



ACPSEM

Australasian College of Physical Scientists & Engineers in Medicine

ABN 44 005 379 162

ACPSEM TEAP Networked Training Procedure

ACN 005 379 162

ABN 44 005 379 162



1. Introduction

Inclusion of networked sites will not affect the current accreditation policy but will sit alongside it as a supporting document that will detail the terms of reference for network accreditation, certain network principles, definitions, and criteria for qualification.

2. Principles

2.1 The Value of Networks Recognised

ACPSEM's Site Accreditation Policy supports recognition of networked radiotherapy, radiology, nuclear medicine, and radiopharmaceutical science centres, for the purpose of accreditation for delivery of clinical training programs.

2.2 Regionalised Training

A key advantage of networked training is that it does support the participation of smaller sites with more limited resources. These sites, although limited (with respect to resources and equipment), become part of a larger network with sufficient capacity and capability sufficient to provide the required training experience.

3. Definitions

Training Network

A network, in the context of delivery of a college clinical training program, is a group of two or more hospitals or clinics (also referred to as 'sites').

Training Network - Single Entity

A Training Network that shares a common scientist organisation hierarchy whereby a single managing scientist will be in charge of all sites delivering a clinical training program.

Examples: A private radiotherapy provider with many regional single-Linac sites, or a large public hospital with smaller satellite clinics but with one medical physics department

Training Network – Multiple Entities

A Training Network that includes multiple and disparate scientist organisation hierarchies but have established a memorandum of understanding to share staff and training resources between sites or in support of a particular smaller site.

Examples: A cluster of small, regional, public sites in the same state sharing resources, a nuclear medicine or radiology service provider who does not deliver radiology or nuclear medicine services, or an RPS site without a cyclotron.

**ACPSEM Network Training MOU**

ACPSEM templated document provided to all parties for the description of approved network training arrangements.

Department Accreditation Panel (DAP)

Department Accreditation Panel as defined in the ACPSEM Accreditation procedure.

Augmented Department Accreditation Panel (ADAP)

The ADAP is an augmented Department Accreditation Panel (DAP) consisting of:

1. Membership as defined for a DAP in the ACPSEM Accreditation Procedure
2. The CEO or their nominee responsible for ensuring the ACPSEM Network Training MOU is put in place.
3. An additional TEAP coordinator observer – for training and education purposes (for the duration of the pilot period).

Network Training Accreditation Criteria

The 10 criteria listed in this procedure – see 4 below.

Network Training Accreditation Pilot Period

The Network Training Accreditation Pilot Period is from **1 October 2022 to 31 December 2023**. By the end of the pilot period, the criteria and associated requirements outlined in this procedure will be reviewed and amended if required. This will include consideration of whether an ADAP is still required or reversion to a DAP is appropriate.

4. Accreditation Criteria – ACPSEM Training Networks

The criteria that will be applied to the assessment of applications for recognition as an ACPSEM training network are:

1. **Cooperative planning for education and training.** A network should be committed to and support training. Registrars are expected to be trained at multiple sites. As such, there must be a network level overview of the training they are receiving, and education should be coordinated at the network level so that all trainees have the necessary access they require for fulfillment of the programme.
2. **Small site measures.** Small sites most likely will not be able to provide the same level of education and training as a large hospital. The network must work to overcome these difficulties through use of videoconferencing, online learning, travelling to other locations within the network for educational activities, and sharing educational and training resources within the network.
3. **Effective processes for organising supervision.** The impact of a missing staff member that can provide supervision is inversely proportional to the size of the department. So, an effective network must have responsive procedures for managing staff such that the registrar has sufficient supervision and guidance.



