

Site Accreditation: Self-Assessment & Site Visit Form



The Royal Australian
and New Zealand
College of Radiologists®

Faculty of Clinical Radiology

Concord Hospital
14 September 2023

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INTRODUCTION

The aim of accreditation is to ensure that a minimum acceptable standard of facilities (staff equipment, diversity of clinical material and tuition) is available to provide successful training in Diagnostic Radiology.

Trainees must have the opportunity for exposure to a full range of Diagnostic Radiology. It is the responsibility of the site to arrange appropriate rotation to other centres if it is considered necessary by the College to fulfil this requirement. It is the responsibility of the relevant site to provide adequate resources for its trainees.

The site seeking accreditation must provide the documentary evidence requested by the College before the application will be considered.

THE ACCREDITATION PROCESS

Requests for new accreditation or review of accreditation must be forwarded to the Chief Censor in Radiology of The Royal Australian and New Zealand College of Radiologists.

The application and supporting documents will be forwarded by the Chief Censor in Radiology to the Chief Accreditation Officer (CAO) and the Branch Education Officer (BEO) who together will act as an Accreditation Committee.

An Accreditation Committee can request whatever additional information deemed necessary to complete the accreditation process. The BEO will assist the CAO in the collection of data and the evaluation of training programs

The accreditation cyclic review is outlined below:

New Application for Accreditation



Sites seeking to become accredited should submit to the College the form “*Application for Accreditation as a Training Site for Radiology Training*”. Once the application has been reviewed, the site will be requested to submit an Accreditation Report (Section B of this document) and a site visit will be organised.

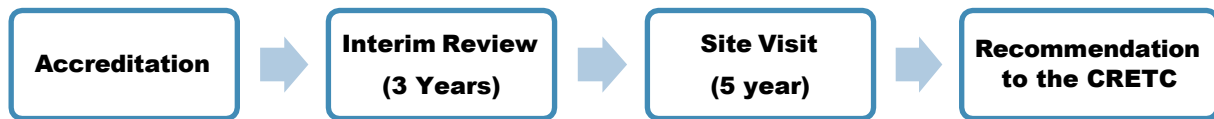
Site visits will be made by the CAO and BEO or their deputies. The CAO will stand aside when site visits are being made in his/her home state and his/her place will be taken by a senior Fellow from another Branch, appointed by the Chief Censor in Radiology. Following a site visit, the Accreditation Committee will make a recommendation to the Education Board.

The types of accreditation which are available are –

- **Full Accreditation** – A site which is able to provide the full five-year training program, either internally or via a combination of internal & external rotations
- **Specialty Accreditation** – A site which provides training in a particular sub-specialty/ies and receives trainees on rotation from multiple sites. E.g. Paediatric hospitals. Specialty sites are subject to the full accreditation standards, with the exception of criteria pertaining to coverage of the five-year Curriculum.

- **Linked Accreditation** – A site where specific training is undertaken for certain periods. This will always be in association with a Full site. The Full site is responsible for monitoring the rotation so as to be aware of whether it is beneficial to their trainees. *Specific Accreditation Standards for Linked sites are currently being developed.*

Ongoing Accreditation



The status of A or B-level sites (Full, Linked or Specialty) will normally be reviewed every three years by desk audit and every five years by a site visit, or more frequently if required. The status of C or D-level sites will be reviewed as determined by the CAO and BEO. Linked sites will be reviewed in conjunction with the linked Full site.

The accreditation status of a site or network may be reviewed at the request of that site or network, provided an Accreditation Report and supporting documentation (indicating the change of circumstances) are submitted. Accreditation status may also be reviewed at the request of the BEO.

Interim Review

Accredited sites should complete the Self-Assessment portion of the Accreditation Report and submit it to the College in the third year of their accreditation cycle. Sites will be prompted by the College in June and the report should be submitted by the end of September. The Report will be reviewed by an Accreditation Committee who will then make a recommendation to the Education Board. The recommendation may be to:

- Continue with current accreditation level for the full five years
- Undertake a site visit (which may result in a downgrade of accreditation)

Site Visit

Site visits will be made by the CAO and BEO or their deputies. The CAO will stand aside when site visits are being made in his/her home state and his/her place will be taken by a senior Fellow from another Branch, appointed by the Chief Censor in Radiology.

Site visits will be undertaken during the 12 months prior to expiry of accreditation. Sites will be contacted by the College at the beginning of the year to determine the most practical time for a visit however the visit date may be dependent on the CAO's schedule. The department will then be requested to complete and submit an Accreditation Report prior to the visit.

Following a site visit, the Accreditation Committee will make a recommendation to the Education Board. The recommendation may be to:

- Continue with current accreditation level for a further five years
- Undertake a follow-up site visit (which may result in a downgrade of accreditation)

Annual Census

- All accredited sites must complete the Annual Census each June to provide the College with current details of consultant staff, trainees and workload
- The Census form will be pre-filled by the College and sent out to each department by email
- Linked sites must complete the Census unless they either have no trainees on the Census date or a Census is completed on their behalf by a Full site. Sites should contact the College if clarification is required
- The data collected by the Census forms the basis of the publicly available Radiology Training Site Accreditation Register

Changes of Departmental Heads or Directors of Training should be notified to the Chief Censor in Radiology as soon as they occur.

CURRENT ACCREDITATION STATUS

Site Details										
Accreditation valid until:	31 December 2024									
Site Classification:	<input checked="" type="checkbox"/> Full	<input type="checkbox"/> Linked <input type="checkbox"/> Independent <input type="checkbox"/> Satellite <input type="checkbox"/> Short-Term	<input type="checkbox"/> Specialty	<input type="checkbox"/> New						
	<input type="checkbox"/> Regional	<input type="checkbox"/> Rural	<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Public						
	<input type="checkbox"/> Area of Need		<input type="checkbox"/> STP Funded							
Level of Accreditation:	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D						
Provisional (new application):	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No							
Network Training Director										
Name:	A/Prof Lourens Bester									
Email:	bester.lourens48@gmail.com									
Phone:	0438 237 837									
Education Support Officer										
Name:	Ms Preeti Saraswati									
Email:	Preeti.Saraswati@health.nsw.gov.au									
Phone:	0407 869 479									
Constituent Sites: Please list ALL sites within the Network:										
Site Name	Head / Clinical Director of Department	Director(s) of Training	Number of accredited training positions		Regional	Rural	Private	Public	Area of Need	STP Funded
			RANZCR Trainees	IMG Pathway						
Auburn Hospital	Dr Susan Grayson	Dr Alan O'Grady	1	Enter#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blacktown Mount Druitt Hospital	Suspended	Suspended	3	Enter#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BreastScreen NSW	Dr Wendy Vincent	Dr Deborah Stephens	1	Enter#	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canterbury Hospital	Dr Robert Loneragan	Dr John Banh Dr Matthew Carmalt	0	Enter#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concord Repatriation General Hospital	Dr Robert Loneragan	Dr John Banh Dr Matthew Carmalt	12	Enter#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-MED NSW Pty Ltd (Orange Base Hospital)	Mr Daniel Ryan	Dr Ilias Drivas Dr Senan Nagarathnam Dr Samuel McCormack	2	Enter#	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Westmead Hospital	Dr Susan Grayson	Dr Alan O'Grady	8	Enter#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Westmead Hospital Nuclear Medicine Department	Dr David Farlow	Dr John Banh Dr Matthew Carmalt	0	Enter#	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Royal Prince Alfred Hospital (Incl. Chris O'Brien Lifehouse)	Mr Reuben Haupt	Dr Sheila Cheng Dr Elizabeth Thompson	18	Enter#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ** Kindly note that “Site Comments” in the next section MUST include a short summary for each Criterion - yes or no is not sufficient information
 ** Supporting Evidence should be clearly named and listed in the relevant Criterion

GOAL 1:

THE TRAINING SITE PROMOTES THE WELFARE AND INTEREST OF TRAINEES

Standard 1.1: Trainee Management

The training site provides effective organisational structures for the management of trainees.

Criteria	Supporting Evidence	Site Comments	RANZCR Assessor Comments
<p>Criterion 1.1.1 The training site provides sufficient resources to manage trainees</p> <ul style="list-style-type: none"> ➤ The training site establishes clear lines of accountability for the management of trainees. These must include at least one staff member who takes responsibility for managing trainees ➤ The training site explains the lines of accountability and means of contact to the trainees ➤ Trainee management is coordinated by the Director of Training, in consultation with other staff ➤ The training site allocates adequate funding for the management of trainees ➤ The delivery of training is the responsibility of all members of the department 	1a, 1b, 1c, 1d	<ul style="list-style-type: none"> - We have two appointed Directors of Training (DoTs) at the Department of Radiology, Concord Repatriation General Hospital (Concord Radiology), who are responsible for overseeing the training and education of Radiology Trainees within Concord and Canterbury Hospitals. These include: <ol style="list-style-type: none"> 1. Dr Matthew Carmalt (0.4 FTE)* 2. Dr John Banh (0.6 FTE) - Dr Carmalt was approved by RANZCR to continue in a DoT position at 0.4FTE. The Department is currently reviewing its Radiologists employment arrangements, to move staff to 10-hour days. If this continued, Dr Carmalt's fraction would increase to 0.5FTE. - Trainee management is coordinated by the DoTs in consultation with Clinical Supervisors, the Acting Head of Department (A/HOD) and the Director of Operations for the Medical Imaging Stream, SLHD (DOO). - When new Trainees are inducted to the Department, they are introduced to the DoTs and informed that the DoTs are the primary contact for any concerns. - Lines of accountability and means of contact are also formally explained to the Trainees during Orientation to the Department. - All Staff Specialists and Visiting Medical Officer (VMOs) in the Department are responsible for and participate in Trainee supervision, education and mentoring. This is the case for both Diagnostic and Interventional Radiologists. - All Diagnostic Staff Specialists are involved in review of image reporting by Trainees in and out-of-hours, providing feedback as required. - The Department is adequately funded for managing Trainees. This includes funding to support conference attendance, purchase of 	Click or tap here to enter text.

