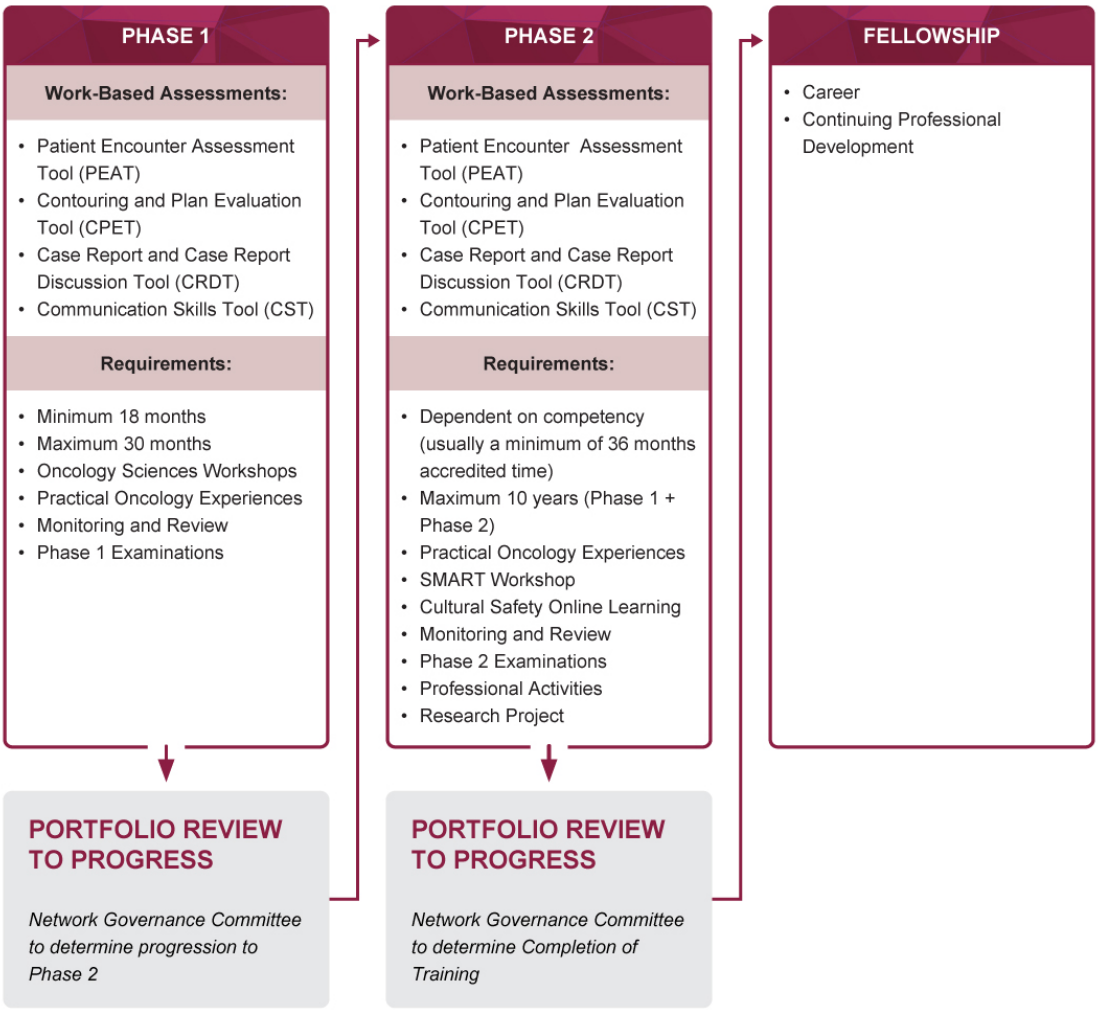
Phase 2

To progress from Phase 2 and be eligible to become a Fellow, WBAs within the trainee's ePortfolio must demonstrate progress leading to competence across the breadth of the curriculum (a variety of clinical cases of differing complexity), as assessed by multiple assessors.

As a guide, Trainees must achieve Level 4 on the overall entrustability scale for at least half of the PEAT, CPET and CRDT, and on the CST for each scenario.

For more information, refer to **Section 11 – Trainee Progression.**

The below image outlines the minimum number of WBA requirements per phase to meet progression requirements.



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Section Five
STRUCTURED LEARNING EXPERIENCES

WORKSHOPS

Oncology Sciences Workshops

Oncology Sciences Workshops are conducted annually within each training network. Training networks may combine to deliver these workshops.

Trainees must complete at least two of three workshops to be eligible to apply for the Phase 1 Examinations.

Workshops will:

- Include a sample of content from Section 1 of the learning outcomes that demonstrates the level of knowledge expected of trainees approaching the Phase 1 Examinations. They may also help trainees identify if there are certain sciences or topics that they need to focus more time on during their personal study
- Provide an interactive environment that encourages trainees and facilitators to discuss important issues raised by the questions. This may include linking in some clinical application of the subject topics being discussed and establishing some cross-linkages between the science subjects.

The workshops address a sample of content from Section 1 of the Learning Outcomes and each workshop has a duration of 4-5 hours.

Preparation

Trainees are expected to be well prepared to actively participate in the workshop. Approximately one month prior to the workshop, a selection of workshop questions will be allocated to each trainee. Trainees will be required to present answers to their allocated questions at the workshop to stimulate discussion around the questions and work through any uncertainties.

Each workshop will include an anatomy section that will require some specific preparation work by each trainee, often related to contouring on a planning CT scan. Trainees will be advised of preparation required when they are allocated questions.

Date and Venue

Each training network will advise trainees of the timing of each workshop, registration and distribute relevant documents for trainee preparation for the workshops. Oncology Sciences Workshops may be run virtually.

Record of Completion

Education Support Officers (ESOs) in each Network will record the trainee's attendance in the ePortfolio.

SMART Workshops

The College conducts the SMART workshop annually in conjunction with the Annual Scientific Meeting of the Trans-Tasman Radiation Oncology Group (TROG). There are two different SMART workshops, which alternate each year. Trainees are required to attend **at least one** of the workshops by the end of Phase 2. However, it is encouraged that trainees complete the SMART workshops within the first 12 months of Phase 2 to provide the foundation for engaging in the research project. Each workshop aims to offer an interactive learning experience for participants using example clinical trials (hypothetical and actual) to form the basis for illustrating and stimulating discussion around key concepts.

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Evidence Appraisal Skills

The evidence appraisal skills workshop includes sessions on the following:

- Critical appraisal
- Time to event concepts
- Interpretation of clinical trials results

Study Design Concepts

The study design concepts workshop includes sessions on the following:

- Study design
- Selecting end points and the measurement of effect
- Other issues such as sample size considerations, non-compliance, confounders, missing data etc

Both workshops have a mix of presentations and small group sessions. An invited speaker shares their experiences with clinical trials and at the end of the day an open question and answer forum allows trainees to clarify understanding or query the faculty on other research issues.

Workshop Schedule

Workshops are usually held in conjunction with the TROG Cancer Research Annual Scientific Meeting.

For more information on the next SMART workshop and to register, refer to the TROG Cancer Research website.

Record of Completion

College staff will record the trainee's attendance in the ePortfolio.

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PRACTICAL ONCOLOGY EXPERIENCES

Practical Oncology Experiences (POEs) are dedicated time in which trainees gain exposure and obtain valuable learning in associated medical specialty areas to assist them in understanding patients' treatment journeys. They are mainly observational and are designed to give trainees an opportunity to gain practical understanding of the technical aspects of radiation oncology, palliative care and other associated disciplines.

The POE sessions require trainees to spend time closely alongside other health professionals as they carry out their work, allowing trainees to better understand the role of those staff in the care of patients.

A 'half-day' session is a minimum of three hours and each session should be completed in its entirety i.e. one three hour block, not two 90 minute blocks. Multiple POE sessions can be completed as one 'block' (across two days) or distributed.

Blocks of protected time are to be provided for trainees to satisfy the POE requirements. Protected time in this context means trainees are not rostered to cover any clinical duties during these sessions and also are not to be interrupted by pager or phone calls. Distractions or interruptions will severely hamper the learning experience for trainees.

Learning guides have been developed which include the aim of each session, some suggested learning activities and questions to guide learning.

The Practical Oncology Experiences Learning Guide is available on the College website.

Phase 1

To meet the POEs of Phase 1, trainees are required to complete the following sessions:

- Two 'half-day' sessions in an anatomical pathology laboratory
- Four 'half-day' sessions involved in radiation therapy planning
- Four 'half-day' sessions involved in radiation therapy delivery.

By spending continuous protected time blocks of three or more hours in the radiation therapy planning area (ideally, multiple blocks on consecutive days) trainees will see the entirety of the planning process, including patient set-up and immobilisation issues, clinical marking, planning image acquisition, target volume or field definitions, plan development and optimisation, monitor unit calculations and transfer of planning data to treatment machines. These are vital steps in the radiation therapy planning process, many of which do not directly involve radiation oncologists, but of which radiation oncologists must have some understanding. Trainees may or may not have the opportunity to follow individual patients right through the planning sequence. However, that is less important than seeing all parts of the process, including the parts of the process they do not see in their routine daily work.

Similarly, by spending continuous protected time blocks of three or more hours in the radiation therapy treatment area (ideally, multiple blocks on consecutive days) trainees will see the entirety of the treatment delivery process, including checking of individual patient data sent from planning staff, patient set-up and immobilisation issues, treatment verification, image acquisition +/- treatment adjustments, safety issues, physics QA checks and actual treatment delivery. These are certainly vital things for radiation oncologists to understand but are not seen by trainees in their routine daily work.

These must be completed before applying for the Phase 1 Examinations, however, it is recommended that trainees complete some of the POE sessions fairly early in training, as part of the general orientation to the service, and then the remainder later in Phase 1.

For the purposes of the POEs, trainees are only expected to experience particular planning techniques and delivery modalities if they are available at their training site. Trainees should seek to experience a variety of techniques. Trainees should seek exposure to alternate techniques and modalities at some time during their training.

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Phase 2

To meet the POEs of Phase 2, trainees are required to complete ten 'half day' sessions on the following POE types:

- Two 'half-day' sessions with patients being managed by a specialist palliative care team
- Two 'half-day' sessions with patients undergoing surgery
- Two 'half-day' sessions with patients who are receiving systemic therapy.

The remaining four 'half-day' sessions can focus on any treatment modality (i.e. could be an additional session in one of the above categories or something different).

The Phase 2 POE sessions must be completed for eligibility for the Phase 2 Examination.

The trainee may find it enhances their learning from some of these POE sessions to focus on the management of one patient, for example, follow one patient in the day stay unit for their entire systemic therapy treatment session.

Completion of POEs

Process

The Director of Training (DoT) may need to assist the trainee to arrange protected times for the POEs.

Session Summary as Record of Completion

Upon completion of each POE session, the trainee creates a new activity on the ePortfolio - 'Structured Learning Experiences – Practical Oncology Experience' and completes the Session Summary.

On the form the trainee indicates which POE session type was completed, describes the observations or activities they were involved in during the session, and notes the learning from the activity that they intend to apply to the care of oncology patients in the future.

At the base of the session summary the Session Supervisor (the individual who was supervising the trainee during the session, e.g., a pathologist from the laboratory) enters their name, role and email. The Session Supervisor then electronically signs the summary to confirm the activities, experiences and the duration of the session.

The trainee then selects their DoT to complete the next section of the form and verify that the session can be included toward completion of requirements, based on the learning obtained.

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ONLINE LEARNING

Cultural Competence and Cultural Safety

All trainees must complete.

The resource includes in-depth content, video scenarios, reflection and discussion activities and recommended further resources. The online module allows participants to work through different content topics and covers:

- Reflection on how your own cultures and belief systems influence your professional practice
- An understanding of your own cultural competence and cultural safety within social, cultural and clinical environments
- An awareness of how cultural competence and safety principles may be applied to improve patient health outcomes and experience of care.

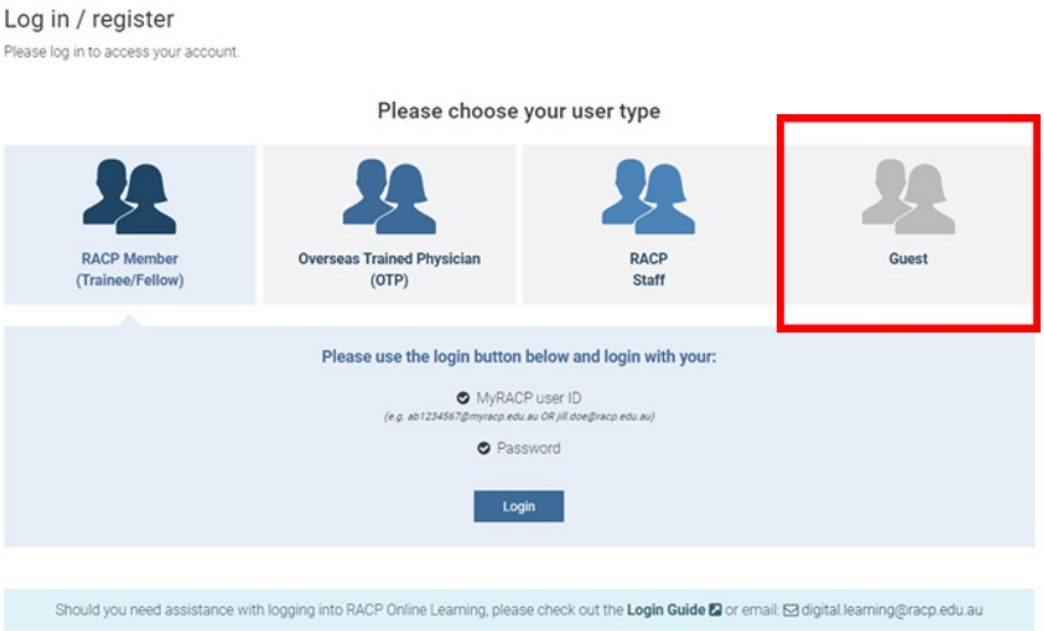
Access the course via RACP Online Learning.

Refer to **Online Resources - Section 13 Training Resources** for further information on Cultural Safety.

Process

The Cultural Competence and Cultural Safety online module is freely available to RANZCR members to access the through RACP online learning portal:

1. RANZCR members can access the course here: https://elearning.racp.edu.au/course/view.php?id=79
2. You will be presented with the log in screen below, please click on ‘guest’



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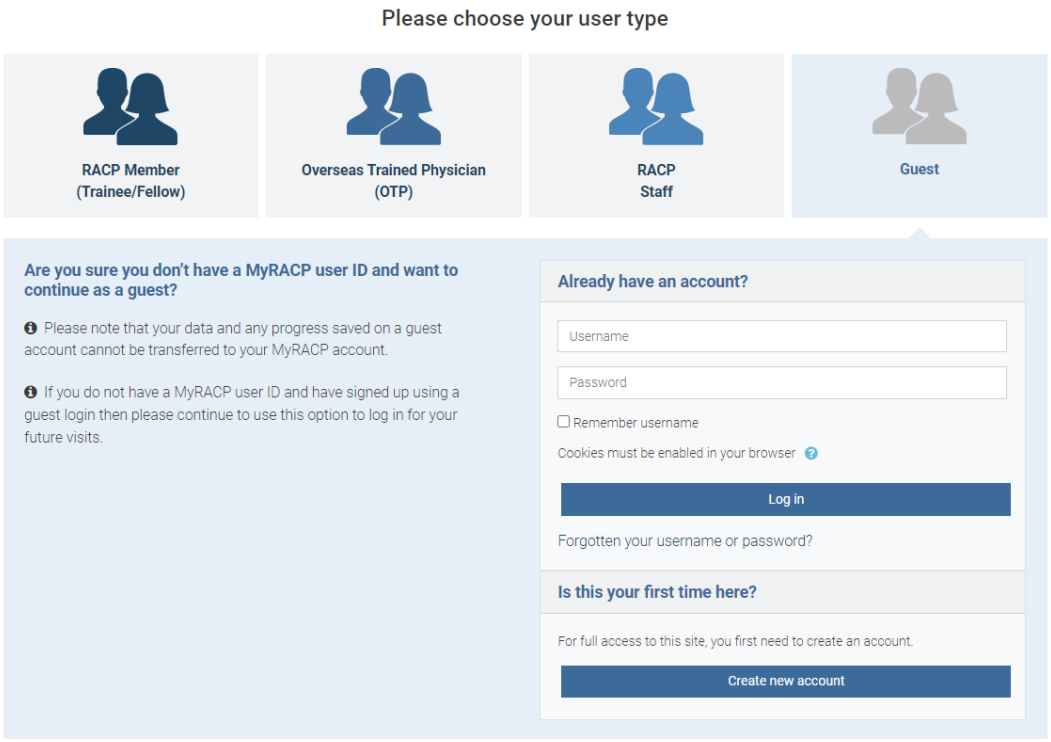
3. If you have never taken a RACP course before, you will need to create a new account as indicated below, otherwise please log in using your existing details



4. Once you have access you can commence the Cultural Competency and Cultural Safety course

Trainees are able to progress through the module with the ability to save progress, close the module and return to it at a later time.

Recording Completion in the ePortfolio

When the trainee has completed the online module, the trainee will be provided with a certificate of completion.

To record completion in the ePortfolio:

- The trainee must download their certificate of completion and complete the 'RO Cultural Competence and Cultural Safety' form from the Structured Learning Experience list in the ePortfolio.
- The trainee then affirms completion of the module and attaches the certificate to the form as evidence of completion.
- The completed form will link progress towards the 'RO To Be Complete by end of Phase 2' goal under the Cultural Competence and Cultural Safety Requirement.

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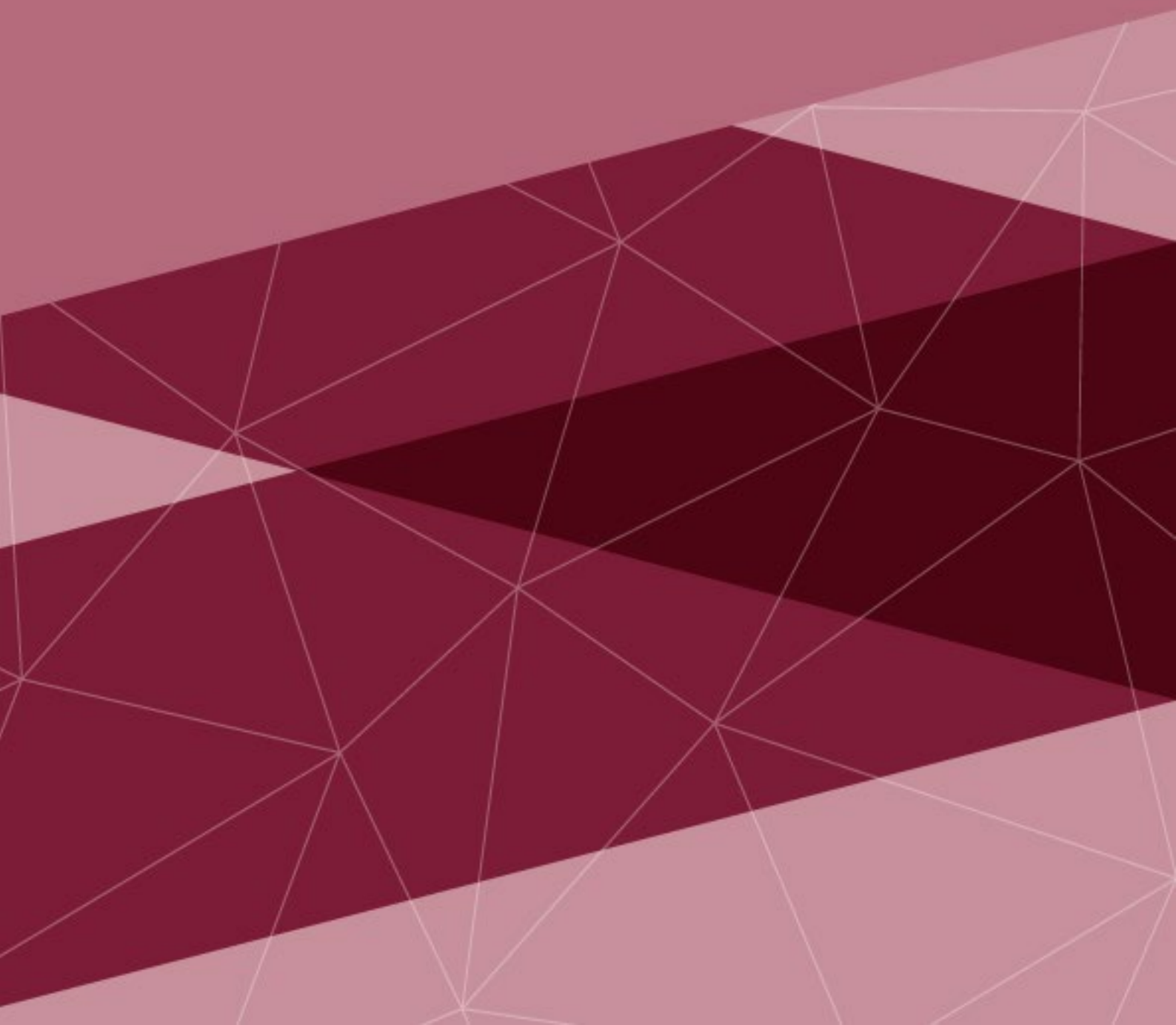
Section Six
PROFESSIONAL ACTIVITIES



During the Radiation Oncology Training Program, trainees must complete three specific professional activities that focus on the development of the intrinsic roles of a radiation oncologist. These include:

- Effectively engage in multidisciplinary team meetings
- Recruiting suitable patients to a clinical trial
- Running a meeting (of any sort).

