

Accreditation Site Visit Report



The Royal Australian
and New Zealand
College of Radiologists®

Faculty of Clinical Radiology

Site Name: Westmead Hospital

Date: 25 October 2019

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INTRODUCTION

The Royal Australian and New Zealand College of Radiologist is the Peak Body who engages in accreditation of sites for the provision of training of clinical radiologists in Australia, New Zealand and Singapore. The Australian Medical Council accredits the College and its training programs. AMC Standard 8.2 delegates accreditation of workplace training to the College. The College Accreditation Standards facilitate evaluation of a training site with the aim to ensure that a minimum acceptable standard of facilities (staff equipment, diversity of clinical material and tuition) is available to provide successful training in clinical radiology and providing a training environment that is supportive of trainee needs and meets curriculum and regulatory requirements. This is a shared responsibility of the College, training sites, training networks, clinical supervisors and trainees.

The Accreditation Standards have been developed around 3 goals:

1. Promote the welfare and interests of trainees
2. Ensure trainees have the appropriate knowledge, skills and supervision to provide quality patient care
3. Support a wide range of educational and training opportunities for trainees to ensure that they are competent and safe

Several standards support each goal and to fulfil the goal a training site must comply with the objectives defined in the standard.

PURPOSE

The purpose of this accreditation report is to summarise the training site's achievement in meeting the accreditation standards. This is demonstrated by the evidence provided in the pre-site documentation submitted to the College and discussions and observation that occurs during the site visitation. The complex nature of teaching makes this report a central part of the process. It provides a framework for the training site to reference in conjunction with the current Clinical Radiology (Radiodiagnosis) Curriculum. An opportunity then exists for the training site to work with training networks and the College to address any outstanding standards. Through the provision of high-quality training and appropriate supervision for the trainees, this ensures safeguarding trainees and trainee delivered patient whilst producing, high quality, competent, safe radiologists.

The accreditation standards work in combination with the Radiology Network Training Policy. Currently the accreditation cycle is five years with a paper based interim review at the three-year mark. Additionally, progress reports may be requested by the College to monitor any Non-compliance

The accreditation cyclic review is outlined below:

New Application for Accreditation



Ongoing Accreditation



The assessors will award an accreditation status and compose a report that will be reviewed provisionally by the site in the first instance to fact check. The Chief Accreditation Officer will make a recommendation to the Clinical Radiology Education and Training Committee for approval.

A 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 Branch Education Officer. 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.

The accreditation report for Westmead Hospital is confidential and privileged. It is intended only for the use of the training site for whom it is addressed and not for circulation without prior permission from the College.

SITE VISIT

Accreditation Site Visit Details	
Date:	25 October 2019
Time:	9:00am – 3:00pm
The Accreditation Panel	
Assessors:	
Dr Robert Jones	Clinical Assessor
Dr Gabriel Lau	Clinical Assessor
RANZCR Staff:	
Ms Bettina Brooke	Senior Project Officer, Quality Assurance and Evaluation
Ms Tiffany Hale	Project Officer, Training Accreditation
Site Representatives:	
Dr George Mcivor	Clinical Director (Head of Department)
Dr Susan Grayson	Director of Training
Consultants:	
Dr Raymond Lee	Consultant
Dr Mohamed Nasreddine	Consultant
Dr Lavier Gomes	Consultant
Dr Kevin Ng	Consultant
Dr Luke Baker	Consultant
Dr Simon So	Consultant
Dr Phil Vladica	Consultant
Dr Simon So	Consultant
Dr De Costa	Consultant
Trainees:	
Dr Mitchell Yam	Trainee
Dr Amos Lau	Trainee
Dr Ismail Goolam	Trainee
Dr Jeffrey Wang	Trainee
Dr Nandu Dantanarayana	Trainee
Dr Sam Conyngham	Trainee
Dr Rebecca Lim	Trainee
Hospital Executive:	
Dr Emma McCahon	Executive Director of Medical Services
Dr Mary Boyd Turner	Deputy Director of Medical Services

Dr Roslyn Crampton	General Manager
Ms Kim Watson	Education Support Officer (ESO)

FINAL

CURRENT ACCREDITATION STATUS

Accreditation valid until: 31 June 2022

SITE NAME: Westmead Hospital			
SITE CLASSIFICATION			
FULL	LINKED	SPECIALTY	NEW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL OF ACCREDITATION			
A	B	C	D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROVISIONAL	<input type="checkbox"/>		

Network Training Director

Name: A/Prof Lourens Bester
Email: 0438 237 837
Phone: johannesbester@icloud.com

Education Support Officer

Name: Ms Kim Watson
Email: 0428 875 259
Phone: Kim.Watson@swahs.health.nsw.gov.au
Postal Address: Hawkesbury Rd, Westmead NSW 2145

