

# FACULTY OF RADIATION ONCOLOGY



The Royal Australian  
and New Zealand  
College of Radiologists\*

Faculty of Radiation Oncology

## ACCREDITATION STANDARDS AND CRITERIA FOR TRAINING NETWORKS AND SITES



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Accreditation Standards and Criteria for Training Networks and Sites

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Faculty of Radiation Oncology Council

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The Royal Australian and New Zealand College of Radiologists  
Level 9, 51 Druitt Street  
Sydney NSW 2000 Australia

Email: [ranzcr@ranzcr.edu.au](mailto:ranzcr@ranzcr.edu.au)  
Website: [www.ranzcr.edu.au](http://www.ranzcr.edu.au)  
Telephone: +61 2 9268 9777  
Facsimile: +61 2 9268 9799

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# ABOUT THE COLLEGE

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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.

# GLOSSARY OF ABBREVIATIONS

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<b>AMC</b>	Australian Medical Council
<b>CAO</b>	Chief Accreditation Officer
<b>CEO</b>	Chief Executive Officer
<b>DoD</b>	Director of Department (also called Head of Department or Clinical Lead)
<b>DoT</b>	Director of Training
<b>ESO</b>	Education Support Officer
<b>FTE</b>	Full-Time Equivalent
<b>JMO</b>	Junior Medical Officer
<b>MDT</b>	Multi-Disciplinary Team
<b>MOU</b>	Memorandum of Understanding
<b>NGC</b>	Network Governance Committee
<b>NSAF</b>	Network Self-Assessment Form (Section A of the Self-Assessment Form)
<b>NTP</b>	Network Training Policy
<b>POE</b>	Practical Oncology Experience
<b>RANZCR</b>	Royal Australian and New Zealand College of Radiologists
<b>RO</b>	Radiation Oncologist
<b>ROETC</b>	Radiation Oncology Education and Training Committee
<b>SSAF</b>	Site Self-Assessment Form (Section B of the Self-Assessment Form)
<b>STU</b>	Specialty Training Unit
<b>TATS</b>	Trainee Assessment of Training Site
<b>TND</b>	Training Network Director
<b>TNDC</b>	Training Network Directors' Committee
<b>TOR</b>	Terms of Reference

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# INTRODUCTION

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**THE FACULTY OF RADIATION ONCOLOGY, The Royal Australian and New Zealand College of Radiologists (RANZCR)**, is the peak bi-national body advancing patient care and the specialty of Radiation Oncology through setting of quality standards, producing excellent Radiation Oncology specialists, and driving research, innovation and collaboration in the treatment of cancer.

## Aim

The aim of the *Accreditation Standards and Criteria for Training Networks and Sites* is to ensure that a minimum standard of facilities and networked governance is available for the delivery of networked training in radiation oncology.

The Faculty of Radiation Oncology recognises that a single site is increasingly less able to provide the comprehensive experience required to reflect the varied workplace scenarios within the modern healthcare system.

Training networks are encouraged to include a mixture of different training environments, including metropolitan, regional/rural, public and private sites in order to expose radiation oncology trainees to the widest range of learning experiences.

These standards apply to the accreditation of radiation oncology training sites and networks (for registrar training) located within Australia, New Zealand and Singapore.

*Accreditation Standards and Criteria for Training Networks and Sites* is subject to review and amendment at the discretion of the Radiation Oncology Education and Training Committee (ROETC) prior to review and approval by the Faculty of Radiation Oncology Council. Please ensure you have the most up to date version of this document by visiting [www.ranzcr.edu.au](http://www.ranzcr.edu.au).

Failure to meet these accreditation standards may result in suspended, conditional or removal of accreditation of the network or a site within a network.

The RANZCR training accreditation operates in line with the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) accreditation requirements, which may include providing to these bodies notice of intent to suspend, limit or withdraw the accreditation of a network or a training site.

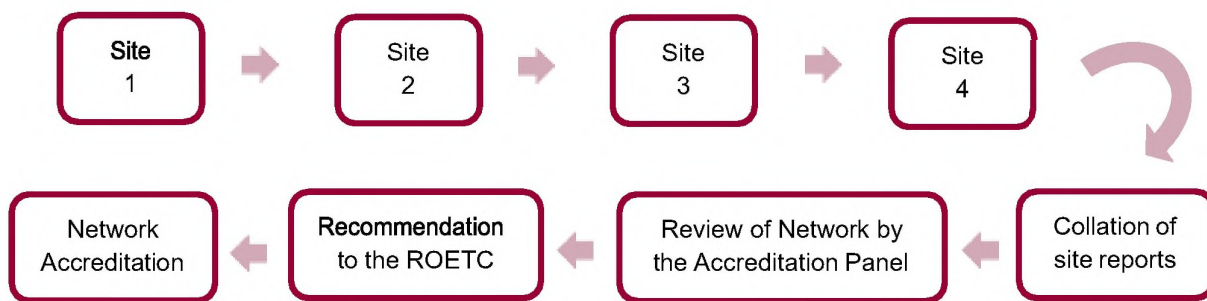
## Guidelines and Processes

The complete Accreditation Instruction Guidelines can be found as an appendix to this document (Appendix 1). The guidelines give step-by-step directions on the process of becoming accredited for radiation oncology networked training.

# NETWORK ACCREDITATION

The implementation of network-based training in 2008-2009 has provided the College with a formalised system of radiation oncology training in Australia, New Zealand and Singapore. This involves a holistic approach that incorporates a diverse range of training facilities that work in partnership to deliver the training and education required to meet the learning outcomes of the Radiation Oncology Training Program. The College network accreditation process comprises a synergistic approach whereby the individual sites that collaborate as part of a network are assessed and measured against the standards for training. This ensures a consistency of training delivery.

Network accreditation occurs as part of a 5-year cyclic evaluation. The Radiation Oncology Education and Training Committee (ROETC) may, at its discretion, conduct an out-of-cycle review of the Network where significant changes are being made to the network composition, size or other problems that may need to be addressed. These reviews may result in the ROETC directive to alter the composition of a network.



## Forming a New Network

New training networks must be endorsed by the ROETC. The College Accreditation team will provide advice and a new Training Network Application form will need to be completed. This application will be considered at the next upcoming ROETC meeting. Confirmation of endorsement and the procedures following this decision will be communicated within 14 working / business days of this meeting.

## Adding a New Site to an Existing Network

New sites wishing to join an existing training network should initially contact the College for details of the network and the relevant Training Network Director (TND).

The TND will require information regarding the new site and the training experiences available within that site. The request to join the network will be considered by the Network Governance Committee (NGC), which will make a formal decision regarding the site becoming part of the network. If formal support is provided, then the process of application through the College can begin. Please see the Accreditation Instruction Guidelines (Appendix 1) in this document for details of this process.

## Removing a Site from a Network

If specific sites within a network are failing to meet the training standards and other appropriate criteria (deemed acceptable by the ROETC) of a network, it is the responsibility of Director of Training (DoT) of the site to notify the NGC.

Networks are encouraged to support and develop sites having difficulty in meeting accreditation standards. The College is available to assist with this support and development. The final decision on the removal of a site from a network or changing the level of accreditation will be made by the ROETC and will occur only after all attempts to improve have been made. If a site visit is deemed necessary by the ROETC and the Accreditation Panel, then that site should be available for the visit at the required time.

If a site is not available for inspection, despite reasonable requests to the appropriate staff at the Site, the Chief Accreditation Officer (CAO) and/or ROETC has discretion to temporarily suspend or remove that site from accreditation (following Faculty of Radiation Oncology Council endorsement).

Sites may voluntarily leave a network and join another. It should be noted that sites that are not officially part of a network, for any period of time, will be deemed unaccredited to have trainees. The process of accreditation will occur as part of joining a new or the original network.

Networks that wish to remove a site, or have a site leave the network, must advise the College in writing and complete Section A of the Radiation Oncology Accreditation Self-Assessment: Review, within 21 days of advisement. This is to ensure that the composition of the network is not compromised by the changes.