The competencies trainees are expected to demonstrate and improve upon include those articulated in Section 6 – Intrinsic Roles of the Learning Outcomes, including effective collaboration and multidisciplinary care (Collaborator) and leadership in practice (Leader and Manager), advocacy for individual patients (Health Advocate) and commitment to patients (Professional).

Trainees engage in the professional activities and obtain feedback on the skills they demonstrated. Trainees can repeat the activities on multiple occasions and with different observers to gain additional feedback.

Professional activities must be completed during Phase 2 to be eligible for Fellowship but are not a requirement for applying to sit the Phase 2 Examinations.

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PROFESSIONAL ACTIVITIES

Presenting at a Multidisciplinary Team Meeting

Trainees are required to demonstrate the ability to effectively participate in multidisciplinary team (MDT) meetings, including presenting at a meeting to assist with the management of an individual patient. Preparation for the meeting is vital to ensure only pertinent information is presented succinctly and optimal input from all attending is gathered.

Process

The trainee selects a patient who would benefit from multidisciplinary input at a meeting and obtains consent from the patient to present their case details for discussion at an upcoming MDT meeting.

The trainee must determine the person who will observe the meeting and provide feedback. The Session Supervisor should be a senior colleague experienced in presenting patients at MDT meetings and may be an active participant in the meeting or present as an observer only.

The activity should be discussed with the Session Supervisor prior to the meeting. Ideally feedback on identification of the patient and preparation for the meeting should occur. The Session Supervisor can then guide the trainee with regard to additional information required in advance of the meeting

The trainee creates a new activity on the ePortfolio 'RO Professional Activities – Presenting at a Multidisciplinary Meeting'. The trainee completes the top of the form including a brief description of the patient's case and the reason for presentation at the MDT meeting. The Session Supervisor provides feedback on the first two items and then the form is saved as a draft.

Then during the meeting, the trainee provides the device to the Session Supervisor to complete the remainder of the Presenting at an MDT Meeting form.

The Session Supervisor considers how the trainee presents the case, raises relevant questions and engages with other team members such that opinions of all disciplines are represented. Soon after the meeting the observer considers the trainee's ability to summarise the recommended management plan and create plans to ensure all actions are followed up and communicated appropriately.

Ideally, the Session Supervisor will talk with the trainee about what they did well and what they could improve upon, and documents key feedback on the form that would be most helpful to the trainee.

At the base of the session summary the Session Supervisor (the individual who was supervising the trainee during the session, e.g., a pathologist from the laboratory) enters their name, role and email. The Session Supervisor then electronically signs the summary to confirm the activities, experiences and the duration of the session.

The trainee then reflects on the meeting and the feedback provided, and notes what they intend to implement when presenting patients at future MDT meetings to finalise the activity.

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Recruiting a Patient to a Clinical Trial

Trainees will need to demonstrate that they can identify and recruit suitable patients to clinical trials.

Process

The trainee identifies a patient who is suitable for a clinical trial and presents the patient's case to a clinical supervisor together with the rationale for inclusion in the trial. The trainee should explain to the patient that their Clinical Supervisor will be observing and will contribute if a clinical need for that arises.

The trainee creates a new 'RO Professional Activities – Recruiting a Patient to a Clinical Trial' form on the ePortfolio. The trainee completes the top of the form including a brief description of the case and eligibility for participating in the clinical trial.

The form provides prompts on the aspects of the discussion which the Clinical Supervisor should consider and provide comment on. Items on the feedback form include:

- Identification of the patient
- Discussion of standard treatments
- Sharing of information accurately about the treatment offered in the trial
- Informed consent
- Closure.

Ideally, the Clinical Supervisor will talk with the trainee about what they did well and what they could improve upon, and documents key feedback on the form, which would be most helpful to the trainee.

The trainee then reflects on the discussion with the patient and the feedback provided, and notes what they intend to implement when recruiting a patient to a clinical trial in the future to finalise the assessment.

Running a Meeting

Trainees are required to demonstrate the ability to effectively plan and run meetings. Whether they are running a department staff meeting or initiating a new research project, meetings are more productive and likely to have successful outcomes with adequate preparation, organisation and leadership.

Process

The trainee identifies a future meeting that they could run and discusses the meeting with a Clinical Supervisor. The meeting should relate to a new activity or project, for example, a research project meeting, a root cause analysis meeting or a meeting of a committee working on a specific project.

The trainee must also identify the person who will observe the meeting and provide feedback. The Session Supervisor should be a senior colleague experienced in running meetings and may be an active participant in the meeting or present as an observer only.

After the Clinical Supervisor indicates the meeting is considered appropriate for the meeting skills activity the trainee starts to prepare for the meeting, including organising the agenda, attendees and documentation which must be distributed prior.

The activity should be discussed with the Session Supervisor prior to the meeting as they will need to be privy to documentation associated with the preparation for the meeting. Ideally feedback on preparation for the meeting should occur. The Session Supervisor can then guide the trainee with regard to amendments to the agenda or additional information required in advance of the meeting.

The trainee creates a new 'RO Professional Activities – Running a Meeting' form on the ePorfolio. The trainee completes the top of the form including a brief description of the meeting. The Session Supervisor provides feedback on the first item and then the form is saved as a draft.

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The form provides prompts on the aspects of the meeting which the Session Supervisor should consider and provide comment on. Items on the feedback form include:

- Meeting structure
- Meeting conduct
- Facilitation of discussion and inclusion
- Outcomes and follow-up

Ideally, the Session Supervisor will talk with the trainee about what they did well and what they could improve upon, and documents key feedback on the form that would be most helpful to the trainee.

At the base of the session summary the Session Supervisor enters their name, role and email. The Session Supervisor then electronically signs the summary to confirm the activities, experiences and the duration of the session.

The trainee then reflects on the meeting and the feedback provided, and notes what they intend to implement when running future meetings to finalise the activity.

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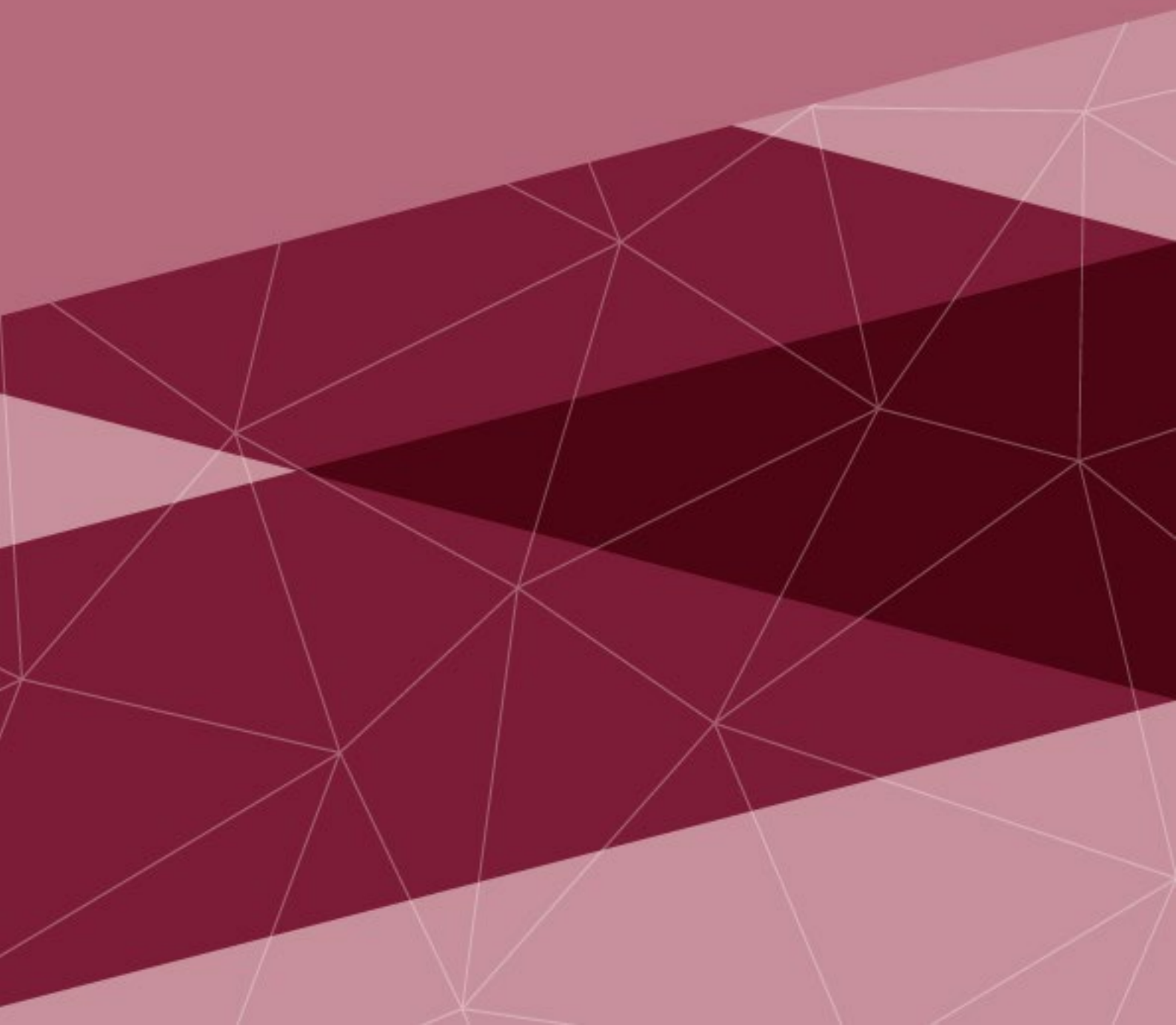
Section Seven
MONITORING AND REVIEW



During the Radiation Oncology Training Program, trainees are expected to be aware of the training requirements, including Structured Learning Experiences and Work-Based Assessments (WBAs).

Throughout training regular appraisal and review must occur with Clinical Supervisors and Directors of Training (DoTs) respectively. These meetings provide an opportunity for trainees to reflect on their learning and consider how they are progressing with the training program.

It is the trainee's responsibility to initiate discussions with Clinical Supervisors or their DoT in relation to the clinical and training experiences available and expectations of performance during training.

Clinical Supervisors and DoTs may assist by guiding trainees to relevant resources at the site or within the training network.

The appraisal and review meetings occur at regular intervals for every trainee, regardless of the full-time equivalent (FTE) status of the trainee.

Clinical Supervisor Appraisal

The Clinical Supervisor Appraisal (CSA) is conducted a minimum of 3 times a year approximately every 3-4 months. The focus for the appraisal is to monitor the trainees' performance over the previous period and consider the feedback the trainee received whilst completing learning experiences and assessments. If required, the Clinical Supervisor may identify issues that need to be raised with the DoT.

Director of Training Review

The Director of Training Review (DoT Review) is conducted every six months. The focus of the DoT Review is to evaluate trainees' progress with training requirements specified for each phase of training. As such there are different review forms for Phase 1 and Phase 2. Reviews focus on how the trainee is progressing with completing requirements in their current phase of training.

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CLINICAL SUPERVISOR APPRAISAL

The purpose of the CSA is to reflect on trainees' activities and their performance during their most recent 3-4 month period of training. It is designed to provide an opportunity for both the Clinical Supervisor and the trainee to pause and consider how training is going day to day and collate feedback from WBAs.

Preparation

Trainees must take the initiative to commence the CSA process.

The trainee should approach their nominated Clinical Supervisor toward the end of the 3-4 month period (after approximately 10 weeks is usually ideal) to request to schedule a time for the appraisal meeting.

Trainee Preparation

In preparation for the meeting, the trainee should:

- Review their ePortfolio and the WBAs completed
    - Are there WBAs which need to be finalised?
    - Was feedback actioned? How or why not?
    - Do different assessors need to be approached to ensure a range of feedback perspectives are obtained?
    - Do the types of assessments completed need to be varied?
- Create an RO Clinical Supervisor Appraisal in the ePortfolio and add the term dates. The term dates must coincide with the dates of commencement of the training program or the most recent CSA. Then select the relevant Clinical Supervisor and submit the form.

Clinical Supervisor Preparation

The Clinical Supervisor opens the 'RO Clinical Supervisor Appraisal' submitted by the trainee. The Clinical Supervisor then uses the term dates entered by the trainee to generate reports for the items, as required.

The Clinical Supervisor should take into consideration:

- The number of Work-Based Assessments completed
    - Trainees should have completed at least one assessment per month during the term.
    - Trainees should be encouraged to complete additional assessments each training term to obtain more regular feedback and so they are able to complete all the assessments required for that phase of training in a reasonable time and before the maximum completion time has been reached.
    - Does this trainee need to complete some more of a particular type of assessment? Either to improve skills in that area, or to prompt them to obtain more feedback on the full range of clinical activities.
- The level of entrustment for each of the assessments
    - Ideally trainees should be making progress, as evidenced by the level of entrustment improving over time. It is expected that trainees in the early stages of training will have lower entrustment ratings initially.
    - Should a trainee's ratings remain low or reduce over time, or if there seems to be a lower rating in a group of assessments, note this for discussion with the trainee. Determine whether if the rating was due to a particular type of patient presentation, if there was an

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issue which needs to be resolved or if a particular aspect of training needs targeted improvement.

- Check the original WBAs completed
    - Has the trainee implemented the feedback provided and/or how do they intend to?
    - Are there any patterns of performance across the multiple assessments which highlight one particular area as requiring more assistance?
    - Has the trainee been involved with the management of inpatients?

The Clinical Supervisor should also consult with other Clinical Supervisors who have been actively involved in the trainee's learning at the training site, to discuss the trainee's performance during the most recent three months.

Appraisal Meeting

The Clinical Supervisor and trainee discuss the trainee's experience and assessments across the previous three months. The appraisal meeting must occur face to face or via video conferencing.

The Clinical Supervisor confirms that the trainee has been completing various types of assessments at regular intervals and has engaged a variety of assessors. If this is not the case, the trainee must focus on ensuring this in the following three months. Clinical Supervisors can request the trainee completes specific WBAs with particular assessors to promote learning.

In relation to the interpretation of WBAs, should there be an anomaly in the data or the comments, this should be discussed with the trainee to further understand the circumstance. Please remember that no one assessment should be considered as a 'pass' or 'fail'. The value in WBAs is multiple assessments, completed with multiple assessors over time. They are an opportunity for direct observation and feedback, helping the trainee to progress their learning.

The Clinical Supervisor also documents any specific feedback derived from the WBAs in relation to:

- Clinical management of radiation oncology-specific issues
- General oncology and supportive care
- Communication and teamwork
- Professionalism
- Approach to learning.

All comments should only be documented on the form after they have been discussed with the trainee.

It is helpful to open feedback conversations by asking the trainee how they feel they have been performing in the recent few months and if the assessments have raised any important learning points for them. Specific comments can be included at the end of the form, including areas the trainee can work on improving for next term.

The appraisal meeting is also a good opportunity to discuss any concerns the trainee may be having at the training site in relation to completing elements of the training program or working with other team members.

- The names of co-supervisors who have contributed feedback to the appraisal should be listed on the form
- If there is a concern about the trainee's recent performance, a specific incident or circumstance, or a lack of engagement by the trainee in the feedback and assessment process, or in the appraisal itself, the Clinical Supervisor indicates this on the form by using the relevant check box and talking with the DoT

For more information, refer to action plans at the end of this section.

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Should the Clinical Supervisor be supervising the trainee for the following months, then any plans for that future period can be discussed at the end of the appraisal meeting.

The Clinical Supervisor then submits the form.

To finalise the appraisal, the trainee adds any comments regarding the review and activities they intend to complete.

The finalised appraisal will appear of the trainee's timeline and included as a completed training requirement within 'Monitoring and Review'.

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DIRECTOR OF TRAINING REVIEW

The purpose of this review is for the DoT and the trainee to jointly evaluate the trainee's progress with learning and assessment requirements for each phase of the training program. For trainees who are meeting or exceeding expectations, this assessment provides an opportunity to identify new areas for achievement and for further development. For trainees who are yet to achieve requirements as expected, the review provides an opportunity to organise additional support and/or resources if required.

Where the DoT has also been acting as a direct Clinical Supervisor, this review meeting is still required at a minimum of six month intervals, as the focus is on progress with training program requirements as opposed to performance over just the previous three months.

DoT Review forms are specific to the phase of training.

Preparation

Trainees must take the initiative to schedule the DoT Review.

DoT Reviews occur every six months, regardless of the FTE status of the trainee.

Trainee Preparation

In preparation for the meeting, the trainee should:

- Check all components of the ePortfolio have been completed and all necessary forms finalised so the submitted review will include the most up to date accumulative training experience.
- Reflect back on the initial meeting at the commencement of the training term and consider the training requirements they intended to complete.
    - Were requirements completed as planned? If not, what prevented the completion of them?
- Review their ePortfolio and achievements in the past six months.
    - Were scheduled Structured Learning Experiences attended? If not, when will they be offered again? How might this affect completion of the current Phase?
    - How is the progress with the volume of WBAs? Will the minimum number of assessments for this Phase be completed within a reasonable time? Do WBAs need to be completed more regularly to increase the volume of feedback obtained, or repeat some assessments to improve the entrustment ratings?
    - Is there an Examination coming up? If so, how is preparation for the exam going?
    - If in Phase 2, is steady progress being made with the research requirements?
- Be ready to advise on progress in areas identified as requiring improvement on last DoT review, demonstrating that feedback has been acted upon.

Director of Training Preparation

The DoT should provide an opportunity for other Clinical Supervisors involved in training to provide feedback on the trainee's performance to them, prior to completing the DoT review.

The DoT creates a new DoT Review for the trainee in the ePortfolio.

Under 'Trainee Details', the DoT notes the trainee's start date in the relevant phase and uses this date to generate reports for each of the items on the form.

The DoT is also asked whether the trainee has been in Phase 2 for 36 months. If so, the trainee may need additional feedback or closer monitoring to progress the trainee to progress to the Phase 2 Examination.

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The review form can be completed in preparation for the meeting (and saved) or completed during the meeting with the trainee.

Structured Learning Experiences

Has the trainee been attending the Oncology Science Workshops or the SMART workshop?

Are they progressing with the completion of Practical Oncology Experiences? If no, why not?

Assessment

Consider the total number of each type of WBA completed during this Phase. The minimum requirements are stipulated on the form for convenience.

- Do the entrustability ratings signal progress?
- Is the trainee ensuring they are observed with the patient for at least five of their PEATs?
- Does the trainee have the tendency to return to the same assessor? Encourage the trainee to seek feedback from different Clinical Supervisors who can offer alternate perspectives.
- Of the assessments completed are they progressing consistently toward level 2 (Phase 1) or level 4 (Phase 2)? Trainees should be encouraged to complete WBAs regularly and implement feedback to demonstrate improvement on subsequent similar assessments. If there appears to be an unusual rating on one of the assessments, the DoT can 'Preview' the assessment, to consider the case description and any specific feedback the trainee received from the Clinical Supervisor who completed the WBA.
- To be eligible for Fellowship, trainees' ePortfolio must include Work-Based Assessments completed on a variety of clinical cases from a broad range of topic areas in section five of the Learning Outcomes, that are of differing complexity. The Case Report and Discussion tool has specifications on lesser focus topic areas, inpatient care and special techniques also.
- If the trainee is moving toward the half-way point of the current phase, has the trainee considered when they will complete the Phase?
- To be eligible for the Phase 2 Examination, trainees must complete a volume of WBAs. How are they going toward this target? Trainees may need to be reminded that regardless of completing the volume of assessments, they ultimately need to show progress toward competence across the breadth of the curriculum.