		<p>equipment and educational resources. Additionally the Research and Education Support Officer (0.6FTE), is a dedicated administrative resource that is funded to provide support to the DoTs and Trainees.</p> <p>-</p>	
<p>Criterion 1.1.2 The training site manages trainee grievances effectively</p> <ul style="list-style-type: none"> ➤ There is a grievance policy for trainees ➤ The grievance process is communicated to trainees at orientation ➤ Grievances raised by trainees are resolved in a timely manner and the resolution communicated to the relevant trainees ➤ The effectiveness of the grievance policy and process is monitored by the training site 	2a, 2b, 2c, 2d	<ul style="list-style-type: none"> - The Department follows the RANZCR Grievance Policy – as published on the RANZCR website and NSW Ministry of Health Grievance Policy (Document Number: PD2016_046). - The RANZCR Grievance policy is communicated to the Trainees by the DoTs during their induction to the Department and a copy of the policy can be found in the Orientation manual and on the RANZCR website. - DoTs discuss general grievances with Trainees during regular meetings and ensure grievances are resolved in a timely manner. - Private grievances are discussed directly between the Trainee and a DoT with resolutions communicated directly to the Trainee if appropriate. - Grievances requiring escalation are discussed with the DOO, A/HoD and the LAN 2 Training Network Manager. 	Click or tap here to enter text.
<p>Criterion 1.1.3 The training site has an effective process for rostering trainee staff</p> <ul style="list-style-type: none"> ➤ There is a designated staff member with appropriate skills for rostering ➤ Rosters are distributed in a timely manner ➤ The training site clearly identifies the conditions under which trainees may negotiate changes to their rosters. ➤ There is flexibility in the rostering system 	3a, 3b, 3c	<ul style="list-style-type: none"> - The Trainee roster is drafted by post-exam Senior Trainees, overseen by the DoTs and approved by the A/HOD and the DOO. Rosters are published and distributed on weekly basis, with a draft roster being circulated on Tuesdays and the finalised roster distributed on Fridays for the following week. Rostering is considered based on RANZCR educational guidelines, service demand and level of experience to ensure Trainees have adequate exposure to different specialty areas. - Flexibility in the roster is allowed, with Trainees able to negotiate changes to the rosters with the DoTs or A/HOD. The DoTs and A/HOD permit swapping of shifts and facilitate roster amendments should Trainees require urgent leave due to personal circumstances. - Leave for Trainees is managed as per other professional groups within the Department; through the appropriate forms being submitted to the A/HOD for approval. This includes study leave which is approved as per the award. The Senior Trainees are aware of Trainee leave requests and staffing numbers and provide input for roster creation. 	Click or tap here to enter text.

<p>Criterion 1.1.4 The training site is responsible for actively participating in the management of the network, if applicable</p> <ul style="list-style-type: none"> ➤ The training site participates in the Network Committee for Training ➤ Training sites should show evidence that they are active in identifying and communicating any problems with network management to this Committee ➤ The rotation training site provides early advice to the Network Committee for Radiology Training of any proposed changes of rotations 	4a, 4b, 4c, 4e, 4d, 4f, 4g, 4h	<ul style="list-style-type: none"> - Concord Radiology participates in the Network Committee Meetings that occur on a quarterly basis. During these meetings issues regarding training and recruitment in the hospital and the Network are discussed. This is attended by at least one DoT and a Trainee representative. - Rotations for Obstetrics and Gynaecology, Breast and Nuclear Medicine are organised through the Concord Radiology DoTs, with the support of the Education Support Officer. - The Paediatric and Network rotations are managed by the NESO and NTD. - Any proposed changes to these rotations are immediately communicated to the NESO to minimise impacts to Trainees and rotation sites. 	Click or tap here to enter text.
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Standard 1.2: Trainees not performing and/or progressing as expected

The training site identifies and supports Trainees not performing and/or progressing as expected.

Criteria	Supporting Evidence	Site Comments	RANZCR Assessor Comments
<p>Criterion 1.2.1 The training site contributes to the early identification of trainees not performing and/or progressing as expected</p> <ul style="list-style-type: none"> ➤ The training site has processes in place for gathering information about trainee performance from a range of sources including, previous training sites, the Director of Training Assessment and the Multi-Source Feedback tool ➤ The training site is aware of and implements as necessary the RANZCR Policies entitled: Performance and Progression (Clinical Radiology) Policy, Remediation in Training (Clinical Radiology) Policy, Withdrawal from Training (Clinical Radiology) Policy ➤ The training site has a responsibility to communicate the required information to 	<p>RANZCR should have records of the Director of Training Assessment and Multi-source Feedback forms.</p> <p>1b, 5a, 5b, 5c, 5d, 5e</p>	<ul style="list-style-type: none"> - Concord Radiology has processes in place for gathering information about Trainee performance. Regular 6 monthly DoT assessments are performed, and Clinical Supervisor feedback forms are collated. - All Departmental staff are encouraged to provide feedback to DoTs regarding any Trainee performance issues. This feedback is collated by the DoTs and provided to the Trainee in a timely manner. - The DoTs maintain open lines of communication with the Trainees to ensure that issues are addressed and numerous informal opportunities to provide two-way feedback between DOTs and Trainees exist throughout the year. - DoTs are aware of the RANZCR policies regarding Performance and Progression, Remediation and Withdrawal, and implement these policies as necessary. Copies of the policies are available for Trainees to refer to in the Department Orientation manual and on the RANZCR website. - DoTs and other Clinicians in the Department encourage Trainees to raise any issues they are experiencing or challenges they are having with the curriculum or placement. 	Click or tap here to enter text.

<p>relevant forums including Network Committee, the RANZCR Radiology Education Board, Medical Registration Board, clinical supervisors, etc.</p> <p>➤ Guidelines:</p> <ul style="list-style-type: none"> The training site encourages early identification of trainees not performing and/or progressing as expected, by clinical supervisors and other senior staff 		<ul style="list-style-type: none"> If a Trainee is not performing or progressing as expected, the DoTs initially raise their concerns with the Trainee, providing an opportunity for them to express if there are any extraneous circumstances that may be impacting their performance. If local resolutions can be implemented to remedy the situation, the DoTs work on a plan with the Trainee to help them improve their performance. If local resolutions do not improve performance, the DoTs communicate with the Network Director and the concerns are discussed at the RANZCR Clinical Radiology Education and Training Committee, to ensure the College is aware of Trainees in difficulty. Furthermore, when Trainees are rotating to another site, DOTs engage in informal email communication detailing strengths and weaknesses of rotating Trainees. 	
<p>Criterion 1.2.2 The training site provides access to structured support for trainees not performing and/or progressing as expected coordinated at rotation, training site and network level as appropriate</p>	<p>6a, 6b, 6c</p>	<ul style="list-style-type: none"> The DoTs have had training in the management of Trainees in difficulty through the RANZCR DoT Workshop. The DoTs aim to identify Trainees that are not performing or progressing as expected at an early stage. These Trainees are met with and given advice regarding the RANZCR Performance, Progression and Remediation policies, and have access to assistance through the College, the Hospital Human Resources Department and the Network Training Manager as required. The DoTs notify the NESO if a Trainee is not performing or progressing as expected. Trainees experiencing challenges are given the opportunity to apply for breaks in training, provision of confidence training, provision of one-on-one sessions with a LAN appointed Performance Coach, exemption for exam sittings and additional tutoring from subspecialty trained Radiologists in the Department. 	<p>Click or tap here to enter text.</p>

Standard 1.3: Safe Practice

The training site provides an environment that supports the safety of trainees.

Criteria	Supporting Evidence	Site Comments	RANZCR Assessor Comments
<p>Criterion 1.3.1 The training site provides sufficient resources to manage trainees</p>	<p>3a, 3b, 3c, 7a, 7b, 7c</p>	<ul style="list-style-type: none"> Throughout their five years of training, Trainees are rostered to work a range of Diagnostic, Screening and Interventional Shifts in Concord Hospital and Diagnostic shifts in Canterbury Hospital. 	<p>Click or tap here to enter text.</p>

<ul style="list-style-type: none"> ➤ The training site provides duty rosters that balance the service needs of the training site with safe working hours for trainees ➤ Guidelines: <ul style="list-style-type: none"> • The training site has established a risk management approach to hours of working and rostering 		<ul style="list-style-type: none"> - There is a 24-hour roster in place. After-hours shifts - including evening, night and weekend shifts are equally distributed among the Trainees. Trainees performing night shifts are rostered to seven nights in a row followed by three days off, this ensures they are given adequate breaks as per the NSW Rostering Best Practice (SLHD_PCP2019_024) and the Fatigue Management in NSW Health Workplaces guideline (GL2023_012). - Since the implementation of the 24-hour roster, night shifts are noted to be increasingly busy for Trainees. Additionally, the after-hours workload has continued to increase over the years, with the number of X-ray and CT examinations conducted after-hours increasing by 10% and 21% respectively. To address these issues, the DOO is in the process of engaging two tele-reporting companies to outsource the reporting of after-hours studies. Moreover, the DOO and A/HOD have reviewed the Trainees' roster, in consultation with the Trainees, and will be implementing a 10-hour roster to manage Trainee fatigue. - Trainees are encouraged to take breaks through the night, and a Registrar Room is provided for their use. In June 2023, the CE approved requests to renovate the Registrar room after the DoTs advocated for the space to be reviewed and upgraded. Renovations are currently underway and are due to be completed by mid-September. 	
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Standard 1.4: Promoting Trainee Interests

The training site promotes trainees' interests through representation and advocacy, in relation to radiological training.

Criteria	Supporting Evidence	Site Comments	RANZCR Assessor Comments
<p>Criterion 1.4.1 The training site engages trainees and their advocates in decision making</p> <ul style="list-style-type: none"> ➤ Any proposed change in policy at the network, training site or departmental level is assessed for its impact on trainees ➤ The training site has clear processes for routine consultation with trainees ➤ Consultation occurs prior to any proposed changes in policy that will impact on trainees 	2a, 2b, 2c, 2d	<ul style="list-style-type: none"> - Trainees are directly involved in decision making regarding their training and any changes in procedures are discussed with Trainees prior to implementation. - The DoTs and Trainees have regular Departmental meetings to discuss training-related updates which are minuted. These meeting provide a forum for the Trainees to raise concerns, which can then be communicated to the A/HoD, DOO or NTD as required. - Consultation with the Trainees also occurs prior to changes to rostering, leave, rotations and any other issues that may impact their shifts or workflows. 	Click or tap here to enter text.