*For further information or questions regarding Radiation Oncology Networked Training please contact the Accreditation team at the College via [accreditation@ranzcr.edu.au](mailto:accreditation@ranzcr.edu.au).*



# SITE ACCREDITATION

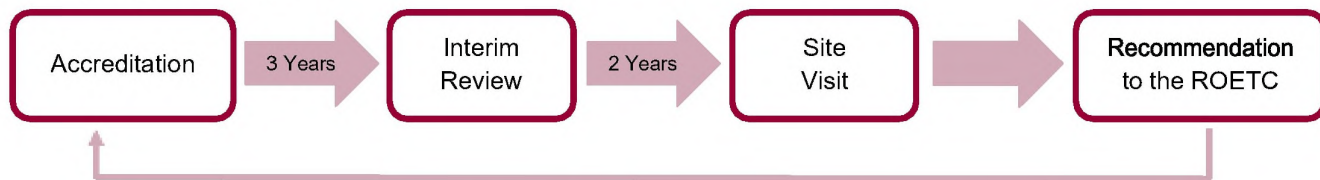
Radiation oncology training is delivered in conjunction with a RANZCR accredited training site. Site accreditation occurs as part of a cyclic evaluation to measure an individual site's capability to deliver training within a safe and supportive environment. Access to training in a broad range of areas is reviewed and then evaluated.

Site accreditation is usually granted for a period of five years, with an interim review during the third year of the five-year cycle. New sites joining a training network will join the accreditation cycle of the network. This may result in the accreditation process occurring initially more frequently in the first five-year cycle for the joining site.

## New Application for Accreditation



## Ongoing Accreditation



The CAO may request a visit outside the regular accreditation cycles to any site at his/her discretion. A progress report may be required.

A confidential preliminary report will be provided to the Training Network Director (TND), Director of Training (DoT) and Director/Head of Department (DoD) and/or Clinical Lead following any site visit. Recommendations regarding accreditation outcomes will be provided to the next meeting of the ROETC for decision. When visits occur close to the ROETC meeting dates, every effort will be made to include reports and recommendations on the agenda of the upcoming meeting, however, must be noted that due to time constraints this will not always be possible, and a delay may occur before accreditation can be finalised.

Out of session meetings of the ROETC may also be held. These meetings are called at the discretion of the Chief Censor, the CAO, and the Head of Specialty Training.

## Conditions of Accreditation

Specific conditions or requirements of accreditation may be applied to each site within a network. Such conditions may include limited accreditation periods followed by a review of accreditation and/or a site visit. These visits or reviews happen in addition to the usual network accreditation processes.

New sites may be granted accreditation on a provisional basis within a network and restricted to limited periods of training at specific times within the training cycle. For example, a site may be granted accreditation to have trainees for six months at a time, in their fifth year of training. Decisions regarding the specific conditions of a site are determined by the CAO and the ROETC.

## Small Sites and Accreditation Standards

The Faculty of Radiation Oncology is aware that new and/or smaller sites intending to join training networks may require a degree of flexibility when applying the *Accreditation Standards and Criteria for Training Networks and Sites* during the initial phase of accreditation. This is due to recognition that such sites may offer a valuable contribution to the radiation oncology training experience. It is important to note that this flexibility is at the discretion of the CAO, the College Head of Specialty Training and the ROETC.

Throughout the accreditation process any ROETC decisions may be reconsidered. Please see the *Reconsideration, Review and Appeal of Decisions College Policy* for further information.

# SECTION 1 – ACCREDITATION STANDARDS FOR NETWORK ARRANGEMENTS

## 1.1 Governance

A clear governance structure in relation to training delivery in each network is a key element of the network system. The following standards outline the key minimum criteria and requirements to meet satisfactory training network governance arrangements. The Training Program Handbook includes links to all committee terms of reference and positions descriptions for roles within the training program.

### Standard 1.1.1

The network is structured according to the [Network Training Policy \(NTP\)](#).

Criteria:	Specific Requirements:	Evidence:
1. The network is comprised of a minimum of two training sites	<ul style="list-style-type: none"> <li>The network has been endorsed by the Radiation Oncology Education and Training Committee (ROETC)</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation from Training Network Director (TND) of current membership of the network</li> <li>The College documentation of network endorsement</li> </ul>
2. At least two of the trainingsites are administered separately		
3. The training sites are separated geographically	<ul style="list-style-type: none"> <li>Sites are in more than one location</li> </ul>	
4. The trainees are supervised by different radiation oncologists within the network sites		<ul style="list-style-type: none"> <li>Site staffing profiles</li> </ul>
5. The training sites complete a Census, when requested by the College		<ul style="list-style-type: none"> <li>Confirmation by the College</li> </ul>

### Standard 1.1.2

Within the network, there is a structured Network Governance Committee (NGC) responsible for training delivery which functions according to the NGC terms of reference.

Criteria:	Specific Requirements:	Evidence:
1. The Network Governance Committee (NGC) is structured according to the NGC terms of reference	<ul style="list-style-type: none"> <li>At a minimum the composition of the NGC includes:               <ul style="list-style-type: none"> <li>Directors of Training (DoTs) from each site within the Network</li> <li>Training Network Director (TND)</li> <li>Trainee representative</li> <li>Education Support Officer (ESO)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>NGC composition and meeting minutes</li> </ul>

2. The NGC holds meetings according to the NTP	<ul style="list-style-type: none"> <li>The NGC has a minimum of two meetings per annum</li> </ul>	<ul style="list-style-type: none"> <li>NGC meeting minutes</li> </ul>
3. The NGC operates according to the NGC terms of reference	<ul style="list-style-type: none"> <li>The conduct of the NGC is reflective of that recommended in the NGC ToR.</li> <li>The NGC facilitates dialogue between trainees, DoTs and the TND to exchange ideas regarding current training programs, issues and suggestions</li> <li>The TND and NGC manage the details of rotational arrangements within the Network</li> <li>The TND and NGC consult with trainees regarding rotational arrangements within the Network</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation of attendance and participation in NGC minutes</li> <li>Confirmation of trainee consultation and trainee interviews</li> </ul>
4. NGC adheres to the College policies and guidelines according to the Radiation Oncology Learning Outcomes and the Radiation Oncology Training Program Handbook <a href="#">Learning Outcomes and Handbook   RANZCR</a> and the <a href="#">RANZCR Code of Ethics</a> .		<ul style="list-style-type: none"> <li>Reporting requirements as per the policies</li> </ul>

### Standard 1.1.3

The network has a Training Network Director (TND) endorsed by the Radiation Oncology Education and Training Committee (ROETC) who is adequately supported to fulfil the role.

Criteria:	Specific Requirements:	Evidence:
1. The Training Network Director (TND) is not a Director of Department (DoD) or Director of Training (DoT)	<ul style="list-style-type: none"> <li>TND must be a minimum of three years consultant experience</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation by the College of TND endorsement by the ROETC</li> </ul>
2. The TND receives institutional support (leave time) to attend relevant College activities		<ul style="list-style-type: none"> <li>Network Self-Assessment Form (NSAF) and confirmation by TND at the accreditation site visit</li> </ul>
3. The TND receives protected time to undertake their role	<ul style="list-style-type: none"> <li>Minimum of 0.2 FTE protected time</li> </ul>	<ul style="list-style-type: none"> <li>NSAF: confirmation by TND</li> </ul>
4. The TND has adequate clerical support	<ul style="list-style-type: none"> <li>The TND is adequately supported by the ESO</li> </ul>	<ul style="list-style-type: none"> <li>NSAF: confirmation by TND</li> </ul>

**Standard 1.1.4**

The Training Network Director (TND) fulfils the College role description.