Research Requirements (Phase 2)

Has the trainee made progress since the last review with their research project?

Multi-Source Feedback

Collated feedback from the Multi-Source Feedback (MSF) assessment is discussed with the trainee during the DoT Review meeting.

Refer to **Multi-Source Feedback** within this section.

Professional Activities

In Phase 2, trainees should be encouraged to complete professional activities, such as running a meeting and presenting at an MDT meeting, preferably to obtain feedback and improve their skills.

As part of the review the DoT should check the last two Clinical Supervisor Appraisals, which will appear on the table:

- What feedback has the trainee received from the Clinical Supervisor/s? Has it been actioned by the trainee?

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- Does the Clinical Supervisor/s need to be contacted to clarify any aspect of the trainee's performance or progress?
- Has the trainee been completing CSAs throughout the course of training?

Review Meeting

The DoT and trainee discuss the trainee's experience and assessments across the previous six months, including the feedback received and how they have improved their clinical practice.

The DoT confirms completed requirements for the Phase and prompts discussion on any outstanding requirements and the plan to achieve them. The focus of the review meeting is on the trainee's progress in completing the phase and ensuring assistance and resources are made available if required.

The review meeting must occur face to face or via video conferencing. All comments should only be documented on the form after they have been discussed with the trainee. It is helpful to open feedback conversations by asking the trainee how they feel they have been performing across the term and if the assessments have raised any important learning points for them.

The review meeting is also a good opportunity to discuss any concerns the trainee may have in relation to completing the training program and any barriers preventing them from meeting requirements. Issues raised could be related to:

- Expectations of the training program and timing of requirements
- Difficulties in completing specific training requirements at their training site
- Availability of Clinical Supervisors to engage in Work-Based Assessments
- Setting up and engaging other health professionals to supervise practical oncology experiences
- The complexity and variety of clinical cases, level of supervision etc
- Trainee wellbeing, including workload or family commitments and personal issues putting temporary undue pressure on the trainee

The DoT may also offer suggestions on areas the trainee should prioritise.

In preparation for review of the trainee's ePortfolio for progression to the next phase or for completion of training, the DoT may suggest specific WBAs for the trainee to complete which will help to strengthen the ePortfolio.

Once the discussion has taken place and the form is complete, the DoT then submits the form for the trainee to action.

To finalise, the trainee adds any comments regarding the review and activities they intend to complete.

The finalised appraisal will appear on the trainee's timeline and included as a completed training requirement within 'Monitoring and Review'.

Action Plans

If, during the meeting, the DoT determines that:

- the trainee's performance does not meet the expectations of the College;
- the trainee's progress is slower than expected for the time they have spent in that phase of training;
- behaviour is not reflective of the competencies outlined in the Learning Outcomes; or
- the trainee needs additional support to improve their performance and/or progress with training,

then an action plan can be discussed.

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If necessary, a separate meeting with the trainee can be scheduled dedicated to developing an action plan.

The DoT indicates this using the checkbox on the review form.

For more detail on circumstances which may lead to the development of an action plan and information regarding the process, refer to **Section 12 – Additional Trainee Support.**

Progress in Phase 1

Trainees who have been in the training program for 24 months FTE of accredited training time but have not yet completed all Phase 1 training program requirements, should have their situation considered in more detail by the DoT. An Action Plan should be **developed**, and additional monitoring and support provided, to assist the trainee toward completing Phase 1 in the following six months.

A prompt appears on the DoT Review form to remind the DoT to check if the trainee has been in Phase 1 for 24 months, and if so, to develop an action plan.

Trainees who have not successfully completed all Phase 1 requirements in 30 months FTE of accredited training from commencement of the training program will be referred to the Chief Censor for consideration under the College's Withdrawal from Training policy.

Progress in Phase 2

Trainees who have been in Phase 2 for 36 months FTE of accredited training but are not yet eligible to apply for the Phase 2 Examination should be reviewed by the DoT. An Action Plan should be **considered**, and additional monitoring and support provided, to assist the trainee progressing toward eligibility for the Examination.

A prompt appears on the DoT Review form to remind the DoT to check if the trainee has been in Phase 2 for 36 months, and if so, to consider an action plan.

Director of Training Phase Checklists

Checklists for Phases 1 and 2 of the Training Program have been developed as a resource for DoTs. These checklists aim to support DoTs by condensing the core components of the DoT Review and other aspects of training in a visually engaging way so that DoTs can support and facilitate trainees through the Training Program.

Refer to Director of Training Phase 1 Checklist

Refer to Director of Training Phase 2 Checklist

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MULTI-SOURCE FEEDBACK

The Multi-Source Feedback (MSF) aims to aid trainee learning by providing an opportunity for trainees to receive feedback from a range of co-workers who have direct experience with the trainee. Radiation oncologists work as a part of a multidisciplinary team, and how other team members perceive their skills in delivering patient care can provide valuable input. The MSF incorporates items from all the intrinsic roles.

The MSF also helps to identify specific aspects where the trainee requires improvement, so that appropriate support and remediation can be provided.

As part of the MSF, the trainee completes a self-assessment, the ratings of which can be compared to ratings of co-workers.

During Phase 1, trainees must complete an MSF, ideally within the first 12 months of training time.

During Phase 2, trainees must complete another MSF for eligibility for the Phase 2 Examination.

Process

The trainee and the DoT discuss and decide on a list of appropriate co-workers who have worked reasonably regularly with the trainee. It is suggested that 10-12 assessors, from a variety of medical and non-medical roles, are identified to respond. A minimum of six responses is required for a valid assessment.

This should include:

- Radiation Oncologists
- Radiation Therapists
- Other medical specialists
- Allied health professionals such as psychologists, social workers, occupational therapists etc.
- Nurses
- Administrative staff.

The Trainee

The trainee initiates the process by creating a new ‘RO Multi-Source Feedback’ form. The trainee rates themselves on all the items of the Self-Assessment, selects the DoT and submits the form.

The Director of Training

The DoT opens the trainee’s MSF, reviews the trainee’s self-assessment and then completes the next section of the form. The DoT enters the date they would like the form completed by (before the scheduled DoT Review) and makes contact with potential assessors. To send invitations to potential assessors, the DoT inserts the relevant email addresses under ‘Who would you like to fill in the next section of the form?’.

To send the next section of the form to multiple users, the DoT is able to copy and paste a list of emails from another document into this section so long as it follows the format of email > comma > space > email > comma > space etc.

For example: exampleemail@test.com, example@test.com, example1@test.com.

Please note: The DoT can invite anyone who has worked with the trainee in the preceding term to participate in the MSF, it is not restricted to those who have ePortfolio access.

The ePortfolio will distribute the MSF link to the assessors for completion. Assessors are advised that their individual feedback will be confidential to the DoT, who will then discuss collated feedback with the trainee.

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When at least six or more responses have been received, the DoT should review the responses and **must** manually close the MSF for it to be completed. Responses will be collated and a MSF Summary form will be produced by the ePortfolio.

MSF Completion and Feedback

Collated feedback will be discussed with the trainee at the next DoT Review.

Trainees will be able to see the completed MSF on their timeline, however, they will not be able to see the responses provided by individual assessors.

Before the MSF meeting the DoT should review the trainee's self-assessment together with the summary feedback and identify the main areas to be discussed. Resources or actions the trainee could take to address any deficiencies could also be considered in advance of meeting with the trainee.

The trainee should be encouraged to reflect on their own performance on each of the roles. If there is significant discrepancy between the trainee's self-assessment and the summary feedback, this should be explored further. The trainee should also be asked to consider why they may have received some low ratings (if any) and how they may change their behaviour in the future.

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TRAINEE ASSESSMENT OF TRAINING SITES

The College is also committed to improving the program and addressing issues at a systemic level to support trainees through their training. Reports are conducted regularly to identify issues that need to be addressed and challenges that may require a particular pathway or process to be streamlined.

The Trainee Assessment of Training Site (TATS) assessment is a confidential assessment where a trainee rates the site in which they are training based on their training experience across a range of areas. Trainees are also invited to comment on any particular strengths or weaknesses of the training site.

The TATS assessment provides valuable information about a training site which may be taken into account when accrediting a training site and training network. This methodology has been useful as a predictor of subsequent difficulties in training and is used by the College to improve and guide future training and accreditation requirements.

Trainees are asked to rate the categories below:

- Clinical Supervision
- Directors of Training
- Teaching and learning
- Trainee Wellbeing
- Protected Time
- Clinical Work
- Learning Opportunities
- Resources and Infrastructure
- Administrative Workload
- Network.

Trainees are required to complete one TATS every six months, regardless of full-time equivalent (FTE) status.

Completion of TATS

The TATS assessment is completed via the ePortfolio. The trainee initiates the process by creating a 'RO Trainee Assessment of Training Sites (TATS)'. The trainee then completes the TATS by providing a rating from 1-4 and may also comment on any of the various elements.

All TATS responses remain confidential in the trainee's ePortfolio.

Please note: if trainees have specific concerns about their site, they should tick the low rating e.g. *1. Poor* or *2.Less than Adequate* in their TATS form and include a comment. Alternatively, the trainee may contact the Trainee Liaison Officer (TLO) directly to discuss the matter confidentially.

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Section Eight
EXAMINATIONS

PHASE 1 EXAMINATION

The Phase 1 Examination is a written examination that assesses a trainee's competency and required level of knowledge and understanding of all the oncology sciences.

Eligibility

To be eligible to sit for the Phase 1 Examination, trainees must:

- Be a trainee in a RANZCR accredited radiation oncology training position
- Be a financial member of the College
- Have completed a minimum of 12 months full-time equivalent (FTE) of accredited training
- Have completed and submitted all associated Clinical Supervisor Appraisals, Director of Training Reviews, Multi-Source Feedback and Trainee Assessment of Training Sites.

To be eligible to apply for the Phase 1 Examination, trainees must have completed:

- At least two Oncology Science Workshops
- The Phase 1 Practical Oncology Experiences, including submission of the completed POE Session Summary Forms.

Refer to the RO Examination eligibility checklist.

Examination Format and Structure

The Phase 1 Examinations are delivered in electronic format twice a year. Each of the Phase 1 Examinations is two hours in duration with an additional five minutes reading time provided.

Anatomy

There are three item formats (style of questions), aligned to the Radiation Oncology Learning Outcomes, which totals 120 marks:

- Diagram Labelling: total 30 marks (0.5 marks per label)
- Multiple Choice Questions (MCQs): total 30 marks (1 mark per question)
- Short Answer Questions (SAQs): total 60 marks.

Radiation Oncology Physics

There are three item formats (style of questions), aligned to the Radiation Oncology Learning Outcomes, which totals 120 marks:

- MCQs: total 60 marks (1 mark per question)
- SAQs: total 60 marks.

Radiation and Cancer Biology

There are three item formats (style of questions), aligned to the Radiation Oncology Learning Outcomes, which totals 120 marks:

- MCQs: total 60 marks (1 mark per question)
- SAQs: total 60 marks.

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Examination Sittings

Trainees can elect to sit one, two or all of the papers in any series. Once a subject paper has been successfully passed, only the remaining subject papers need to be completed. However, all three subject papers must be passed within a maximum of three examination opportunities within Phase 1 of training commencing from the trainee's first sitting to ensure completion of Phase 1 training within the maximum time of 30 months FTE of accredited training. This rule applies regardless of a trainee's full time equivalent (FTE) status or the number of examination subjects sat at an opportunity.

Not sitting the examination at an opportunity is considered and recorded as a missed opportunity unless the trainee is on a College approved remediation plan (under the Remediation in Training Policy) or period of interrupted training 'Break in Training' (under the Interrupted and Part-Time Training Policy) or has been approved by the College to defer or withdraw from the examination (under the Consideration of Special Circumstances Policy).

Ideally, therefore, trainees should consider attempting more than one subject paper in each sitting to ensure they have the opportunity to re-sit a subject paper should they be unsuccessful in their first attempt. Trainees who fail to sit at the first available opportunity following commencement of training will be deemed to have lost that examination opportunity.

Once an examination paper has been successfully passed, only the remaining examination papers need to be completed.

Examination Schedule

The Phase 1 Examinations is scheduled with two series each year, the first series being early in the year and the second series scheduled in the second half of the year.

Each series will offer all three subject papers.

Phase 1 Examinations		
	Series 1	**Series 2**
Applications Close	January	July
Examinations Held	March	September
Release of Results	May	November

For detailed information on the upcoming Phase 1 Examination series, refer to Examination Schedule on the College website.

Application

Trainees must download and complete the Phase 1 Examination Application Form from the College website. Trainees are required to select the papers they intend to sit.

Trainees must submit, by email:

- the completed application form, signed by their Director of Training or Training Network Director.

The application form and passport photo must be received by the College no later than 4.00pm (AEST/AEDT) on the relevant closing date. Handwritten completed forms will not be accepted. Late applications will not be accepted.

An acknowledgement of received applications will be emailed within 10 business days of the application being received by the College (where reasonably practical). Confirmation of receipt of application will not be provided via phone. Contact the College if an acknowledgement has not been received within 10 business days.

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During the application period, the Phase 1 Examination Application Form is available to download from the College website.

For more information, refer to the Fees section on the College website.

Notification of Phase 1 Examination Results

Email notification will be sent to candidates when results are available. Where applicable, results will be uploaded within the ePortfolio system.

All candidates will be provided with information in their examination results letters relating to the passing standard for the relevant examination, their performance in relation to the overall passing standard, and their performance on the different item formats. No additional examination feedback or request for feedback will be provided.

The College does not provide personal examination material (which includes any breakdown of marks or feedback or trainee's responses to specific questions) or a copy of the questions and marking criteria.

Refer to the Phase 1 Examinations (Radiation Oncology) Policy.

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PHASE 2 EXAMINATION

The Phase 2 Examination includes written papers and oral (viva voce) components to assess trainees' knowledge of radiation oncology and pathology and their ability to analyse, interpret and apply this, and intrinsic role competencies, to the assessment and management of patients with cancer.

Eligibility

To be eligible to sit for the Phase 2 Examination, trainees must:

- Be in Phase 2 of training (at the time of sitting the examination)
- Be a financial member of the College
- Be in an accredited radiation oncology training position
- Have completed a minimum of 24 months FTE of accredited training in Phase 2
- Have completed and submitted all associated Clinical Supervisor Appraisals, Director of Training Reviews and Trainee Assessment of Training Sites
- Have rotated to another training site, other than their home training site, for a minimum of 12 months FTE (in total).

To be eligible to apply for the Phase 2 Examination, trainees must have completed:

- Phase 2 Practical Oncology Experiences, including submission of the completed POE Session Summary Forms
- Cultural Safety Online Learning
- All Phase 2 Work-Based Assessments
- A Multi-Source Feedback within Phase 2.

Refer to the RO Examination eligibility checklist.

Please refer to **Appendix 2** for trainees transitioning to Training Program 2022 and Phase 2 Examination Eligibility.

Examination Format and Structure

The Phase 2 Examination is divided into two subject domains:

1. Radiation Oncology
2. Pathology

A successful pass in the Phase 2 Examination requires the candidate to pass both subject domains and components, i.e. Radiation Oncology and Pathology.

Radiation Oncology and Pathology

Written Papers

The written papers in radiation oncology are comprised of short answer/short essay questions, aligned to the Radiation Oncology Learning Outcomes, including:

- 3 papers each of 3 hours duration with a mixture of 5 and 10 mark questions with 60 marks per paper – total 180 marks

The written paper in pathology is comprised of very short answer (VSAQ) and short answer/short essay questions (SAQ), aligned to the Radiation Oncology Learning Outcomes, including:

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- 1 paper of 2 hours duration with a total of 120 marks comprising:
    - 12 SAQs worth 5 marks each – total 60 marks
    - 60 VSAQs worth 1 mark each – total of 60 marks

Viva Voce Examination

The viva voce examination for Radiation Oncology includes:

- Planning viva – 6 questions of 6 minutes duration each (with clinical prompt images)
- Clinical Cases viva– 10 questions of 6 minutes duration each (with clinical prompt images).

Planning viva

The planning viva is designed to assess the candidate's knowledge of treatment planning equipment. It also assesses their ability to evaluate treatment planning information and to justify the reasons for selecting the most appropriate treatment plan for an individual case.

Clinical Cases viva

The clinical cases viva are designed to assess the candidate's ability to:

- Evaluate clinical information, including investigations
- Analyse, interpret, synthesise and integrate theoretical and clinical knowledge and apply this to clinical cases
- Demonstrate professionalism and effective communication when interacting with patients

Clinical cases will require the candidate to demonstrate knowledge and skills in relation to:

- Particular cancer topic areas and its evidence base
- Treatment techniques for specific cancers
- General and oncological management of specific cases
- Chemotherapy and drug treatment options relating to cases
- Palliative treatment of patients in relation to particular cancers

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Passing the Phase 2 Examination

In order to pass the Phase 2 Examination overall, a candidate must pass both subject domains:

- Radiation Oncology
- Pathology

A candidate must sit for both subjects of the examination on their first attempt.

In order to pass Radiation Oncology subject area overall, the candidate must pass the written examination and the viva voce examination in Radiation Oncology in the same series.

In order to pass Pathology subject area overall, the candidate must pass the written examination.

A candidate may attempt the Phase 2 Examination up to a maximum of three times, regardless of whether the candidate sits one or both subjects.

Examination Schedule

The Phase 2 Examination is scheduled with two series each year, the first series being early in the year and the second series scheduled in the second half of the year.

Phase 2 Examinations		
	Series 1	**Series 2**
Applications Close	January	May
Written Examinations Held	February	July
Viva Examinations Held	March	August
Release of Results	April	September

For detailed information on the upcoming Phase 2 Examination series, refer to Examination Schedule on the College website.

Application

Candidates must download and complete the Phase 2 Examination Application form from the College website.

Trainees must submit, by email:

- The completed application form, signed by their Director of Training or the Training Network Director
- Passport photo (separate .jpg or .png file only).

The application form and passport photo must be received by the College no later than 4.00pm (AEST/AEDT) on the relevant closing date. Handwritten completed forms will not be accepted. Late applications will not be accepted.

An acknowledgement of received applications will be emailed within 10 business days of the application being received by the College (where reasonably practical). Contact the College if an acknowledgement has not been received within 10 business days.

During the application period, the Phase 2 Examination Application Form is available to download from the College website.

For more information on examination fees, refer to the Fees section on the College website.

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Notification of Results

Email notification will be sent to candidates when results are available. Where applicable, results will be uploaded within the ePortfolio system.

General examination feedback will be provided to unsuccessful candidates. No additional examination feedback or request for feedback will be provided.

The College does not provide personal examination material (which includes any breakdown of marks or feedback or trainee's responses to specific questions) or a copy of the questions and marking criteria.

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GENERAL INFORMATION

Examination Information Sessions

Please note, the Examination Information Sessions are not a mandatory training requirement.

Phase 1

The Phase 1 Examination Information Session varies from year to year and focuses on the structure and marking of the Phase 1 Examination. All Phase 1 trainees will be notified the date and details of the course via email no less than 3 weeks before the scheduled date of the course.

Registration

Once the event registration is open, a registration link will be promoted in the Trainee eNews.

Phase 2

The Phase 2 Examination Information Session is conducted by presenters and facilitators including College Phase 2 Examiners.

The aims of the Information Session are to provide:

- Strategies to optimise performance in examinations
- Specific guidance on examination preparation and technique for both written and viva components
- Opportunities for trainees to ask questions regarding the Phase 2 Examination.

Registration

Once the event registration is open, a registration link will be promoted in the Trainee eNews.

Past Examination Papers

Past papers (pre-2023) from the Phase 1 Examinations and Phase 2 Examinations are available to download from the College website.

Special Circumstances

Should a trainee have a medical condition, disability or personal circumstance that may adversely impact or disadvantage them in an examination, it is the candidate's responsibility to apply for a reasonable adjustment, deferral or withdrawal of the examination by submitting an application for consideration of special circumstances as referred to in the College's Consideration of Special Circumstances Policy.

The College will not amend or upgrade any examination marks. A trainee must legitimately meet the minimum standard to obtain a pass mark.