		<ul style="list-style-type: none"> - For most Departmental projects Trainee input is sought, and their views and opinions are considered. 	
<p>Criterion 1.4.2 The Director of Training supports and advocates effectively for trainees</p> <ul style="list-style-type: none"> ➤ The position description for the Director of Training is consistent with the RANZCR requirements for the functions and duties of the Directors of Training ➤ The training site clearly explains the role of the Director of Training to trainees ➤ The Director of Training facilitates regular feedback to trainees about their performance ➤ The Director of Training acts as channel to raise issues for the trainee to the HOD, BEO and the College, to act as an advocate for the training needs of trainees, complying with the curriculum and policies. 	4a, 4b, 4c, 4d, 4e, 4f, 8	<ul style="list-style-type: none"> - The position description for the DoTs is consistent with the RANZCR requirements. The DoTs' functions and duties are explained to Trainees during orientation to the Department; and key messages are reinforced throughout the year. - A copy of the DoT position description has also been added to the Trainee Orientation Manual for Trainees to refer to. - The DoTs regularly attend the HETI, Network and annual RANZCR DoT meetings to keep abreast of any changes to training requirements as well as to advocate for Trainee needs. - The DoTs provide regular feedback from Radiologists to individual Trainees and the Trainees as a group. - The DoTs advocate for Trainees as demonstrated in their recent efforts to obtain approval from SLHD Executive to renovate and refurbish the Registrar room. 	Click or tap here to enter text.

Standard 1.5: Supporting Trainees

The training site supports trainees in taking responsibility for their self-care and provides access to personal support mechanisms to improve the well-being of trainees.

Criteria	Supporting Evidence	Site Comments	RANZCR Assessor Comments
<p>Criterion 1.5.1 The training site supports trainees in taking responsibility for their personal health and well-being</p> <ul style="list-style-type: none"> ➤ The training site maintains the confidentiality of trainees seeking or receiving personal support. The training site balances the privacy of 	9a, 9b, 9c, 9d, 9e, 9f	<ul style="list-style-type: none"> - Confidentiality is maintained at all times and privacy and patient care are balanced to ensure that Trainees receive the support they require to provide safe patient care. - Trainee initiated overtime is monitored through usual Departmental processes. Due to the increase in activity, a Radiology SRMO position was established and recruited to in 2022 to 	Click or tap here to enter text.

<p>the trainee with the need to engage additional support to ensure the safety of patient care</p> <ul style="list-style-type: none"> ➤ The training site monitors trainee-initiated overtime ➤ The training site provides education and information about support services available for trainees ➤ Support processes are coordinated across the network where appropriate ➤ Director of Training and/or Head of Department should facilitate discussions that encourage trainees to seek mentors either within the department or outside ➤ Guidelines: Strategies may include: <ul style="list-style-type: none"> • Access to health services including screening services; • Employee assistance programs and staff counsellors; and • Alternative support persons, such as mentors, who are not the Director of Training or Clinical Supervisors 		<p>improve workload allocation amongst Trainees in-hours.</p> <ul style="list-style-type: none"> - Furthermore, as per detail in 1.3.1, the DOO and A/HoD will be implementing a 10-hour Trainee roster to better manage fatigue and SLHD plans to outsource after-hours studies to two tele-reporting companies. - Support processes are discussed and provided at a Network-level, should Trainees be experiencing any challenges. At a local level, junior Trainees receive informal support from senior Trainees within the Department and across the LHD. They are also made aware of the SLHD Employee Assistance Program (EAP; PD 2016_045) during their orientation and are encouraged to contact EAP or seek help whenever necessary. - SLHD has also pioneered a program specially aimed at improving the wellbeing of Medical Staff throughout the District - known as MDOK. The innovative program has a focus on Junior Doctor wellbeing (at all levels) and includes workshops on aspects of wellbeing, exercise programs and stress management training. The program also functions to connect Junior Doctors with Mentors outside of their home Department. 	
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Standard 1.6: Physical Environment

The training site provides a physical environment, resources and amenities that enable trainees to perform their work and to engage in learning and teaching activities.

Criteria	Supporting Evidence	Site Comments	RANZCR Assessor Comments
<p>Criterion 1.6.1 The training site provides an accessible, safe, comfortable work area with a range of amenities</p> <ul style="list-style-type: none"> ➤ The area is suitably furnished to facilitate meetings, teaching and learning ➤ Each trainee has access to workstations to access PACs and write reports ➤ A telephone with appropriate access to STD facilities is provided ➤ A computer with printing facilities is provided 	7b	<ul style="list-style-type: none"> - Trainees are provided with a 'Registrar Room' exclusively for their use with access to PACSs and a telephone with appropriate access to STD facilities. - In June 2023, approval was received to renovate and refurbish the Registrar Room. The capital works proposal was development in consultation with the Trainees and includes new flooring and paint works, new office furniture including a sofa bed, new lockers to secure the Trainees' belongings and installation of a wall-mounted teleconferencing system. The Trainees will also have access to shared workstations with PACS to write reports. 	Click or tap here to enter text.

<ul style="list-style-type: none"> ➤ There is an adequate notice board to facilitate communication within the training site ➤ There are secure areas for personal belongings 		<ul style="list-style-type: none"> - Communication between Consultants and Trainees occurs via phone, email, in-person and on Microsoft Teams. 	
<p>Criterion 1.6.2 The training site provides the appropriate physical environment to support trainees in meeting the requirements of the Radiodiagnosis Training Program Curriculum</p> <ul style="list-style-type: none"> ➤ The site is situated in, or has formal links with, a University accredited teaching hospital radiology department ➤ The site has a minimum of 250 beds allocated in a reasonable ratio between general medicine and its sub-specialties and general surgery and its sub- specialties, with no undue use of beds for purely geriatric or nursing home type treatment ➤ There is a minimum attendance at the out-patients of 40,000 per annum with a minimum ED attendance of 35,000 patients per annum. ➤ There is a high proportion of hospital training posts accredited by other Colleges ➤ Trainees have access to laboratory services and are able to consults with medical specialists in areas such as pathology, bacteriology, biochemistry, haematology etc. ➤ Consultant staff have active involvement in basic and clinical research 	<p><i>* Evidence: Please note number of beds, outpatient attendance and ED attendance</i> 10a</p>	<ul style="list-style-type: none"> - Concord Radiology has formal links with the University of Sydney. - The site has approximately 377 beds which includes Concord Centre for Mental Health. - In the 2022-23 financial year, CRGH experienced 43,153 Emergency Department presentations, with 10,418 of those arriving via ambulance. There were 179,119 occupied bed days (OBDs) throughout the financial year and 569,865 outpatient occasions of service. - There is a high proportion of College Training Accreditation in the Hospital's medical and surgical specialties. - Sub-specialised laboratory services and areas of expertise are available including Pathology, Biochemistry, Haematology and Immunology. - All Radiology Consultants (Staff Specialists and VMOs) within the Department are accredited with RANZCR and are involved in Departmental and personal clinical research. 	<p>Click or tap here to enter text.</p>

<p>Criterion 1.6.3 The training site provides the appropriate physical resources to support trainees in meeting the requirements of the Radiodiagnosis Training Program Curriculum</p> <ul style="list-style-type: none"> ➤ There is compliant general radiological equipment as well as access to up-to-date equipment for: <ul style="list-style-type: none"> • mammography • ultrasound • computerized tomography • magnetic resonance imaging • nuclear imaging • angiography and interventional radiology ➤ There is a unit record system in the hospital, preferably for non- public as well as public patients, which classified in such a way as to enable reviews and surveys to be made. ➤ The site's medical records are of a standard which permits adequate analysis and follow-up ➤ The site has a library which, as a minimum, includes textbooks to support the Radiodiagnosis Curriculum and physical or electronic access to the following journals: <ul style="list-style-type: none"> • The Journal of Medical Imaging and Radiation Oncology • Clinical Radiology • Radiographics • Radiology • The American Journal of Roentgenology • The Radiologic Clinics of North America • Seminars in Roentgenology • A wide range of journals covering subspecialty areas of imaging ➤ There is a comprehensive imaging teaching and case library (either 	<p><i>* Evidence:</i></p> <ul style="list-style-type: none"> - <i>A complete list of current equipment including purchase date</i> - <i>A complete list of all textbooks and journals available</i> <p>1c, 11a, 11b, 11c</p>	<ul style="list-style-type: none"> - The Department provides Trainees access to general Radiological equipment as well as access to up-to-date equipment. - The Department employs the State-wide PACS RIS and the statewide eMR Powerchart system for access to patient results and medical records. - Between the Department and the Hospital, Trainees have access to relevant journals. - The CT equipment at Concord and Canterbury are currently being replaced and an additional CT scanner has been purchased to be installed in the Emergency Department at Concord Hospital to create additional capacity to meet growing demand. - There is up-to-date equipment for Mammography, Ultrasound, Nuclear Imaging, PET, Angiography and Interventional Radiology. - Concord and Canterbury Hospitals currently share one MRI scanner. SLHD is in the process of purchasing a second MRI. The purchase of a second scanner will be accompanied by a staffing enhancement of 1FTE Staff Specialist. - Trainees have departmental subscriptions to a range of educational resources including Statdx, RadPrimer, IMAIOS (e-Anatomy), Radiopaedia and MRI Online. Trainees are encouraged to obtain access to Radiology and Radiographics via RSNA, and AJR. Trainees can also apply to access the University of Sydney Library, which provides access to a larger range of journals. - Trainees can also access a historical hardcopy film library. The Department would like to create an online film library and will be looking into potential IT solutions to progress this project. - There is a Departmental Conference Room with audio-visual equipment which can be used for presenting lectures, MDTs, demonstrations and tutorials. 	<p>Click or tap here to enter text.</p>
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<p>film-based or electronic) available to trainees, regularly updated and containing examples of a great majority of radiological pathology. This may be supplemented by access to the ACR Library and other similar digital teaching film collections.</p> <ul style="list-style-type: none"> ➤ The site has access to audio visual facilities to permit the presentation of lectures, demonstrations and teaching 			
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GOAL 2:

THE TRAINING SITE ENSURES RADIOLOGY TRAINEES HAVE THE APPROPRIATE KNOWLEDGE, SKILLS AND SUPERVISION TO PROVIDE QUALITY PATIENT CARE

