

# Accreditation Site Visit Report



The Royal Australian  
and New Zealand  
College of Radiologists®

Faculty of Radiation Oncology

## Central Coast Cancer Centre

2 December 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 Radiation Oncology 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 radiation oncologists.

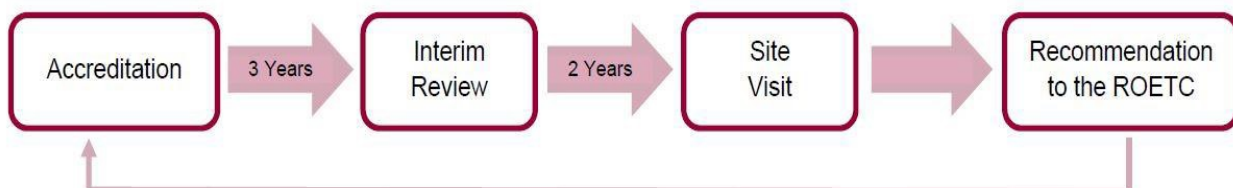
The accreditation standards work in combination with the Radiation Oncology Network Training Policy. Currently the accreditation cycle is five years with a paper based interim review at the three-year mark. Additionally, progress reports may be requested by the College to monitor any Non-compliance

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 (CAO) will make a recommendation to the Radiation Oncology Education and Training Committee for approval.

A status of A or B-level sites 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. 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 Central Coast Cancer Centre 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

<b>Accreditation Site Visit Details</b>	
<b>Date:</b>	2 December 2019
<b>Time:</b>	10 am
<b>The Accreditation Panel</b>	
<b>Assessors:</b>	
Dr Vanessa Estall	Radiation Oncologist (Chief Accreditation Officer)
Dr Brigid Hickey	Radiation Oncologist
<b>RANZCR Staff:</b>	
Ms Bettina Brooke	Senior Project Officer, Quality Assurance and Evaluation
Ms Tiffany Hale	Project Officer, Training Accreditation
Ms Janet Chapoterera	Project Officer, Training Accreditation
<b>Site Representatives:</b>	
Dr Apsara Windsor	Head of Department
Dr Hester Lieng	Director of Training
Dr Vindya Bandara	Staff Specialist
<b>Consultants:</b>	
Dr Thomas Eade (VMO)	Invited to teleconference. Did not attend.
Dr Roland Yeghiaian-Alvandi (VMO)	Invited to teleconference. Did not attend.
Dr Michael Back (VMO)	Invited to teleconference. Did not attend.
Dr Andrew Kneebone (VMO)	Invited to teleconference. Did not attend.
<b>Trainees:</b>	
Dr Michael Hsieh	
Dr Patrick Horsley	
Dr Rodrigo Diaz	IMG
Dr Boon Yang Jerome Leow	Unaccredited Trainee
<b>Hospital Executive:</b>	
Ms Kate Lyons	Executive Director Operations
Dr Campbell Tiley	Cancer Services Director
Preeti Saraswati	Education Support Officer
Dr Bruce Sanderson	Director Medical Services
Mr Matthew Sproats	Operations Manager – Cancer Services

# CURRENT ACCREDITATION STATUS

Accreditation valid until: 31 December 2020

<b>SITE NAME: Central Coast Cancer Centre</b>			
<b>LEVEL OF ACCREDITATION</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROVISIONAL</b>	<input type="checkbox"/>		

<b>Training Network Director</b>				
<b>Name:</b>	Dr Carmen Hansen			
<b>Email:</b>	<a href="mailto:Carmen.Hansen@health.nsw.gov.au">Carmen.Hansen@health.nsw.gov.au</a>			
<b>Phone:</b>	0413 385 665			
<b>Postal Address:</b>	Mid North Coast Cancer Institute (MNCCI) Wrights Road, Port Macquarie NSW 2444			
<b>Education Support Officer</b>				
<b>Name:</b>	Preeti Saraswati			
<b>Email:</b>	<a href="mailto:Preeti.Saraswati@health.nsw.gov.au">Preeti.Saraswati@health.nsw.gov.au</a>			
<b>Phone:</b>	0407 869 479			
<b>Postal Address:</b>	Westmead Hospital Cnr Hawkesbury Road and Darcy Road			
<b>Constituent Sites: Please list ALL sites within the Network</b>				
Site	No# of Trainees in accredited training positions	Director of Department	Director of Training	Section attached for Site? Y/N
Central Coast Cancer Centre (Gosford Hospital)	2	Dr Apsara Windsor	Dr Hester Lieng	Y
Calvary Mater Newcastle Hospital	6	Dr Mahesh Kumar	Dr Geetha Govindarajulu	N
Mid North Coast Cancer Institute (MNCCI) Coffs Harbour	2	Dr Thomas Shakespeare	Dr Abdul Rahim Mohd Tahir	N
Mid North Coast Cancer Institute (MNCCI) Port Macquarie Base Hospital	2	Dr Thomas Shakespeare	Dr Jacques Hill	N
North Coast Cancer Institute (NCCI) Lismore Base Hospital	2	Dr Thomas Shakespeare	Dr Patrick Dwyer	N
The Royal North Shore Hospital	4	A/Prof Michael Back	Dr Andrew Kneebone	N