For more information, refer to **Section 14 – Training Policies.**

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Withdrawing from Examinations

Trainees who need to withdraw from the Phase 1 or 2 Examination, must complete the required application form, as per the Consideration of Special Circumstances Policy. There is no financial penalty if a trainee withdraws their application up until 4 weeks before the examination. Trainees who withdraw within four weeks of the examination will receive a 50% refund of the examination Fee.

Trainees who do not attend the examination on the day forfeit the entire examination fee and will have been deemed to have lost an examination attempt.

Examination Prizes

Phase 1 Examinations

The CE Eddy Prize is awarded to the most successful candidate of the Phase 1 Examination.

This prize is named in honour of the late Dr Cecil Eddy, a former Director of what is now the Australian Radiation Protection and Nuclear Safety Agency (formerly the Australian Radiation Laboratory).

The winner receives a cash prize equivalent to the cost of their examination fee and complimentary early bird registration for the RANZCR Scientific Meeting for the following year for presentation of their prize.

The prize is awarded to a candidate who obtains the total highest marks at the Phase 1 Examination. To be eligible, a candidate must have attempted and passed all 3 subjects at their first sitting. The prize is awarded annually.

Phase 2 Examinations

Kaye Scott Prize

The Kaye Scott Prize is awarded to the most outstanding performance in the Phase 2 Examination.

This prize is named in honour of the late Dr Kaye Scott, who played a vital role in the life of our College for many years in roles such as President, Warden of the Membership and Chair of various Education Committees.

The winner receives a cash prize equivalent to the cost of their examination fee and complimentary early bird registration for the RANZCR Scientific Meeting for the following year for presentation of their prize.

For more information, refer to the Examination Prizes section on the College website.

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Section Nine
RESEARCH

Radiation oncologists must be able to critically appraise scientific literature and adapt their clinical practice according to best available evidence. They also need the skills to understand and participate in oncology-related clinical and laboratory research and therefore, as part of the training program, trainees are required to design and engage in research to address a clinical question and then disseminate their findings.

The Scholar role, within the Radiation Oncology Learning Outcomes document, articulates the expected competencies in relation to research concepts, evidence appraisal and application of evidence to practice.

For more information, refer to **Section 3 – Learning Outcomes**.

Trainees who are interested in combining specialist radiation oncology training with a formal graduate research higher degree will be supported by the College to achieve this by providing flexible training options. Trainees may complete clinical training part time to allow them to devote the rest of their time to completing research. Alternatively, trainees could also opt to have a period of interrupted training, to allow them to focus solely on completing their research.

Trainees who complete research prior to commencing the training program may be eligible to apply for recognition of that research toward this training requirement.

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RESEARCH PROJECT

The Research Project aims to:

- Foster an interest in research amongst trainees
- Apply an understanding of research methodology
- Provide the opportunity for all trainees to collaborate with others to produce original research
- Expose trainees to the experience of submitting a manuscript to a peer reviewed journal
- Encourage trainees to see participation in research as an integral part of radiation oncology specialist practice
- Inspire trainees to contribute to the oncology literature in their future careers.

It is recommended that a suitable research project be identified as soon as practicable with the aid of the Director of Training. Advice may also be obtained from a network research mentor if there is uncertainty about the suitability of the research topic.

A research supervisor should be identified at the start of the project and must be an author on the manuscript. The trainee and research supervisor have joint responsibility in ensuring that the work is conducted and presented in a scientifically robust manner.

The research project must be completed in its entirety and notification of completion submitted before the trainee applies for eligibility for Fellowship. Trainees may commence their research project in Phase 1.

Trainees can choose one of the options below to complete their research requirement:

1. Original Research Project, including but not limited to retrospective cohort studies, epidemiological studies, and systematic reviews.
2. Cochrane Protocol or Review
3. Prospective Study.

For all options, the trainee must be the first author and have primary responsibility for the research conducted.

1. Original Research Project

Trainees may submit their manuscript for publication in one of the following peer reviewed journals:

1. Journal of Medical Imaging and Radiation Oncology (JMIRO)
2. Clinical Oncology
3. International Journal of Radiation Oncology Biology Physics ("*The Red Journal*")
4. Practical Radiation Oncology (PRO)
5. Radiotherapy and Oncology ("*The Green Journal*").

The email notifying of acceptance for peer review should take no longer than 21 days.

The above list includes journals for which the process of progression through to peer review can be monitored by the College.

It is important that trainees familiarise themselves with the author guidelines specific to the journal and the type of research project they are submitting. For example, many journals will require specific methodology to be used for systematic reviews.

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Manuscripts accepted for peer review, published, or accepted for publication in one of the five above-named journals, will satisfy the research requirement and the College should be notified with the reference/acceptance.

If the trainee chooses to submit his/her manuscript to another oncology peer-reviewed journal (of equal impact factor or higher), the training requirement for the original research project component will be considered satisfied if the trainee is able to show evidence, in writing, that the paper has been accepted for publication in the alternative journal, together with the journal's impact factor.

Notification of Completion

Before applying for eligibility for Fellowship, the trainee must provide evidence of one of the following:

- The manuscript has been accepted for publication or peer review by one of the five journals listed, or a copy of the published article showing the trainee as the first author.
- The manuscript has been accepted for publication by an alternate oncology journal, or a copy of the published article AND the impact factor of the journal.

In the ePortfolio, the trainee creates a 'New RO Research Project' form. The trainee must select the project category and attach the relevant correspondence.

2. Cochrane Protocol or Review

Trainees may complete a Cochrane Review or Protocol for their research project.

The protocol or review must be related to oncology and published in the Cochrane Library.

For more information about becoming a Cochrane author, refer to the Cochrane website.

Notification of Completion

Before applying for eligibility for Fellowship, the trainee must provide evidence of completion.

In the ePortfolio, the trainee creates a 'New RO Research Project' form. The trainee selects the project category and attaches a copy of the review or protocol published in the Cochrane Library.

3. Prospective Study

Trainees may complete a prospective study for their research project.

The following are permitted for the research to be accepted under this option. The prospective study protocol must be completed AND:

1. Published in a peer-reviewed oncology journal; OR
2. Successfully attracted competitive grant funding; OR
3. Is being supported/accepted by collaborative clinical trials group (e.g. TROG approved with a Trial Number).

Notification of Completion

Before applying for eligibility for Fellowship, the trainee must provide evidence of one of the following:

- The manuscript has been accepted for publication by one of the five journals listed, or a copy of the published article showing the trainee as the first author.
- The manuscript has been accepted for publication by an alternate oncology journal, or a copy of the published article AND the impact factor of the journal.
- Grant funding or support by a clinical trials group, such as correspondence indicating same, which refers to the trainee by name.

In the ePortfolio, the trainee creates a 'New RO Research Project' form. The trainee selects the project category and attaches the relevant correspondence.

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OTHER RESEARCH MATTERS

Recognition of Prior Research

Trainees may apply for recognition of research completed prior to entry into the Radiation Oncology Training Program. Applications must be submitted within the first six months of the trainee commencing the program.

For research to be considered for recognition of prior learning, the trainee must have been the first author or primary investigator and had primary responsibility for the research conducted. The research must have been published less than three years prior to the commencement of the training program and in an oncology peer-reviewed journal with an equal impact factor or higher of the journals listed (option 1); a published Cochrane protocol or review related to oncology (option 2); or a prospective study (option 3).

For information on the application process for Recognition of Prior Learning, refer to **Section 2 – Overview of the Training Program**.

For more information refer to the Recognition of Prior Learning Policy.

Research Grants and Prizes

There are a variety of research awards and grants available to support research projects and to foster a culture of research at the College.

RANZCR Research Grants

Research grants for sums between $5,000 and $25,000 provide financial support for trainees to complete research if they are supervised by a Fellow.

RANZCR Prizes

Research prizes may be awarded to trainees who have:

- Written exceptional manuscripts for their research requirement
- Published high quality research in relation to quality improvement in radiation oncology, in a peer-reviewed journal
- Published high quality research in relation to Indigenous Health in a peer-reviewed journal.

Indigenous Health Research Prize

This purpose of the Indigenous Health Research Prize is to promote research and publication to increase awareness and understanding of Indigenous Health being published in a peer- reviewed journal. The prize is AU $2,000 and the recipient will be recognised at the RANZCR ASM.

For more information on applying for grants and prizes, including guidelines and terms and conditions, refer to the Research Awards and Grants webpage on the College website.

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Section Ten
ePORTFOLIO SUPPORT

OVERVIEW OF ePORTFOLIO

The ePortfolio is the online platform (risr/advance) that is used to record trainee's completed Work-Based Assessments and training activities. All training program requirements are to be completed in the ePortfolio.

The following section will provide basic information on how to log into and navigate the ePortfolio.

MyRANZCR

Access to the ePortfolio is through the College website via the MyRANZCR portal.

A Trainee Member profile is created for all new trainees as part of the application to training process. Once an application is determined to be "complete" access to MyRANZCR is issued.

The MyRANZCR member profile for Clinical Supervisors and DoTs is synced to their CPD member profile.

To access the MyRANZCR from the RANZCR website:

1. Go to www.ranzcr.com
2. On the top right corner, click the link "**Member Login**"
3. This will take you to the login page of the MyRANZCR
4. First time users will need to select and follow the "**Forgot your password?**" instructions
5. The login details are:

   Email: the primary email address registered with the College

   Password: Created by user
6. Enter your email and password and click "**Sign In**"
7. Follow the instructions to authenticate your account. An access code is sent via SMS or phone using the mobile number registered with the College.
8. Select "Send Code" or "Call Me" (When using the Call Me option, please press the hash (#) symbol when prompted for the pound key)
9. Enter the six-digit verification code, to be directed to the Home page of MyRANZCR
10. On the Home page of MyRANZCR, select **"RANZCR CPD Home | Training ePortfolio"**

For assistance or more information, refer to MyRANZCR Help.

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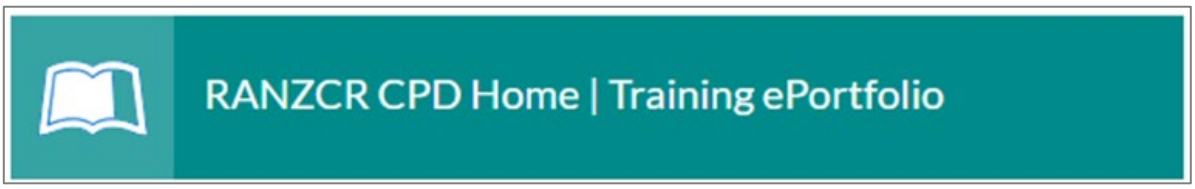
RANZCR ePortfolio – Trainee Perspective

On the Home page of MyRANZCR, select ‘RANZCR ePortfolio’.



Profile

The profile widget provides the trainee’s profile photo (or initials if no photo is present), full name, user role and the ‘View profile’ button.

The ‘View profile’ button links ot the trainee’s full profile, including their RANZCR member ID, prefix, training program, practice location, branch, member type, mobile number and email address.

Location Information

The location information widget shows the trainee’s listed commencement site, current site, and network. When trainees update their current site it will be shown under RO current site in this widget.

Previous site connections can be found under ‘Previous Information’.

Phase Information

The phase information widget displays the trainee’s current phase, current training year and current six-month periods associated with DoT Reviews.

Saved Drafts and To Do List

When the trainee creates a new activity or assessment, it can be saved as a draft before submission. All saved drafts remain private.

To continue working on a draft, the trainee can click on the activity or assessment in the ‘Saved Drafts and To Do List’. The draft can be saved multiple times and submitted when complete.

Items that require trainee action also appear on this list, such as appraisals and reviews which need trainee approval to finalise.

Create a New Activity or Assessment

Trainees create new activities via the ‘Create’ button in the ‘Create a New Activity or Assessment’ widget in the centre of the dashboard.

The next page is the list of forms that the trainee is able to create.

For more information and to view a video demonstration of how to create and submit all the various activities and assessments, refer to ePortfolio on the College website.

Inbox

The Inbox is where newly posted announcements will be listed.

Announcements will be posted by the College to communicate with members to inform about new updates, improvements to the system as well as known issues or outages.

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Training Program Requirements

The dashboard shows the trainees progress toward achieving the training program requirements for the current phase as a percentage. From here, the trainee can click on any of the individual requirements for more detail on the activities or assessments (events) that contribute to the target. The 'Overview of Training Requirements' on the top bar menu links to this dashboard summary and provides a list of progress with all requirements and the option to expand individual events for more information.

For a more detailed description of the user dashboards, please review the ePortfolio User Manual.

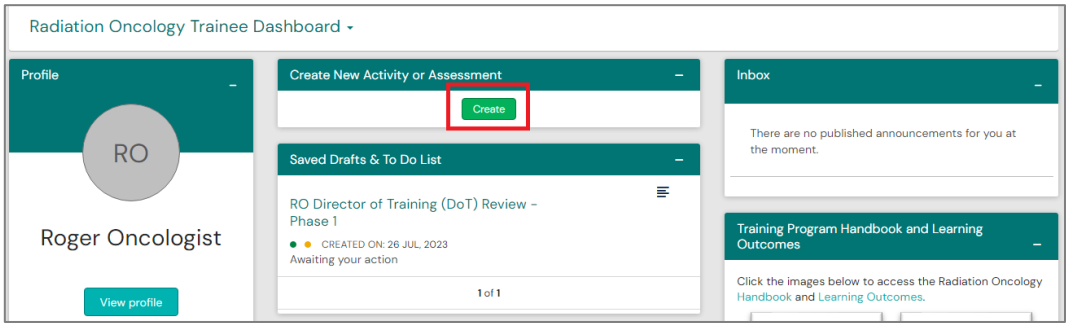
Selecting a Training Site

Trainees must keep an accurate record of the time spent at their training sites in the ePortfolio.

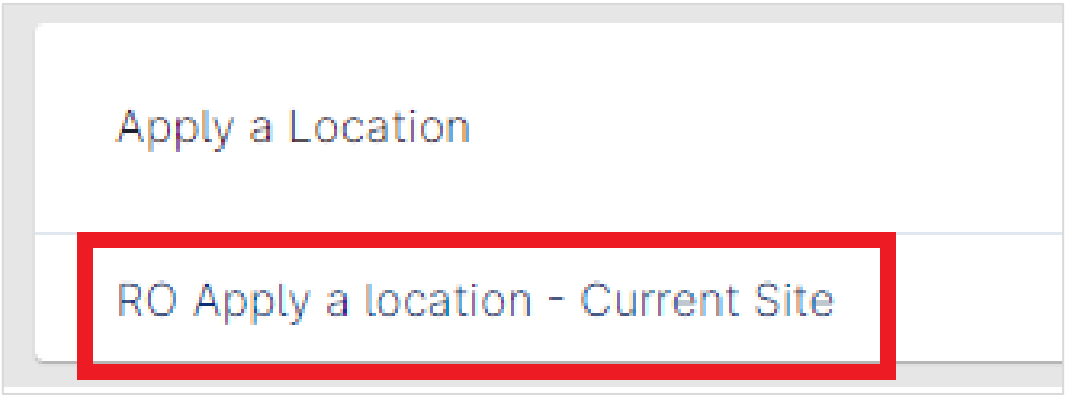
The 'Apply a Location – Current Site' form serves a dual purpose. This connection must be established in order for trainees to complete certain training requirements that require Director of Training sign off, as well as to allow the DoT access to the trainee's profile to monitor progress and to create new DoT Review forms.

The secondary purpose of the 'Apply a Location – Current Site' form is to create a history of the trainee's rotations.

To create a new 'Apply a Location – Current Site' form from the Radiation Oncology Trainee Dashboard click the green 'Create' button inside the 'Create a New Activity of Assessment' widget in the centre of the Dashboard.



Trainees must then select 'RO Apply a location – Current Site'.



The trainee then enters the training start date and the expected end date of the rotation. It is important that the 'Date Occurred On' and 'End Date' are entered with a range of time into the future, as these dates dictate the time that this current site will be active.

Once the end date has passed, this current site will no longer be active and the connection to the Director of Training at this site will be ended.

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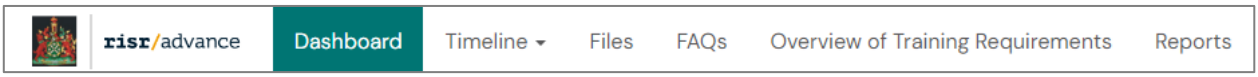
When selecting a site, trainees are restricted to only be able to select a current site from the list of sites that are present in their Local Area Network (LAN). Trainees who must perform a rotation outside of their home LAN must contact the College to have this rotation reflected.

Alternatively, the site name can be typed into the search bar.

ePortfolio Navigation

The navigation ribbon allows the user to navigate to sections of the ePortfolio including 'Timeline', 'Documents', 'FAQs', 'Overview of Training Requirements' and 'Reports'.

Dashboards



When logging into the ePortfolio users will see their ePortfolio dashboards. Trainees have two dashboards available.

The trainee dashboard is where training information such as location, phase and training time information is shown.

The WBA entrustability dashboard shows the trainee's WBA entrustability graphs for each Work-Based Assessment.

Timeline

The timeline is the record of all evidence that is recorded on the ePortfolio. From the timeline users can search for previously completed events such as Work-Based Assessments (WBAs), DoT Reviews and Structured Learning Experiences. The timeline will also show and audit log for all completed events.

To view the timeline, click timeline from the navigation menu. This will create a drop down with multiple options.

The options given are divided into Training Program topic area.

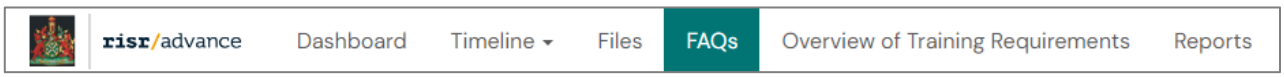
To view Monitoring and Review events such as DoT Reviews, Clinical Supervisor Feedback, and Multi-Source Feedback click the Monitoring and Review option.

To view WBAs such as Patient Encounter Assessment Tool and Contouring and Plan Evaluation Tool, click the Work-Based Assessments option.

Files

When trainees attach a file to an ePortfolio form a copy of the file is saved to the files library. Files saved to this library are available for download, as well as including a link to the form that it was originally attached to.

FAQs



The FAQ tab provides short-form answers to many of the frequently asked questions about the ePortfolio.

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Overview of Training Requirements

The overview of training requirements page is where trainees are able to view their progress towards their current phase goals.

When trainees progress into the next phase of training, their current phase goals will be closed and new goals generated by College staff.

Reports

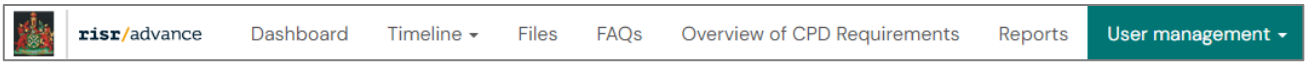
The reports tab provides access to dashboard reports, allowing trainees to track their training program requirements, such as viewing WBA progress.

The reports section allows trainees to view available reports that provide information on their completed assessment and training activities.

Many of the reports listed are also included in the DoT Review and the WBA Entrustability dashboard.

Note: As a trainee progresses through the training program the volume of training data increase, therefore the response time for the report generating increases, as such expect that reports for trainees nearing completion of training will require addition time to generate.

User Management



Directors of Training, Network Training Directors and Education Support Officers are able to view their full list of connected trainees by the User Management tab.