<p>Standard 2.1: Training Site Orientation The training site provides an effective orientation for radiology trainees</p>			
Criteria	Supporting Evidence	Site Comments	RANZCR Assessor Comments
<p>Criterion 2.1.1 The training site provides an orientation to all radiology trainees.</p> <ul style="list-style-type: none"> ➤ The training site pays specific attention to the orientation of trainees who change training sites or commence mid-year ➤ The trainee orientation program addresses (but is not limited to): <ul style="list-style-type: none"> • Introduction to all members of staff and the stage of training and the responsibilities of the trainee is known by all • The role and relationships between the trainees, clinical supervisors, other members of the healthcare team, Director of Training and managers within the training site and training network (where applicable) 	<p><i>* Evidence: Orientation which is complete and has been signed off</i></p> <p>1b, 12a, 12b, 12c, 12d, 12e</p>	<ul style="list-style-type: none"> - Orientation is compulsory at commencement of employment in the department regardless of the Trainee’s level, or whether they commence at the beginning or middle of the clinical year. This is also the case for Trainees on rotation. - Orientation consists of Trainees receiving an in-depth introduction to members of staff and a tour of the Department. - At least one week prior to commencing in the Department, a soft copy of the orientation manual as well as the roles and responsibilities of the position are also emailed to the new Trainee. - The orientation manual and registrar compendium detail the administrative and clinical structures within the Department; and include information regarding assessments and list of educational resources available for the Trainee’s use. - The DoTs also assist the Trainees in obtaining access to any systems in use including PACS RIS. - Post orientation, the DoTs issue each Trainee an orientation checklist to review and sign to ensure they have been given all the necessary information to commence in the Department. 	<p>Click or tap here to enter text.</p>

<ul style="list-style-type: none"> • Training on any systems in use (i.e. PACS) • Training on all processes pertaining to receiving referrals, undertaking procedures, report writing, rostering, after hours and on call work and OH&S procedures • The administrative arrangements and organisational structures within the training site • Trainee management (supervision, training and teaching processes) • Awareness of the location of all resources available (e.g. film library, medical library, audio visual facilities) • Trainee support programs <p>➤ The training site must document completion of orientation which includes sign off by both the trainee and the Director of Training that orientation has taken place</p>			
<p>Criterion 2.1.2 At orientation the training site ensures that trainees have the clinical information and skills required to commence work</p> <p>➤ At the initial orientation to the training site, training is offered on appropriate skills required (e.g., for CPR)</p> <p>➤ The training site provides protocols for imaging patient safety including but not limited to:</p> <ul style="list-style-type: none"> • Doctor-Patient Referral • Review of Request • Patient Preparation • Consent • Imaging Protocols • Radiation Safety Protocols • Shielding Protocols • Drug administration protocols 	13a, 13b, 13c, 13d, 13e, 13f, 13g, 13h, 13i	<ul style="list-style-type: none"> - The orientation manual, provides information regarding daily Trainee tasks including but not limited to accepting and reviewing request forms, accepting and consenting interventional procedures, timely communication of results, as well as the following protocols: <ul style="list-style-type: none"> ○ Radiation safety (particularly for pregnant patients) ○ Imaging protocols including the use of IV contrast ○ Infection control ○ Management of post procedural complications - The RANZCR Radiology Written Report Guideline-Short Version is also included as part of the orientation package. - All Trainee reports are checked in the Department by Consultant Radiologists. Radiologists provide feedback to Trainees by making changes to their reports prior to finalising/validating reports on PACs. Consultants will also provide formal and informal feedback to Trainees on Microsoft teams, via email, phone, or in-person. 	Click or tap here to enter text.

<ul style="list-style-type: none"> • Management of complications • Infection control • Management of adverse events • Report Writing • Communication of results ➤ Provision of feedback to trainee on reporting from their Clinical Supervisor(s) ➤ Guidelines <ul style="list-style-type: none"> • This may be conducted at one site for all training sites in a network (where applicable) • Training sites should develop and document their protocols based on the Patient Safety Syllabus in the Radiodiagnosis Training Program Curriculum 			
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Standard 2.2: Supervision, Training and Teaching

The training site complies with the RANZCR Policy on Supervision, Training and Teaching of Radiology Trainees.

Criteria	Supporting Evidence	Site Comments	RANZCR Assessor Comments
<p>Criterion 2.2.1 The training site provides the mandatory hours required for trainees to spend in supervision, training and teaching onsite</p> <ul style="list-style-type: none"> ➤ Number of mandatory hours trainees required to spend in supervision, training and teaching onsite: 12-14 hours per week 	14a, 14b	<ul style="list-style-type: none"> - Each Trainee receives approximately 1 hour of formal training per shift and 2 hours of informal training per shift. - All Radiologists in the Department provide formal and informal training to Trainees. This consists of scheduled and ad-hoc/unscheduled tutorials, attending MDT meetings with Trainees, revision of reports, and one-on-one training. 	Click or tap here to enter text.
<p>Criterion 2.2.2 The training site enables Clinical Supervisors to provide the mandatory hours for active supervision to trainees</p> <ul style="list-style-type: none"> ➤ Number of mandatory hours clinical supervisors required to actively supervise trainees per session: 1 hour per session, average 8 hours per week – (subset of total mandatory training, teaching and supervision hours defined in 2.1 of the RANZCR Supervision, Training 	15a	<ul style="list-style-type: none"> - The rostering allows for each Trainee to reach the RANZCR requirement of 8 hours of clinical supervision per week. - More recently, the FTE at Concord Hospital has decreased and while recruitment to replace these positions is being undertaken, it has been challenging for the Consultants to allocate dedicated teaching time to the Trainees. - Report validation and provision of feedback to Trainees can be delayed, due to abovementioned recruitment challenges and a general increase in demand for Radiology Services. - The DOO and A/HOD have established a Medical Imaging Reporting Unit (MIRU) to assist with clearing the backlog and are actively recruiting to 	Click or tap here to enter text.

and Teaching of Radiology Trainees policy)		vacancies. Additionally, SLHD is currently in the process of engaging two tele-reporting companies to assist with the reporting backlog.	
Criterion 2.2.3 The training site provides the mandatory number of protected hours per week to trainees for study and or teaching <ul style="list-style-type: none"> ➤ Number of protected hours per week to be allocated to trainees for study and or teaching: 2-4 hours per week – (excluding statutory requirements for leave) 	3a, 16a, 16b	<ul style="list-style-type: none"> - Study protection for Trainees is encouraged throughout their rotation and occurs during the daily morning and lunchtime tutorials. This equates to more than 4 hours of protected study time per week. - Additionally, leading up to the Part 1 and 2 exams, Trainees are provided at least four weeks of protected study time. However, they may be required to occasionally contribute to the roster in instances where there are high clinical demands or low resourcing. 	Click or tap here to enter text.
Criterion 2.2.4 The training site provides the mandatory number of hours for protected time to Directors of Training to perform their duties <ul style="list-style-type: none"> ➤ Number of protected hours per week to be allocated to Directors of Training to perform their duties depending on the number of trainees they are responsible for during rotations of one month or longer: <ul style="list-style-type: none"> • < 5 trainees: 4 hours /week • 5-10 trainees: 8 hours/week • 10-20 trainees: 10 hours/week • 20-40 trainees: 12 hours/week ➤ The training site provides the Director of Training with adequate secretarial and administrative support 	17, 18	<ul style="list-style-type: none"> - The Department currently has 9 FTE of consultant Diagnostic Radiologists. The two DoTs are primarily rostered to Concord and receive a combined 8 hours of protected administrative time a week to perform their duties. When service demand permits, they are given more administrative time. - The Radiologists and DoTs are responsible for the training and education of Trainees across Concord and Canterbury Hospital. - The Research and Education Assistant (0.6 FTE) is a dedicated part-time resource that provides secretarial and administrative support to the DoTs. - There has been a concerted effort to increase DOTs protected administrative time, which is demonstrated by the SLHD supporting the introduction of a Director of Operations for the Medical Imaging Stream who has started operationally managing the Department since July 2022. - The Director of Operations is responsible for handling more complex aspects of administrative duties including cross-organisational training opportunities for Trainees, renewing SLHDs MOU with Orange Base Hospital to support Trainee rotation to the site. The Director of Operations is supported by an Assistant Director of Operations, who also provides significant administrative resources to the Department with respect to Consultant and Trainee management. 	Click or tap here to enter text.
Criterion 2.2.5 Accreditation of training time for trainees working after hours or on call roster <ul style="list-style-type: none"> ➤ In order for after hours and on call work to be counted towards 	Click or tap here to enter text.	<ul style="list-style-type: none"> - After-hours and on-call work is checked by a Consultant Radiologist, who provides a final report on the study. Trainees are encouraged to check the verified reports for their education. - If there are significant changes made to the Trainee's report, the Consultant provides 	Click or tap here to enter text.