Constituent Sites: Please list ALL sites within the Network

Site	No# of Trainees in accredited training positions	Director of Department	Director of Training	Section attached for Site? Y/N
Concord Repatriation General Hospital	10	Dr David Rowe	Dr Yang-Yi Ong Dr Nicole Santangelo	
Canterbury Hospital	1	Dr David Rowe	Stephen Morris	
Westmead Hospital	15	Dr George Mclvor	Dr Jane Li Dr Susan Grayson	
Auburn Hospital	1	Dr George Mclvor	Dr Jane Li Dr Susan Grayson	
Royal Prince Alfred Hospital	18	Dr Richard Waugh	Dr Salman Ansari Dr Simon Lai Dr Pui Ding Ding Chan Dr Shiela Cheng	

Blacktown Mount Druitt Hospital	3	Dr Andrew Owen Jones	Dr Jeffrey Plew	
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FINAL

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:	On Site Evaluation:	Site Response:
<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 	<p>Trainees are rostered from NSW Local Area 2 (LAN 2).</p> <p>The Director of Training (DoT) is held in high regard by the trainees and consultants:</p> <ul style="list-style-type: none"> • approachable; • knowledgeable; • has clear guidelines of accountability. <p>Trainee management is coordinated with onsite consultants and general queries are addressed when and as needed.</p> <p>However, the supervision and teaching of trainees is significantly impacted due to high clinical workload.</p> <p>An additional four FTE consultants to be considered to ensure adequate access to education and supervision for trainees.</p> <p>Previous recommendations given to Westmead Hospital to increase FTE within the department have not been addressed.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</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 	<p>The Department is aware of the Grievance Policy.</p> <p>All trainees participate in an orientation program which includes the relevant RANZCR policy.</p> <p>There are concerns that need to be addressed within the department regarding clinical workload and access to education.</p> <p>High clinical workload has a significant impact to consultants and trainees resulting in fatigue.</p> <p>Limited access to education both onsite and through the Network.</p> <p>All trainees participate in an induction program over a two-day</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>

	period which includes the relevant RANZCR policy.			
<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 	<p>In consultation with the DoT the trainee roster is formulated and distributed with the intention to meet HR requirements.</p> <p>On call roster is managed by the most senior trainee in consultation with the DoT.</p> <p>However, the flexibility in the rostering system may be significantly impacted by limited staffing resources. This directly affects supervision requirements and has adverse effects on trainee wellbeing and access to education.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
<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 	<p>A representative of Westmead Hospital indicated that the Department participates in the Network Committee. However, Westmead Hospital is to provide evidence of the DoT's continued active participation within the Network Committee.</p> <p>Recruitment is conducted by the Network to which Westmead Hospital participates in the interview process.</p> <p>Westmead Hospital understands the requirements to meet Network Governance.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
Site Evidence:	NGC Meeting Minutes HETI Minutes			
RANZCR (Administrative Use Only)				
Rating:	A	B	C	D
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessor Comments:				
<p>The College Assessors noted that Westmead Hospital does not meet Standard 1.1 Trainee Management.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Westmead Hospital to address the FTE resources and provide evidence of recruitment of an additional four FTE Consultants (two FTE consultants within three months and a further two FTE consultants within six months) to ease the high clinical workload to enable adequate access to education, supervision, improve wellbeing of trainees and address patient safety concerns. • Westmead Hospital to provide evidence of the DoT's continued active participation within the Network Committee. 				

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:	On Site Evaluation:	Site Response:		
<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 is aware of and works with the Network Governance Committee or Full site to implement 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 is aware of their responsibility to communicate the required information to relevant forums including Network Governance Committee/Full site, the RANZCR Clinical Radiology Education and Training Committee, Medical Registration Board, clinical supervisors, etc. <p>Guidelines</p> <p>The training site encourages early identification of trainees not performing and/or progressing as expected, by clinical supervisors and other senior staff</p> <p>The training site is active in communicating with the Network Governance Committee and/or relevant Full site when concerns arise regarding a trainee on rotation</p>	<p>RANZCR Policies:</p> <ul style="list-style-type: none"> • performance and progression (clinical radiology) policy; • remediation in training (clinical radiology) policy; • withdrawal from training (clinical radiology) policy. <p>Consultation with the DoT confirmed that they are aware of the above-mentioned policies implemented on 30 November 2019.</p> <p>There is currently one identified trainee under the use of the Performance and Progression Policy. It was discussed that the process conducted complies with the relevant RANZCR policies.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
<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>There is currently one identified trainee under the Performance and Progression (Clinical Radiology) Policy.</p> <p>Westmead Hospital meets this criterion regarding trainee support and training site rotation.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
Site Evidence:				
RANZCR (Administrative Use Only)				
Rating:	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Assessor Comments:				
The College Assessors noted that Westmead Hospital does not meet the Standard 1.2: Trainees not performing and/or progressing as expected.				

Recommendations:

- Westmead Hospital to provide evidence of the appropriate use of the Performance and Progression (Clinical Radiology) Policy, the Remediation in Training (Clinical Radiology) Policy and the Withdrawal from Training (Clinical Radiology) Policy.