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ePORTFOLIO SUPPORT

To support trainees, Clinical Supervisors and Directors of Training, a range of resources have been developed including an ePortfolio user manual, a library of 'how to' videos, frequently asked questions, and an ePortfolio webinar recording.

ePortfolio User Manual

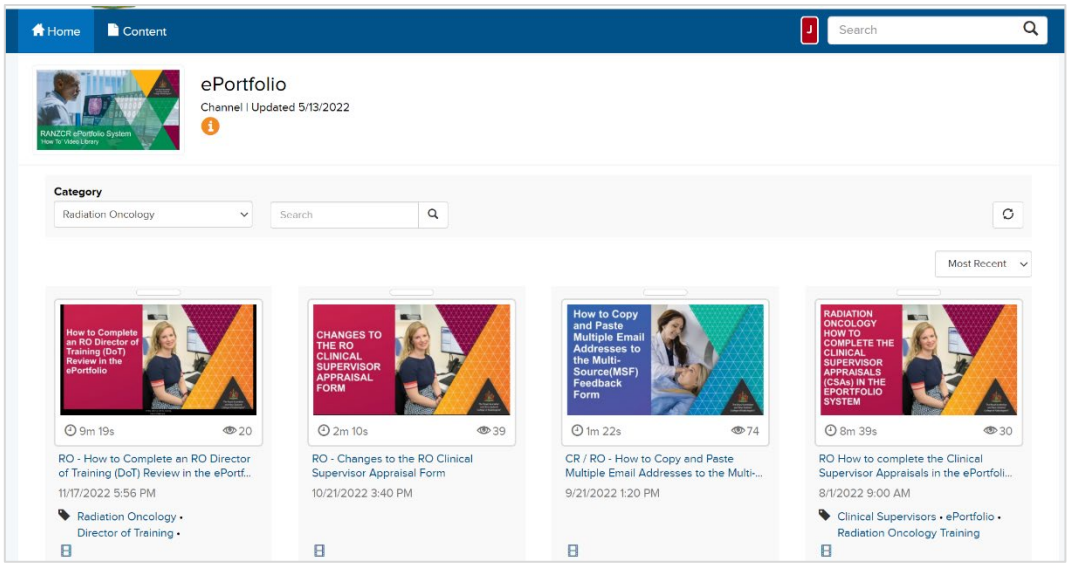
User manuals have been developed to provide detailed information on how to use the ePortfolio.

Refer to the ePortfolio User Manual.

How to Video Library

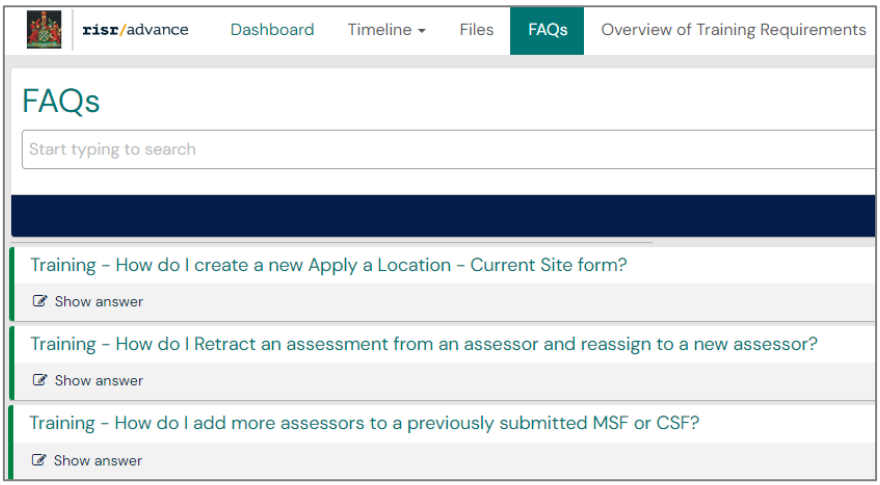
A library of 'how to' videos have been recorded on range of topics including how to complete WBAs, DoT Reviews and Clinical Supervisor Appraisals in the ePortfolio. This library is updated regularly.

To view the videos, refer to the ePortfolio channel on the College webcast library.



ePortfolio FAQs

For a list of frequently asked questions, please view the FAQ section in the ePortfolio.



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ePortfolio Webpage

The College website also has links to additional resources and support.

For more information, refer to ePortfolio on the College website.

Additional Support

Further support is available through the following avenues:

Technical assistance: ePortfolio@ranzcr.edu.au

Training program related queries: ROTraining@ranzcr.edu.au

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Section Eleven
TRAINEE PROGRESSION

Formal trainee portfolio reviews occur during the training program to ascertain whether a trainee is ready to progress from Phase 1 to Phase 2, Phase 2 to Completion of Training, and to determine a trainee's eligibility for Fellowship.

When trainees have completed all the training requirements of a particular phase, they may request an ePortfolio review for progression.

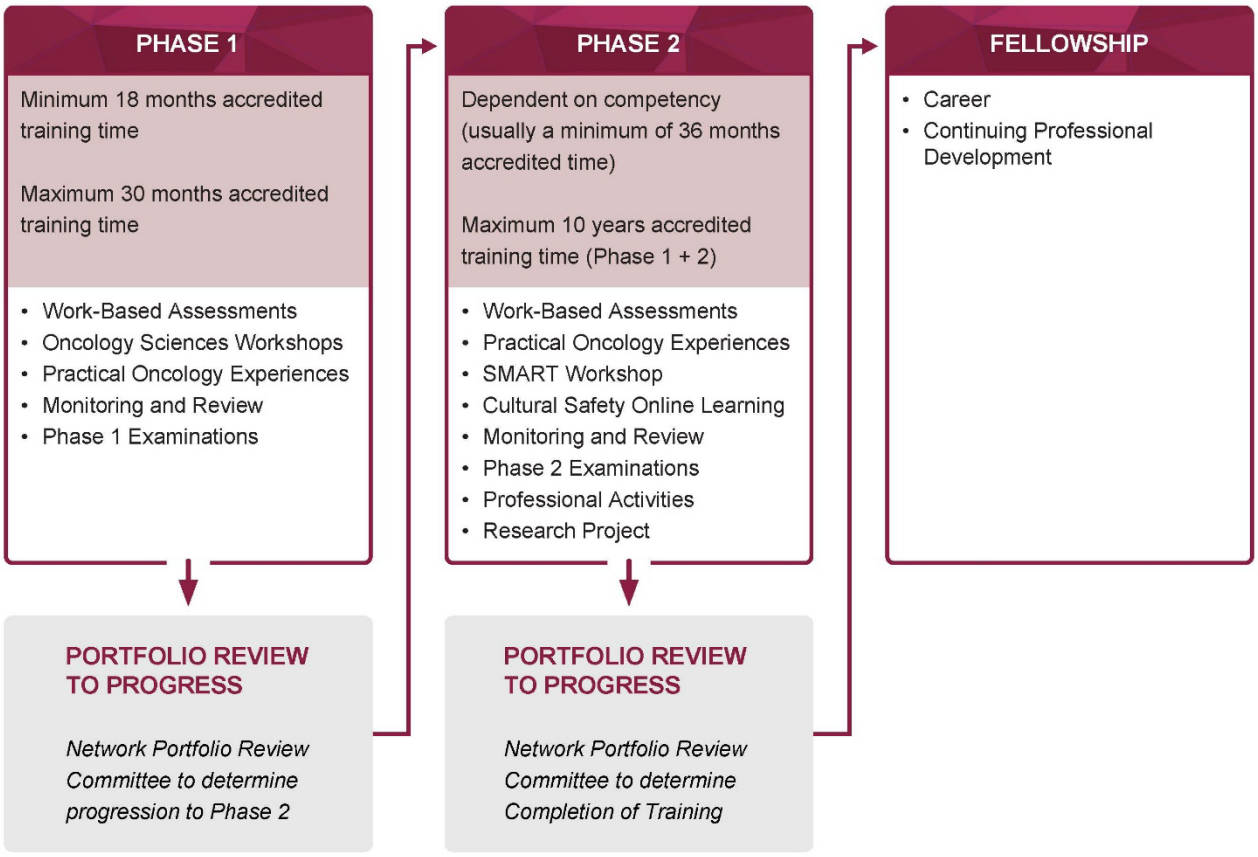
Trainees should anticipate when they would like to request an ePortfolio review and ensure their portfolio is ready. They should take the opportunity in Director of Training Review (DoT Review) meetings to discuss the specifics of their portfolio with their Director of Training (DoT). The guidelines for ePortfolio reviews within this section could be used by the DoT and the trainee during these discussions. A DoT may be able to make some suggestions on how a trainee may strengthen their ePortfolio to increase the likelihood of the Network Portfolio Review Committee (NPRC) approving progression.

Network Portfolio Review Committee meetings will occur at least four times per year and will generally occur 2-3 weeks after CSA and DoT Review meetings and to coincide with the release of examination results.

Applications for a portfolio review must be submitted at least two weeks prior to the NPRC meeting dates.

Trainees are unable to submit a request for a portfolio review to progress to Phase 2 or be eligible for Fellowship if they are currently completing an action plan or remediation plan.

Trainee progression requirements throughout the training program are outlined in the below image.



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PORTFOLIO REVIEW FOR PROGRESSION TO PHASE 2

After completing all the Phase 1 training requirements, trainees apply to have their portfolio reviewed by the College and then by their Network to progress to Phase 2 training.

Trainees can request a portfolio review when they have completed a minimum of 18 months full-time equivalent (FTE) of accredited training time in Phase 1 and have completed the following Phase 1 requirements:

- Attend at least two of the three Oncology Science Workshops
- Completion of all Phase 1 Practical Oncology Experiences
- Demonstrated progress with Work-Based Assessments (WBAs) including a minimum of:
    - Ten Patient Encounter and Assessment Tools (PEATs)
    - Ten Contouring and Plan Evaluation Tools (CPETs)
    - Communication Skills Tools (CSTs) for the four different scenarios
    - One Multi-Source Feedback (MSF) assessment
- Successful completion of the Phase 1 Examinations
- Clinical Supervisor Appraisals (CSAs) for every 3-4 months of training completed
- DoT Reviews for every six months of training completed
- TATS for every six months of training completed

To apply for progression in the ePortfolio, trainees must create a new progression application form and assign this form to RANZCR Specialty Training in the ePortfolio. To apply to progress into Phase 2, trainees must select the 'RO Phase 2 Progression Application' form.

For more information, please refer to **Section 2 – Overview of the Training Program** and the relevant sections which provide more detail on each requirement.

The trainee portfolio review focuses on whether the ePortfolio evidence demonstrates that the trainee has successfully completed the Phase 1 requirements and is ready to embark upon Phase 2 of the training program.

Portfolio Review Guidelines for Progression to Phase 2

Features of a trainee portfolio that indicate the trainee is ready to progress to Phase 2

WBAs

- Multiple assessors have completed the WBAs.
- WBAs have been completed over a range of topic areas.
- When reviewing WBAs of each type in chronological order it appears the trainee implemented the feedback provided from the previous WBAs.
- The trainee has achieved level 2 on the overall entrustability scale for at least 50% of the PEAT and CPETs.
- The ratings on PEATs, observed PEATs and the CPETs are fairly consistent, i.e. trainee's performance on any one type of assessment is not significantly different from others.
- The trainee has achieved level 3 on the CST assessments for each scenario.

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CSA and DoT Reviews

- Comments indicate feedback to further improve performance are being actioned by the trainee.
- The MSF assessment provides predominantly positive feedback.
- Requests for specific WBAs by the Clinical Supervisor or DoT to be completed have been fulfilled by the trainee in a timely manner.
- If an action plan was developed for a training period, the goals of the plan were achieved.
- No significant ongoing deficiencies with intrinsic roles have been identified.

Any requirements that have been completed during period of interrupted training will not be counted toward completion of Phase 1.

Potential Portfolio Review Outcomes

The NPRC must determine whether the trainee's portfolio includes enough evidence to confirm the trainee has met the required level of competence to progress.

Upon review of a trainee's portfolio there are three potential outcomes:

- Approval to progress to Phase 2;
- Progression to Phase 2 conditional on clarification or additional information; or
- Portfolio must be resubmitted for review at the next meeting.

After the NPRC meeting, the Education Support Officer will advise the College of the progression decisions and the College will notify all trainees of progression decisions in writing.

Approval to Progress to Phase 2

If the trainee is approved to progress, the trainee's portfolio will be updated to indicate Phase 2 has commenced.

Progression to Phase 2 Conditional

The College letter will advise on the conditions and timeline which must be met for the trainee to progress to Phase 2.

Portfolio must be Re-submitted

If the NPRC decides that the trainee has not met the requirements to progress and must resubmit their portfolio for consideration, examples of activities a trainee may be advised to do include (but are not limited to):

- Re-submit revised POE Session Summary Forms, including the sections which require additional information
- Complete a number of additional WBAs of a certain type, on specific additional topic areas and demonstrate the required entrustment level
- Complete a number of additional WBAs with assessors who are different to those who have already completed WBAs which are included in the portfolio
- Complete another MSF with different responders.

Should the determination be that progression is conditional or that the trainee's portfolio must be re-submitted, the DoT will discuss issues raised by the Committee with the trainee.

While trainees are waiting for approval for progression from Phase 1 to Phase 2, they may continue to complete WBAs. If progression is not approved, any such WBAs will be captured as Phase 1 assessments and will strengthen the portfolio for resubmission.

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Trainees who are not approved to progress to Phase 2 by the NPRC within 30 months FTE of accredited training time from commencement of the training program will be referred to the Chief Censor for consideration under the College's Withdrawal from Training policy.

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PORTFOLIO REVIEW FOR COMPLETION OF TRAINING

Applications for progression need to be submitted once all training requirements are complete. Trainees can apply to have their portfolio reviewed by the College and then by their Network before their completion of training.

To be eligible for Fellowship, trainees must have completed the following Phase 2 requirements:

- SMART workshop
- Completion of Phase 2 Practical Oncology Experiences (POEs)
- Demonstrated progress with Work-Based Assessments to competence including a minimum of:
  - Additional fifteen Patient Encounter and Assessment Tools (PEATs) in Phase 2
  - Additional fifteen Contouring and Plan Evaluation Tools (CPETs) in Phase 2
  - Twenty Case Report and Discussion Tools (CRDTs)
  - Four Communication Skills Tool (CSTs) assessments completed in Phase 2
  - One Multi-Source Feedback (MSF) assessment completed in Phase 2.
- Phase 2 Examinations
- Research Project
- Professional activities including presenting at a multidisciplinary meeting, recruiting a patient to a clinical trial and running a meeting
- Clinical Supervisor Appraisals for every 3-4 months of training completed
- DoT Reviews for every six months of training completed
- TATS for every six months of training completed

The Completion of Training Date is the date of completion of the final requirement of the Training Program as verified by the College.

To apply for progression in the ePortfolio, trainees must create a new progression application form and assign this form to RANZCR Specialty Training in the ePortfolio. To apply to progress to completion of training, trainees must select the 'RO Training Completion Application' form.

For more information, please refer to **Section 2 – Overview of the Training Program** and the relevant sections which provide more detail on each requirement.

The trainee portfolio review focuses on whether the portfolio evidence demonstrates that the trainee has successfully engaged in learning activities and demonstrated competence in a variety of Work-Based Assessments and all requirements have been successfully completed.

Portfolio Review Guidelines for Completion of Training

Features of a trainee portfolio that indicate the trainee is eligible for Completion of Training

WBAs

Only WBAs that have been completed in Phase 2 will be considered in this portfolio review.

- Ratings on items and narrative comments show a steady improvement across all competencies during training

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- Multiple assessors have completed the WBAs
- WBAs have been completed on all the major of topic areas from the curriculum
- WBAs include a greater proportion of higher complexity cases as experience increases
- WBAs have been completed regularly during each training term, and ideally more than the minimum number have been completed
- When reviewing WBAs of each type in chronological order, the trainee implemented the feedback provided from the previous WBAs
- The trainee has achieved level 4 on the overall entrustability scale for at least 50% of the Phase 2 PEATs, CPETs and CRDTs, especially in the lead up to the portfolio review
- For the PEATs, of the assessments that included observation of the trainee with the patient, the majority indicate level 4
- If the entrustability level is lower than 4, these assessments were completed early in Phase 2 or reflect more complex cases
- CRDTs have been completed on a range of tumour sites, including the requisite number of lesser focus topics, inpatient care and special techniques. Entrustability level ratings on these stipulated areas are reflective of ratings on other CRDTs
- The trainee has achieved level 4 on the CST assessments for each of the four communication scenarios

CSA and DoT Reviews

- Positive comments in relation to the trainee's approach to training and working. Comments indicate feedback to further improve performance and are actioned by the trainee in the next training period
- The MSF assessment provides positive feedback or areas which can be improved in a reasonable time period. Any concerns highlighted in the Phase 1 MSF have been addressed
- Requests for specific WBAs by the Clinical Supervisor or DoT have been completed in a timely manner
- If an action plan was developed for a training period, the goals of the plan were achieved
- No significant ongoing deficiencies with intrinsic roles across the various assessment tools have been identified

Any requirements that have been completed during period of interrupted training will not be counted toward completion of Phase 2.

Cultural Safety Online Learning

- Completion of the Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety Course

Potential Portfolio Review Outcomes

The NPRC must determine whether the trainee's portfolio includes enough evidence to confirm the trainee has met the required level of competence to complete training and become eligible for Fellowship.

Upon review of a trainee's portfolio there are three potential outcomes:

- Approval of completion of training and eligibility for Fellowship;
- Completion of training conditional on clarification or additional information; or
- Portfolio must be resubmitted for review at the next meeting

After the NPRC meeting, the Education Support Officer will advise the College of the Committee's deliberations and the College will notify all trainees of progression decisions in writing.

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Approval of Completion of Training

If approved, the trainee's portfolio will be updated to indicate training has been completed. The trainee will be invited to apply for Fellowship.

For more information on application for Fellowship, please refer to Fellowships in **Section 2 – Overview of the Training Program.**

Progression to Completion of Training Conditional

The College letter will advise on the conditions which must be met for the trainee to progress to be eligible for Fellowship. For example, a trainee may need to achieve goals on an action plan or a document may need to be provided.

Portfolio must be Re-submitted

If the NPRC decides that the trainee has not met the requirements to progress and must resubmit their portfolio for consideration, examples of activities a trainee may be advised to do include (but are not limited to):

- Re-submit revised POE Session Summary Forms, including the sections which require additional information
- Re-submit a Case Report/s, with specific feedback on the deficiencies and what is required for the case report/s to be accepted
- Complete a number of additional WBAs of a certain type, on specific additional topic areas and demonstrate the required entrustment level
- Complete a number of additional WBAs with assessors who are different to those who have already completed WBAs which are included in the portfolio
- Complete another MSF with different responders.

Should the determination be that progression is conditional or that the trainee's portfolio must be re-submitted, the DoT will discuss issues raised by the Committee with the trainee.

Trainees who have not had their completion of training within 10 years from commencement of the training program will be referred to the Chief Censor for consideration under the College's Withdrawal from Training policy.