<p>accredited training time, feedback on the reports prepared by the trainee during after-hours and on call work must be provided by the Clinical Supervisor to the trainee as part of an active supervision session.</p> <ul style="list-style-type: none"> ➤ The feedback should be provided as soon as practicable following the after-hours or on call work undertaken by the trainee. The clinical supervisor should either be a specialist radiologist practicing at the training centre, or in the case where after-hours examinations are reported from a site remote from the trainee's location, should be an appropriately qualified specialist radiologist providing a final report at that site ➤ Feedback would ideally be provided directly through a live discussion over the findings and reporting of each case, but failing this, could be provided through provision of the final report to the trainee concerned, either electronically, by fax or by hard copy, within two working day 		<p>feedback as soon as possible via phone call, Microsoft Teams, email or via face-to-face interactions.</p> <ul style="list-style-type: none"> - As detailed in Criterion 2.2.2 report validation and provision of feedback to Trainees can be delayed due to the backlog of unreported studies at Concord and Canterbury Hospitals. 											
<p>Criterion 2.2.6 Maximum number of Examinations per Consultant</p> <ul style="list-style-type: none"> ➤ The internationally recognized workload for a specialist engaged in administration, routine work and teaching is 7,500 examinations per annum ➤ Guidelines: <ul style="list-style-type: none"> • It is considered that the upper work-load limit should not exceed 12,000 examinations per annum per full-time equivalent (FTE) supervising consultant for sites engaged in trainee teaching. However it is recognised that consultant workload is affected by complexity as well as volume. 	<p><i>* Evidence: Details of current departmental workload, broken down by subspecialty and (if applicable) by Linked sites</i></p> <p>Click or tap here to enter text.</p>	<p>Between FY2018/2019 and FY 2022/2023 the overall number of studies has increased by 4% across Concord and Canterbury Hospitals. The greatest increase over the same period has been in the number of CT scans which have increased by 18% at Concord and 8% at Canterbury Hospital.</p> <p>According to in-house statistics, the approximate 12-month Diagnostic and Interventional workload for FY2022/2023 is as follows:</p> <p>Concord Canterbury Data – FY2022/23</p> <table border="1" data-bbox="1041 1273 1559 1488"> <thead> <tr> <th>Diagnostic</th> <th>Number of exams performed</th> </tr> </thead> <tbody> <tr> <td>Concord CT</td> <td>23453</td> </tr> <tr> <td>Canterbury CT</td> <td>8186</td> </tr> <tr> <td>Concord MRI</td> <td>4330</td> </tr> <tr> <td>Concord Ultrasound</td> <td>6036</td> </tr> </tbody> </table>	Diagnostic	Number of exams performed	Concord CT	23453	Canterbury CT	8186	Concord MRI	4330	Concord Ultrasound	6036	<p>Click or tap here to enter text.</p>
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<p>This "limit" has been appropriate for institutions with a more traditional mix of plain film and cross-sectional imaging; typically at least 70-80% plain radiography and a small amount of interventional work. Most tertiary level institutions no longer see this level of plain radiograph work, due to increasing case complexity and the clinical need for more and more cross-sectional imaging, particularly in chronic disease and patients on long-term follow-up. In such institutions 12,000 examinations per FTE supervising consultant is well in excess of what can be managed while maintaining satisfactory supervision and training.</p> <ul style="list-style-type: none"> • RANZCR will review each department's workload and case mix carefully, taking into account caseload, modality, clinical meetings and any other factors that may be seen to impact on supervision and training. Therefore, it should be noted that other factors in addition to workload will be considered when assessing a site for new or renewed accreditation 		<table border="1" data-bbox="1036 204 1557 578"> <tr><td>Canterbury Ultrasound</td><td>2133</td></tr> <tr><td>Concord X-ray</td><td>48710</td></tr> <tr><td>Canterbury X-ray</td><td>26471</td></tr> <tr><td>Concord Theatre</td><td>2499</td></tr> <tr><td>Canterbury Theatre</td><td>800</td></tr> <tr><td>Concord Mammography</td><td>231</td></tr> <tr><td>Concord Fluoroscopy</td><td>583</td></tr> <tr><td>Canterbury Fluoroscopy</td><td>40</td></tr> <tr><td>Total</td><td>123472</td></tr> </table> <table border="1" data-bbox="1036 611 1557 872"> <thead> <tr> <th>Intervention (CRGH only)</th> <th>Number of procedures performed per annum</th> </tr> </thead> <tbody> <tr><td>Angiography</td><td>994</td></tr> <tr><td>CT Intervention</td><td>330</td></tr> <tr><td>Ultrasound Intervention</td><td>783</td></tr> <tr><td>Breast Intervention</td><td>70</td></tr> <tr><td>Total</td><td>2,177</td></tr> </tbody> </table> <p>Active recruitment to staff specialist vacancies is underway as the budgeted staffing FTE provides the required level of staffing to meet activity and demand.</p>	Canterbury Ultrasound	2133	Concord X-ray	48710	Canterbury X-ray	26471	Concord Theatre	2499	Canterbury Theatre	800	Concord Mammography	231	Concord Fluoroscopy	583	Canterbury Fluoroscopy	40	Total	123472	Intervention (CRGH only)	Number of procedures performed per annum	Angiography	994	CT Intervention	330	Ultrasound Intervention	783	Breast Intervention	70	Total	2,177	
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<p>Criterion 2.2.7 Consultant to Trainee Ratio</p> <ul style="list-style-type: none"> ➤ There must be fully trained Consultants in the department with qualifications recognized by either the Australian or New Zealand Medical Council and RANZCR ➤ There must be a ratio of at least 1 full-time equivalent (FTE) specialist for 1.5 trainees in the department 	<p><i>* Evidence: A current list of trainees and Consultants in this department. Alternatively, complete Appendix 3.1 & Appendix 3.2</i></p> <p>Click or tap here to enter text.</p>	<ul style="list-style-type: none"> - All Radiology Staff Specialists and VMOs have a current medical registration with AHPRA and are fully accredited with RANZCR. Many have undertaken subspecialty fellowships in Australia and/or overseas. - There are 10 FTE Radiologists in the Department. This comprises of 8 FTE Staff Specialists and 2.0FTE VMOs, with 1 FTE on long term leave and 0.3 FTE on reduced hours. - There are 13 Trainees in the Department with 1FTE Trainee on Maternity Leave, due to return 	<p>Click or tap here to enter text.</p>																														

<ul style="list-style-type: none"> ➤ For the purpose of supervision of trainees, the true FTE will be determined by adding up the fractional rostered time each VMO or specialist actually spends providing supervision in a training site, i.e. the supervisor must be around and available when trainees are working in normal hours (1 session = 0.1 FTE) ➤ For sites who have external VMOs coming in to report work after hours who are not supervising trainees, then those people cannot be counted as FTE supervisors. Conversely however, the work they report should be discounted from the total pool used to calculate the number of examinations reported per year per supervisor 		<p>March 2024. The established Consultant staffing level provides for a ratio of 1:1.5.</p> <ul style="list-style-type: none"> - One Trainee is allocated to Canterbury Hospital each day and receives support from the relevant Consultants who are rostered based on body systems and modality (MSK, Neurology, Body-chest-abdo). 	
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GOAL 3:

THE TRAINING SITE PROVIDES A WIDE RANGE OF EDUCATIONAL AND TRAINING OPPORTUNITIES FOR TRAINEES THAT ARE ALIGNED WITH THE REQUIREMENTS OF THE CLINICAL RADIOLOGY (RADIODIAGNOSIS) CURRICULUM

<p>Standard 3.1: Clinical Radiology (Radiodiagnosis) Training Program Curriculum</p>			
<p>Sites are expected to see trainees through the full five year program, subject to trainees satisfying the required training milestones</p>			
<p>Criteria</p>	<p>Supporting Evidence</p>	<p>Site Comments</p>	<p>RANZCR Assessor Comments</p>
<p>Criterion 3.1.1 Training is Provided on Key Conditions in Year 1 of Training</p> <ul style="list-style-type: none"> ➤ The list of key conditions in the Radiodiagnosis Training Program Curriculum must, as a minimum requirement, be covered in formal and informal teaching sessions in the first four months of training and/ or before a trainee goes on call. Please refer to the curriculum 	<p>19a, 19b, 19c, 19d</p>	<ul style="list-style-type: none"> - 1st year Trainees meet with the DoTs at the beginning of their training to discuss the program syllabus and College requirements. - They are given a list of the 'Key Conditions' at orientation. A timetable is created for each Trainee to ensure that they complete the entire syllabus prior to being rostered to support on-call. - Key Condition topics are covered on a weekly basis in formal and informal teaching sessions provided by consultants or Senior Trainees in the Department. - There is a Key Conditions exam that Trainees need pass in their 5-6 months of training. This is in line with College requirements, where 16 cases are given to the first-year Trainees across a spectrum of Key Conditions. The tests are marked by the DOTs and feedback given to Trainees for 	<p>Click or tap here to enter text.</p>

		their performance. If their exam performance is deemed satisfactory, Trainees will be permitted to commence after-hours work.	
<p>Criterion 3.1.2 Training is Provided on Body Systems Syllabuses</p> <ul style="list-style-type: none"> ➤ Training encompasses the learning competencies, clinical conditions and normal variants for each body system as defined in the Radiodiagnosis Training Program Curriculum: <ul style="list-style-type: none"> • Abdominal Imaging • Neuro/ Head & Neck • Thoracic & Cardiovascular • Breast Imaging/ O & G • Musculoskeletal • Paediatrics • Pathology ➤ The training site provides training and or facilitates attendance at external courses as part of the trainee's protected time for study and teaching, on; <ul style="list-style-type: none"> • Anatomy • Applied Imaging Technology 	4g, 4h, 20a, 20b, 21a, 21b, 20c	<ul style="list-style-type: none"> - The Department Diagnostic rostering is coordinated according to Body Systems and Modality. As a result, Trainees at Concord and Canterbury Hospitals are exposed to all body systems defined by the Radiodiagnosis Training Program curriculum. - Additionally, as per the RANZCR curriculum, Trainees are rotated to the Fetal Medicine Unit at RPA, Westmead Children's Hospital for Paediatrics and Breast Screen. - Preparation for Anatomy and Applied Imaging Technology is usually completed prior to commencing the program and most Trainees have completed courses in Anatomy and Applied Imaging Technology prior to commencing their training. Upon accepting the offer of the Radiology Registrar position prospective Trainees are contacted by first- and second-year Trainees at Concord Hospital who provide further resources and advice regarding Anatomy and Applied Imaging courses and exams. - Upon commencement, several sessions of Applied Imaging Technology tutorials are given by the Radiation Safety Officer prior to the Part 1 examinations. Trainees are encouraged to attend any refresher courses organised by HETI and are given sufficient study leave to complete courses. 	Click or tap here to enter text.
<p>Criterion 3.1.3 Training Site meets Experiential Training Requirements</p> <ul style="list-style-type: none"> ➤ Trainees are expected to meet the minimum requirements specified for each of the experiential training requirements ➤ Training sites/networks are expected to make every effort to ensure that trainee rosters accommodate experiential training requirements 	<p><i>* Evidence: Details of the experiential training components provided in your training program (Appendix 3.3)</i></p> <p>Click or tap here to enter text.</p>	<ul style="list-style-type: none"> - All Trainees have access to enough cases to fulfil the experiential training requirements of the program. Their progress is monitored in the 6 monthly DoT assessments, to ensure that they are each on track to achieve the required milestones prior to the completion of their training. 	Click or tap here to enter text.
<p>Criterion 3.1.4 Training Site Provides Patient Safety Training</p> <ul style="list-style-type: none"> ➤ The Patient Safety syllabus must be actively taught and learned in training centres in the first 6 months 	1b, 13c, 13d, 22	<ul style="list-style-type: none"> - The Radiodiagnosis Training Program Curriculum is included in the Orientation manual. Trainees are informed specifically of the Patient Safety components in the Curriculum. Departmental policies regarding Patient Safety are available on the Department of Radiology website. 	Click or tap here to enter text.