Standard 1.3: Safe Practice

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

Criteria:	On Site Evaluation:	Site Response:
<p>Criterion 1.3.1 The training site provides sufficient resources to manage trainees</p> <p>➤ The training site provides duty rosters that balance the service needs of the training site with safe working hours for trainees</p> <p>Guidelines</p> <p>The training site has established a risk management approach to hours of working and rostering</p>	<p>Westmead Hospital is aware of AMA safe working and Public Hospital Medical Officers (State) Award 2018 guidelines to manage fatigue and wellbeing of trainees.</p> <p>In consultation with the DoT and trainees it was noted that the high clinical workload may cause fatigue due to:</p> <ul style="list-style-type: none"> inadequate consultant FTE resources; increasing on call and after hour workload. <p>Fatigue management is required for the high clinical workload within the department.</p> <p>Stakeholders are aware that they are a part of a high-volume department and adjustments are necessary where needed with a risk adverse culture in mind.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>
Site Evidence:		

RANZCR (Administrative Use Only)

Rating:

A

B

C

D

Assessor Comments:

The College Assessors noted that Westmead Hospital does not meet Standard 1.3: Safe Practice.

Recommendations:

- Westmead Hospital to demonstrate compliance to the AMA safe working hours and Public Hospital Medical Officers (State) Award 2018 guidelines to manage fatigue and wellbeing of trainees.
- Westmead Hospital to address the FTE resources and provide evidence of recruitment of an additional four FTE Consultants (two FTE consultants within three months and a further two FTE consultants within six months) to ease the high clinical workload to enable adequate access to education, supervision, improve wellbeing of trainees and address patient safety concerns.

Standard 1.4: Promoting Trainee Interests

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

Criteria:	On Site Evaluation:	Site Response:		
<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 	<p>The Department will benefit from further involvement in matters regarding decision making within the Network that may have an impact on trainees.</p> <p>The Department needs to be actively involved in Network governance matters regarding decision making and to assess the impact to trainees.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
<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 	<p>The DoTs advocate and provide ongoing support for trainees. Trainees are aware of the DoTs' role and the necessary support to be provided to the trainee ongoing.</p> <p>Through consultation, the trainee validated the two-way communication process and support provided by the DoTs.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
Site Evidence:				
RANZCR (Administrative Use Only)				
Rating:	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Assessor Comments:				
<p>The College Assessors noted that Westmead Hospital does not meet Standard 1.4: Promoting Trainee Interests.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Westmead Hospital to demonstrate appropriate stakeholder involvement regarding decision making including but not limited to rotations and equal Network education access. 				

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:	On Site Evaluation:	Site Response:		
<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 the trainee with the need to engage additional support to ensure the safety of patient care ➤ 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 <p>Guidelines Strategies may include:</p> <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>Confidentiality is always held with high regard.</p> <p>A culture review of the department should be considered to address the current overall low morale.</p> <p>It was noted that the high clinical workload impacts the ability for the workload to be addressed in an adequate timeframe due to diminished FTE consultants. This high clinical workload significantly impacts trainees' wellbeing and opportunity to participate in educational activities including but not limited to MDMs.</p> <p>The Westmead Hospital Executive have been notified on more than one occasion as to the situation within the department regarding the high clinical workload and diminished FTE consultants.</p> <p>The Westmead Hospital Executive is to provide a Risk Management plan regarding high clinical workload and consultant and trainee wellbeing with clearly identified milestones to be monitored.</p> <p>The Westmead Hospital Executive is to demonstrate that appropriate access to the Employee Assistance Program (EAP), counsellors and general support such as HR are available to address any issues the trainees may have.</p> <p>Westmead Hospital needs to ensure that trainee overtime is not excessive and that it is in line with the AMA safe working hours and Public Hospital Medical Officers (State) Award 2018 guidelines.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
Site Evidence:				
RANZCR (Administrative Use Only)				
Rating:	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assessor Comments:				
The College Assessors noted that Westmead Hospital does not meet Standard 1.5: Supporting Trainees.				
Recommendations:				

- Westmead Hospital to demonstrate compliance to the AMA safe working hours and Public Hospital Medical Officers (State) Award 2018 guidelines to manage fatigue and wellbeing of trainees.
- Westmead Hospital Executive to provide a Risk Management Plan regarding high clinical workload and consultant and trainee wellbeing with clearly identified milestones that will be monitored.

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:	On Site Evaluation:	Site Response:
<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 work stations to access PACs and write reports ➤ A telephone with appropriate access to STD facilities is provided ➤ A computer with printing facilities is provided ➤ There is an adequate notice board to facilitate communication within the training site ➤ There are secure areas for personal belongings 	<p>The Department provided evidence that demonstrated the following:</p> <ul style="list-style-type: none"> • dual computer screen desks; • overhead projector; • whiteboard; • plain film reading. <p>Westmead Hospital does not have adequate audio-visual (A/V) facilities to participate in a Network formal education program.</p> <p>The area is utilised ongoing which allows for a collaborative learning space.</p> <p>Other training areas Included:</p> <ul style="list-style-type: none"> • PACS • workstations • textbooks • phones • printers etc <p>Trainee facilities provided:</p> <ul style="list-style-type: none"> • dedicated and lockable office. <p>However, there was no computer access or workstations within the trainee space.</p> <p>Some monitors on the dual computer screen desks are not able to be used within the department.</p> <p>Immediate replacement for this equipment should be implemented to aid in managing the high clinical workload within the department.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>
<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- 	<p>The trainees have access to lab services and can consult when needed with medical specialists. The trainees have interaction with the Emergency Department (ED). Adequate time will be allocated to facilitate research and projects if needed. Consultants are available to assist with research projects</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>