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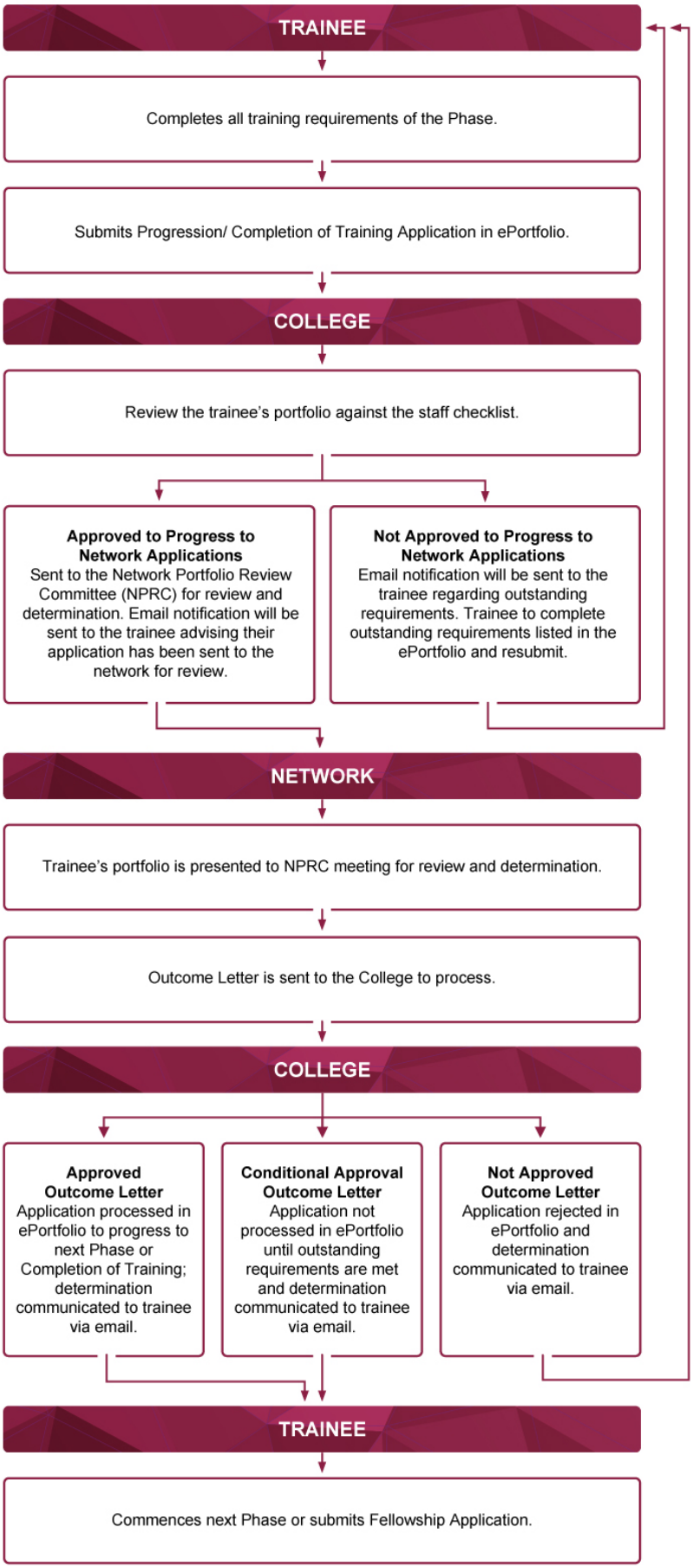

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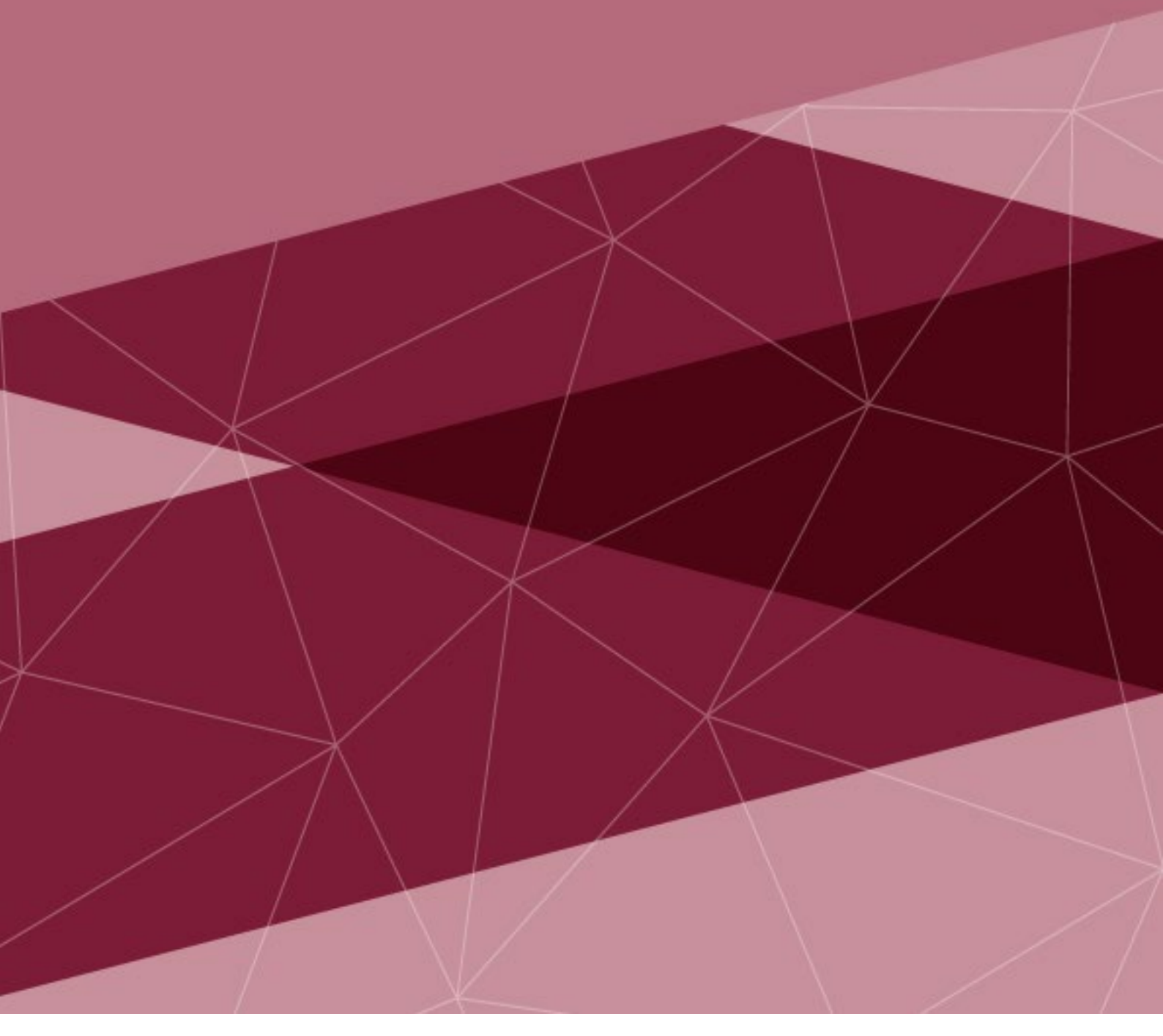
Section Twelve
ADDITIONAL TRAINEE SUPPORT



OVERVIEW

The identification, support and management of trainees who are not performing and/or progressing at a rate reasonably expected of a trainee is integral to maintaining the high standard of training and to ensure that the training program produces highly skilled, competent and safety-conscious radiation oncologists.

The supervision of trainees should encompass the monitoring and guidance of a trainee's personal, professional and educational development.

It is generally agreed that from time to time, trainees experience some difficulties during their training years. Most problems, when appropriately identified and managed, can be resolved with the support of their Clinical Supervisors and the Director of Training (DoT) working with the trainee.

A small number of trainees may have ongoing difficulties, requiring external intervention or referral to the College.

The following principles underpin our approach:

- The early identification of issues associated with a trainee's performance and/or progression;
- Issues of patient and person safety take precedence over all others;
- Fair and equitable treatment of trainees at all times; and
- Confidentiality is to be maintained.

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ACTION PLANS

Trainees requiring action plans are usually identified during three monthly appraisals conducted by the Clinical Supervisor, or six monthly reviews conducted by the DoT.

If a Clinical Supervisor or DoT determines that:

- The trainee's performance does not meet the expectations of the College
- The trainee's progress is slower than expected for the time they have spent in that phase of training; or
- The trainee needs additional support to improve their performance and/or progress with training then a meeting with the trainee can be scheduled to develop an agreed action plan.

More specifically, the development of an agreed action plan should be considered in the following circumstances:

- The trainee has not been participating in Work-Based Assessments (WBAs) regularly and/or engaging in assessments at the recommended rate of at least once per month
- There have been multiple occasions of WBA and Structured Learning Experiences not being completed appropriately (i.e. they have not been uploaded prior to the review and/or they have not been finalised with relevant signatures/submission)
- Multiple responders on the Multi-Source Feedback raised similar concerns about the trainee's performance
- There are performance concern patterns across multiple WBAs, identified by multiple assessors
- Feedback noted on recent Clinical Supervisor Appraisal forms or previous DoT Review forms has not been implemented by the trainee
- The trainee has not completed specified WBAs, as directed by the Clinical Supervisor or DoT
- The trainee lacks focus on achieving the requirements of the phase or training program and requires more targeted assistance for a period to improve progress
- There is a specific incident or circumstance that highlights the need for the trainee to focus on behaviour change and/or improvement in performance, and for closer monitoring to ensure that this occurs.

Trainees are unable to submit a request for a Portfolio review, progress to Phase 2 or be eligible for Fellowship if they are currently completing an action plan.

Action Plan Meeting

Purpose

The purpose of the action plan meeting is to:

- Discuss the action plan process
- Discuss the trainee's performance in more detail, including providing the trainee with the opportunity to explain their perspective
- Consider any barriers to performance or progress
- Explore strategies that could be put in place to improve trainee performance and/or progress, including what might be required of the trainee, the training site or those involved in supervisory roles within the training program
- Agree on the intended outcomes of such strategies

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- Confirm that all parties will engage in the plan and then meet again to follow up and review achievements
- Document the action plan and agreement, or otherwise, of all parties.

Prior to the meeting

During the DoT Review meeting, the trainee will be notified that a meeting will be convened to discuss the trainee's performance or progress and develop an action plan. The meeting can occur immediately after the DoT Review or should be convened at a mutually convenient time, within seven days.

If the action plan was initiated as a result of a Clinical Supervisor appraisal, or if the Clinical Supervisor is likely to have active oversight of the trainee during the action plan period, the Clinical Supervisor may attend the action plan meeting.

The trainee may bring a support person to the action plan meeting. If they intend to bring a support person, they should notify the DoT who will be attending and their relationship to the trainee.

During the meeting

The action plan template is used as a guide to the conduct of the meeting and can be found in the appendices of the Performance and Progression policy.

The DoT and trainee (and Clinical Supervisor, if applicable) discuss the reason for the action plan meeting and the specific performance areas that have been identified or the concern regarding progress. The training program requirements should be referred to, including the recommended timelines for completion, as detailed in this handbook.

Both the trainee and DoT sign the action plan and a copy is forwarded to the College. The date of a meeting/s to follow up progress with the action plan should also be determined, approximately six weeks from commencement of the plan. An agreed action plan is usually of three months duration.

Agreed Action Plan Follow Up

At the action plan follow up meeting the DoT and trainee (and Clinical Supervisor, if applicable) consider the trainee's achievement toward goals on the agreed action plan.

If the trainee has achieved the improvements as agreed after six weeks, the action plan can be closed and the trainee may proceed as usual with training in accordance with the training program.

If the trainee is yet to achieve the goals, they continue with the agreed action plan and achievement will be reviewed at the end of the full three month period.

Should a trainee be moving to a different site or network whilst on an action plan period, the DOT/s from the existing training site are responsible for ensuring an appropriate handover to the new DoT/s and training network.

Agreed Action Plan Outcomes

If the agreed action plan has not been completed within three months of the commencement of the agreed action plan, the DoT may determine that the plan needs to be revised and/or extended. A follow up meeting is then scheduled six weeks from the extension date. The DoT can also refer the trainee to remediation at this time.

Trainees who have achieved the goals of the revised and/or extended action plan may proceed as usual with their training.

Action plans must not exceed six months. If the goals on the agreed and/or revised action plan have not been achieved within this time, the DoT notes the details regarding the lack of change or progress and refers the trainee to remediation. The College should be notified of all outcomes by email at ROtraining@ranzcr.edu.au.

For more information, refer to the Performance and Progression Policy on the College website.

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REMEDIATION

The remediation process within the Radiation Oncology Training Program focuses on ensuring that any trainee identified as experiencing difficulty with achieving training requirements or meeting the expected level of competence, will be supported to help address the recognised issues. A plan is then created to address the identified issues, which may include mobilising resources for the trainee, or considering a change to the structure of training or the training environment.

The remediation process is usually initiated after the trainee has not achieved the goals of an agreed action plan or a situation arises of a serious nature.

Please note the remediation process is initiated to provide additional support to trainees who require it. The remediation process must NOT be initiated as:

- a punitive process;
- a disciplinary measure; or
- an avenue to manage serious professional misconduct or safety concerns.

Where issues relate to employment, mandatory notification, or the safety of patients or the trainee themselves, the Head of Department must be notified and the human resources department contacted. Similarly, should these issues be raised during a remediation process initiated due to another mechanism, representatives of the training site must be advised.

Trainees who are identified as requiring remediation, must enter into a written remediation plan, which will be approved by the Chief Censor.

Training time will be suspended while trainees are undergoing a period of remediation and trainees will not be eligible to sit any College Examinations.

Trainees are unable to submit a request for a Portfolio review, progress to Phase 2 or be eligible for Fellowship if they are currently completing a remediation plan.

Trainees who refuse to enter into a remediation plan will be referred to the Chief Censor for consideration under the Withdrawal from Training policy.

For more information on Withdrawal from Training, refer to **Section 14 – Other Training Policies**.

Remediation Plan Meeting

Remediation plans must be prepared by the Director of Training (DoT) in collaboration with the trainee.

Purpose of the meeting

The purpose of the remediation plan meeting is to:

- Discuss the remediation plan process
- Discuss the trainee's performance in more detail, including providing the trainee with the opportunity to explain their perspective
- Consider any barriers to performance or progress
- Explore strategies that could be put in place to improve trainee performance and/or progress, including what might be required of the trainee, the training site or those involved in supervisory roles within the training program
- Agree on the intended outcomes of such strategies
- Agree on the timeframe for completing various components of the plan
- Document the remediation plan

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- For the trainee to verify that they agree to take responsibility for completion of the plan. For the DoT to verify that they agree to take responsibility for assisting the trainee with the remediation plan

Prior to the remediation plan meeting

The trainee will be notified that a remediation plan meeting will be convened to discuss the trainee's performance or progression and develop a remediation plan. It may occur immediately after a DoT Review meeting, or at a mutually convenient time within 7 days of a DoT review meeting.

The trainee will be advised of the under-performance or progress issues that will be discussed during the meeting.

The trainee may bring a support person to the remediation plan meeting. If they intend to bring a support person, they should notify the DoT who will be attending and their relationship to the trainee.

The DoT should assist the trainee with access to pastoral care and/or peer support during the remediation process.

During the remediation plan meeting

The remediation plan template is used as a guide to the conduct of the meeting and can be found in the appendices of the *Remediation in Training* policy.

The DoT and trainee discuss the reason for the remediation process and the specific performance areas that have been identified or the concern regarding progress. The training program requirements should be referred to, and the recommended timelines for completion, as detailed in this handbook.

A proposed remediation plan is constructed by discussing each issue that has been identified, the trainee responsibility and department responsibility. The measurable outcome for each issue is also documented and who is responsible for its completion.

A remediation plan is a minimum of six months duration.

Both the trainee and DoT provide any additional comments and sign the plan.

Approval of a Remediation Plan

The DoT must send the remediation plan to the Chief Censor via ROTraining@ranzcr.edu.au within 10 days of the remediation plan meeting.

Plans will usually be considered by the Chief Censor within 14 days of receipt.

Non approved plans will be returned to the trainee and DoT for further discussion and amendment, to be resubmitted for approval.

Should a trainee be moving to a different site or network whilst on a remediation plan, the DoT/s from the existing training site are responsible for ensuring an appropriate handover to the new DoT/s and training network

Following approval of the remediation plan

Following the approval of the plan by the Chief Censor, the trainee and DoT will be notified in writing of the approval of the plan and suspension of training time.

Remediation plans will commence on the day they were approved by the Chief Censor, or on the agreed date set out in the plan, whichever is sooner.

The Training Network Director (TND) and the Radiation Oncology Education and Training Committee will be sent a copy of the approved plan for noting at their respective upcoming meetings.

Remediation Process Monitoring and Follow Up

Trainees must attend subsequent meetings with their DoT to discuss their progress and achievement of the intended outcomes documented in their remediation plan at six week intervals.

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Remediation Plan Outcomes

Upon successful completion of the remediation plan, the DoT will advise the Chief Censor and the TND and the trainee will be notified that the accrual of training time will be reactivated.

Trainees under this policy who do not complete the remediation plan (as required) may have a further period of remediation or will be referred to the Chief Censor for consideration under the College's Withdrawal from Training policy.

Trainees who have had two consecutive remediation periods or three non-consecutive remediation periods will be referred to the Chief Censor for consideration under the College's Withdrawal from Training Policy.

For more information, refer to the Remediation in Training Policy.

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ADDITIONAL SUPPORT

As a radiation oncologist in training, it is important for you to prioritise your own health and wellbeing.

The College supports trainees' health and wellbeing in the following ways.

College Support

If a trainee requires additional support during the training program, in the first instance they should talk with their Clinical Supervisor and DoT. Should there be a particular issue at the local site level, the trainee could also make contact with their Training Network Director.

Trainee Liaison Officer

The Trainee Liaison Officer (TLO) supports the wellbeing of trainees and is a central point of contact for all trainees in the training program. The TLO delivers outreach to all trainees and Director of training in accredited training sites, with a particular focus on rural and regional areas.

The TLO acts as conduit between the College and the trainees, providing support, updates on the training program, and clarification on training policies and processes.

The TLO is available for phone and video conference meetings and can visit training sites when required.

Specific issues raised by trainees remain confidential and only general feedback (which does not identify individual trainees and their circumstances).

Where issues are raised that have the potential to affect the wider cohort, the TLO may escalate concerns so that they may be appropriately considered.

To organise a confidential discussion with the TLO, trainees can email tlo@ranzcr.edu.au. Alternatively, trainees may call or SMS +61 437 893 913 (Australia/Singapore) or +64 2 7434 8515 (NZ).

First Nations Trainee Liaison Officer

The First Nations Trainee Liaison Officer (FN TLO) is funded by the Australian Federal Government's FATES program, to support training in expanded settings and communities. The role is focused on engaging key Indigenous organisations and communities to enhance the College's Indigenous workforce.

To organise a confidential discussion with the FN TLO, First Nations trainees can email FNTLO @ranzcr.edu.au. Alternatively, trainees may call +61 2 9268 9758.

International Medical Graduate Education Support Officer

The International Medical Graduate Education Support Officer (IMG ESO) provides flexible and responsive outreach support to IMGs, particularly in the IGM AoN Upskilling Program, by connecting IMGs with external and internal resources. The IMG ESO also provides support, policy advice and assists IMGs to find solution to issues that may impact their upskilling and exam preparation.

The IMG ESO is available for confidential phone and video conference meetings. Issues that may affect the wider cohort might be escalated for appropriate consideration.

To organise a confidential discussion with the IMG ESO, IMGs can email IMGESO@ranzcr.edu.au or call +61 2 9268 9765.

Flexible training

Trainees are reminded that the College provides flexibility to trainees whose circumstances have changed, need to reduce their workload by training less than full time or need to take a break from training for a short period while they attend to other aspects of their life.

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For more information refer to Flexible Training in **Section 2 – Overview of the Training Program**.

To discuss options further, contact the specialty training team by email, ROTraining@ranzcr.edu.au.

Support for Māori, Aboriginal and Torres Strait Islander Trainees

The College Board and the Māori, Aboriginal and Torres Strait Islander Executive Committee, are committed to supporting Aboriginal, Torres Strait Islander and Māori Fellows and trainees as well as improving the overall health outcomes for all Indigenous patients and communities. The College is dedicated to providing respectful and appropriate support to Māori, Aboriginal and Torres Strait Islander trainees and Fellows. The College encourages trainees and members who identify as Māori, Aboriginal and/or Torres Strait Islander, to self-identify. Please note, that this is entirely voluntary. Having accurate workforce data assists the College in workforce planning and providing appropriate support to trainees and members.

The College has a pivotal role in developing and supporting a culturally competent and culturally safe medical workforce. Supporting our Māori, Aboriginal and Torres Strait Islander trainees and ensuring you are able to work in culturally safe environments is of high priority to the College. If you require specific support, please contact the College.

For more information, refer to Indigenous Health and Engagement.

Financial support

The RANZCR Annual Indigenous Scholarship is available for trainees who identify as Aboriginal and/or Torres Strait Islander or Māori to support them during their studies in either the Clinical Radiology or Radiation Oncology Training Program.

The scholarship can be used towards training expenses for educational activities such as training fees, examination sitting fees, training workshop or conference attendances, research projects or other professional development activities deemed appropriate by the College, or for an Indigenous doctor who has applied to and been accepted onto the training program.

Up to six individual scholarships are made available each year.

For more information, refer to the Annual Indigenous Scholarship.

Useful Resources for Doctors

The College website contains links to helpful resources.

Resources include 24/7 phone confidential helplines specifically for doctors. Phonelines are staffed by senior General Practitioners and experienced counsellors trained in doctor's health.

Learning modules and information to read online or download focuses on recognising your own illness, illness prevention, wellbeing and the importance of having your own General Practitioner.

New resources and programs to further support Trainees and promote self-care will continue to be explored and developed.

For more information, refer to Wellbeing for Trainees.

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Section Thirteen
TRAINING RESOURCES

EDUCATION OPPORTUNITIES

Network and Site Education Activities

Accredited training networks and sites develop education programs to support trainees completing the training program.

The education program must include time allocated each week to formal teaching activities which are independent of clinical contact. Formal teaching activities include:

- Tutorials or workshops
- Journal clubs
- Consultant led ward rounds.

Trainees will have access to the following within their network and/or at their site for learning:

- Multidisciplinary case conferences
- Morbidity and mortality audits
- Planning audits
- Incident reports.

RANZCR Annual Scientific Meeting (ASM)

Although not a mandatory requirement of the training program, trainees would find that attending the Annual Scientific Meeting is of value to their learning.