Chris O'Brien Lifehouse (Royal Prince Alfred Hospital)	5	A/Prof Christopher Milross	Dr Kavita Morarji	N
Westmead Hospital	6	Dr Verity Ahern	Dr Eric Hau Dr Jennifer Chard	N
Blacktown Hospital				
Nepean Hospital				

PRELIMINARY

# SECTION 1 – ACCREDITATION STANDARDS FOR NETWORK ARRANGEMENTS

## 1.1 Governance

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

Criteria:	On Site Evaluation:	
<b>1.1.1.1 The network is comprised of a minimum of two training sites</b> <ul style="list-style-type: none"> <li>&gt; The network has been endorsed by the Radiation Oncology Education and Training Committee (ROETC)</li> </ul>	Network structured as required, meets RANZCR requirement for training Network.	
<b>1.1.1.2 At least two of the training sites are administered separately</b>	The Central Coast Cancer Centre as part of the Network is administered separately.	
<b>1.1.1.3 The training sites are separated geographically</b>	All training sites are geographically located separately throughout the Northern NSW Network.	
<b>1.1.1.4 The trainees are supervised by different radiation oncologists within the network sites</b>	Network provided relevant documentation to demonstrate supervised arrangements by different Radiation Oncologists.	
<b>1.1.1.5 The training sites complete a Census, when requested by the RANZCR</b>	The training sites complete Census when required by RANZCR.	
Site Evidence:	<ul style="list-style-type: none"> <li>• Northern NSW Network Governance guidelines</li> <li>• Rotation Plan -2019 Final 03042019</li> <li>• Site Information – Northern NSW June 2018</li> </ul>	
<b>Standard 1.1.1:</b>	<b>Met</b>	<b>Not Met</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Assessor Comments:</b>		
The College Assessors note that the Network meets Standard 1.1.1		
<b>Recommendation: N/A</b>		

### Standard 1.1.2

Within the Network, there is a structured Network Governance Committee (NGC) responsible for training delivery which functions according to the requirements specified in the Network Training Policy (NTP).

#### Criteria:

#### On Site Evaluation:

#### 1.1.2.1 The Network Governance Committee (NGC) is structured according to the Network Training Policy (NTP)

At a minimum the composition of the NGC includes:

- Directors of Training (DoTs) from each site within the Network
- Training Network Directors (TND)
- Trainee representative
- Education Support Officer (ESO)

The Network supplied terms of reference relating to the Network Governance Committee (NGC) to meet the criterion.

#### 1.1.2.2 The NGC holds meetings according to the NTP

- The NGC has a minimum of two meetings per annum

The Network supplied the NGC meeting minutes to support this criterion.

#### 1.1.2.3 The NGC has defined objectives and appropriate scope consistent with the requirements of the NTP

- The objective and scope of the NGC is reflective of that recommended in the NGC ToR provided as Appendix 4 of the NTP
- The NGC facilitates dialogue between trainees, DoTs and the TND to exchange ideas regarding current training programs, issues and suggestions
- The TND and NGC manage the details of rotational arrangements within the Network
- The TND and NGC consult with trainees regarding rotational arrangements within the Network

The objectives and scope are consistent with the NTP requirements. Minutes of NGC meeting were provided as evidence.