<p>accredited teaching hospital radiology department</p> <ul style="list-style-type: none"> ➤ 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 consult with medical specialists in areas such as pathology, bacteriology, biochemistry, haematology etc. ➤ Consultant staff have active involvement in basic and clinical research 	<p>activities. However, this may be impacted by the high clinical workload.</p> <p>Affiliated with the University of Sydney and Notre Dame University, Westmead Hospital has more than 900 beds with an approximate ED attendance of 56,000 per annum.</p> <p>Westmead Hospital also has multiple accredited training posts across other Colleges.</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 	<p>The Department provides the following physical resources to support trainees in meeting the requirements of the radiodiagnosis training program curriculum:</p> <ul style="list-style-type: none"> • ultrasound • magnetic resonance imaging • computerised tomography • nuclear imaging • angiography and interventional radiology • mammography – accessible through BreastScreen NSW. <p>Trainees are only able to rotate to accredited training sites. BreastScreen NSW is not currently an accredited training site. Westmead Hospital should consult with the Network regarding BreastScreen applying to become an accredited linked training site.</p> <p>A library of books and e-books are available to be accessed.</p> <p>Trainee learning facilities noted previously in criterion 1.6.1.</p> <p>Westmead Hospital is currently under redevelopment with expansion of the Clinical Radiology department being undertaken.</p> <p>Confirmation of intended equipment and additional FTE to</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>

<ul style="list-style-type: none"> • 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 <p>➤ There is a comprehensive imaging teaching and case library (either 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> <p>➤ The site has access to audio visual facilities to permit the presentation of lectures, demonstrations and teaching</p>	<p>meet the multiple Clinical Radiology Departments' requirements will need to be supplied.</p> <p>Westmead Hospital Executive to consider the impact to the department regarding resources.</p> <p>A site visit is to be scheduled within six months of the expansion being completed to evaluate the impact to trainees and access to education.</p>				
Site Evidence:					
RANZCR (Administrative Use Only)					
Rating:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input checked="" type="checkbox"/>	
Assessor Comments:					
<p>The College Assessors noted that Westmead Hospital does not meet Standard 1.6: Physical Environment.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Westmead Hospital to provide adequate and dedicated computer access within the trainee space. • Westmead Hospital to provide immediate replacement for needed computer screen equipment. • Westmead Hospital to provide evidence of research access and assistance for trainees. • Westmead Hospital to provide dedicated access to A/V facilities within the department to enable trainees to access a Network formal education program. • Westmead Hospital to approach the Network to allow BreastScreen to apply to become an accredited linked training site. • Westmead Hospital to provide a confirmation of intended equipment and additional FTE for the expanded clinical radiology department. 					

GOAL 2:

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

Standard 2.1: Training Site Orientation

The Training site provides an effective orientation for Radiology Trainees

Criteria:	On Site Evaluation:	Site Response:
<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) • 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 ➢ The training site must document completion of orientation which includes sign off by both the trainee and the Director of 	<p>Previously addressed in Standard 1.1</p> <p>Onsite Training also includes:</p> <ul style="list-style-type: none"> • PACS – trainee has access • receiving referrals • undertaking procedures • report writing • rostering – more senior registrar responsibility • OH&S procedures. <p>A tour of the department is conducted as part of the orientation which allows the trainees to know where they can access all resources and library.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>

Training that orientation has taken place				
<p>Criterion 2.1.2 At orientation the training site ensures that trainees have the clinical information and skills required to commence work</p> <ul style="list-style-type: none"> ➢ At the initial orientation to the training site, training is offered on appropriate skills required (e.g. for CPR) ➢ The training site provides protocols for imaging patient safety including but not limited to: <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 • 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) <p>Guidelines</p> <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 	<p>Orientation is conducted and trainees are offered training on the following skills:</p> <ul style="list-style-type: none"> • Medical Imaging Department (MID) general evacuation, Radiation safety • MRI Safety <p>Orientation resources are available by accessing the hospital intranet including all hospital protocols that are appropriate.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
Site Evidence:	Orientation Program			
RANZCR (Administrative Use Only)				
Rating:	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Assessor Comments:				
The College Assessors noted that Westmead Hospital meets Standard 2.1: Training Site Orientation. Recommendations: N/A				