The Trainee Learning Day forms part of the College's ASM (usually Friday). The program for the day is determined by the Radiation Oncology Trainees Committee and usually includes teaching sessions, trainee presentations (Varian session), a discussion forum and dedicated topical sessions.

European Society for Therapeutic Radiology and Oncology (ESTRO)

Radiation Oncology trainees are entitled to complimentary affiliate membership with ESTRO, which provides access to ESTRO newsletters, discounts on ESTRO publications and handbooks, access to ESTRO guidelines and discounts to ESTRO courses and conferences, as well as free subscription to the Green Journal (European Journal of Radiotherapy and Oncology).

Basic Clinical Radiobiology Course

The ESTRO Basic Clinical Radiobiology Course is a jointly hosted course between the College and the European Society for Therapeutic Radiology and Oncology (ESTRO) School.

This four day course represents a unique and valuable opportunity for radiation oncology professionals to learn from an international faculty of expert radiobiologists and clinicians and addresses an unmet need in radiobiology education in Australia.

The course aims to:

- Provide an introduction to radiation biology as applied to radiotherapy
- Cover the basic mechanisms of cell death/ survival and the radiation response of tumours and normal tissues
- Explain the formulas of tissue tolerance

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- Describe the biological basis for current approaches to the improvement of radiotherapy including novel fractionation schemes, retreatment, IMRT, modification of hypoxia, hadron therapy, combined radiotherapy/chemotherapy and biological modifiers of tumour and normal tissue effects.

FALCON Workshops

The ESTRO presents FALCON workshops throughout the year and on some occasions in an Australian time setting. FALCON (Fellowship in Anatomic Delineation and Contouring) is the multifunctional ESTRO platform for contouring and delineation.

A FALCON workshop offers the opportunity for learners to:

- Validate their contouring practice during live workshops by comparing them with those from experts and other participants
- Learn the indications proposed by the experts that coordinate the workshops
- Discuss with other participants, experts and panelists
- Communicate and use the delineation guidelines in order to further integrate themselves into daily practice.

For more information, refer to the ESTRO website.

Other Meetings and Workshops

Other meetings and workshops that may be valuable for trainees to attend will be listed on the College website. Examples includes special interest group meetings, Brachytherapy conferences, ACORD workshops.

For more information, refer to RANZCR Events.

For more information on SMART Workshops and Oncology Sciences Workshops, refer to **Section 5 - Structured Learning Experiences**.

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ONLINE RESOURCES

Introduction to Oncology Sciences

An *Introduction to Phase 1 Oncology Sciences Pack* has been developed for trainees in their first 6 months of training, to assist them with their initial learning.

The pack has been designed to assist trainees to understand specific areas to study and guide with learning and understanding.

This resource supports the learning from the Oncology Sciences Workshops and Phase 1 Practical Oncology Experiences. It is highly recommended for trainees to utilise this resource prior to attending the Oncology Sciences Workshops.

To access this resource, refer to the College website for Introduction to Oncology Sciences.

RANZCR Webcast Library

Trainees can access previous versions from some of The College's scientific meetings and local Branch events through a Webcast Library. The library contains a suite of sessions from 2010 onwards.

Cultural Safety

Australian Definition

'Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.' (AHPRA, 2020)

New Zealand Definition

'The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities'. (MCNZ, 2019)

RANZCR Statement of Intent for Māori, Aboriginal and Torres Strait Islander Health

RANZCR is committed to supporting the professions of clinical radiology and radiation oncology to contribute to equitable health outcomes for Māori, Aboriginal and Torres Strait Islander Peoples. This work is central to the strategic objectives of the College; encompassing training, workforce and policy development, and the workplace.

To view the RANZCR Statement of Intent in its entirety, refer to Indigenous Health and Engagement.

Online Trainee Resources

Throughout the Training Program, trainees are encouraged to develop their cultural competency and reflect on their own practice of cultural safety. To support trainees, the College has developed a Cultural Safety resource webpage on the College website providing access to a range of modules and resources.

For more information, refer to Cultural Safety Resources.

Royal Australasian College of Physicians (RACP) have granted permission for RANZCR trainees to complete the RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource. This resource includes in-depth content, video scenarios, reflection and discussion activities and recommended further resources.

The online module allows participants to work through different content topics and covers:

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- Reflection on how your own cultures and belief systems influence your professional practice
- An understanding of your own cultural competence and cultural safety within social, cultural and clinical environments
- An awareness of how cultural competence and safety principles may be applied to improve patient health outcomes and experience of care.

As part of the training program, trainees are required to complete the RACP course by the end of Phase 2

Refer to Online Learning in **Section 5 Structured Learning Experiences** for further information on the Cultural Safety training requirement.

Artificial Intelligence

Artificial Intelligence (AI) can help clinicians to better diagnose illness, coordinate treatment plans and increase the efficiency of care delivery across healthcare. It allows for a more efficient and accessible healthcare system that delivers improved outcomes for patients.

To provide Radiation Oncology trainees with the opportunity to increase their awareness and understanding of AI, an online resources page has been developed exploring the following topics:

- Principles of AI
- Ethical principles
- AI in Radiation Oncology
- Bias in AI
- Neural networks and deep learning

To access AI resources, refer to the Artificial Intelligence section within Education Opportunities on the College website.

Targeting Cancer

The Radiation Oncology Targeting Cancer Campaign is an initiative of the Faculty of Radiation Oncology.

The Campaign aims to increase awareness of radiation therapy as an effective, safe and sophisticated treatment for cancer. It is designed to reach people with cancer, their families and loved ones to improve their knowledge and access to this (sometimes overlooked) treatment.

The Campaign also strives to educate health professionals about radiation therapy, in particular, general practitioners.

For more information, refer to Radiation Therapy for Cancer Treatment - Targeting Cancer.

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Peer Review Online Courses

Trainees have the opportunity to be trainee reviewers for JMIRO. Trainees who are interested in being involved must provide evidence of completing one of the following courses.

Web of Science Academy

The Web of Science Academy (previously Publons Academy) is a practical peer review training course developed together with expert reviewers and editors to teach the core competencies and skills needed in peer review.

For more information, refer to the Web of Science Academy website.

Wiley Review Academy

The Wiley Reviewer Academy is an online peer review training course to guide trainees through the essentials of peer review.

For more information, refer to the Wiley website.

For more information on how to become a trainee reviewer, or if you have any queries, please contact research@ranzcr.edu.au.

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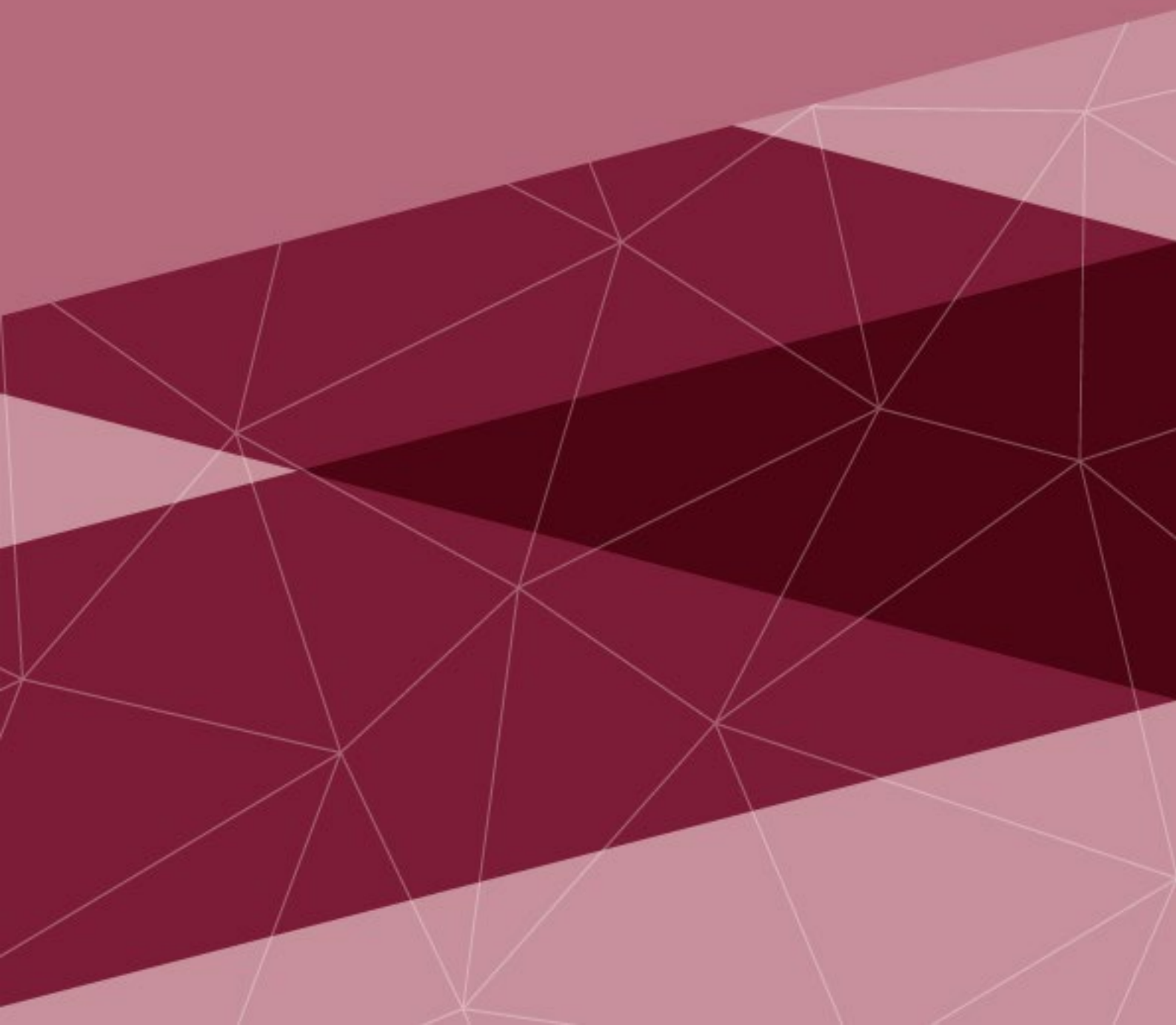
Section Fourteen
TRAINING POLICIES



LIST OF COLLEGE POLICIES

Radiation Oncology Training Policies

The following policies apply to the Faculty of Radiation Oncology:

Training Requirements (Radiation Oncology) Policy

Radiation Oncology Training Site Accreditation Standards

Phase 1 Examinations (Radiation Oncology) V1.0

Training Policies

The following policies apply to the training programs of the Faculty of Radiation Oncology and the Faculty of Clinical Radiology:

Recognition of Prior Learning Policy

Interrupted and Part-Time Training Policy

Performance and Progression Policy

Remediation in Training Policy

Consideration of Special Circumstances Policy

Withdrawal from Training Policy

Re-entry into the Training Programs Policy

Selection into Specialty Training Policy

College Wide Policies

The following policies apply to College activities, including training:

Reconsideration, Review and Appeal of Decisions Policy

RANZCR Privacy Policy (which includes the Confidential Information Policy)

RANZCR Conflict of Interest Policy

RANZCR Grievance Policy

Whistleblower Policy

RANZCR Fees Policy

A list of policies related to training are available on the College website.

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BULLYING, DISCRIMINATION AND HARASSMENT

The College is committed to ensuring equality of opportunity and that the training environment is free from bullying, discrimination and harassment.

The College's Grievance Policy:

- Clearly defines bullying, discrimination and harassment and the related offenses of victimisation and defamation;
- Identifies the responsibilities of the College and College stakeholders, including trainees; and
- Outlines the process for raising a grievance in relation to bullying, discrimination and/or harassment and the consequences if a stakeholder engages in bullying, discrimination or harassment of another stakeholder.

All College stakeholders, including trainees, have a responsibility to treat each other fairly and with respect, and must:

- Comply with this policy and not engage in bullying, discrimination and/or harassment;
- Intervene if bullying occurs and indicate that it is unacceptable behaviour;
- Bring this policy to the attention of anyone being bullied, harassed or discriminated against;
- Report any bullying, discrimination or harassment of a College stakeholder to the Grievance Officer;
- Assist in the investigation of complaints in accordance with this policy;
- Maintain complete confidentiality if they provide or receive information during the investigation of a complaint; and
- Not engage in the victimisation of a College stakeholder for raising a grievance.

For more information, refer to the Grievance Policy.

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CONSIDERATION OF SPECIAL CIRCUMSTANCES

This policy applies to those examinations or assessments which are formally scheduled and not able to be altered. Where the assessment is on a one to one basis and scheduled by mutual agreement, a request for a change in time or date may be made directly to the relevant Director of Training (DoT).

The College will consider an application for Consideration of Special Circumstances where circumstances or conditions may have significant impact on or disadvantage a trainee's ability to complete an assessment or examination within the standard procedures and timing.

The College is unable to determine in advance all circumstances that might lead to the granting of Consideration of Special Circumstances. Each case will be considered on its merits in accordance with this policy.

Types of Circumstances

Consideration of Special Circumstances may be granted to an Applicant who has undertaken or will undertake a College examination or assessment where a Special Circumstances related incident has had, or has the potential to have, an adverse effect on their performance or precluded, or will preclude them from participating in the examination or assessment.

Applications for special circumstances are classified on the following grounds:

- Medical
- Compassionate
- Pre-existing, Permanent and/or Chronic Impairment or Disability
- Religious Observance.

Trainees who believe their circumstances have the potential to impact on their performance, should consider deferment of the Examination or training requirement. An application can be submitted for consideration of special circumstances for the determination of remaining opportunities.

Applications for religious observance requirements, where that observance prohibits participation in an assessment or examination at a particular time or on a particular day will also be considered.

The following circumstances do not constitute adequate grounds for consideration of special circumstances:

- Mistaken timing or difficulties locating an examination or assessment venue
- The inability of an individual to organise their time effectively in order to meet assessment requirements/deadlines
- English as a second language
- Circumstances where alternative arrangements were available.

For more information, including further detail on the application process and the evidence required refer to the Consideration of Special Circumstances Policy.

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RECONSIDERATION, REVIEW AND APPEAL OF DECISIONS

The College's Review, Reconsideration and Appeal of Decisions Policy enables the College and those who have been subject to a decision which they consider unsatisfactory, to embark upon a defined pathway to enable resolution.

The policy provides the mechanism whereby any members or other individuals and organisations, adversely affected by a decision of the College can ensure that due processes were followed in reaching the decision and that proper consideration of evidence presented and available to the College in relation to the decision and any reconsideration, review or appeal of that decision.

The process consists of three stages:

- Stage One – Reconsideration of the original decision
- Stage Two - Review of the original decision
- Stage Three - Formal Appeal conducted by an Appeals Committee.

The Reconsideration Stage and the Review Stage provide for an internal deliberation/assessment which may resolve the matter.

The Appeal process, as set out in the Policy, involves the appointment of an Appeals Committee. This provides a structured, formal approach to addressing challenging decisions. The Formal Appeal Stage has strict procedures to ensure it is conducted in accordance with principles of procedural fairness and transparency.

For more information, including further detail on the various decisions subject to Reconsideration, Review and Appeal and the application process refer to the Reconsideration Review and Appeal of Decisions Policy.

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WITHDRAWAL FROM TRAINING

The overwhelming majority of trainees learn and progress through the training program in around five years. Some trainees may take a little longer or need some targeted training and increased monitoring and review along the way, by undertaking an agreed action plan or remediation plan, to support them to achieve their goals. On rare occasions, trainees voluntarily withdraw, or are withdrawn from, the training program.

Categories of Withdrawal

Category One **Voluntary Withdrawal**

Where a trainee notifies their DoT that they are withdrawing from the training program and resigning their College membership.

Category Two **Competence**

Where there is evidence that a trainee is unable to sustain an acceptable level of performance to progress through training at the rate expected and/or within the completion timeframes.

Category Three **Compliance**

Where a trainee fails, neglects or refuses to comply with the rules of the training program as documented in this handbook or College policies or the directions of:

- Their DoT
- The College.

Category Four **Misconduct**

Where a trainee is found by the College to have behaved in a way that constitutes misconduct as defined in the Policy, such as acts of plagiarism or fraudulent completion of assessments.

Category Five **Capacity**

Where a trainee is willing, but for reasons other than those listed above, are unable to continue their training.

Trainees who receive a written notice of withdrawal, will have the opportunity to discuss the reasons for the notice. They are also eligible to request reconsideration of their withdrawal as per the Reconsideration, Review and Appeal of Decisions Policy.

For more information, refer to the Withdrawal from Training Policy.

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RE-ENTRY INTO THE TRAINING PROGRAM

The College recognises that some trainees may wish to voluntarily discontinue their progression in the Training Program. The College also upholds that trainees who do not achieve (or are unable to achieve) the required standards of training and practice, are withdrawn from the Training Program.

In certain instances, trainees who voluntarily withdraw or are withdrawn by the College and wish to re-enter their respective Training Program, may be permitted to re-enter.

For more information, refer to the Re-Entry into the Training Programs Policy.

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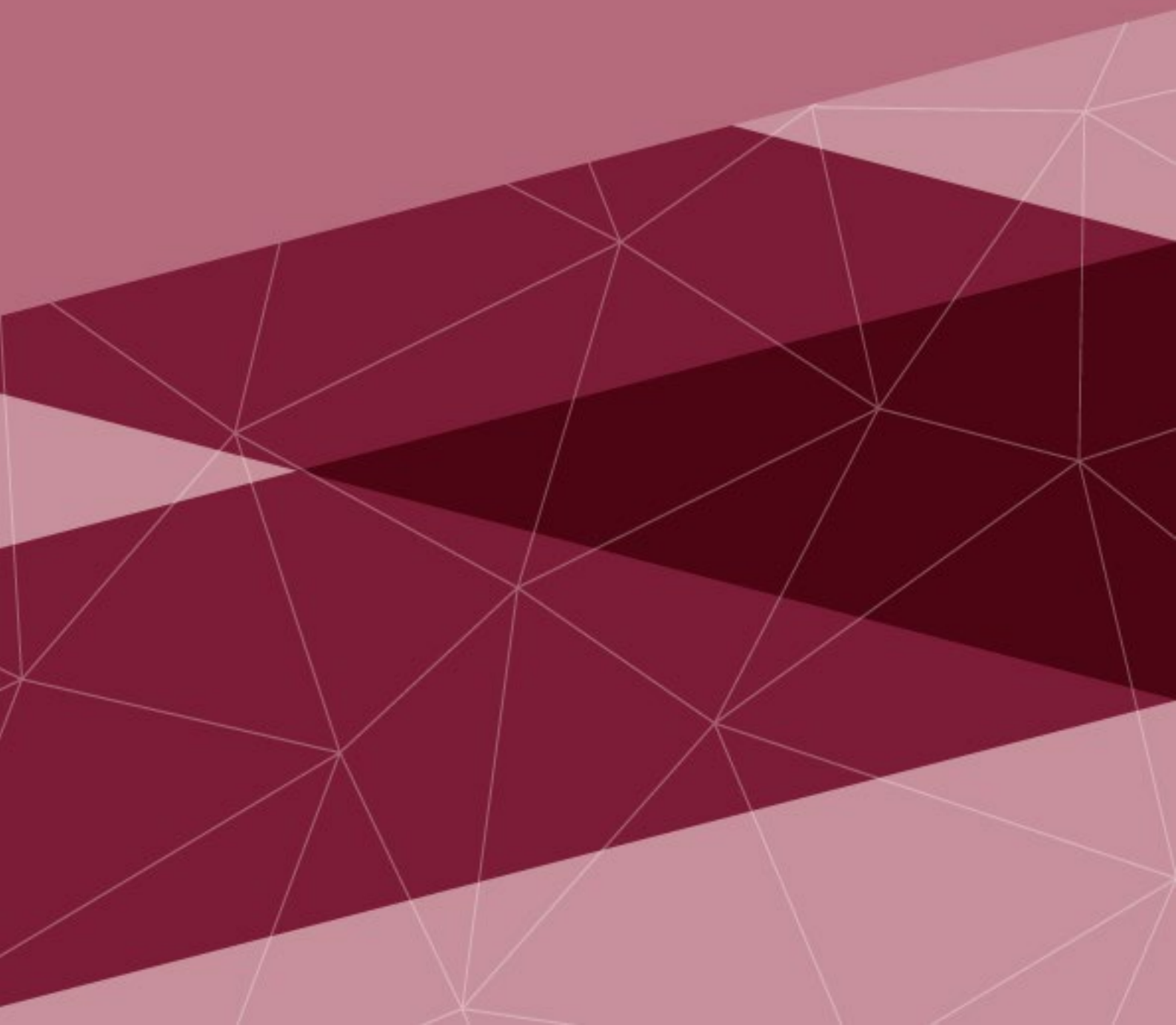
Section Fifteen
COMMUNICATION AND ENGAGEMENT



COMMUNICATION

Newsletters

The College communicates with trainees and members regularly via a quarterly newsletter (Inside News) and monthly eNewsletters (eNews). Each newsletter is tailored to specific member audience to share latest news, events and updates.