Criteria:	Specific Requirements:	Evidence:
1. The Training Network Director (TND) complies with the College reporting requirements	<ul style="list-style-type: none"> <li>Completion of:               <ul style="list-style-type: none"> <li>➤ Trainee progression sign-off</li> <li>➤ Census document</li> <li>➤ Other items as specified by the College</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Confirmation by the College</li> </ul>
2. The TND facilitates the operation of the Network	<ul style="list-style-type: none"> <li>Refer to the TND role description</li> </ul>	<ul style="list-style-type: none"> <li>Director of Training (DoT) and trainee interviews</li> </ul>
3. The TND attends relevant College activities	<ul style="list-style-type: none"> <li>At a minimum the TND actively participates in the Training Network Directors' Committee (TNDC) and DoT workshops</li> <li>If unable to attend, the TND nominates a proxy to attend, and submits the required reports</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation of attendance by College</li> </ul>

**Standard 1.1.5**

The network has identified individual/s in network roles as specified in the Training Program Handbook.

Criteria:	Specific Requirements:	Evidence:
1. A DoT may oversee the training of no more than 4-5 trainees, a second DoT must be nominated for training sites which have more than 5 trainees.	<ul style="list-style-type: none"> <li>The DoT must be a minimum of two years' experience as a consultant</li> </ul>	<ul style="list-style-type: none"> <li>Verification of DoT list supplied by the College</li> </ul>
2. Each training site within the network has a minimum of one Clinical Supervisor (CS).		<ul style="list-style-type: none"> <li>Verification of CS list supplied by the College</li> </ul>
3. The network has an Education Support Officer (ESO)	<ul style="list-style-type: none"> <li>Each network is responsible for sourcing funding for the ESO</li> <li>The ESO fulfils their responsibilities as detailed in the ESO role description</li> </ul>	<ul style="list-style-type: none"> <li>Verification of ESO list supplied by the College</li> </ul>

## 1.2 Network Training Environment

Each network must build and maintain its training environment across its constituent trainingsites. To be accredited for training, all networks must, as a minimum, meet the following training and facility standards.

Standard 1.2.1		
The network has a standardised, implemented and shared educational program.		
Criteria:	Specific Requirements:	Evidence:
1. The shared educational program is provided across all sites within the network and is aligned to the Radiation Oncology Learning Outcomes	<ul style="list-style-type: none"> <li>The network has a formalised system for reviewing and adapting program structure</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of overall program structure showing correlation to the Learning Outcomes</li> <li>Trainee interviews</li> </ul>
2. The shared educational program is easily accessible by all trainees in the network	<ul style="list-style-type: none"> <li>The network has adequate audio visual (AV) conferencing facilities</li> <li>Trainees are provided with protected time as mandated by the to attend the shared educational program</li> </ul>	<ul style="list-style-type: none"> <li>Trainee interviews</li> <li>Consultant interviews</li> <li>Site inspection of facilities</li> </ul>
3. The network has identified the educational strengths and weaknesses of its training sites and structured the shared educational program accordingly	<ul style="list-style-type: none"> <li>Trainees across the network receive teaching across the range of topics required in the Radiation Oncology Learning Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of overall program structure showing correlation to the Learning Outcomes</li> <li>Trainee interviews</li> <li>Consultant interviews</li> <li>Site inspection</li> <li>Written reports with confirmatory evidence, if requested by CAO and ROETC</li> </ul>

Standard 1.2.2		
The network shared educational program ensures trainees are exposed to a variety of learning environments.		
Criteria:	Specific Requirements:	Evidence:
1. The network ensures trainees have access to all educational experiences, College supported educational activities and faculty teaching courses	<ul style="list-style-type: none"> <li>Educational experience as listed in <i>Section 2 – Accreditation Standards and Criteria for Training Networks and</i> (relating to tutorials etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Trainee interviews</li> <li>Progress reports with confirmatory evidence, if requested by CAO and ROETC</li> </ul>

2. The network provides trainees access to multi-disciplinary team meetings and clinics in keeping with training program requirements	<ul style="list-style-type: none"> <li>• Including as a minimum: <ul style="list-style-type: none"> <li>➢ Head and Neck</li> <li>➢ Lung</li> <li>➢ GIT</li> <li>➢ Urology</li> <li>➢ Breast</li> <li>➢ Neuro</li> <li>➢ Gynaecology</li> <li>➢ Skin</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• List on Network Self-Assessment Form (NSAF) for comparison to Site Self-Assessment Forms (SSAFs)</li> <li>• Trainee interviews</li> </ul>
3. The network provides trainees access to direct management of inpatients admitted under Radiation Oncology teams for a minimum of 20% of their total training time	<ul style="list-style-type: none"> <li>• TND to consider access to RO inpatient management when deciding on individual trainee rotations</li> <li>• TND will need to be aware of individual departments inpatient admission policies</li> </ul>	<ul style="list-style-type: none"> <li>• Examples of current trainee rotation schedules</li> </ul>

### Standard 1.2.3

The network develops processes to facilitate the provision of training experiences necessary to fulfil the training program requirements.

Criteria:	Specific Requirements:	Evidence:
1. The network ensures that each training site is allocated trainees (according to their eligibility)	<ul style="list-style-type: none"> <li>• Training sites only receive trainees appropriate to their accreditation status</li> </ul>	<ul style="list-style-type: none"> <li>• Network Self-Assessment Form (NSAF); Brief explanation of how the Network organises rotations</li> <li>• Copy of rotation roster</li> </ul>
2. The network ensures trainees are exposed to the training experiences necessary to fulfil the requirements of the training program		<ul style="list-style-type: none"> <li>• Network Self-Assessment Form (NSAF); Brief explanation of how the Network organises rotations</li> <li>• Copy of rotation roster</li> <li>• Trainee feedback (TATS)</li> </ul>
3. The network tracks the experiences of individual trainees	<ul style="list-style-type: none"> <li>• In relation to as well as training terms</li> <li>• Ensure all trainees complete assessments within the e-Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Training Network Director (TND) and Education Support Officer (ESO) interviews</li> <li>• Trainee feedback</li> <li>• Written report if deemed necessary by CAO and ROETC</li> </ul>
4. Trainees are provided the opportunity to complete structured learning experiences and professional activities	<ul style="list-style-type: none"> <li>• Trainees are given protected time to complete Oncology Sciences Workshops, Practical Oncology Experiences (POEs) and Professional Activities</li> </ul>	<ul style="list-style-type: none"> <li>• Trainee and Director of Training (DoT) interviews</li> </ul>
5. Trainees are provided the opportunity to complete a research project	<ul style="list-style-type: none"> <li>• Trainees are given protected time to complete research activities</li> </ul>	<ul style="list-style-type: none"> <li>• Trainee and DoT interviews</li> </ul>

**Standard 1.2.4**

The network continues to evaluate the training experiences delivered across its constituent sites and responds to feedback.

Criteria:	Specific Requirements:	Evidence:
1. The network reviews feedback from trainees and clinical supervisors	<ul style="list-style-type: none"> <li>Refer to Standard 1.1.2, Criteria 3</li> </ul>	<ul style="list-style-type: none"> <li>Network Self-Assessment Form (NSAF): An example of where trainee feedback has instigated any changes</li> <li>Network Governance Committee (NGC) minutes</li> <li>Written report, if deemed necessary by CAO and ROETC</li> </ul>

**Standard 1.2.5**

The network provides all trainees access to, and practical experience with, the following techniques and services, in keeping with training program requirements.

Criteria:	Specific Requirements:	Evidence:
1. The network provides all trainees access to, and practical experience with, the following techniques and services	<ul style="list-style-type: none"> <li>Intensity modulated radiation therapy (IMRT)</li> <li>Image guided radiation therapy (IGRT)</li> <li>Prostate and gynaecological brachytherapy</li> <li>Stereotactic radiation therapy / radiosurgery</li> <li>Superficial x-ray therapy</li> <li>Total body irradiation</li> <li>Management of paediatric malignancies</li> <li>Surgical oncology procedures, including examination under anaesthesia for assessment/treatment of gynaecological malignancies</li> <li>Outpatient chemotherapy delivery</li> <li>A dedicated outpatient and inpatient palliative care service</li> </ul>	<ul style="list-style-type: none"> <li>Network Self-Assessment Form (NSAF): List of training sites that deliver each of these techniques and/or services and details on the how training is delivered for each of these.</li> <li>Report of actual numbers treated in various subspecialties across the Network</li> </ul>

**Standard 1.2.6**

The network fully supports the complete the training program.