Standard 2.2: Supervision, Training and Teaching

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

Criteria:	On Site Evaluation:	Site Response:
<p>Criterion 2.2.1 The training site provides the mandatory hours required for trainees to spend in supervision, training and teaching onsite</p> <p>➤ Number of mandatory hours trainees required to spend in supervision, training and teaching onsite: 12-14 hours per week</p>	<p>Westmead Hospital provides trainees with access to:</p> <ul style="list-style-type: none"> • adhoc trainee led tutorials 8am –9am (out of hours) • adhoc trainee led tutorials 1pm – 2pm. <p>Some of these tutorials are scheduled out of hours.</p> <p>Westmead Hospital currently does not have a formal education program in line with the radiodiagnosis curriculum, which needs to be addressed.</p> <p>Trainee's access to education and adequate supervision is significantly impacted due to high clinical workload in the department.</p> <p>A proactive approach needs to be taken by Westmead Hospital to ensure trainees are exposed to an adequate and broad case mix.</p> <p>Westmead Hospital has limited access to the HETI program. The Network education program is currently under development.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>
<p>Criterion 2.2.2 The training site enables Clinical Supervisors to provide the mandatory hours for active supervision to trainees</p> <p>➤ 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 and Teaching of Radiology Trainees policy)</p>	<p>Trainee supervision is significantly impacted due to under resourcing and high clinical workload.</p> <p>Additional consultant FTE is required to enable adequate access to education and supervision of trainees.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>
<p>Criterion 2.2.3 The training site provides the mandatory number of protected hours per week to trainees for study and or teaching</p> <p>➤ 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)</p>	<p>Protected time for trainees is currently not met due to high clinical workload.</p> <p>Protected hours for the trainees need to be immediately addressed and an action plan implemented as a priority to allow access for study and teaching.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>

<p>Criterion 2.2.4 The training site provides the mandatory number of hours for protected time to Directors of Training to perform their duties</p> <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 	<p>The DoT protected time is not met and is inadequate.</p> <p>The DoTs are currently rostered onsite five days per week.</p> <p>The DoTs do not have adequate secretarial and administrative support from the hospital.</p> <p>The Department will benefit significantly from additional and dedicated one FTE administration support.</p> <p>The DoTs have attended the RANZCR DoT Workshops to meet the requirements.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>
<p>Criterion 2.2.5 Accreditation of training time for trainees working after hours or on call roster</p> <ul style="list-style-type: none"> ➤ In order for after hours and on call work to be counted towards 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. ➤ 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 days 	<p>Trainees are required to cover the 24/7 on call roster.</p> <p>The current on-call workload is onerous which significantly impacts trainee wellbeing due to fatigue, as well as impact on trainee education.</p> <p>Currently trainees report on-call cases with inadequate support from the on-call consultant due to under resourcing.</p> <p>Due to inadequate consultant FTE resources and high clinical workload, delivery of regular face-to-face supervision is currently not being met. This significantly impacts the report feedback process and trainees' access to education. This needs to be addressed as it also raises concerns regarding patient safety.</p> <p>Westmead Hospital plans to utilise teleradiology to address the high clinical workload and mitigate concerns raised.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>
<p>Criterion 2.2.6 Maximum number of Examinations per Consultant</p> <ul style="list-style-type: none"> ➤ The internationally recognized work-load for a specialist engaged 	<p>The current number of examinations per annum per FTE is 13,471, which exceeds the upper work-load limit of 12,000 examinations per annum per FTE</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>

<p>in administration, routine work and teaching is 7,500 examinations per annum</p> <p>Guidelines</p> <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. 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. The 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 	<p>for sites engaged in trainee teaching.</p> <p>The continued increased workload, the complexities of studies completed, the layout of the multiple departments model and increasing after hours requirements significantly impacts both trainee supervision and the provision of safe teaching and safe patient care.</p> <p>Due to the issues raised, an additional four FTE consultants are required to ensure adequate trainee supervision and access to education.</p> <p>The Department currently has a significant backlog of unreported plain films, CTs and MRIs which poses a significant clinical risk. This needs to be addressed.</p> <p>The Westmead Hospital Executive is to provide a Risk Management plan regarding high clinical workload and consultant and trainee wellbeing with clearly identified milestones that will be monitored.</p>	
<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 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 	<p>There are currently 11.2 FTE consultants and 14 FTE trainee (excluding 0.5 FTE for the HoD).</p> <p>Westmead Hospital to provide an updated consultant listing indicating Interventional Radiologist FTE commitment.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>

they report should be discounted from the total pool used to calculate the number of examinations reported per year per supervisor				
Site Evidence:	Site Self-Assessment Appendix 3.1 & 3.2 Site Rosters			
RANZCR (Administrative Use Only)				
Rating:	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assessor Comments:				
<p>The College Assessors noted that Westmead Hospital does not meet Standard 2.2: Supervision, Training and Teaching.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Westmead Hospital to address the FTE resources and provide evidence of recruitment of an additional four FTE Consultants (two FTE consultants within three months and a further two FTE consultants within six months) to ease the high clinical workload to enable adequate access to education, supervision, improve wellbeing of trainees and address patient safety concerns. • Westmead Hospital to provide an updated consultant listing indicating Interventional Radiologist FTE commitment. • Westmead Hospital to address backlog of unreported cases to ensure patient safety. • Westmead Hospital to provide evidence of onsite tutorials in hours. • Westmead Hospital to provide evidence of trainee exposure to an adequate and broad case mix. • Westmead Hospital to provide evidence of participation within the HETI program. • Westmead Hospital to demonstrate allocated protected time for trainees. • Westmead Hospital to demonstrate allocated protected time for the DoTs. • Westmead Hospital to provide evidence of recruitment for one FTE dedicated administration support. • Westmead Hospital Executive to provide a Risk Management Plan regarding high clinical workload and consultant and trainee wellbeing with clearly identified milestones that will be monitored. 				