<p>of training, and be referred to throughout the period of training</p>		<ul style="list-style-type: none"> - Examples of how patient safety training is delivered include Ultrasound phantom sessions which cover biopsy techniques, sessions with the Radiation Safety Officer, observation and supervision of procedures, the completion of in-training assessments, and an exam within the Department prior to the commencement of on-call shifts to ensure Trainees can identify common after-hours pathology. 	
<p>Criterion 3.1.5 Provision of training on Report Writing</p> <ul style="list-style-type: none"> ➤ Training is provided in accordance with the learning objectives defined in the Report Writing Module of the RANZCR Radiodiagnosis Training Program Curriculum 	23a, 23b	<ul style="list-style-type: none"> - All Trainees have completed the University of Florida's Curriculum in Radiology Reporting, read the RANZCR Clinical Radiology Written Report Guidelines, and have viewed all the required lecture resources. - All Trainee reports are on written status (not seen by the rest of the hospital) when performed in-hours. Their preliminary reports are sent to their supervising Consultants for review. The Radiologists review the reports, provide feedback and make changes to the reports prior to a formal report being issued. On a day-to-day basis, the Trainees are provided feedback by the Consultants regarding the structure and content of their reports. - Trainees are also involved in notifying referrers if the final report differs from the provisional report, giving them ownership of their work and experience in communicating with referrers, both internal and external to the Hospital. 	<p>Click or tap here to enter text.</p>
<p>Criterion 3.1.6 Provision of training on Non-Medical Expert Roles</p> <ul style="list-style-type: none"> ➤ The expectation of trainees and trainers is that the skills defined in the non-medical expert roles are incorporated into all aspects of training and radiology practice. Non-medical expertise is in no way viewed as being mutually exclusive from medical expertise 	24a, 24b, 25a, 25b	<ul style="list-style-type: none"> - Non-medical Expert Role training is delivered to Trainees through a number of means. This includes daily supervision of Trainees and provision of guidance regarding their interactions and communication with non-clinical teams and clinical teams in other Departments. - Trainees are also expected to participate in clinical meetings, engage in Departmental participation in Journal club, CAT (Critically Appraised Topic) sessions, and review journal articles and support other Trainees with research projects. Feedback is provided to the trainees regarding their performance in the Non-Medical Expert roles at their six-monthly DOT assessments. Plans are developed for those trainees where it has been identified that there are areas for improvement at the DOT assessment. This is available to the College as part of regularly submitted documentation. 	<p>Click or tap here to enter text.</p>

Standard 3.2: Formal Education Program			
The training site participates in a formal network education program for trainees or provides its own education program.			
Criteria	Supporting Evidence	Site Comments	RANZCR Assessor Comments
<p>Criterion 3.2.1 The training site provides a formal and structured education program</p> <p>➤ The program is:</p> <ul style="list-style-type: none"> • Aligned with the requirements of the Radiodiagnosis Curriculum • Coordinated across the network (where applicable); and • Takes advantage of the learning opportunities in the different training sites • Incorporate the Radiology Integrated Training Initiative (R-ITI) modules into the training program <p>➤ The formal education program is planned, promoted and monitored for effectiveness & completeness by the Director of Training, as guided by the Radiodiagnosis Curriculum</p>	<p><i>* Evidence:</i></p> <ul style="list-style-type: none"> - <i>A timetable of formal lectures/teaching sessions</i> - <i>Roster/s of any other educational activities such as tutorials, journal clubs etc.</i> - <i>A timetable of all available clinical meetings</i> <p>14a, 14b, 19a, 19b, 25a, 25b, 26a, 26b, 26c, 27</p>	<p>The curriculum is delivered and covered in several ways:</p> <ul style="list-style-type: none"> - Structured approach-based tutorials following completion of Key Conditions Tutorials, for Trainees in Phase 1. - Twice daily tutorials by Radiologists and post Part 2 Trainees cover the range of conditions in the curriculum in viva style format. - WAN-based lecture series (attendance is encouraged and monitored). - Trainees are involved in M&M meetings which occur every three months. - Trainees are encouraged to participate in all learning opportunities in their rotations within the LAN. - Network rotation and teaching between the LAN-2 hospitals is coordinated by the Network Education Support Officer (NESO). 	<p>Click or tap here to enter text.</p>

Standard 3.3: Consultant Involvement			
The training site provides adequate human resources for the provision of supervision, training and teaching that meets the requirements of the Clinical Radiology (Radiodiagnosis) Curriculum.			
Criteria	Supporting Evidence	Site Comments	RANZCR Assessor Comments
<p>Criterion 3.3.1 The Director of Training ensures that all clinical supervisors are involved in supervision, training and teaching and are aware of their responsibilities</p> <p>➤ The training site should provide this information in job descriptions</p>	<p>1c, 28a, 28b</p>	<ul style="list-style-type: none"> - All Staff Specialists and VMOs are involved in training and supervision of Trainees, as is reflected in the rostering of Trainees and Consultants. - All Radiologists are obligated to provide supervision and education to Trainees, as detailed in their job description and employment contract. 	<p>Click or tap here to enter text.</p>

Standard 3.4: Assessment and Feedback			
Leave blank if this is a new application			
Criteria	Supporting Evidence	Site Comments	RANZCR Assessor Comments
Criterion 3.4.1 The Training site allows Directors of Training and Clinical Supervisors to assist Trainees with meeting the assessment and feedback requirements as dictated in the Radiodiagnosis Training Program Curriculum	5a, 5b	<ul style="list-style-type: none"> - Six monthly DOT assessments are performed. Both positive feedback and areas for improvement are discussed with Trainees. If issues arise between 6-monthly assessments, these are addressed directly with the Trainee in a timely manner. - There has been an increase in the workload for Clinical Supervisors to fulfil assessment requirements of the new Radiology Curriculum. - Competing priorities including service provision and clinical meetings have made it challenging for Consultants to allocate dedicated teaching time to train Trainees and prepare lectures and tutorials. 	Click or tap here to enter text.
Criterion 3.4.2 The training site is aware of and implements as necessary the RANZCR Policies for trainees not performing and/or progressing as expected This policy prescribes processes for the identification, support and management of trainees not performing and/or progressing as expected ➤ Refer to policy process for identification and management	4a, 4b, 4c, 4d, 4e, 5f	<ul style="list-style-type: none"> - DOTs are aware of the policy process as outlined on the RANZCR website. These have also been discussed at DOT workshops and webinars. - Trainees identified under this policy and their performance issues are discussed amongst the DOTs, and formal and informal feedback from all Consultants and staff involved in department are sought. The matter is escalated to the A/HOD and LAN Director/NESO as appropriate and College assistance is sought as required. - At each LAN meeting, there is a standing agenda item whereby Trainees with performance issues are discussed on a regular basis and updates to the matter provided to the LAN Director. 	Click or tap here to enter text.

APPENDIX 1: NETWORK GUIDELINES

A Network is defined as two or more sites that offer general Radiology and separated with respect to:

- Geography
- Administration
- Supervising Consultants

A Network should:

1. Have a structured governance committee which:
 - Holds regular meetings
 - Includes a representative from each site
 - Facilitates communication between sites and the arrangement of rotations
2. Have a Director who is not a Head of Department or Director of Training
3. Have clear policies and procedures to manage local issues, as well as adhering to RANZCR policies
(e.g. Supervision, Training & Teaching, Performance and Progression (Clinical Radiology) Policy, Remediation in Training (Clinical Radiology) Policy Withdrawal from Training (Clinical Radiology) Policy)
4. Have a standardised, shared educational program which ensures trainees are exposed to a variety of learning experiences
5. Have a clear & transparent network-wide process for recruitment, selection and appointment of trainees
6. Evaluate trainee experiences and respond to feedback
7. Fully support the complete five-year training program and provide trainees with experience consistent with curriculum requirements

APPENDIX 2: ACCREDITATION OUTCOMES

Established Sites

Level	Definition	Extension date	Follow-up
A	Completely satisfactory in all areas, no significant issues, suggestions for improvement only		Note any suggested improvements for next review/site visit
B	Satisfactory in most areas, some issues noted which require correction but are not significant enough to prevent extension of accreditation	Extend to 3yr/5yr date as per normal accreditation cycle	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
C	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
D	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
A	Good potential training experience, no concerns with proposed training program	Accredited	As per regular 5yr accreditation cycle
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
C	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
D	Multiple significant concerns with proposed training program, site not considered appropriate for training.	Not accredited	Site requested to refer to accreditation standards

APPENDIX 3: SITE ASSESSMENT

1. Consultant List

Please list all Consultants currently working at this site and indicate their FTE. For Consultants employed across several sites, only indicate the proportion of time spent at this site.					
#	Name	Email Address	FTE	Diagnostic / Interventional Radiologist	FRANZCR
1	Dr Robert Loneragan	Robert.Loneragan@health.nsw.gov.au	1.0	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2	Dr Lloyd Ridley	Lloyd.Ridley@health.nsw.gov.au	0.6	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3	Dr David Rowe	David.Rowe1@health.nsw.gov.au	1.0	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4	Dr Kate Archer	Kate.Archer@health.nsw.gov.au	0.3 (reduced hours)	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5	Dr Nicole Santangelo	Nicole.Santangelo@health.nsw.gov.au	0.6	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6	Dr Stephen Morris	Stephen.Morris@health.nsw.gov.au	0.6	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7	Dr Jessica Yang	Jessica.Yang1@health.nsw.gov.au	0.4	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8	Dr John Banh	John.Banh@health.nsw.gov.au	0.6	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
9	Dr Matthew Carmalt	Matthew.Carmalt@health.nsw.gov.au	0.4	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
10	Dr Irene Tan	Irene.Tan@health.nsw.gov.au	0.6	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11	Dr Michael Chan	Michael.Chan@health.nsw.gov.au	0.4	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
12	Dr Jason Han	Jason.Han@health.nsw.gov.au	0.6	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
13	Dr Hao Xiang	Hao.Xiang@health.nsw.gov.au	0.4	<input type="checkbox"/> DR <input checked="" type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
14	Dr Frances Doull	Frances.Doull@health.nsw.gov.au	0.2	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15	Dr Susan Gaden	Susan.Gaden@health.nsw.gov.au	0.4	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16	Dr Joseph Trieu	Joseph.Trieu@health.nsw.gov.au	0.2	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
17	Dr Lawrence Trieu	Lawrence.Trieu@health.nsw.gov.au	0.1	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
18	Dr Christine Chan	Christine.Chan@health.nsw.gov.au	0.2	<input type="checkbox"/> DR <input checked="" type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
19	Dr Alan O'Grady	Alan.OGrady@health.nsw.gov.au	0.2	<input type="checkbox"/> DR <input checked="" type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20	Dr Jane Li	Jane.Li1@health.nsw.gov.au	0.2	<input type="checkbox"/> DR <input checked="" type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21	Dr Dina Bestawros	Dina.Bestawros@health.nsw.gov.au	0.4 (Mat. Leave)	<input checked="" type="checkbox"/> DR <input type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
22	Dr Edwin Ho	Edwin.Ho@health.nsw.gov.au	0.6	<input checked="" type="checkbox"/> DR <input checked="" type="checkbox"/> IR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

23	Enter Name	Enter Email Address	Enter FTE	<input type="checkbox"/> DR <input type="checkbox"/> IR	<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Enter Name	Enter Email Address	Enter FTE	<input type="checkbox"/> DR <input type="checkbox"/> IR	<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Enter Name	Enter Email Address	Enter FTE	<input type="checkbox"/> DR <input type="checkbox"/> IR	<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Enter Name	Enter Email Address	Enter FTE	<input type="checkbox"/> DR <input type="checkbox"/> IR	<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Enter Name	Enter Email Address	Enter FTE	<input type="checkbox"/> DR <input type="checkbox"/> IR	<input type="checkbox"/> YES <input type="checkbox"/> NO

Diagnostic Radiologists (DR) <u>Total</u> FTE:	9.0
Interventional Radiologist (IR) <u>Total</u> FTE:	1.0

2. Trainee List

Please list all trainees currently working at this site, including trainees on any type of leave (specify this under 'FTE'), and enter details under either 'FRANZCR Trainees' or 'Other Trainees'.