<p><b>1.1.2.4 NGC adheres to the RANZCR policies and guidelines; such as but not limited to:</b></p> <ul style="list-style-type: none"> <li>• <u>Radiation Oncology Performance and Progression Policy 2017</u></li> <li>• <u>Radiation Oncology Remediation Policy 2017</u></li> <li>• <u>Radiation Oncology Withdrawal from Training Policy 2017</u></li> <li>• <u>Grievance Policy</u> (in relation to discrimination, harassment and bullying)</li> <li>• <u>Clinical Supervision and 'Protected' Time for Trainees and Directors of Training - Practical Guideline</u></li> <li>• <u>RANZCR Code of Ethics</u></li> </ul>	<p>The Network demonstrated the understanding of the required policies.</p>	
<p><b>1.1.2.5 NGC has clearly defined policies and procedures to manage local issues</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures to deal with leave, pay, rotations, etc.</li> </ul>	<p>The policy and procedure manual provided which is specific to the Network.</p>	
<p>Site Evidence:</p>	<ul style="list-style-type: none"> <li>• NGC meeting minutes</li> <li>• Combined Network meeting minutes</li> <li>• NGC Terms of Reference</li> <li>• Policy &amp; Procedures manual</li> </ul>	
<p><b>Standard 1.1.2</b></p>	<p style="text-align: center;"><b>Met</b></p> <p style="text-align: center;">☒</p>	<p style="text-align: center;"><b>Not Met</b></p> <p style="text-align: center;">☐</p>
<p><b>Assessor Comments:</b></p>		
<p>The College Assessors note that the Network meets Standard 1.1.2</p>		
<p><b>Recommendation: N/A</b></p>		

### Standard 1.1.3

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

#### Criteria:

**1.1.3.1 The Training Network Director (TND) is not a Director of Department (DoD) or Director of Training (DoT)**

- TND must be a minimum of three years post fellowship

#### On Site Evaluation:

The TND is not a DoD or DoT.

<b>1.1.3.2 The TND receives institutional support (leave time) to attend relevant the RANZCR activities</b>	From evidence submitted by the site that the TND receives leave time to attend relevant RANZCR activities.	
<b>1.1.3.3 The TND receives protected time to undertake their role</b> <ul style="list-style-type: none"> <li>Minimum of 0.2 FTE protected time</li> </ul>	From evidence submitted by the site that the TND is allocated 0.2 FTE protected time to undertake the role.	
<b>1.1.3.4 The TND has adequate clerical support</b> <ul style="list-style-type: none"> <li>The TND is adequately supported by the ESO</li> </ul>	The ESO provides adequate administrative support to the TND.	
Site Evidence:	<ul style="list-style-type: none"> <li>Network Site Self-Assessment</li> </ul>	
<b>RANZCR (Administrative Use Only)</b>		
	<b>Met</b>	<b>Not Met</b>
<b>Standard 1.1.3:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Assessor Comments:</b>		
The College Assessors note that the Network meets Standard 1.1.3		
<b>Recommendations: N/A</b>		

<b>Standard 1.1.4</b>	
The Training Network Director (TND) fulfils the RANZCR role description as per the Network Training Policy (NTP).	
<b>Criteria:</b>	<b>On Site Evaluation:</b>
<b>1.1.4.1 The Training Network Director (TND) complies with the RANZCR reporting requirements</b> Completion of: <ul style="list-style-type: none"> <li>➤ Trainee progression sign-off</li> <li>➤ Census document</li> <li>➤ Other items as specified by the RANZCR</li> </ul>	The TND complies with the RANZCR reporting requirements.
<b>1.1.4.2 The TND facilitates the operation of the Network</b> <ul style="list-style-type: none"> <li>Refer to the TND role description</li> </ul>	The TND actively coordinates the operation of the Network.

<p><b>1.1.4.3 The TND attends relevant RANZCR activities</b></p> <ul style="list-style-type: none"> <li>At a minimum the TND actively participates in the Training Network Directors' Committee (TNDC) and DoT workshops</li> <li>If unable to attend, the TND nominates a proxy to attend, and submits the required reports</li> </ul>	<p>The TND participates in the TNDC and DoT workshops.</p>	
<p>Site Evidence:</p>	<ul style="list-style-type: none"> <li>TND Meeting Minutes</li> <li>NGC Meeting Minutes</li> </ul>	
<p><b>RANZCR (Administrative Use Only)</b></p>		
<p><b>Standard 1.1.4:</b></p>	<p><b>Met</b></p>	<p><b>Not Met</b></p>
	<p style="font-size: 2em;">☒</p>	<p style="font-size: 2em;">☐</p>
<p><b>Assessor Comments:</b></p>		
<p>The College Assessors note that the Network meets Standard 1.1.4</p>		
<p><b>Recommendations: N/A</b></p>		