4. **A shared commitment to the welfare of all registrars.** This requires good communication for all levels of supervision staff and registrar well-being should be a routine agenda item for close attention on network meetings concerning registrars and training. The network should endeavour to tailor training to the trainee's learning needs and provide the necessary pastoral support. Protected time should be provided for training, learning activities and preparation for exams.
5. **Effective governance through a Network Committee for Clinical Training (NCCT).** The NCCT must:
 - Meet regularly, with an appropriate agenda, minutes, chair and secretary
 - Have committed representation from all training sites within the network
 - Actively involve trainees in the governance of their training
 - Review assessment outcomes of registrars
 - Discuss registrars in difficulty who are rotating between training sites to ensure that appropriate support structures are put in place.
 - Seek and respond to feedback from registrars and supervisors
6. **Effective lines of reporting.** The network should be transparent with the college if they are having difficulty or problems with providing effective clinical training.
7. **Executive sponsorship of the network.** Senior administration both within the hospitals/clinics hosting clinical training as well as supervising staff across the network must value the importance of the clinical training programme in ensuring the effective delivery of patient care.
8. **Effective procedures for dispute resolution.** Network members will not always agree, and a network needs to establish a mutually respected procedure for dispute resolution as part of its governance structure.
9. **Capacity to evaluate and improve implementation of the clinical training programme.**
10. **Clear and understood terms of reference.** Effective role definitions, responsibilities, staffing and resourcing for the NCCT, preceptors, supervisors, educators, and registrars.

5. Site Specific Accreditation Criteria

The criteria listed at 4 above will be applied to the operation of the network as a whole and do not override the site-specific criteria already identified in ACPSEM accreditation policy and procedure.

Sites that are accredited to operate as standalone training centres at the date of the implementation of this procedure will still be required to meet the applicable criteria if they choose to form a network for training and education purposes, unless waiver is provided in the network accreditation process itself.



Sites already participating in approved networked training arrangements at the date of implementation of this procedure, will retain their accreditation subject to a desktop review and identification of likely quality improvement initiatives required (with reference to the criteria at 4) with review of all such sites to be completed by June 2023. This will include transition to a template MOU document, replacing the letters of support requirement in place prior to October 2022.

Similarly new sites, seeking to join networks will still need to meet all individual site-specific criteria or (for RPS and DIMP) the criteria applicable to sites where a specialty is not available (either Radiology or Nuclear Medicine) or where there is no cyclotron (for RPS).

6. The Network Accreditation Process

The process for seeking network accreditation is outlined below:

6.1 Applications must include:

1. a draft MOU inclusive of all parties,
2. initial claims against the selection criteria and other requirements in this procedure, and
3. a letter or equivalent means of demonstrating that all parties have agreed to submission of the application.

6.2 The Draft MOU itself will consist of:

1. A Header Agreement reflecting the commitment
2. Appendix: An organization diagram of the scientist organisation/s' hierarchy in addition to a brief role description for each position named as involved in training and education delivery.
3. Appendix: Evidence of a formal learning program which aligns with the relevant curriculum and its learning outcomes and is accessible by registrars.
4. Appendix: Annual Status Review (ASR) Reports for sites that staff have advised are not up to date at the time of submission.

6.3 The CEO (or delegate) and Chair of the PSB Accreditation sub-committee will conduct an initial review of the application, give feedback, and request more information as required, and cause a ADAP to be formed. If ASRs are outstanding, they must also be provided with the final application.

6.4 The Education Manager is responsible for scheduling and managing ADAP processes

6.5 The ADAP will review the final version of the application and make decisions and report in accordance with the same parameters and requirements as outlined in the accreditation procedure for standalone sites.

6.6 The PSB Accreditation Sub Committee shall apply the same decision making and approval process to these applications, as applied to stand alone sites.

6.7 The CEO shall ensure that annual network review and evaluation processes are in place for all networks.

6.8 [Reserved for Development of an evaluation process, following the Network Training Accreditation Pilot Period].



7. Appeals

- 7.1. All decisions made via the application of this procedure will be subject to appeal in accordance with the [ACPSEM 's Grievance Handling and Appeals Policy](#).

8. Related Documents

[ACPSEM Accreditation Policy](#)

Authorised by	PSB
Authorised on	26 August 2022
Effective date	29 August 2022
Review date	August 2025
Responsible officer	CEO
Enquiries	N/A
Version	1.0
Policy domain	CEO

Document History

Version	Date	Author	Reason
1.0	29/08/2022	CEO	