Do not include trainees employed by this site but currently on rotation to another site.

#	Name	Email Address	FRANZCR Trainees		Other Trainees		
			FTE	Year (1-5)	IMG	Other College	Non-Accredited
1	Dr Matthew Leung	Matthew.Leung@health.nsw.gov.au	1.0	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Dr Mishaal Patel	MishaalBipin.Patel@health.nsw.gov.au	1.0	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Dr Zoe Clayton Smith	Zoe.ClaytonSmith@health.nsw.gov.au	1.0 (MAT leave)*	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Dr Amer Mitchelle	Amer.Mitchelle@health.nsw.gov.au	1.0	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Dr Ruth Huo	Yaruth.huo@health.nsw.gov.au	1.0	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Dr Peter Zarzour	Peter.Zarzour@health.nsw.gov.au	1.0	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Dr Cameron Grant	Cameron.Grant@health.nsw.gov.au	1.0	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Dr Adrian Law	Adrian.Law1@health.nsw.gov.au	1.0	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Dr Daniel Gao	Daniel.Gao@health.nsw.gov.au	1.0	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Dr Louise Wei	Louise.Wei@health.nsw.gov.au	1.0	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Dr Marco Enoch Lee	MarcoEnoch.Lee@health.nsw.gov.au	1.0	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Dr Christopher Chen	Christopher.Chen@health.nsw.gov.au	1.0	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Dr Sumal Fernando	Sumal.Fernando@health.nsw.gov.au	1.0	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Dr Thomas Estephan	Thomas.Estephan@health.nsw.gov.au	1.0	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Enter Name	Enter Email Address	Enter FTE	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL FTE:			14 FTE (1FTE on MAT Leave)*				

3. Rotated Trainee List

Please provide a list of trainees that are not currently at your site but who have rotated to your site over the past 2 years.

#	Name	Email Address	Home Site	Year (1-5)
1	Andy Ho	Andy.Ho@health.nsw.gov.au	RPA	3
2	Charlotte Yin (Hetzl)	Charlotte.Yin@health.nsw.gov.au	RPA	2
3	Frank Dorrian	Frank.Dorrian@health.nsw.gov.au	RPA	2
4	Enter Name	Enter Email Address	Enter Site Name	Year
5	Enter Name	Enter Email Address	Enter Site Name	Year
6	Enter Name	Enter Email Address	Enter Site Name	Year
7	Enter Name	Enter Email Address	Enter Site Name	Year
8	Enter Name	Enter Email Address	Enter Site Name	Year
9	Enter Name	Enter Email Address	Enter Site Name	Year
10	Enter Name	Enter Email Address	Enter Site Name	Year
11	Enter Name	Enter Email Address	Enter Site Name	Year
12	Enter Name	Enter Email Address	Enter Site Name	Year
13	Enter Name	Enter Email Address	Enter Site Name	Year
14	Enter Name	Enter Email Address	Enter Site Name	Year
15	Enter Name	Enter Email Address	Enter Site Name	Year
16	Enter Name	Enter Email Address	Enter Site Name	Year
17	Enter Name	Enter Email Address	Enter Site Name	Year
18	Enter Name	Enter Email Address	Enter Site Name	Year
19	Enter Name	Enter Email Address	Enter Site Name	Year
20	Enter Name	Enter Email Address	Enter Site Name	Year
21	Enter Name	Enter Email Address	Enter Site Name	Year
22	Enter Name	Enter Email Address	Enter Site Name	Year
23	Enter Name	Enter Email Address	Enter Site Name	Year
24	Enter Name	Enter Email Address	Enter Site Name	Year
25	Enter Name	Enter Email Address	Enter Site Name	Year
26	Enter Name	Enter Email Address	Enter Site Name	Year
27	Enter Name	Enter Email Address	Enter Site Name	Year
28	Enter Name	Enter Email Address	Enter Site Name	Year
29	Enter Name	Enter Email Address	Enter Site Name	Year
30	Enter Name	Enter Email Address	Enter Site Name	Year

4. Experiential Training

Please indicate the duration of exposure to experiential training components available at your site and in external rotations (if applicable) as well as the total exposure to these components that trainees in your training program gain over five years.

If an exact figure is not available, please give an estimate (indicating that it is an estimate). Please also indicate where a rotation occurs more than once (e.g. 3 months x 2)

Site Name	Duration			
	General Radiology	Breast Imaging	Interventional Radiology	MRI
Concord Radiology	Weekly	3 weeks	6-9 months/5yr	1 year/5yr
Breast Screen RPA	Enter Duration	5 weeks	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration	Enter Duration
Total	Total Duration	8 weeks	6-9 months	1 year

Site Name	Duration		
	Nuclear Medicine	Obstetrics & Gynecology	Paediatrics/ Neonatal
Fetal Medicine Unit RPA	Enter Duration	5 weeks	Enter Duration
Westmead Children's Hospital	Enter Duration	Enter Duration	12 weeks
Concord Nuclear Medicine Dept	4 weeks	Enter Duration	Enter Duration
Concord Radiology Department	Enter Duration	3 weeks	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration
Click here to enter Site name	Enter Duration	Enter Duration	Enter Duration
Total	4 weeks	8 weeks	12 weeks

5. Site Attachment Checklist

Attachment Checklist Please include the following documents with your form:	Tick or N/A
1. Completed Site Assessment Itinerary	<input checked="" type="checkbox"/>
2. List of current equipment (including make/model/commission & expiry date)	<input checked="" type="checkbox"/>
3. Workload and case mix statistics	<input checked="" type="checkbox"/>
4. Current trainees: department list or Appendix B (including email addresses)	<input checked="" type="checkbox"/>
5. Current Consultants: department list or Appendix B (including email addresses)	<input checked="" type="checkbox"/>
6. Details of experiential training components - Appendix	<input checked="" type="checkbox"/>
7. Timetable for formal teaching/lecture sessions	<input checked="" type="checkbox"/>
8. Roster/s of other educational activities	<input checked="" type="checkbox"/>
9. Timetable of available clinical meetings	<input checked="" type="checkbox"/>
10. Trainee Roster including leave and protected time	<input checked="" type="checkbox"/>
11. Consultant Roster including leave	<input checked="" type="checkbox"/>
12. DoT Roster including leave and protected time	<input checked="" type="checkbox"/>

***** Please ensure that all attachments are clearly named, including the Criterion that they Reference. Naming Example: Criterion 1.6.3 List of Equipment. *****

Concord Repatriation General Hospital Evidence List

Standard 1.1 – Trainee Management		
The training site provides effective organisational structures for the management of trainees		
Criterion 1.1.1: The training site provides sufficient resources to manage trainees		
Criterion 1.1.2: The training site manages trainee grievances effectively		
Criterion 1.1.3: The training site has an effective process for rostering trainee staff		
Criterion 1.1.4: The training site is responsible for activity participating in the management of the network, if applicable		
Criterion	Document No.	Evidence Description
1.1.1	1a	Department Organisational Chart and Staff Lists
	1b	Registrar Orientation Manual
	1c	Email Introduction to Department Subscription
	1d	Department Phone Directory 2023
1.1.2	2a	DoT Reg Meeting Agenda 6 March 2023
	2b	DoT Reg Meeting Agenda 7 August 2023
	2c	DoT Reg Meeting Minutes 6 March 2023
	2d	DoT Reg Meeting Minutes 7 August 2023
1.1.3	3a	Registrar Roster July 2023
	3b	Registrar Roster August 2023
	3c	Department Rosters August 2022 – August 2023
1.1.4	4a	LAN 2 NGC Meeting Agenda 1 February 2022
	4b	LAN 2 NGC Meeting Agenda 3 Many 2022
	4c	LAN 2 NGC Meeting Minutes 1 February 2022
	4d	LAN 2 NGC Meeting Minutes 1 May 2023
	4e	LAN 2 NGC Meeting Minutes 26 October 2021
	4f	LAN 2 NGC Meeting Minutes 6 July 2023
	4g	Network Rotation Roster 2022
	4h	Network Rotation Roster 2023

Concord Repatriation General Hospital Evidence List

Standard 1.2 – Trainees not performing and/or progressing as expected		
The training site identifies and supports Trainees not performing and/or progressing as expected.		
Criterion 1.2.1: The training site contributes to the early identification of trainees not performing and/or progressing as expected		
Criterion 1.2.2 The training site provides access to structured support for trainees not performing and/or progressing as expected coordinated at rotation, training site and network level as appropriate		
Criterion	Document No.	Evidence Description
1.2.1	1b	Registrar Orientation Manual 2023
	5a	Registrar DoT Assessment Scores 2020 – 2022
	5b	Registrar DoT Assessment Feedback February 2022
	5c	LAN 2 Annual Trainee Survey 2021 – 2022 Synopsis
	5d	Email One on One Sessions with Performance Coach (Dr Patsy Tremayne)
	5e	Session With Performance Coach – Dr Patsy Tremayne 8 December 2021
1.2.2	6a	MAC Director of Training Workshop Invoice
	6b	JB Director of Training Workshop Certificate
	6c	B Director of Training Induction Certificate