<p><b>Standard 1.1.5</b></p>	
<p>The network has identified individual/s in network roles as specified in the Network Training Policy (NTP).</p>	
<p><b>Criteria:</b></p>	<p><b>On Site Evaluation:</b></p>
<p><b>1.1.5.1 Each training site within the network has a minimum of one Director of Training (DoT)</b></p> <ul style="list-style-type: none"> <li>The DoT must be a minimum of two years post Fellowship</li> </ul>	<p>The Network demonstrated that each training site has a DoT that meets the RANZCR requirements.</p>
<p><b>1.1.5.2 The network has an Education Support Officer (ESO)</b></p> <ul style="list-style-type: none"> <li>Each network is responsible for sourcing funding for the ESO</li> <li>The ESO fulfils their responsibilities as detailed in the ESO role description</li> </ul>	<p>The ESO provides administrative support to the TND and assists with the functioning of the Network. The ESO demonstrated the high level of ongoing support as part of the requirements for preparing for the Network accreditation visit.</p>
<p>Site Evidence:</p>	<ul style="list-style-type: none"> <li>ESO Position Description</li> <li>MOU between Network sites and REN to manage ESO position</li> </ul>

RANZCR (Administrative Use Only)		
	Met	Not Met
Standard 1.1.5:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Assessor Comments:</b>		
The College Assessors note that the Network meets Standard 1.1.5		
<b>Recommendations: N/A</b>		

## 1.2 Network Training Environment

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

Standard 1.2.1	
The network has a standardised, implemented and shared educational program.	
Criteria:	On Site Evaluation: Site Response:
<p><b>1.2.1.1 The shared educational program is provided across all sites within the network and is aligned to the curriculum</b></p> <ul style="list-style-type: none"> <li>The network has a formalised system for reviewing and adapting program structure</li> </ul>	<p>The College Assessors validated with the Network the education program is aligned to the curriculum and is shared across all sites in the Northern NSW Network:</p> <ul style="list-style-type: none"> <li>Phase I - physics and radiobiology teaching conducted monthly</li> <li>Phase II – clinical teaching in line with curriculum conducted monthly</li> <li>All sites in Network are expected to contribute to the tutorial program</li> </ul> <p>The College Assessors noted that the trainees are required to utilise RDO/ADO's for this purpose. Through consultation with the Hospital's Executive this was noted as standard practice across the hospital for all accredited trainees.</p> <p>The College Assessors recommended that the Hospital's Executive review the State Award to ensure compliance with the Australian Medical Council (AMC) requirements and guidelines.</p>

<p><b>1.2.1.2 The shared educational program is easily accessible by all trainees in the network</b></p> <ul style="list-style-type: none"> <li>The network has adequate audio visual (AV) conferencing facilities</li> <li>Trainees are provided with protected time as mandated by the Clinical Supervision and 'Protected' Time for Trainees and Directors of Training - Practical Guideline to attend the shared educational program</li> </ul>	<p>Audio Visual conferencing is available across all accredited sites, connection within the Network is consistent and well managed.</p> <p>Trainees are allocated protected time to participate in the Network education program.</p>	
<p><b>1.2.1.3 The network has identified the educational strengths and weaknesses of its training sites and structured the shared educational program accordingly</b></p> <ul style="list-style-type: none"> <li>Trainees across the network receive teaching across the range of topics required in the curriculum</li> </ul>	<p>The Network meets the criterion with ongoing analysis of the educational program. Adjustments are made as part of the continuous improvement process.</p> <p>Teaching on topics required to meet the curriculum are available to trainees across the Network.</p>	
<p>Site Evidence:</p>	<ul style="list-style-type: none"> <li>Northern NSW Teaching Calendar</li> <li>Phase 1 teaching schedule</li> <li>Phase 2 teaching schedule</li> </ul>	
<p><b>RANZCR (Administrative Use Only)</b></p>		
<p><b>Standard 1.2.1:</b></p>	<p><b>Met</b></p>	<p><b>Not Met</b></p>
<p><b>Assessor Comments:</b></p>	<p>The College Assessors note that the Network does not meet Standard 1.2.1.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>Central Coast Cancer Centre Hospital's Executive to review and provide evidence of compliance with the State Award regarding utilisation of RDOs/ADOs for educational activities for accredited trainees.</li> </ul>	

**Standard 1.2.2**

The network shared educational program ensures trainees are exposed to a variety of learning environments.

**Criteria:****On Site Evaluation:**

**1.2.2.1 The network ensures trainees have access to all educational experiences, RANZCR-supported educational activities and faculty teaching courses**

- Educational experience as listed in Section 2 – Accreditation Standards and Criteria for Training Networks and (relating to tutorials etc.)

Trainees are encouraged to attend educational activities and Faculty teaching in line with the curriculum.

**1.2.2.2 The network provides trainees access to multi-disciplinary team meetings and clinics in keeping with curriculum requirements**

Multi-disciplinary team meetings (MDTMs) are provided across the Network.