Criteria:	Specific Requirements:	Evidence:
1. The network offers trainee/s, the training required to complete Phase 1 and 2 in a reasonable timeframe, assuming satisfactory trainee progress		<ul style="list-style-type: none"> <li>• Trainee interview</li> <li>• List of current trainees and their training history within the Network</li> </ul>

**Standard 1.2.7**

The network provides a safe working environment free from any bullying, harassment, or discrimination.

Criteria:	Specific Requirements:	Evidence:
1. The network offers trainee/s, regular opportunities to discuss with Directors of Training (DoTs) or the Training Network Director (TND) any issues of bullying, harassment, or discrimination confidentially	<ul style="list-style-type: none"> <li>• The RANZCR Grievance Policy protocol is followed</li> </ul>	<ul style="list-style-type: none"> <li>• Trainee interview</li> <li>• DoT interviews</li> <li>• Incident reports</li> </ul>
2. The TND is aware of and complies with the RANZCR Grievance Policy and facilitates the use of the policy if required, at the request of a trainee		<ul style="list-style-type: none"> <li>• Trainee interview</li> </ul>

**Standard 1.2.8**

The network ensures appropriate additional technology is available to support learning.

Criteria:	Specific Requirements:	Evidence:
1. The Network Governance Committee (NGC) requests training site updates on the availability of appropriate technology to deliver the shared educational program	<ul style="list-style-type: none"> <li>• <i>Refer to Section 2, Standard 2.3.4, Criteria 1</i></li> </ul>	<ul style="list-style-type: none"> <li>• Minutes from NGC meetings</li> </ul>



## 1.3 Network Workforce Arrangements

The following standards outline the important principles surrounding recruitment, retention, supervision and support of the trainee workforce within training sites.

Standard 1.3.1		
The network ensures that its constituent sites are committed to sustainable training practices.		
Criteria:	Specific Requirements:	Evidence:
1. The network and its constituent sites commit to security in training	<ul style="list-style-type: none"> <li>Local employment and Human Resource (HR) practices (e.g. appropriate contracts) as well as College policies and requirements are taken into account</li> <li>Education Support Officer (ESO) is supported financially by the Network with each training site making a financial contribution commensurate with that site's involvement in the network unless there are extenuating circumstances as determined by CAO and Radiation Oncology Education and Training Committee (ROETC)</li> <li>If a site is supported financially by another site, this might be deemed acceptable</li> <li>Each site within a network actively attends NGC meetings</li> </ul>	<ul style="list-style-type: none"> <li>Evidence only required if requested by CAO and ROETC (prior documentation demonstrating non-compliance with criteria will be considered)</li> <li>Interviews with trainees, supervisors and other trainers and administrators</li> </ul>
2. The network and its constituent sites demonstrate ethical and consultative practices with regard to changes to trainees' employment		
3. The network and its constituent sites demonstrate a comprehensive commitment to the value of education and training		
4. The network and its constituent sites ensure economic sustainability for training commitments		
5. The network has a sufficient number of trainees to provide adequate peer support and optimise the educational experience NB: It is noted that HR requirements may differ significantly across countries		

Standard 1.3.2		
The network ensures adequate supervision of trainees.		
Criteria:	Specific Requirements:	Evidence:
1. The network and its constituent training sites provide appropriate supervision	<ul style="list-style-type: none"> <li>Director of Training (DoT) has a minimum protected time of:               <ul style="list-style-type: none"> <li>➤ four hours per week with less than five trainees</li> <li>➤ eight hours per week with five to ten trainees</li> </ul> </li> <li>Each department always has a trainee to FTE Clinical Supervisor ratio of 1:1</li> </ul>	<ul style="list-style-type: none"> <li>Evidence supplied by training sites (<i>Refer to Section 2, Standard 2.2.5</i>)</li> </ul>

**Standard 1.3.3**

The network follows processes for selection and appointment of trainees according to the requirements of the Network Training Policy (NTP).

Criteria:	Specific Requirements:	Evidence:
<ol style="list-style-type: none"> <li>When recruiting trainees, the network advises applicants that they will be expected to rotate between training sites. Networks that have rural and smaller sites will have more senior (year 3, 4, 5) trainees rotated to their sites as well as junior (year 1, 2) trainees</li> <li>The Network Governance Committee (NGC) has a role in recruitment and selection</li> <li>There is a network-wide process of recruitment, selection and appointment</li> </ol>	<ul style="list-style-type: none"> <li>Advertisements for new trainees include mention of rotational requirements</li> <li>If there are two sites within the network, each site must be represented on the selection panel interview for appointment of trainee</li> <li>Current Radiation Oncology Principles and Guidelines for Trainee Selection advise that the TND is convenor and one representative per site (preferably the DoT) attends the interview. Any deviation from these guidelines needs to be approved by the ROETC</li> <li>As above</li> <li>A fair and equitable process for appointment of trainees to sites is expected</li> </ul>	<ul style="list-style-type: none"> <li>Network Self-Assessment Form (NSAF): Brief explanation of recruitment, selection and appointment processes</li> </ul>
<ol style="list-style-type: none"> <li>A clear and transparent procedure for selection and appointment of trainees is in place</li> </ol>	<ul style="list-style-type: none"> <li>As above</li> </ul>	

**Standard 1.3.4**

The network manages trainee terms and rotations according to the requirements of the NTP.

Criteria:	Specific Requirements:	Evidence:
<ol style="list-style-type: none"> <li>Trainees cannot train at any one site for more than four years. They must rotate to a separate training site for a minimum of 12 months (in total) prior to sitting their Phase 2 examination. If there are rural and smaller sites within the Network, the trainee is expected to rotate to those sites if selected. This may occur in year 3, 4 or 5 of their training and not just at year 1 or 2</li> </ol>		<ul style="list-style-type: none"> <li>Network Self-Assessment Form (NSAF): Brief explanation of recruitment, selection and appointment processes</li> <li>Trainee interviews and feedback</li> </ul>
<ol style="list-style-type: none"> <li>Trainee rotations within the network are prospectively planned</li> </ol>	<ul style="list-style-type: none"> <li>At least six months' notice is given for rotations requiring relocation, to allow the trainee to make appropriate arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation on NSAF</li> </ul>

<p>3. Trainee rotations between network sites are reciprocal. It is expected that a fair and equitable distribution of trainee rotations is followed, especially with respect to rural and smaller sites where senior trainees (year 3, 4, 5) are expected to rotate</p>	<ul style="list-style-type: none"> <li>• Reciprocal rotation arrangements are agreed at the Network Governance Committee (NGC) level and with the Training Network Director (TND) and Directors of Training (DoTs)</li> <li>• In the case where this may not be possible, the two sites must form a mutual agreement and notify the ROETC</li> </ul>	
<p>4. Rotations between network sites are of six months duration, as a minimum</p>	<ul style="list-style-type: none"> <li>• Proposed rotations of less than six months duration are prospectively submitted to the Chief Censor and CAO for approval</li> </ul>	
<p>5. Trainee concerns regarding rotations are appropriately addressed</p>	<ul style="list-style-type: none"> <li>• Trainee concerns are discussed initially with the DoT</li> <li>• If unresolved, concerns are discussed with the TND</li> <li>• Where appropriate, the hospital Human Resources (HR) department or the Junior Medical Officer (JMO) Unit are involved</li> <li>• Beyond this, resolution is pursued as per the RANZCR Reconsideration, Review and Appeal Policy.</li> </ul>	

# SECTION 2 – ACCREDITATION STANDARDS FOR NETWORK TRAINING SITES

## 2.1 Governance

A clear governance structure in relation to training delivery in each training site is a key element of the network system. The following standards outline the key minimum criteria and requirements to meet satisfactory training site governance arrangements.