Concord Repatriation General Hospital Evidence List

Standard 1.3 – Safe Practice		
The training site provides an environment that supports the safety of trainees		
Criterion 1.3.1 The training site provides sufficient resources to manage trainees		
Criterion	Document No.	Evidence Description
1.3.1	3a	Registrar Roster July 2023
	3b	Registrar Roster August 2023
	3c	Department Rosters August 2022 – August 2023
	7a	Radiologist On-Call Roster 2023
	7b	Registrar Room Renovation Plans
	7c	Concord & Canterbury Hospital - Number of Examinations performed After-hours
Standard 1.4 – Promoting Trainee Interests		
The training site promotes trainees' interests through representation and advocacy, in relation to radiological training		
Criterion 1.4.1: The training site engages trainees and their advocates in decision making		
Criterion 1.4.2: The Director of Training supports and advocates effectively for trainees		
Criterion	Document No.	Evidence Description
1.4.1	2a	DoT Reg Meeting Agenda 6 March 2023
	2b	DOT Reg Meeting Agenda 7 August 2023
	2c	DoT Reg Meeting Minutes 6 March 2023
	2d	DoT Reg Meeting Minutes 7 August 2023
1.4.2	4a	LAN 2 NGC Meeting Agenda 1 February 2022
	4b	LAN 2 NGC Meeting Agenda 3 Many 2022
	4c	LAN 2 NGC Meeting Minutes 1 February 2022
	4d	LAN 2 NGC Meeting Minutes 1 May 2023
	4e	LAN 2 NGC Meeting Minutes 26 October 2021
	4f	LAN 2 NGC Meeting Minutes 6 July 2023
	8	Email DoT Request for Registrar Maternity Leave Cover 2023

Concord Repatriation General Hospital Evidence List

Standard 1.5 – Supporting Trainees		
The training site support trainees in taking responsibility for their self-care and provides access to personal support mechanisms to improve the well-being of trainees		
Criterion 1.5.1: The training site supports trainees in taking responsibility for their personal health and well-being		
Criterion	Document No.	Evidence Description
1.5.1	9a	Radiology SRMO Proposal
	9b	SLHD EAP Program
	9c	SLHD EAP Traumatic Incident in Workplace Flowchart
	9d	MDOK RUOK Day Timetable of Events
	9e	MDOK Brochure
	9f	Registrar Tally for Overtime 2023

Concord Repatriation General Hospital Evidence List

Standard 1.6 – Physical Environment		
The training site provides a physical environment, resources and amenities that enable trainees to perform their work and to engage in learning and teaching activities		
Criterion 1.6.1: The training site provides an accessible, safe, comfortable work area with a range of amenities		
Criterion 1.6.2: The training site provides the appropriate physical environment to support trainees in meeting the requirements of the Radiodiagnosis Training Program Curriculum		
Criterion 1.6.3: The training site provides the appropriate physical resources to support trainees in meeting the requirements of the Radiodiagnosis Training Program Curriculum		
Criterion	Document No.	Evidence Description
1.6.1	7b	Registrar Room Renovation Plans
1.6.2	10a	Concord Hospital ED Presentations, OOS & OBD FY22-23
1.6.3	1c	Email Introduction to Department Subscriptions
	11a	Equipment List Concord & Canterbury 2023
	11b	Radiology Journals via CIAP and Open Athens (GML)
	11c	Books and Journals in Radiology Library

Concord Repatriation General Hospital Evidence List

Standard 2.1 – Training Site Orientation		
The training site provides an effective orientation for Clinical Radiology trainees		
Criterion 2.1.1: The training site provides an orientation to all Clinical Radiology trainees		
Criterion 2.1.2: At orientation the training site ensures that trainees have the clinical information and skills required to commence work		
Criterion	Document No.	Evidence Description
2.1.1	1b	Registrar Orientation Manual 2023
	12a	Completed New Trainee Task List 2022
	12b	New Trainee Task List 2023
	12c	Sectra Tips Provided by Senior Registrar
	12d	Registrar Compendium
	12e	Summary of Training Program Requirements
2.1.2	13a	Appendix 1 Guide to the Radiology Report
	13b	Appendix 2 MRI Safety Form
	13c	Appendix 4 Protocol Treatment of Contrast Reaction
	13d	Appendix 5 Protocol Allergy Premedication Protocol
	13e	Appendix 6 Protocol Management of Extravasation of Contrast Agent
	13f	Appendix 7 Air Embolism Protocol 2022
	13g	Appendix 8a Protocol for Patient Timeout in CT for IV Contrast Examinations
	13h	Appendix 8b Protocol for Patient Timeout in CT for Non-Contrast Examinations
	13i	Appendix 9 Analgesia and Sedation Article

Concord Repatriation General Hospital Evidence List

Standard 2.2 – Supervision, Training and Teaching

The training site complies with the RANZCR Policy on Supervision, Training and Teaching of Clinical Radiology Trainees

Criterion 2.2.1: The training site provides the mandatory hours required for trainees to spend in supervision, training and teaching onsite

Criterion 2.2.2: The training site enables Clinical Supervisors to provide the mandatory hours for active supervision to trainees

Criterion 2.2.3: The training site provides the mandatory number of protected hours per week to trainees for study and or teaching

Criterion 2.2.4: The training site provides the mandatory number of hours for protected time to Directors of Training to perform their duties

Criterion 2.2.5: Accreditation of training time for trainees working after hours or on call rosters.

Criterion 2.2.6: Maximum number of Examinations per Consultant

Criterion 2.2.7: Consultant to Trainee Ratio

Criterion	Document No.	Evidence Description
2.2.1	14a	Department Delivery of Training Tutorial Roster 2023
	14b	Department Delivery of Training Weekly Meetings Roster 2023
2.2.2	15a	Updated Minutes – Concord Radiology Diagnostic Radiologist Meeting 2023
2.2.3	3a	Reg Roster August 2023 (Study Leave)
	16a	Reg Roster September 2023 (Study Leave)
	16b	Reg Roster October 2023 (Study Leave)
2.2.4	17	Education Support Officer Role Description
	18	Department General Rosters May 2023 (DoT Admin Time Highlighted)

Concord Repatriation General Hospital Evidence List

Standard 3.1 – Clinical Radiology (Radio-diagnosis) Training Program Curriculum		
Sites are expected to see trainees through the full five year program, subject to trainees satisfying the required training milestones		
Criterion 3.1.1: Training is Provided on Key Conditions in Year 1 in Training		
Criterion 3.1.2: Training is Provided on Body Systems Syllabuses		
Criterion 3.1.3: Training Site meets Experiential Training Requirements		
Criterion 3.1.4: Training Site Provides Patient Safety Training		
Criterion 3.1.5: Provision of Training on Report Writing		
Criterion 3.1.6: Provision of Training on Non-Medical Export Roles		
Criterion	Document No.	Evidence Description
3.1.1	19a	Key Conditions Roster TES 2023
	19b	Key Conditions Meeting Roster 2022
	19c	Key Conditions Meeting Roster 2023
	19d	Key Conditions MS Forms Assessment
3.1.2	4g	Network Rotation Roster 2022
	4h	Network Rotation Roster 2023
	20a	Specialty Rotation Roster 2022
	20b	Specialty Rotation Roster 2023
	21a	Email Regarding New Staff Member Orientation 2
	21b	Email Regarding New Staff Member Orientation
	20c	Registrar Training Summary 2022
3.1.4	1b	Registrar Orientation Manual 2023
	13c	Appendix 4 Protocol Treatment of Contrast Reaction
	13d	Appendix 5 Protocol Treatment of Contrast Allergy Premedication Protocol
	22	Patient Safety Syllabus
3.1.5	23a	Reporting Radiological Results
	23b	Interpretation and Reporting of Exams
3.1.6	24a	CATs Meeting Roster 2022
	24b	CATs Meeting Roster 2023
	25a	Journal Club Meeting Roster 2022
	25b	Journal Club Meeting Roster 2023

Concord Repatriation General Hospital Evidence List

Standard 3.2 – Formal Education Program		
The training site participates in a formal network education program for trainees or provides its own education program		
Criterion 3.2.1: The training site provides a formal and structured education program		
Criterion	Document No.	Evidence Description
3.2.1	14a	Department Delivery of Training Tutorial Roster 2023
	14b	Department Delivery of Training Weekly Meetings Roster 2023
	19a	Key Conditions Meeting Roster 2022
	19b	Key Conditions Meeting Roster 2023
	25a	Journal Club Meeting Roster 2022
	25b	Journal Club Meeting Roster 2023
	26a	WAN Attendance 15 May 2023
	26b	WAN Teaching Program 2022
	26c	WAN Teaching Program 2023
	27	M&M Meeting Minutes 13 April 2022

Concord Repatriation General Hospital Evidence List

Standard 3.3 – Consultant Involvement		
The training site provides adequate human resources for the provision of supervision, training and teaching that meets the requirements of the Clinical Radiology (Radiodiagnosis) Curriculum		
Criterion 3.3.1: The Director of Training ensures that all clinical supervisors are involved in supervision, training and teaching and are aware of their responsibilities		
Criterion	Document No.	Evidence Description
3.3.1	1c	Department Rosters August 2022 – August 2023
	28a	Clinical Radiology Director of Training Role Description
	28b	Clinical Radiology Clinical Supervisor Position Description
Standard 3.4 – Assessment and Feedback		
Criterion 3.4.1: The Training site allows Directors of Training and Clinical Supervisors to assist Trainees with meeting the assessment and feedback requirements as dictated in the Radiodiagnosis Training Program Curriculum		
Criterion 3.4.2: The training site is aware of and implements as necessary the RANZCR Policies for trainees not performing and/or progressing as expected		
Criterion	Document No.	Evidence Description
3.4.1	5a	Registrar DOT Assessments 2020 - 2022
	5b	Registrar Feedback DoT Assessments Feb 2022
3.4.2	4a	LAN 2 NGC Meeting Agenda 1 February 2022
	4b	LAN 2 NGC Meeting Agenda 3 Many 2022
	4c	LAN 2 NGC Meeting Minutes 1 February 2022
	4d	LAN 2 NGC Meeting Minutes 1 May 2023
	4e	LAN 2 NGC Meeting Minutes 26 October 2021
	5f	LAN 2 NGC Meeting Minutes 6 July 2023