**Site Evidence:**

- Northern NSW MDT Meeting Schedule
- Network Site Self-Assessment

**RANZCR (Administrative Use Only)****Standard 1.2.2:****Met****Not Met****Assessor Comments:**

The College Assessors note that the Network meets Standard 1.2.2

**Recommendations: N/A**

**Standard 1.2.3**

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

**Criteria:****On Site Evaluation:**

**1.2.3.1 The network ensures that each training site is allocated trainees (according to their eligibility) across the breadth of training**

- Training sites only receive trainees appropriate to their accreditation status

Rotation of trainees takes into consideration the stage of training and the preferences of trainees.

Trainee requests are considered and facilitated within the Network.

<p><b>1.2.3.2 The network ensures trainees are exposed to the training experiences necessary to fulfil the requirements of the curriculum within the required timeframe</b></p>	<p>The onsite accreditation visits and supporting evidence submitted by the site demonstrated that trainees receive the training experiences necessary to fulfil the requirements of the curriculum within the required timeframe.</p>	
<p><b>1.2.3.3 The network tracks the experiences of individual trainees</b> In relation to as well as training terms</p> <ul style="list-style-type: none"> <li>• Ensure all trainees complete assessments on TIMS</li> </ul>	<p>The Network tracks the progression of onsite trainees on TIMS.</p>	
<p><b>1.2.3.4 Trainees are provided the opportunity to complete the practical requirements of the curriculum</b></p> <ul style="list-style-type: none"> <li>• Trainees are given protected time to complete Phase 1 Practical Oncology Experiences (POEs)</li> </ul>	<p>Phase 1 Protected time for trainees is allocated Network wide to complete POEs.</p> <p>The College Assesses noted that the trainees clinical roster is onerous, with the majority of trainees required to attend three full clinic days per week. The College Assessors noted that this may impact the trainees ability to engage with consultants as well as the ability to participate in the Phase I POEs.</p> <p>However, it is also noted that Phase I trainees are allocated and attended 3 full days of protected time to take part in the POEs related to Treatment Machines and Radiation Treatment Planning. In addition, separate protected time is routinely arranged with the Radiology Department for the Phase I trainees to complete the Oncology Imaging POE, comprising eight 1-hour sessions.</p> <p>The trainees are expected to provide leave cover within the department, which may result in trainees attending 8 half day clinics per week in order to provide this cover.</p> <p>The high clinical workload, which is further exacerbated by acute medical duties and a requirement to cover their colleagues for leave/sickness means that for many weeks of the year the trainees spend most of the working week attending a clinic.</p> <p>The College Assessors identified the clinic duty requirement may present a risk to patient care and significantly impacts on the trainees' ability to engage in radiation oncology specific practical training.</p> <p>Central Coast Cancer Centre needs to ensure trainees have no more than five half day clinics per week to re-balance accredited training workload.</p>	
<p><b>1.2.3.5 Trainees are provided the opportunity to complete a research project</b></p> <ul style="list-style-type: none"> <li>• Trainees are given protected time to complete research activities</li> </ul>	<p>The College Assessors noted that access to research activities is promoted and well supported within the Network.</p>	
<p>Site Evidence:</p>	<ul style="list-style-type: none"> <li>• Northern NSW Network 2019 Rotation Plan</li> <li>• Supplementary Attachments</li> </ul>	
<p><b>RANZCR (Administrative Use Only)</b></p>		
<p><b>Standard 1.2.3:</b></p>	<p><b>Met</b></p>	<p><b>Not Met</b></p>
	<p style="color: white;">☐</p>	<p style="color: white;">☒</p>

<b>Assessor Comments:</b>
The College Assessors note that the Network does not meet Standard 1.2.3
<b>Recommendations:</b>
<ul style="list-style-type: none"> <li>Central Coast Cancer Centre to consider, implement and provide evidence of solutions to ensure accredited trainees are not spending excessive time in clinic that significantly impacts other Radiation Oncology training opportunities. The Department is to demonstrate a maximum of five to six half day clinic sessions per week.</li> </ul>

<b>Standard 1.2.4</b>		
The network continues to evaluate the training experiences delivered across its constituent sites and responds to feedback.		
<b>Criteria:</b>	<b>On Site Evaluation:</b>	
<b>1.2.4.1 The network reviews feedback from trainees and clinical supervisors</b> <ul style="list-style-type: none"> <li>Refer to Standard 1.1.2, Criteria 3</li> </ul>	The ESO demonstrated awareness of feedback from trainees and DoTs regarding rotations. Feedback is completed by trainees at the end each rotation, which demonstrates the Network has consulted with stakeholders.	
Site Evidence:	<ul style="list-style-type: none"> <li>Network Governance Meetings</li> <li>Network Site Self-Assessment</li> </ul>	
<b>RANZCR (Administrative Use Only)</b>		
<b>Standard 1.2.4:</b>	<b>Met</b>	<b>Not Met</b>
	☒	☐
<b>Assessor Comments:</b>		
The College Assessors note that the Network meets Standard 1.2.4		
<b>Recommendations: N/A</b>		