### Standard 2.1.1

The training site identifies with an endorsed network.

Criteria:	Specific Requirements:	Evidence:
1. Site meets definition as per Standard 1.1.1 (Criteria 1-4)		<ul style="list-style-type: none"> <li>Confirmation by the College</li> </ul>
2. Site signs a Memorandum of Understanding (MOU), or equivalent, with the network	<ul style="list-style-type: none"> <li>Network endorsed MOU</li> </ul>	<ul style="list-style-type: none"> <li>Copy of MOU submitted with Site Self-Assessment Form (SSAF)</li> </ul>

### Standard 2.1.2

The training site adheres to the College reporting requirements as relevant to implementation of the training program and network operations.

Criteria:	Specific Requirements:	Evidence:
1. Director of Training (DoT) complies with the College reporting requirements	<ul style="list-style-type: none"> <li>Undertakes DoT Reviews on their trainees</li> <li>Completes current assessments as per the Radiation Oncology Training Program using the e-Portfolio.</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation by College staff</li> <li>e-Portfolio</li> </ul>
2. DoT encourages trainees to comply with the College reporting requirements	<ul style="list-style-type: none"> <li>Initial applications for training submitted within required timeframe</li> <li>Trainee assessments submitted as per current training program requirements</li> <li>Trainees notify the College in writing of any variations to the information submitted to the College</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation by College staff</li> </ul>
3. Director of Department (DoD) ensures that the College is advised of changes to DoT	4. DoT nominations are submitted to the ROETC for ratification	

5. Site notifies Network Governance Committee (NGC) and the College of any change of circumstances within their department which may potentially lead to its failing to meet the minimum criteria for its accreditation status	<ul style="list-style-type: none"> <li>Notification to the NGC, following by written notification to Chief Accreditation Officer (CAO) through the College via <a href="mailto:accreditation@ranzcr.edu.au">accreditation@ranzcr.edu.au</a></li> </ul>	<ul style="list-style-type: none"> <li>Confirmation by College staff</li> </ul>
6. DoT notifies the NGC if the training site would like to increase the number of training positions at their site	<ul style="list-style-type: none"> <li>DoT to notify NGC followed by an application to the College via <a href="mailto:accreditation@ranzcr.edu.au">accreditation@ranzcr.edu.au</a></li> </ul>	

## 2.2 Training Environment

To be accredited for training, all training sites must, as a minimum, meet the following training requirements.

Standard 2.2.1		
The training site delivers a commitment to effective communication, cultural safety and ethical conduct.		
Criteria:	Specific Requirements:	Evidence:
1. Effective communications	<ul style="list-style-type: none"> <li>Trainees are aware of interpreter services available to patients and carers</li> </ul>	<ul style="list-style-type: none"> <li>Trainee interviews</li> <li>Consultant interviews</li> <li>Department policies</li> <li>Documentation of workshops/seminars (optional)</li> </ul>
2. Cultural safety	<ul style="list-style-type: none"> <li>Site is aware of RANZCR Grievance Policy (on discrimination, harassment and bullying) and other relevant local policies</li> </ul>	
3. Ethical criteria	<ul style="list-style-type: none"> <li>As above</li> </ul>	

Standard 2.2.2		
The training site participates in, and contributes to, a formal network education program aligned to the Learning Outcomes.		
Criteria:	Specific Requirements:	Evidence:
1. Site contributes to network activities		<ul style="list-style-type: none"> <li>Site Self-Assessment Form (SSAF): Explanation of what Site provides for the Network trainees</li> </ul>
2. Site provides access for trainees to attend network educational activities.	<ul style="list-style-type: none"> <li>Site has adequate AV conferencing facilities</li> <li>Trainees are provided with four hours of protected time per week, which includes time to attend the shared educational activities.</li> </ul>	<ul style="list-style-type: none"> <li>Trainee interviews</li> <li>SSAF: Explanation of how access is provided and of how conflicts between scheduling and clinical responsibilities are addressed</li> </ul>

**Standard 2.2.3**

The training site provides a formal internal education program.

Criteria:	Specific Requirements:	Evidence:
1. Site provides an internal educational program aligned to the Learning Outcomes	<ul style="list-style-type: none"> <li>• Site has a formalised system for reviewing and adapting program structure</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of overall program structure showing correlation to the Learning Outcomes</li> <li>• Trainee interview</li> <li>• Progress reports with confirmatory evidence if requested by CAO and ROETC</li> </ul>
2. Site ensures trainees have access to educational activities which may include but not limited to those listed in the evidence section		<ul style="list-style-type: none"> <li>• Site Self-Assessment Form (SSAF): List of educational activities including:               <ul style="list-style-type: none"> <li>➢ tutorials</li> <li>➢ journal clubs</li> <li>➢ teaching courses</li> <li>➢ mock examinations</li> <li>➢ ward rounds</li> <li>➢ multi-disciplinary case conferences</li> <li>➢ morbidity and mortality audits</li> <li>➢ incident reports</li> <li>➢ planning audits</li> </ul> </li> </ul>
3. Trainees at the training site have access to appropriate College supported educational activities and Faculty teaching courses	<ul style="list-style-type: none"> <li>• Activities/courses include but not limited to:               <ul style="list-style-type: none"> <li>➢ Oncology Sciences Workshops</li> <li>➢ Statistical Methods, Evidence Appraisal &amp; Research for Trainees (SMART) workshop</li> <li>➢ Paediatric teaching seminar and courses</li> <li>➢ Exam preparation courses</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Trainee interviews</li> <li>• Confirmation of attendance from the College via sign-in sheets</li> </ul>

**Standard 2.2.4**

The training site provides training experiences necessary to fulfil the training program requirements.

Criteria:	Specific Requirements:	Evidence:
1. Trainees are provided the opportunity to complete the training program requirements	<ul style="list-style-type: none"> <li>• Work-based assessment</li> <li>• Trainees are given protected time to complete Practical Oncology Experiences (POEs)</li> </ul>	<ul style="list-style-type: none"> <li>• Trainee and Director of Training (DoT) interviews</li> </ul>

**Standard 2.2.5**

The training site provides dedicated time for clinical supervision and teaching of trainees.

Criteria:	Specific Requirements:	Evidence:
1. The training site provides the mandatory hours required for trainees to spend in supervision, training and teaching onsite	<ul style="list-style-type: none"> <li>Clinical Supervisors spend quality time with the trainee, discussing cases, clinical issues and management plans</li> <li>Trainee is allocated four hours of protected time for education activities and fifteen hours of clinical time per week based on 1 FTE position</li> </ul>	<ul style="list-style-type: none"> <li>Trainee interviews</li> <li>Director of Training (DoT) and clinical supervisor interviews</li> <li>Written report if requested by CAO and ROETC</li> </ul>
2. Each site within the Network allocates dedicated time for clinical supervisors for formal and informal teaching and training of radiation oncology trainees	<ul style="list-style-type: none"> <li>Includes dedicated tutorial time as well as time spent in clinical practice</li> </ul>	<ul style="list-style-type: none"> <li>DoT and clinical supervisor interviews</li> <li>Tutorial and teaching timetables in keeping with the recommendations</li> <li>Documentation of time per week allocated to formal teaching activities which are independent of clinical contact</li> </ul>

**Standard 2.2.6**

The training site provides time, resources and support to ensure trainees are able to meet all training program requirements.