Inside News

The aim of the Inside News publication is to increase members' awareness of the activities of the College and inform of issues affecting the clinical radiology and radiation oncology professions.

Members are able to contribute to Inside News in various areas including:

- Member research;
- Developments in area of special interest;
- Professional learnings; and
- Tips that can be of benefit to fellow members.

Members can write a letter to the editor, submit an article or a news item by contacting the Inside News team

For more information, contact the Inside News team at editor@ranzcr.edu.au

eNewsletters

Latest information, events and reminders from the College is distributed in various eNews publications. Below is the list of eNews publications:

- Trainee eNews – published monthly
- DoT eNews – published monthly
- Faculty eNews – published monthly

For more information, contact ROTraining@ranzcr.edu.au

Journal of Medical Imaging and Radiation Oncology

Journal of Medical Imaging and Radiation Oncology (JMIRO) is the official journal of The Royal Australian and New Zealand College of Radiologists. The journal aims to publish original research articles of scientific excellence in radiology and radiation oncology, case studies and commissioned reviews. Manuscripts are judged on the basis of their contribution of original data, ideas or interpretation.

The Journal attracts submissions from around the world, a reflection of its international appeal, reputation, and continued encouragement of original data, ideas and interpretation. All articles are peer reviewed.

Journal Access

RANZCR members, including trainees, have full access to JMIRO electronically by logging into JMIRO online or from the Home page of MyRANZCR, select "Find Past Editions of JIMIRO" or print copy via post.

Contribute to JMIRO

Information for potential JMIRO contributors, including author guidelines and submission instructions, can be found on the publisher's website.

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Trainee Reviewers

The College offers the opportunity for trainees to become peer reviewers for submissions to JMIRO.

Peer review is designed to assess the validity, quality and often the originality of articles for publication. It is the foundation for safeguarding the quality and integrity of scientific research.

The opportunity to review submissions to JMIRO will provide an excellent insight into research in medical imaging and radiation oncology and it will allow you to develop your research skills and knowledge. Becoming a peer reviewer allows you to see research before it is published, and the experience will enhance your CV.

For more information, including how to apply, visit the current opportunities page or visit the JMIRO page on the College website.

For more information on peer review online courses, refer to Online Resources in **Section 13 – Training Resources**.

Connecting with the College

Trainees, DoTs, Clinical Supervisors and others involved in training are able to stay connected with the College through regular College communication channels:

Email

ROTraining@ranzcr.edu.au

Phone

Trainee Help Desk +61 2 9268 9700

RANZCR Reception +61 2 9268 9777

Website

www.ranzcr.com

Socials

Facebook

LinkedIn

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FEEDBACK ON THE TRAINING PROGRAM

Feedback from trainees, Clinical Supervisors and Directors of Training (DoTs) is essential to ensure high quality training and for the College to achieve its purpose of optimising health outcomes for our patients and society. There are several avenues from which the program is evaluated, and all involved can contribute to its continual improvement.

Trainee Liaison Officer

The Trainee Liaison Officer (TLO) supports the wellbeing of trainees and is a central point of contact for all trainees in the training program. The TLO delivers outreach to all accredited training sites with a particular focus on rural and regional areas. It is recognised that sometimes a conversation about concerns is more appropriate than completing a survey.

Trainees can provide confidential feedback on the training program via the TLO. Specific issues raised by trainees are remain confidential and only general feedback (which does not identify individual trainees and their circumstances) may escalated for consideration.

To organise a confidential discussion with the TLO, email tlo@ranzcr.edu.au. Alternatively, trainees can SMS or call +61 437 893 913.

For more information on the TLO, refer to Support Resources in **Section 12 – Additional Trainee Support.**

Radiation Oncology Trainees Committee

The Radiation Oncology Trainees Committee (ROTC) represents the interests of RANZCR radiation oncology trainees within College structures. Trainees are encouraged to become involved in College governance to ensure their perspective, and that of their colleagues, is considered in decision making regarding the training program.

ROTC members serve on all Radiation Oncology education and training committees, and also on Council. Key objectives of the ROTC include to facilitate opportunities for communication between trainees and the College and advocating for trainee welfare and general wellbeing.

Nominations and Elections

Trainees are able to nominate to join the ROTC on an annual basis. It is intended that all Networks are represented on ROTC, with voting for trainee representatives commencing in August for the following year. The term of office for each committee member shall be one year, commencing 1 January of the year after election. There is no limit on re-election, other than the requirement to be a trainee.

Representation and Communication

If trainees have concerns about the training program, Clinical Supervisors or DoTs, they can make contact with their Branch trainee representative. The trainee representative can de-identify individual feedback but raise any underlying issues for discussion with the Committee.

In the monthly trainee eNews, the Chair of the ROTC provides a message to all trainees on committee progress, latest updates and how to contact the ROTC directly to provide feedback or share any training related items.

Trainee Assessment of Training Sites

The Trainee Assessment of Training Sites (TATS) is a key mechanism for specific trainee feedback and must be completed every six months. Trainees are asked to rate their training location and their training experience on a range of dimensions and are also invited to comment on any particular strengths and weaknesses of the training site.

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Survey data is held in confidence by the College. The data is processed and deidentified by the TLO to ensure trainee confidentiality is maintained when ratings and comments are provided to relevant College departments to assist with training site visits..

For more information on TATS, refer to **Section 7 – Monitoring and Review.**

Medical Training Survey

Commencing from 2019, the Medical Training Survey (MTS) is a longitudinal study that tracks the quality of medical training and is administered by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency. Stringent privacy controls make it safe and confidential for trainees to take part.

Anonymous feedback from all doctors in training deliver robust national data that will help identify strengths in medical training, as well as potential issues so these can be addressed. Previous reports are available to review. Reports are published for specific training cohorts (e.g. speciality training) and individual Colleges. Trainee responses on this survey are considered by the Australian Medical Council in the accreditation review of specialist medical colleges.

The survey is open during the medical renewal period 3 August to 30 September.

For more information, refer to the Medical Training website.

RANZCR Specialty Training Monitoring and Evaluation Survey

The Radiation Oncology Training Program will be evaluated annually to ensure the program is achieving the expected outcomes and continues to meet the needs of the community and employers.

The College is committed to regularly improving the training program and giving trainees, DoTs and Clinical Supervisors an opportunity to provide feedback on various aspects of the program. An annual comprehensive monitoring and evaluation (M&E) survey will be conducted each Octoer, to identify what is working well and areas requiring additional support or improvement. This process, aligned with the RANZCR Monitoring and Evaluation Framework, will systematically review all aspects of the program, including curriculum content, teaching, supervision, assessment, trainee experience and progress. More specifically, the survey will provide:

- Insights on key program indicators, which allow for continuous review and tracking of trends;
- Allow for in depth, cyclical review of specific program aspects to evaluate alignment with best practice and training program relevance and effectiveness.

The survey is anonymous and the results will be collated into a report and presented to the relevant education an training committee with recommendations for review and action. There will also be a report published on the RANZCR website with recommendations available for members to view.

Director of Training and Clinical Supervisor Support Officer

The Director of Training and Clinical Supervisor Support Officer provides support to the DoTs, Clinical Supervisors as well as Training Network Directors. The DoT and Clinical Supervisor Support Officer helps to facilitate the delivery of training and upskilling of trainers and supervisors to meet the needs of the training program, including applications, induction and training, recognition and succession planning, training site and network enquiries, and engagement with Education Support Officers.

To arrange a discussion, please email ROTraining@ranzcr.edu.au or call on +61 2 9268 9787.

Escalating Concerns and Complaints

If trainees have acute concerns about their training experience at a training site, they are encouraged to raise concerns initially with their Clinical Supervisor or DoT. If the issue is not resolved, or is regarding a Clinical Supervisor or DoT, trainees should contact their Training Network Director.

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The College is committed to ensuring equality of opportunity and that the training environment is free from bullying, discrimination, and harassment. There are formal processes to register complaints, should the need arise, and these are documented in the College's Grievance Policy.

For more information refer to **Section 14 – Training Policies.**

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APPENDICES

APPENDIX 1 - ACRONYMS

AMC	Australian Medical Council
CPD	Continuing Professional Development
CPET	Contouring and Plan Evaluation Tool
CRDT	Case Report Discussion Tool
CS	Clinical Supervisor
CSA	Clinical Supervisor Appraisal
CST	Communication Skills Tool
DoT	Director of Training
ESO	Education Support Officer
ESTRO	European Society for Therapeutic Radiology and Oncology
FRANZCR	Fellow of The Royal Australian and New Zealand College of Radiologists
FTE	Full Time Equivalent
HoD	Head of Department
IMG	International Medical Graduate
JMIRO	Journal of Medical Imaging and Radiation Oncology
MBA	Medical Board of Australia
MCQ	Multiple Choice Questions
MCNZ	Medical Council of New Zealand
MDT	Multidisciplinary Team
MSF	Multi-Source Feedback
NGC	Network Governance Committee
NPRC	Network Portfolio Review Committee
OAR	Organs at Risk
POE	Practical Oncology Experiences
PEAT	Patient Evaluation Assessment Tool
RANZCR	The Royal Australian and New Zealand College of Radiologists
RO	Radiation Oncology
ROETC	Radiation Oncology Education and Training Committee
RORC	Radiation Oncology Research Committee
ROTC	Radiation Oncology Trainee Committee

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SAQ	Short Answer/Essay Question
TATS	Trainee Assessment of Training Sites
TND	Training Network Director
TNDC	Training Network Directors' Committee
TROG	Trans-Tasman Radiation Oncology Group
VSAQ	Very Short Answer Question
WBA	Work-Based Assessments

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APPENDIX 2 – TRAINEE TRANSITION TO 2022 TRAINING PROGRAM AND EXAM ELIGIBILITY

This information was distributed to all trainees in October 2021 and has been included for reference.

There are some additional details in relation to eligibility for the Phase 2 Examinations, due to the possible combinations of completed requirements for transitioning trainees, coupled with the effects of COVID-19 restrictions in 2020 and additional COVID-19 restrictions in some states in 2021. Please be assured that trainees will not be disadvantaged by transition arrangements and staff are available to answer queries about how the arrangements apply specifically to your completion of the training program.

Eligibility for the Phase 2 Examination – 1st Sitting 2022

Eligibility for the Phase 2 Examination in 2022 is according to the current Phase 2 Examination Policy, which is summarised below.

In order to be eligible to attempt the exam:

- Be a financial student member of the RANZCR
- Have passed the Phase 1 Examination within the last 5 years and more than 18 months prior (calculated from the date of the Phase 1 Exam results outcome letter)
- Be in an accredited training position (or a period of no more than 6 months may have elapsed since the candidate was last employed in an accredited position)
- Have rotated to another training site, other than their home training site, for a minimum of 12 months full-time equivalent (FTE) (in total)
- Have completed 3 years full-time equivalent of accredited training
- Commenced the training program within the previous 10 years.

At the closing date for the Phase 2 Examination applications, completed all the current required Phase 2 training program requirements and assessments, which includes successful completion of:

- SMART points accrual
- the SMART submission of research manuscript requirement
- all other in-training assessments at the required rate, calculated pro- rata according to total training time:
    - Mini – CEX – A minimum total of 8 mini-CEXs are required in Phase 2, which should be completed at the rate of at least 1 Mini-CEX for every 3 months of training
    - Multi-Source Feedback Assessment (MSF) – 1 MSF is required for every 12 months of training
    - Clinical Supervisors Assessments (CSAs) – A minimum of 1 CSA must be completed for every 6 months of training
    - Director of Training (DoT) Assessments - A minimum of 1 DoT Assessment must be completed for every 6 months of training
    - 30 Case Reports*
    - Trainee Assessment of Training Sites (TATS) – A minimum of 1 TATS must be submitted for every 6 months of training.

**Due to COVID-19 restrictions in 2021, trainees may submit Radiation Therapy special case reports, up until 30 June 2022. All case reports must be submitted by 30 June 2022 for eligibility for Fellowship.*

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Trainees who have completed all requirements to be deemed eligible for the Phase 2 Examination as at 31 January 2022, will not have to complete any further assessments during Training Program 2022. Clinical Supervisor Appraisals every 3 months and DoT Reviews every 6 months will continue.

Eligibility for the Phase 2 Examination – 2nd Sitting 2022

1. Trainees who have completed eligibility requirements for the Phase 2 Examination and have submitted documentation by 31 January 2022

In order to be in this category/eligible for the Phase 2 Examination later in the year a trainee must:

- Be a financial student member of the RANZCR
- Have passed the Phase 1 Examination within the last 5 years and more than 18 months prior (calculated from the date of the Phase 1 exam results outcome letter)^
- Be in an accredited training position (or a period of no more than 6 months may have elapsed since the candidate was last employed in an accredited position)
- Have rotated to another training site, other than their home training site, for a minimum of 12 months FTE (in total)
- Have completed 3 years full-time equivalent of accredited training
- Have commenced the training program within the previous 10 years.

^ *The Phase 1 Exam was postponed due to COVID-19 restrictions in 2020. If the interval between the date of the 2020 Phase 1 Exam results outcome letter and the Phase 2 Examination is less than 18 months, trainees may submit an application for special consideration. As per RANZCR principles for decision making during the Covid-19 crisis, RANZCR will seek to ensure, as far as is practicable, that trainees continue their progress through the training programs at the usual pace.*

By 31 January 2022, trainees must have completed all the current required Phase 2 training program requirements and assessments, which includes successful completion of (and submission of associated documentation):

- SMART points accrual
- all other in-training assessments at the required rate, calculated pro- rata according to total training time:
    - Mini – CEX – A minimum total of 8 mini-CEXs are required in Phase 2, which should be completed at the rate of at least 1 Mini-CEX for every 3 months of training
    - Multi-Source Feedback Assessment (MSF) – 1 MSF is required for every 12 months of training
    - Clinical Supervisors Assessments (CSAs) – A minimum of 1 CSA must be completed for every 6 months of training
    - Director of Training (DoT) Assessments - A minimum of 1 DoT Assessment must be completed for every 6 months of training
    - 30 Case Reports*
    - Trainee Assessment of Training Sites (TATS) – A minimum of 1 TATS must be submitted for every 6 months of training.

**Due to COVID-19 restrictions in 2021, trainees may submit Radiation Therapy special case reports, up until 30 June 2022, if all other case reports have been submitted by 31st January 2022. All case reports must be submitted by 30 June 2022 for eligibility for Fellowship*

~ Trainees who had a scheduled MSF between 1 October and 1 February, can complete the required MSF through the ePortfolio by 30 June 2022.

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These trainees will not have to complete any further assessments or POEs during Training Program 2022. Clinical Supervisor Appraisals every 3 months and DoT Reviews every 6 months will continue. The Research Project and Professional Activities must be completed for eligibility for Fellowship.

2. Transitioning Trainees who have not completed training requirements to be eligible for the Phase 2 Examination by 31 January 2022

In order to be eligible to attempt the exam trainees must:

- Be a financial student member of the RANCR
- Have passed the Phase 1 Examination within the last 5 years and more than 18 months prior (calculated from the date of the Phase 1 exam results outcome letter)^
- Be in an accredited training position (or a period of no more than 6 months may have elapsed since the candidate was last employed in an accredited position)
- Have rotated to another training site, other than their home training site, for a minimum of 12 months FTE (in total)
- Have completed 3 years full-time equivalent of accredited training
- Have commenced the training program within the previous 10 years.

^ *The Phase 1 Exam was postponed due to COVID-19 restrictions in 2020. If the interval between the date of the 2020 Phase 1 Exam results outcome letter and the Phase 2 Examination is less than 18 months, trainees may submit an application for special consideration. As per RANZCR principles for decision making during the Covid-19 crisis, RANZCR will seek to ensure, as far as is practicable, that trainees continue their progress through the training programs at the usual pace.*

At the closing date for the Phase 2 examination applications, trainees must have completed all the required Phase 2 training program requirements and assessments, which includes successful completion of:

- Structured Learning Experiences
    - A SMART workshop, or accrual 10 SMART points credited from current program
    - Phase 2 Practical Oncology Experiences (POEs), 5 POEs or equivalent clinical oncology case reports, noting that the 4 clinical oncology case reports will be credited towards 4 POEs.
- Phase 2 Work-Based Assessments:
    - At least 8 Patient Encounter Assessment Tools (PEAT), or equivalent Mini CEXs, AND demonstrate a level 4 on the entrustability scale of the PEAT as assessed by 2 different assessors
    - At least 2 Contouring and Plan Evaluation Tool (CPET) and demonstrate a level 4 on the entrustability scale of the CPET as assessed by 2 different assessors
    - At least 20 Case Report Discussion Tools (CRDTs), or equivalent case reports. The set must demonstrate the breadth of the training program, including 5 on lesser focus topics, 2 on in-patient care and 5 specific techniques AND demonstrate a level 4 on the entrustability scale of the CRDT, as assessed by 2 different assessors.
- Monitoring and Review
    - Clinical Supervisors Appraisals (CSAs) – A minimum of 1 CSA, or equivalent, must be completed for every 3 months of training
    - Director of Training (DoT) Reviews - A minimum of 1 DoT Review, or equivalent, must be completed for every 6 months of training
    - Multi-Source Feedback Assessment (MSF) – A minimum of 1 assessment
    - Trainee Assessment of Training Sites (TATS) – A minimum of 1 TATS must be submitted for every 6 months of training.

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The Research Project and Professional Activities must be completed for eligibility for Fellowship.

Eligibility for the Phase 2 Examination – 2023 onwards

As per the Training Program Handbook:

To be eligible to apply for the Phase 2 Examination, trainees must be in Phase 2 of training, in an accredited radiation oncology training position and have completed:

- A minimum of 24 months FTE of accredited training in Phase 2 with all associated Clinical Supervisor Appraisals, Director of Training Reviews and Trainee Assessment of Training Sites submitted
- Completed Phase 2 Practical Oncology Experiences (POEs), including submission of the completed POE Session Summary Forms
- All Phase 2 Work-Based Assessments
- A Multi-Source Feedback within Phase 2.

All trainees must have rotated to another training site, other than their home training site, for a minimum of 12 months FTE (in total) prior to sitting the Phase 2 Examination.

Transitioning Trainees

To be eligible to apply for the Phase 2 Examination, trainees must be in Phase 2 of training, in an accredited radiation oncology training position and have completed:

- A minimum of 24 months FTE of accredited training in Phase 2 with all associated Clinical Supervisor Appraisals, Director of Training Reviews and Trainee Assessment of Training Sites submitted
- Structured Learning Experiences
    - Phase 2 Practical Oncology Experiences (POEs), 5 POEs or equivalent radiation oncology case reports
- Phase 2 Work-Based Assessments:
    - At least 8 Patient Encounter Assessment Tools (PEAT), or equivalent Mini CEXs, AND demonstrate a level 4 on the entrustability scale of the PEAT as assessed by 2 different assessors
    - At least 2 Contouring and Plan Evaluation Tool (CPET) AND demonstrate a level 4 on the entrustability scale of the CPET as assessed by 2 different assessors
    - At least 20 Case Report Discussion Tools (CRDTs), or equivalent case reports. The set must demonstrate the breadth of the training program, including 5 on lesser focus topics, 2 on in-patient care and 5 specific techniques. And demonstrate a level 4 on the entrustability scale of the CRDT, as assessed by 2 different assessors.
- Monitoring and Review
    - Clinical Supervisors Appraisals (CSAs) – A minimum of 1 CSA, or equivalent, must be completed for every 3-4 months of training
    - Director of Training (DoT) Reviews - A minimum of 1 DoT Review, or equivalent, must be completed for every 6 months of training
    - Multi-Source Feedback Assessment (MSF) – A minimum of 1 assessment
    - Trainee Assessment of Training Site (TATS) – A minimum of one 1 TATS must be submitted for every 6 months of training.

The Research Project and Professional Activities must be completed for eligibility for Fellowship.

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