Standard 1.2.5		
The network provides all trainees access to, and practical experience with, the following techniques and services, in keeping with training program curriculum requirements.		
Criteria:	On Site Evaluation:	
<p><b>1.2.5.1 The network provides all trainees access to, and practical experience with, the [specified] techniques and services</b></p> <ul style="list-style-type: none"> <li>• Intensity modulated radiation therapy (IMRT)</li> <li>• Image guided radiation therapy (IGRT)</li> <li>• Prostate and gynaecological brachytherapy</li> <li>• Stereotactic radiotherapy/radiosurgery</li> <li>• Superficial x-ray therapy</li> <li>• Total body irradiation</li> <li>• Management of paediatric malignancies</li> <li>• Surgical oncology procedures, including examination under anaesthesia for assessment/treatment of gynaecological malignancies</li> <li>• Outpatient chemotherapy delivery</li> <li>• A dedicated outpatient and inpatient palliative care service</li> </ul>	Practical experience is well demonstrated within the Network to meet the criteria.	
Site Evidence:	<ul style="list-style-type: none"> <li>• APPENDIX A from Network Self-Assessment</li> </ul>	
<b>RANZCR (Administrative Use Only)</b>		
<b>Standard 1.2.5:</b>	<b>Met</b>	<b>Not Met</b>
	☒	☐
<b>Assessor Comments:</b>		
The College Assessors note that the Network meets Standard 1.2.5		
<b>Recommendation: N/A</b>		

Standard 1.2.6		
The network fully supports the complete five-year training program.		
Criteria:	On Site Evaluation:	
<b>1.2.6.1 The network offers trainee/s, the five years (FTE) of training requirements by the curriculum, assuming satisfactory trainee progress</b>	The Network provides five years (FTE) of training required by the curriculum.	
Site Evidence:	<ul style="list-style-type: none"> <li>• Radiation Oncology Training Positions fact sheet for 2019</li> <li>• Network Sites information</li> <li>• Information Session Flyer</li> </ul>	
<b>RANZCR (Administrative Use Only)</b>		
	<b>Met</b>	<b>Not Met</b>
<b>Standard 1.2.6:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Assessor Comments:</b>		
The College Assessors note that the Network meets Standard 1.2.6		
<b>Recommendations: N/A</b>		

Standard 1.2.7		
The network provides a safe working environment free from any bullying, harassment, or discrimination.		
Criteria:	On Site Evaluation:	
<b>1.2.7.1 The network offers trainee/s, regular opportunities to discuss with Directors of Training (DoTs) or the Training Network Director (TND) any issues of bullying, harassment, or discrimination confidentially</b>	The Network discusses opportunities with regard to bullying, harassment or discrimination in a confidential manner.	
<ul style="list-style-type: none"> <li>• The RANZCR <a href="#">Grievance Policy</a> protocol is followed</li> </ul>		
<b>1.2.7.2 The TND is aware of and complies with the RANZCR Grievance Policy and facilitates the use of the policy if required, at the request of a trainee</b>	The RANZCR Grievance Policy is available and actioned when needed within the network.	
Site Evidence:		

RANZCR (Administrative Use Only)		
	Met	Not Met
Standard 1.2.7:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Assessor Comments:</b>		
The College Assessors note that the Network meets Standard 1.2.7		
<b>Recommendations: N/A</b>		

Standard 1.2.8		
The network ensures appropriate additional technology is available to support learning.		
Criteria:	On Site Evaluation:	
<b>1.2.8.1 The Network Governance Committee (NGC) requests training site updated on the availability of appropriate technology to deliver the share educational program</b> <ul style="list-style-type: none"> <li>Refer to Section 2, Standard 2.3.4, Criteria 1</li> </ul>	The Network ensures that the training sites have adequate access to technology to deliver the educational program.	
Site Evidence:	<ul style="list-style-type: none"> <li>NGC Meeting Minutes</li> </ul>	
RANZCR (Administrative Use Only)		
	Met	Not Met
Standard 1.2.8:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Assessor Comments:</b>		
The College Assessors note that the Network meets Standard 1.2.8		
<b>Recommendations: N/A</b>		