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

Standard 3.1: Clinical Radiology (Radiodiagnosis) Training Program Curriculum

Sites are expected to see trainees through the full five year program, subject to trainees satisfying the required training milestones

Criteria:	On Site Evaluation:	Site Response:
<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>All Key Condition training is facilitated by the department. Key Conditions Training is completed prior to trainees commencing on call.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>
<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: <p>On call workload has increased over the years.</p> <ul style="list-style-type: none"> ➤ 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 	<p>The College Assessors noted that LAN 2 Trainees participate in the Higher Education Training Institute (HETI) Part 2 course days. This is a curriculum-based teaching program for trainees, in which LAN 2 consultants and sites participate in.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>
<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>Westmead Hospital trainees have inadequate exposure to meet the Experiential Training Requirements through Network rotations. Currently Westmead Hospital has limited access to the HETI program due to high clinical workload requirements.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>

<p>Criterion 3.1.4 Training Site Provides Patient Safety Training</p> <p>➤ The Patient Safety syllabus must be actively taught and learned in training centres in the first 6 months of training, and be referred to throughout the period of training</p>	<p>This criterion is currently being facilitated as part of the Network. Westmead Hospital to provide evidence that current and past trainees in the past two years have undertaken the Patient Safety Training Module.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
<p>Criterion 3.1.5 Provision of training on Report Writing</p> <p>➤ Training is provided in accordance with the learning objectives defined in the Report Writing Module of the RANZCR Radiodiagnosis Training Program Curriculum</p>	<p>This criterion is currently being facilitated by the Network. Westmead Hospital to provide evidence that current and past trainees in the past two years have undertaken the Report Writing Module.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
<p>Criterion 3.1.6 Provision of training on Non-Medical Expert Roles</p> <p>➤ 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</p>	<p>This criterion is currently being facilitated by the Network. Westmead Hospital to provide evidence that current and past trainees in the past two years have undertaken the Non-Medical Expert Role Training.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
Site Evidence:				
RANZCR (Administrative Use Only)				
Rating:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>
Assessor Comments:				
<p>The College Assessors noted that Westmead Hospital does not meet Standard 3.1: Clinical Radiology (Radiodiagnosis) Training Program Curriculum.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • Westmead Hospital to provide evidence of participation within the HETI program. • Westmead Hospital to provide evidence that current and past trainees in the past two years have undertaken the Patient Safety Training. • Westmead Hospital to provide evidence that current and past trainees in the past two years have undertaken the the Report Writing Module. • Westmead Hospital to provide evidence that current and past trainees in the past two years have undertaken the Non-Medical Expert Role Training. 				

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:	On Site Evaluation:	Site Response:		
<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>Westmead Hospital provides trainees with access to:</p> <ul style="list-style-type: none"> • adhoc trainee led tutorials 8am –9am (out of hours) • adhoc trainee led tutorials 1pm – 2pm. <p>Some of these tutorials were provided out of hours.</p> <p>Westmead Hospital currently does not have any onsite tutorial program in line with the Radiodiagnosis Curriculum, which needs to be addressed.</p> <p>Trainees' access to education and adequate supervision is significantly impacted due to high clinical workload in the department.</p> <p>Trainee access to Network education is limited.</p> <p>Previously address in 2.2.1.</p>			
Site Evidence:				
RANZCR (Administrative Use Only)				
Rating:	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input checked="" type="checkbox"/>
Assessor Comments:				
<p>The College Assessors noted that Westmead Hospital does not meet Standard 3.2: Formal Education Program</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • Westmead Hospital to provide evidence of onsite tutorials in hours. • Westmead Hospital to provide evidence of participation within the HETI program. 				

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:	On Site Evaluation:	Site Response:		
<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>	Position descriptions were not provided as evidence.	Note: Site Self-Assessment response taken into consideration when compiling this report.		
Site Evidence:				
RANZCR (Administrative Use Only)				
Rating:	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessor Comments:				
The College Assessors noted that Westmead Hospital does not meet Standard 3.3: Consultant Involvement				
Recommendation:				
<ul style="list-style-type: none"> Westmead Hospital to provide job descriptions stating the responsibilities of Clinical Supervisors in regard to supervision, training and teaching. Westmead Hospital to provide opportunities for Clinical Supervisors to undergo training to understand this role and responsibilities as it relates to training, teaching and assessment of trainees. 				