Criteria:	Specific Requirements:	Evidence:
1. Trainees attend a tutorial program that covers the content of the Learning Outcomes	<ul style="list-style-type: none"> <li>Tutorials and learning activities are aligned with the Learning Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Trainee portfolios are available for inspection on the e-Portfolio by the CAO or Chief Censor at any time</li> <li>Roster of weekly educational activities in which the trainees must participate</li> <li>Listing of all formal educational sessions, (tutorials, seminars, journal clubs, lecture courses during the period relevant to the accreditation review</li> </ul>

<p>2. The clinical service required of trainees matches the service necessary to complete the training program</p>	<ul style="list-style-type: none"> <li>• Service requirements (including after hours) do not detract from a trainee's ability to meet training program requirements</li> <li>• Trainees are not expected to undertake clinical care that is outside their scope of training and/or does not contribute to attaining learning outcomes</li> <li>• Patients are not exposed to any risk of inferior outcomes as a result of trainees being asked to provide care outside their perceived competency</li> </ul>	<ul style="list-style-type: none"> <li>• Trainee interviews</li> <li>• Written report if requested by CAO and ROETC</li> </ul>
<p>3. Trainees complete the required practice experiences and assessments to be eligible for the Phase 1 and Phase 2 Examinations</p>	<ul style="list-style-type: none"> <li>• All trainees are given allocated time to complete the practical experience</li> <li>• Recommended texts and journals are available to trainees, including e-journals</li> <li>• Each site, in conjunction with the network, provides the opportunity, support and supervision to enable each trainee to undertake a research project</li> </ul>	<ul style="list-style-type: none"> <li>• The e-Portfolio reflects completion of required activities</li> <li>• Trainee feedback</li> <li>• Trainee interview</li> <li>• Confirmation via interview of Director of Department (DoD)/Director of Training (DoT) support for trainee research projects</li> <li>• Site inspection of available textbooks and electronic resources</li> <li>• Trainee Assessment of Training Sites (TATS)</li> </ul>
<p>4. DoTs and Clinical Supervisors complete the range of trainee assessments</p>		
<p>5. Trainees attend and actively participate in both new patient and follow-up clinics</p>	<ul style="list-style-type: none"> <li>• Trainees gain experience in the management of inpatients and outpatients with a range of clinical problems, including toxicities from radiation treatment, complications of malignancy, and palliative and terminal care</li> <li>• Trainees have an active involvement in assessment and decision-making processes</li> <li>• Trainees have the opportunity to present clinical cases to ROs as a component of clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Clinic timetable and rosters</li> <li>• Case reports completed by trainees</li> <li>• Trainee interview</li> </ul>



6. Trainees attend and actively participate in Multidisciplinary clinics	<ul style="list-style-type: none"> <li>• Trainees attend and contribute to multidisciplinary management clinics and/or meetings in a range of subspecialties including but not limited to: <ul style="list-style-type: none"> <li>➢ Head and Neck</li> <li>➢ Lung</li> <li>➢ GIT</li> <li>➢ Urology</li> <li>➢ Breast</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• List of available Multi-Disciplinary Team (MDT) meeting</li> <li>• Confirmation of trainee attendance via DoT interview</li> <li>• Professional Activities completed by trainees</li> </ul>
7. Trainees have dedicated time for supervised planning activities including contouring and plan review		<ul style="list-style-type: none"> <li>• Rostered timetable of planning activities</li> <li>• Trainee interview</li> </ul>
8. Trainees have access to direct management of inpatients admitted under Radiation Oncology teams	<ul style="list-style-type: none"> <li>• If departments do not have direct RO admission bed cards, alternatives should be identified and approval should be sought from the ROETC to proceed.</li> <li>• Departments should liaise with the TND to ensure that individual trainees will have access to direct RO oncology inpatient care opportunities for a minimum of 20% of their total training time, as part of their overall rotation schedule</li> </ul>	<ul style="list-style-type: none"> <li>• De-identified individual trainee 5yr rotation schedules</li> </ul>

### Standard 2.2.7

The training site provides a safe working environment free from any bullying, harassment, or discrimination.

Criteria:	Specific Requirements:	Evidence:
1. The training site offers trainee/s, regular opportunities to discuss with Directors of Training (DoTs) or clinical supervisors any issues of bullying, harassment, or discrimination confidentially		<ul style="list-style-type: none"> <li>• Trainee interview</li> <li>• DoT interviews</li> <li>• Incident reports</li> </ul>
2. The DoT understands the RANZCR Grievance Policy and protocol to follow should an incident occur		<ul style="list-style-type: none"> <li>• Induction protocol</li> <li>• Incident reports</li> <li>• Services offered to a trainee if required.</li> </ul>
3. The training site liaises with site Human Resources (HR) to access professional services, if required by the trainee		<ul style="list-style-type: none"> <li>• Supply details of services offered to a trainee (if required), for example, an employee assistance program (EAP) or other professional services</li> </ul>

## 2.3 Physical Environment

To be accredited for training, the training site must ensure the following physical environment requirements are met.

Standard 2.3.1		
The training site provides adequate resources for the training of network trainees.		
Criteria:	Specific Requirements:	Evidence:
<p>1. The training site has the minimum standard requirements for training</p> <p><i>* Special consideration will be given to single machine departments, on application to the CAO. Factors taken into account will include:</i></p> <ul style="list-style-type: none"> <li>• <i>Relationships with other centres</i></li> <li>• <i>Staff engagement in education</i></li> <li>• <i>Plans for future growth</i></li> <li>• <i>Opportunity for specific training experiences</i></li> </ul> <p><i>Departments without a physical linear accelerator are by definition NOT considered to be accredited sites. Special considerations will be given to situations in which trainees may be required to attend outreach outpatient clinics. Factors taken into account will include:</i></p> <ul style="list-style-type: none"> <li>• <i>Supervision (trainees should never attend these clinics unsupervised)</i></li> <li>• <i>Amount of time required to travel to outreach locations</i></li> <li>• <i>Amount of time per week spent at outreach locations</i></li> <li>• <i>Impacts on protected teaching time</i></li> <li>• <i>Appropriate accreditation status by another aligned reputable training accreditation program as evaluated by the CAO.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Two dual modality linear accelerators (DMLA)</li> <li>• Simulator with digital imaging capability and/or CT simulator</li> <li>• Dedicated information system</li> <li>• 3D planning system</li> <li>• Immobilisation system</li> <li>• Multi-leaf collimators (MLC)</li> <li>• In vivo dose monitoring system</li> <li>• Access to planning workstations for trainees</li> </ul>	<ul style="list-style-type: none"> <li>• Site Self-Assessment Form (SSAF) checklist and site visit inspection of facilities</li> </ul>

2. The training site has a resource library	<ul style="list-style-type: none"> <li>Major recognised texts and journals are available to trainees, including e-journals</li> <li>Internet access to enable trainees to conduct their own literature searches</li> </ul>	<ul style="list-style-type: none"> <li>SSAF list: List of available books and journals</li> <li>Confirmation of subscription to journals</li> <li>Site visit inspection of facilities to view available textbooks and electronic resources</li> <li>Trainee interview</li> <li>TATS</li> </ul>
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### Standard 2.3.2

The training site is linked to a university medical school

Criteria:	Specific Requirements:	Evidence:
1. The training site is: <ul style="list-style-type: none"> <li>➤ in a hospital with formal links to a university-accredited teaching hospital OR</li> <li>➤ within a network that has university affiliation</li> </ul>		<ul style="list-style-type: none"> <li>Confirmation on Site Self-Assessment Form (SSAF)</li> <li>Director of Department (DoD) confirmation</li> </ul>

### Standard 2.3.3

The training site meets the service provision and radiation treatment facilities standards.