## 1.3 Network Workforce Arrangements

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

Standard 1.3.1	
The network ensures that its constituent sites are committed to sustainable training practices.	
Criteria:	On Site Evaluation:
<p><b>1.3.1.1 The network and its constituent sites commit to security in training</b></p> <p><b>1.3.1.2 The network and its constituent sites demonstrate ethical and consultative practices in regards to changes to trainees' employment</b></p> <p><b>1.3.1.3 The network and its constituent sites demonstrate a comprehensive commitment to the value of education and training</b></p> <p><b>1.3.1.4 The network and its constituent sites ensure economic sustainability for training commitments</b></p> <ul style="list-style-type: none"> <li>Local employment and Human Resource (HR) practices (e.g. appropriate contracts) as well as RANZCR policies and requirements are taken into account (e.g. appropriate contracts) as well as RANZCR policies and requirements are taken into account (e.g. Radiation Oncology Performance and Progression Policy 2017 Radiation Oncology; Remediation Policy 2017 Radiation Oncology; Withdrawal from Training Policy 2017; Clinical Supervision and 'Protected' Time for Trainees and Directors of Training - Practical Guideline)</li> <li>Grievance Policy</li> </ul>	<p>The ESO is supported financially by the Network with each training site making a financial contribution commensurate with that site's involvement in the Network.</p> <p>All stakeholders are active members of the Network.</p>

<ul style="list-style-type: none"> <li>• Education Support Officer (ESO) is supported financially by the Network with each training site making a financial contribution commensurate with that site's involvement in the network unless there are extenuating circumstances as determined by CAO and Radiation Oncology Education and Training Committee (ROETC)</li> <li>• If a site is supported financially by another site, this might be deemed acceptable</li> <li>• Each site within a network actively attends NGC meetings</li> </ul>		
<p><b>1.3.1.5 The network has a sufficient number of trainees to provide adequate peer support and optimise the educational experience</b></p> <p>NB: It is noted that HR requirements may differ significantly across countries</p>	<p>There is a minimum of one FTE trainee at each Network site which meets the requirements.</p>	
<p>Site Evidence:</p>	<ul style="list-style-type: none"> <li>• Orientation Document</li> </ul>	
<p><b>RANZCR (Administrative Use Only)</b></p>		
<p><b>Standard 1.3.1:</b></p>	<p><b>Met</b></p>	<p><b>Not Met</b></p>
	<p><input checked="" type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p><b>Assessor Comments:</b></p>		
<p>The College Assessors note that the Network meets Standard 1.3.1</p>		
<p><b>Recommendations: N/A</b></p>		

Standard 1.3.2		
The network ensures adequate supervision of trainees.		
Criteria:	On Site Evaluation:	
<p><b>1.3.2.1 The network and its constituent training sites comply with the RANZCR Radiation Oncology <a href="#">Clinical Supervision and 'Protected' Time for Trainees and Directors of Training - Practical Guideline</a></b></p> <ul style="list-style-type: none"> <li>• Trainees have a minimum of 4 hours of protected time per week</li> <li>• Director of Training (DoT) has a minimum protected time of: <ul style="list-style-type: none"> <li>&gt; four hours per week with less than five trainees</li> <li>eight hours per week with five to ten trainees</li> </ul> </li> </ul>	<p>Protected Time for trainees is noted in the Network as being Fridays in the afternoon as scheduled. However, this time is often interrupted with clinical duties.</p> <p>Previously addressed in Standards 1.2.1 and 1.2.3.</p>	
Site Evidence:		
<b>RANZCR (Administrative Use Only)</b>		
	Met	Not Met
<b>Standard 1.3.2:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assessor Comments:		
<p>The College Assessors note that the Network does not meet Standard 1.3.2</p> <p><b>Recommendations: Previously addressed in Standards 1.2.1 and 1.2.3</b></p> <ul style="list-style-type: none"> <li>• Central Coast Cancer Centre to demonstrate uninterrupted allocated protected time for trainees.</li> <li>• Central Coast Cancer Centre to consider, implement and provide evidence of solutions to ensure accredited trainees are not spending excessive time in clinic that significantly impacts other Radiation Oncology training opportunities. The Department is to demonstrate a maximum of five to six half day clinic sessions per week.</li> </ul>		