Standard 3.4: Assessment and Feedback

Criteria:	On Site Evaluation:	Site Response:
<p>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</p>	<p>Through consultation with a representative of the department it was evident that the DoTs are motivated and very supportive of trainees. However, DoT feedback sessions are adhoc and are significantly impacted by the high clinical workload.</p> <p>The DoT requires departmental administrative support to be able to facilitate required feedback sessions and achieve other DoT responsibilities.</p> <p>Westmead Hospital to provide evidence demonstrating that trainee's requirements are being met.</p>	Note: Site Self-Assessment response taken into consideration when compiling this report.

	Westmead Hospital to consider the changes and impacts of the new training program for the DoTs and Clinical Supervisors.			
<p>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</p> <p>This policy prescribes processes for the identification, support and management of trainees not performing and/or progressing as expected</p> <p>➤ Refer to policy process for identification and management</p>	<p>RANZCR Policies:</p> <ul style="list-style-type: none"> • performance and progression (clinical radiology) policy; • remediation in training (clinical radiology) policy; • withdrawal from training (clinical radiology) policy. <p>It is noted that there is one current Trainees under the use of the Performance and Progression Policy. All stakeholders are aware of the RANZCR policies.</p>	<p>Note: Site Self-Assessment response taken into consideration when compiling this report.</p>		
Site Evidence:				
RANZCR (Administrative Use Only)				
Rating:	A	B	C	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessor Comments:				
<p>The College Assessors noted that Westmead Hospital does not meet Standard 3.4: Assessment and Feedback</p> <p>Recommendation</p> <ul style="list-style-type: none"> • Westmead Hospital to demonstrate allocated protected time for the DoTs. • Westmead Hospital to provide evidence of recruitment for one FTE dedicated administration support. 				

SUMMARY

Overview

The assessment of accreditation for training at Westmead Hospital has been determined from the documentation submitted to the College from the site and discussions and observations made by the College Assessors at the site visit.

Westmead Hospital is part of a training network. This has been established to include Concord Repatriation General Hospital, Canterbury Hospital, Auburn Hospital, Royal Prince Alfred Hospital, and Blacktown Mount Druitt Hospital. The rotations are identified with trainees at commencement of the training. Trainees would benefit from the sites being more supportive of training and providing a positive training experience.

The Westmead Hospital is a major health facility situated in Western Sydney and is the principal referral hospital for Western Sydney. Westmead Hospital provides clinical services in surgery, medicine, maternal care, intensive care, emergency and cancer care. It currently has more than 900 hospital beds with approximately 56,780 ED attendance per annum. Westmead Hospital is currently under redevelopment with an expanded clinical radiology department in the plan. However, the College Assessors were unable to determine what the intended equipment and additional FTE being put in place to meet the increased demand on Radiology services with the development.

The Directors of Training (DoTs) are proactive in teaching. However, the consultants' workload significantly impacts their ability to dedicate time to teaching, training, supervision and provide a conducive training environment. The DoTs and consultants recognise the importance of focusing on teaching and prioritising exposure for the trainees to a broad case mix to which they may not have been exposed to.

The trainees have access to some facilities in which they can work or study to meet specific training requirements. However, improvement to existing equipment such as replacement computer monitors and audio visual (AV) equipment are required to provide a conducive training environment and to provide the capacity for trainee to participate in a Network Formal Education Program via video conferencing.

While there are adhoc tutorials available, there currently is no formal education program well-structured to align to the radiodiagnosis curriculum. Due to under-resourcing at Westmead Hospital, consultant support for a structured formal education program and tutorials ongoing is significantly impacted. Trainee access to a formal education program is also significantly impacted by the current on call roster and workload requirements.

The Department currently has 11.2 FTE consultants (excluding 0.5 FTE for the HoD) and 14 FTE trainees. Westmead Hospital has previously been given recommendations to increase the FTE within the department which have not been addressed. To address the current clinical high workload and access to teaching, an increase of four FTE consultants is required for the Clinical Radiology Department at Westmead Hospital. This increase will also address any patient safety concerns raised within the Department.

There is one current identified trainee under the use of the Performance and Progression (Clinical Radiology) Policy. The process conducted of managing trainees not performing and/or progressing as expected complies with RANZCR policies. This has been validated by the current trainees and their approach and commitment to teaching and learning outcomes.

The Westmead Hospital Executive has been engaged as part of the accreditation visit. Due to the significance of the concerns raised at Westmead Hospital an immediate Risk Management Plan is to be developed and administered as a matter of urgency.

Due to the significant downgrade in accreditation and identified non-compliance a site progress report will need to be provided every three months ongoing.

Overall, Westmead Hospital needs to address the significant concerns raised as part of the site visit. The areas of concerns are clearly outlined and require an immediate action plan that will be communicated to the Chief Accreditation Officer in order to work towards improving the current considerable concerns affecting the site ability to meet the standards.