Criteria:	Specific Requirements:	Evidence:
1. The training site has access to an adequate number of hospital beds designated for its use and services by rotating resident medical officers / interns	<ul style="list-style-type: none"> <li>Inpatient care is managed by RMO/house officer, supervised by trainee</li> <li>Access to beds is available for inpatients to be admitted under direct care of radiation oncologists</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation on Site Self-Assessment Form (SSAF)</li> <li>Director of Department (DoD) interview</li> </ul>
2. The training site consults a minimum of 750 new patients with cancer each year and provides a minimum of 650 courses of megavoltage radiation therapy per annum (520 newcourses and 130 retreatments) <i>Special consideration will be given to small departments, on application to the CAO. Factors taken into account will include: relationships with other centres staff engagement in education plans for future growth opportunity for specific training experiences</i>	<ul style="list-style-type: none"> <li>Site has a minimum of 2 FTE radiation oncologists</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation on SSAF</li> <li>Written report including progress report with confirmatory evidence as requested by CAO and ROETC</li> </ul>

**Standard 2.3.4**

The training site provides adequate administrative office support for trainees.

Criteria:	Specific Requirements:	Evidence:
1. Trainees have access to a physical environment conducive to supporting training needs	<ul style="list-style-type: none"> <li>• Quiet office space for trainees away from clinical areas</li> <li>• Tutorial rooms available when required</li> <li>• Ready access to computers with internet and current software packages</li> <li>• Access to videoconferencing and/or web-based learning for educational activities</li> </ul>	<ul style="list-style-type: none"> <li>• Site visit inspection of facilities</li> <li>• Trainee interview</li> </ul>
2. Oncology medical records are available for all patient management episodes	<ul style="list-style-type: none"> <li>• Departmental medical records are of a standard that facilitates good patient care</li> <li>• Site is able to provide details of the total number of patients and of case mix</li> </ul>	<ul style="list-style-type: none"> <li>• Twelve-month report of patient numbers and case mix</li> </ul>
3. Site has adequate staff to provide administrative support for trainees' clinical duties	<ul style="list-style-type: none"> <li>• Trainees are not required to undertake duties more appropriately assigned to administrative staff</li> </ul>	<ul style="list-style-type: none"> <li>• Trainee interview</li> <li>• Director of Training (DoT) interview</li> </ul>

## 2.4 Workforce Arrangements

The following standards outline the important principles surrounding recruitment, retention, supervision and support of the trainee workforce within training sites.

**Standard 2.4.1**

The training site follows processes for selection and appointment of trainees according to the Radiation Oncology Principles and Guidelines for Trainee Selection.

Criteria:	Specific Requirements:	Evidence:
1. A clear and transparent procedure for selection and appointment of trainees is in place		<ul style="list-style-type: none"> <li>• Site Self-Assessment Form (SSAF): Brief explanation of recruitment, selection and appointment processes</li> </ul>
2. The training site participates in the network-wide process of recruitment, selection and appointment with rural and smaller sites expected to have more senior (year 3, 4, 5) trainees allocated to their sites as well as junior (year 1, 2) trainees		<ul style="list-style-type: none"> <li>• Minutes of Network Governance Committee (NGC) meetings</li> <li>• Documented communication with NGC</li> </ul>

3. The training site is represented on the selection panel for network appointments	<ul style="list-style-type: none"> <li>The current Principles and Guidelines for Trainee Selection advise that the selection committee should include one representative from each training site (preferably the Director of Training (DoT)). Any deviation from these guidelines needs to be approved by the ROETC</li> <li>Site communicates with NGC if unable to attend</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of NGC meetings / NGC membership</li> </ul>
4. The NGC has a role in recruitment and selection for all training positions	<ul style="list-style-type: none"> <li>All available positions are discussed with the NGC prior to recruitment process commencing</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of NGC meetings</li> <li>Documented communication with the NGC</li> </ul>

### Standard 2.4.2

The regulated ratio of supervisor to trainee at the training site must be adhered to at all times.

Criteria:	Specific Requirements:	Evidence:
1. The ratio of trainees to full-time equivalent (FTE) Clinical Supervisors is never greater than 1:1		<ul style="list-style-type: none"> <li>Documentation of filled radiation oncologist FTE positions and number of trainees</li> </ul>

### Standard 2.4.3

Each training site within the network has a designated DoT and Clinical Supervisor/s

Criteria:	Specific Requirements:	Evidence:
1. The Director/s of Training (DoT) must be a Fellow of RANZCR or an Education Affiliate of RANZCR.	<ul style="list-style-type: none"> <li>Be a permanent staff member/s at the training site (or two DoTs may share the role to provide the equivalent full-time oversight)</li> <li>The DoT must have at least two-years consultant experience</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation by the College</li> </ul>
2. The DoT/s is/are nominated by the site	<ul style="list-style-type: none"> <li>The DoT nomination is/are approved by the Radiation Oncology Education and Training Committee (ROETC)</li> <li>The DoT is not the Director of Department (DoD) (unless there are exceptional circumstances)</li> </ul>	<ul style="list-style-type: none"> <li>ROETC minutes</li> </ul>

3. Site fully supports the DoT in their administrative and educational responsibilities	<ul style="list-style-type: none"> <li>• Administrative support, including Education Support Officer (ESO)</li> <li>• Protected time: <ul style="list-style-type: none"> <li>➤ less than five trainees: four hours/week</li> </ul> </li> <li>• Financial support and leave to attend required College activities, including DoT workshops</li> <li>• There is a balanced distribution of educational activities and work-based assessments among all radiation oncologists (clinical supervisors)</li> </ul>	<ul style="list-style-type: none"> <li>• DoT interview</li> <li>• Confirmation by the College of attendance at College required activities</li> <li>• Timetabling to show protected time</li> <li>• Evidence of participation of other radiation oncologists in education program</li> </ul>
4. DoT fulfils the responsibilities as outlined in the DoT Position Description	<ul style="list-style-type: none"> <li>• See the DoT Position Description</li> </ul>	<ul style="list-style-type: none"> <li>• Interview with trainees, clinical supervisors, DoD, DoT and NGC</li> </ul>
5. DoT role is reviewed annually	<ul style="list-style-type: none"> <li>• Consistently complies with requirements of the DoT role description</li> <li>• DoT satisfaction</li> <li>• Satisfaction with DoT</li> </ul>	<ul style="list-style-type: none"> <li>• Interview with trainees, clinical supervisors, DoD, DoT and NGC</li> <li>• If there is dissatisfaction with DoT, it is the initial responsibility of the NGC to deal with this. If the NGC is unable to resolve the issue, the CAO and ROETC will have discretion</li> <li>• Trainee Assessment of Training Site (TATS)</li> </ul>
6. The Clinical Supervisor/s (CS) must be a Fellow of RANZCR or an Education Affiliate of RANZCR.		<ul style="list-style-type: none"> <li>• Confirmation by the College</li> </ul>
7. The CS/s is/are nominated by the DoT	<ul style="list-style-type: none"> <li>• The CS nomination/s is/are approved by the Radiation Oncology Education and Training Committee (ROETC)</li> </ul>	<ul style="list-style-type: none"> <li>• ROETC minutes</li> </ul>
8. CS fulfils the responsibilities as outlined in the CS Position Description	<ul style="list-style-type: none"> <li>• See the CS Position Description</li> </ul>	<ul style="list-style-type: none"> <li>• Interview with trainees, DoD and DoT</li> </ul>

#### Standard 2.4.4

Staffing within each training site must be adequate to support trainee completion of the training program requirements.