Site representatives may have questions and comments regarding the Preliminary Site Visit Report. To support the site in this process the College offers Westmead Hospital the opportunity to debrief with the Accreditation Team. The debrief would involve the Westmead Hospital Executive, Head of Department, Director of Training, NSW LAN 2 Network Director, Lead Clinical Assessor and the College Accreditation Team. The debrief may include but not limited to the Chief Accreditation Officer and Senior Project Officer,

Quality Assurance and Evaluation. Should you wish to take advantage of a debrief please coordinate with the Accreditation Team.

The College is proactively working towards assisting Westmead Hospital. It is noted that if the recommendations are not implemented in the appropriate timeframes, the accreditation status of Westmead Hospital will be referred to the Clinical Radiology Education and Training Committee for accreditation review.

Suggested Areas of Improvement

Applicable 3 Month Recommendation: (if applicable)

Department Recommendations:

- Westmead Hospital to address the FTE resources and provide evidence of recruitment of an additional two FTE consultants to address the high clinical workload to enable better access to education, supervision and improve wellbeing of trainees and consultants.
- Westmead Hospital to provide an updated consultant listing indicating Interventional Radiologist FTE commitment.
- Westmead Hospital to provide evidence of onsite tutorials in hours.
- Westmead Hospital to provide evidence of participation within the HETI program.
- Westmead Hospital to address backlog of unreported cases to ensure patient safety.
- Westmead Hospital to provide dedicated access to A/V facilities within the department to enable trainees to access a Network formal education program.
- Westmead Hospital to demonstrate allocated protected time for trainees.
- Westmead Hospital to demonstrate allocated protected time for the DoTs.
- Westmead Hospital to provide evidence of the DoT's continued active participation within the Network Committee.
- Westmead Hospital to demonstrate compliance to the AMA safe working hours and Public Hospital Medical Officers (State) Award 2018 guidelines to manage fatigue and wellbeing of trainees.
- Westmead Hospital to approach the Network to allow BreastScreen to apply to become an accredited linked training site.
- Westmead Hospital to demonstrate appropriate stakeholder involvement regarding decision making including but not limited to rotations and equal Network education access.
- Westmead Hospital to provide adequate and dedicated computer access within the trainee space.
- Westmead Hospital to provide immediate replacement for needed computer screen equipment.
- Westmead Hospital to provide evidence of research access and assistance for trainees.
- Westmead Hospital to provide a confirmation of intended equipment and additional FTE for the expanded clinical radiology department.
- Westmead Hospital to provide evidence of trainee exposure to an adequate and broad case mix.
- Westmead Hospital to provide evidence of recruitment for one FTE dedicated administration support.
- Westmead Hospital to provide evidence of the appropriate use of the Performance and Progression (Clinical Radiology) Policy, the Remediation in Training (Clinical Radiology) Policy and the Withdrawal from Training (Clinical Radiology) Policy.
- Westmead Hospital to provide evidence for each current trainee or a trainee on rotation within the past two years that has been provided Patient Safety Training.
- Westmead Hospital to provide evidence for each current trainee or a trainee on rotation within the past two years that has undertaken the Report Writing Module.
- Westmead Hospital to provide evidence for each current trainee or a trainee on rotation within the past two years that has been provided Non-Medical Expert Role training.
- Westmead Hospital to provide job descriptions stating the responsibilities of Clinical Supervisors in regard to supervision, training and teaching.
- Westmead Hospital to provide opportunities for Clinical Supervisors to undergo training to understand this role and responsibilities as it relates to training, teaching and assessment of trainees.

Westmead Hospital Executive Recommendations:

- Westmead Hospital Executive to provide a Risk Management Plan regarding high clinical workload and consultant and trainee wellbeing with clearly identified milestones that will be monitored.

Debrief Discussion:

- Conduct a debrief session with all consultants and trainees discussing outcome of accreditation site visit – evidence to be supplied to support.

 Applicable 6 Month Recommendation: (if applicable)

- Westmead Hospital to address the FTE resources and provide evidence of recruitment of an additional two FTE consultants to address the high clinical workload to enable better access to education, supervision and improve wellbeing of trainees and consultants.

 Applicable 12 Month Recommendation: (if applicable)

The College expects accredited training sites to meet the Accreditation Standards for Education, Training and Supervision of Radiology Trainees, to ensure the minimum acceptable standard of staffing, equipment, clinical material, supervision and tuition is provided to the trainees. This ensures a trainee is in a safe supportive site, engaged in learning to achieve the outcomes of the curriculum whilst undertaking trainee delivering patient care.

RECOMMENDATIONS

(OUTCOME TABLE AVAILABLE IN APPENDIX 1)

Accreditation valid until: 31 July 2021

SITE NAME: Westmead Hospital			
SITE CLASSIFICATION			
UPGRADE	MAINTAIN	DOWNGRADE	WITHDRAW
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FULL	LINKED	SPECIALTY	NEW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL OF ACCREDITATION			
A	B	C	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROVISIONAL	<input type="checkbox"/>		
FOLLOW UP			
5 Year Site Visit	3 Years Interim Review	Other	Progress report
<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Note: Westmead Hospital will be required to submit a Progress Report including evidence to support all recommendations by 30 June 2020.			

APPENDIX 1: 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