Criteria:	Specific Requirements:	Evidence:
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<p>1. There is a minimum of two full-time equivalent (FTE) consultant radiation oncologists with an active clinical workload <i>Special consideration will be given to departments who have less than 2 FTE, on application to the CAO. Factors taken into account will include:</i></p> <ul style="list-style-type: none"> <li>• Relationships with other centres</li> <li>• Staff engagement in education</li> <li>• Plans for future growth</li> <li>• Opportunity for specific training experiences</li> </ul>	<ul style="list-style-type: none"> <li>• The active clinical workload allows for sufficient educational interaction</li> </ul>	<ul style="list-style-type: none"> <li>• Site Self-Assessment Form (SSAF): List of radiation oncologists staffing</li> <li>• Documentation of individuals' clinical workload</li> </ul>
<p>2. Non-medical staff, including medical physicists, radiation therapists, nurses and allied health workers, are available to support the training experience</p>		<ul style="list-style-type: none"> <li>• Trainee interviews</li> <li>• Director of Training (DoT) interview</li> </ul>
<p>3. Trainees have the opportunity to communicate with other medical specialists as relevant to individual patient care</p>	<ul style="list-style-type: none"> <li>• Access to Multi-Disciplinary Team (MDT) meetings</li> <li>• Video conferencing facilities as required</li> </ul>	<ul style="list-style-type: none"> <li>• Trainee interviews</li> <li>• DoT interview</li> <li>• SSAF: List of MDTs</li> </ul>
<p>4. Education Support Officer (ESO)</p>	<ul style="list-style-type: none"> <li>• The ESO is involved with the site</li> <li>• The ESO fulfils their responsibilities as detailed in Appendix 3 of the NTP</li> </ul>	<ul style="list-style-type: none"> <li>• NGC minutes</li> <li>• ESO interview</li> <li>• TND interview</li> <li>• DoD interview</li> <li>• DoT interview</li> <li>• Trainee interviews</li> <li>• Financial records</li> </ul>

# APPENDIX 1: ACCREDITATION INSTRUCTION GUIDELINES

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## New Sites Applying for Accreditation

1. The site should initially contact the College for details of the network and the relevant Training Network Director (TND).
2. The TND will require information regarding the new site and the training experiences available within that department. The request to join the network will be considered by the Network Governance Committee (NGC) who will make a formal decision regarding the site becoming part of the network. If formal support is provided, the process of accreditation through the College can begin.
3. New sites accepted into a network are required to fill out a Radiation Oncology Accreditation Self-Assessment Form. Please contact the College to discuss on +61 2 9268 9777 or via email at [accreditation@ranzcr.edu.au](mailto:accreditation@ranzcr.edu.au).
4. The new site is required to fill in Section B of the Site Self-Assessment Form (SSAF) available from the Accreditation team, whilst the TND is required to fill in Section A of the SSAF. The site should submit the SSAF with supporting evidence as verification to determine an outcome in the accreditation review. The College can assist with giving advice, support or assistance with the preparation of materials and completion of the self- assessment form.
5. The Chief Accreditation Officer and the Accreditation team reviews the application and requests any further information as required.
6. The new site will be contacted by the Accreditation team, who will organise a site accreditation visit at the earliest convenient time. All relevant hospital personnel, as requested by the CAO, must be available for this visit. The site will be asked to provide an agenda for the visit outlining meeting times and plans for the day. The College can advise on this agenda. The agenda must be provided at least two weeks prior to the accreditation visit.
7. Following the site visit, the CAO will provide a preliminary report of the visit to the TND, Director of Department (DoD) and Director of Training (DoT). This is a confidential document that must not be acted upon or distributed in any way. Such actions will be taken seriously and dealt with as appropriate.
8. A recommendation regarding accreditation will be provided by the CAO to the next upcoming Radiation Oncology Education and Training Committee (ROETC) meeting. The ROETCs decision will review all visit documentation and approve or amend the accreditation status at their discretion. The decision will be communicated to the site and the TND within one month of the meeting.



## Sites Applying for Interim Review (3 years) and Renewal (5 years)

1. The College will contact the TND to advise them of an upcoming accreditation review.
2. The TND will be required to complete Section A of the Radiation Oncology Accreditation Self-Assessment Form. Please contact the College on +61 2 9268 9777 or via email at [accreditation@ranzcr.edu.au](mailto:accreditation@ranzcr.edu.au) if you require further information.
3. Each site within the network is required to complete section B of the self-assessment form and submit this to the TND. The Accreditation team can assist with giving advice, support or assistance with the preparation of materials and completion of the self-assessment form.
4. For the three-year interim review of accreditation, the CAO will consider the self-assessment forms, progress report with supporting evidence, and may request further information or site visits on discretion.
5. For the five-year renewal of accreditation, the CAO will consider the self-assessment forms, a progress report with supporting evidence and decide at his/her discretion which sites require site visits within a network. Sites within the network that require site visits.
6. Sites identified for visits will be contacted by the Accreditation team who will organise a site accreditation visit at the earliest convenient time. All relevant hospital personnel, as requested by the CAO, must be available for this visit. The site will be asked to provide an agenda for the visit outlining meeting times and plans for the day. The College can advise on this agenda. The agenda must be provided at least two weeks prior to the accreditation visit. A site should submit a progress report with supporting evidence as verification to determine an outcome in accreditation review.
7. Following the site visit, the CAO will provide a preliminary report of the visit to the TND, DoD and DoT. This is a confidential document that must not be acted upon or distributed in any way. Such actions will be taken seriously and dealt with as appropriate.
8. A recommendation regarding accreditation will be provided by the CAO to the next upcoming Radiation Oncology Education and Training Committee (ROETC) meeting. The ROETCs decision will review all visit documentation and approve or amend the accreditation status at their discretion. The decision will be communicated to the site and the TND within one month of the meeting.
9. The ROETC decisions may be reconsidered. Please see the Reconsideration, Review and Appeal of Decisions Policy for further information.

## APPENDIX 2: OUTCOME TABLES

### Established Sites

Level	Definition	Extension date	Follow-up
<b>A</b>	Completely satisfactory in all areas, no significant issues, suggestions for improvement only	Extend to 3yr/5yr date as per normal accreditation cycle	Note any suggested improvements for next review/site visit
<b>B</b>	Satisfactory in most areas, some issues noted which require correction but are not significant enough to prevent extension of accreditation		Site to submit report after agreed period of time confirming noted issues have been corrected. Failure to comply may result in downgrade to Level C
<b>C</b>	Significant issues noted which must be corrected before accreditation can continue long-term	Conditions applied to accreditation, extend short-term only, until issues satisfactorily addressed	Report/s to be submitted confirming compliance with conditions, follow-up site visit may be required. Failure to comply may result in downgrade to Level D
<b>D</b>	Multiple significant issues seriously impacting quality of training. Immediate action required, future accreditation in doubt		Report/s to be submitted confirming compliance with conditions, follow-up site visit. Failure to comply may result in loss of accreditation

### New Sites

Level	Definition	Outcome	Follow-up
<b>A</b>	Good potential training experience, no concerns with proposed training program	Accredited	As per regular 5yr accreditation cycle
<b>B</b>	Good potential training experience, some concerns with proposed training program which require monitoring	Accredited - <i>Provisional</i>	Progress report and/or follow-up site visit in 3-12 months
<b>C</b>	Significant concerns noted with proposed training program which must be addressed before a training program can commence	Not accredited	Site advised to reapply for accreditation at a later date once noted concerns have been addressed
<b>D</b>	Multiple significant concerns with proposed training program, site not considered appropriate for training.	Not accredited	Site requested to refer to accreditation standards

## Network

Level	Definition	Extension date	Follow-up
<b>A</b>	Completely satisfactory in all network sites, no significant issues, suggestions for improvement only	Extend to 3yr/5yr date as per normal accreditation cycle	Note any suggested improvements for next review/site visit
<b>B</b>	Satisfactory in all network sites, some issues noted in one or more network sites which require correction, but the issues are not significant enough to prevent extension of accreditation		Site to submit report after agreed period of time confirming noted issues have been corrected. Failure to comply may result in downgrade to Level C
<b>C</b>	Significant issues noted in one or more network sites which must be corrected before accreditation can continue long-term	Conditions applied to accreditation, extend short-term only, until issues satisfactorily addressed	Report/s to be submitted confirming compliance with conditions, follow-up site visit may be required. Failure to comply may result in downgrade to Level D
<b>D</b>	Multiple significant issues in one or more sites seriously impacting the quality of training. Immediate action required, future accreditation in doubt		Report/s to be submitted confirming compliance with conditions, follow-up site visit. Failure to comply may result in loss of accreditation



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