## Standard 1.3.3

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

Criteria:	On Site Evaluation:
<p><b>1.3.3.1 When recruiting trainees, the network advises applicants that they will be expected to rotate between training sites. Networks that have rural and smaller sites will have more senior (year 3, 4, 5) trainees rotated to their sites as well as junior (year 1, 2) trainees</b></p> <ul style="list-style-type: none"> <li>Advertisements for new trainees include mention of rotational requirements</li> </ul>	<p>During the recruitment process potential trainees are advised of the Network requirement of rotation between the allocated Network sites.</p>
<p><b>1.3.3.2 The Network Governance Committee (NGC) has a role in recruitment and selection</b></p> <ul style="list-style-type: none"> <li>If there are two sites within the network, each site must be represented on the selection panel interview for appointment of trainee</li> <li>Current Principles and Guidelines for Trainee Selection advise that the TND is convenor and one representative per site (preferably the DoT) attends the interview. Any deviation from these guidelines need to be approved by the ROETC</li> </ul>	<p>The NGC participates in the recruitment and selection of trainees. The DoT and/or HoD are involved in all Network appointments.</p>
<p><b>1.3.3.3 There is a network-wide process of recruitment, selection and appointment</b> As above</p> <ul style="list-style-type: none"> <li>A fair and equitable process for appointment of trainees to sites is expected</li> </ul>	<p>The Network demonstrated the process of recruiting and selecting trainees is consistent and fair and equitable for all training sites. The ESO is actively involved in coordinating this Network wide process.</p>
<p><b>1.3.3.4 A clear and transparent procedure for selection and appointment of trainees is in place</b></p> <ul style="list-style-type: none"> <li>As above</li> </ul>	<p>The Network demonstrated a clear and transparent procedure for selection and appointment of trainees.</p>
<p>Site Evidence:</p>	<ul style="list-style-type: none"> <li>Selection Panel List from interview day</li> <li>Information Session Flyer</li> <li>Interview Questions</li> <li>Network Sits Information for Information Session</li> <li>Position Description for ATs</li> <li>Radiation Oncology Training Positions fact sheet 2018</li> </ul>

RANZCR (Administrative Use Only)		
	Met	Not Met
Standard 1.3.3:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Assessor Comments:</b>		
The College Assessors note that the Network meets Standard 1.3.3		
<b>Recommendations: N/A</b>		

Standard 1.3.4	
The network manages trainee terms and rotations according to the requirements of the NTP.	
Criteria:	On Site Evaluation:
<b>1.3.4.1 Trainees cannot train at anyone site for more than four years. They must rotate to a separate training site for a minimum of 12 months (in total) prior to sitting their Phase 2 examination. If there are rural and smaller sites within the Network, the trainee is expected to rotate to those sites if selected. This may occur in year 3, 4 or 5 of their training and not just at year 1 or 2</b>	Trainees are rotated to a separate training site for a minimum of 12 months prior to Phase 2 examinations.
<b>1.3.4.2 Trainee rotations within the network are prospectively planned</b> <ul style="list-style-type: none"> <li>At least six months' notice is given for rotations requiring relocation, to allow the trainee to make appropriate arrangements</li> </ul>	The Network annually plans the rotation for the trainees with consideration of the trainee's current year of training and requirements associated with exams etc. Trainees are well informed to ensure that appropriated arrangements are made.
<b>1.3.4.3 Trainee rotations between network sites are reciprocal. It is expected that a fair and equitable distribution of trainee rotations is followed, especially with respect to rural and smaller sites where senior trainees (year 3, 4, 5) are expected to rotate</b>	The Network demonstrated a fair and equitable rotation of trainees with respect to training site requirements.
<b>1.3.4.4 Rotations between network sites are of six months duration, as a minimum</b>	Rotation within the Network are 6-12 months in duration.



<b>1.3.4.5 Trainee concerns regarding rotations are appropriately addressed</b>	Trainee concerns regarding rotation are appropriately addressed in the Network and are taken into consideration where applicable.	
Site Evidence:	<ul style="list-style-type: none"> <li>• Rotation Plan for 2019</li> </ul>	
<b>RANZCR (Administrative Use Only)</b>		
<b>Standard 1.3.4:</b>	<b>Met</b>	<b>Not Met</b>
	☒	☐
<b>Assessor Comments:</b>		
The College Assessors note that the Network meets Standard 1.3.4		
<b>Recommendations: N/A</b>		

PRELIMINARY

# SECTION 2 – ACCREDITATION STANDARDS FOR NETWORK TRAINING SITES

## 2.1 Governance

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

Standard 2.1.1		
The training site identifies with an endorsed network.		
Criteria:	On Site Evaluation:	
<b>2.1.1.1 Site meets definition as per Standard 1.1.1 (Criteria 1-4)</b>	The site meets Criteria 1 to 4 in Standard 1.1.1.	
<b>2.1.1.2 Site signs a Memorandum of Understanding (MOU), or equivalent, with the network</b>	The MOU was submitted as evidence.	
<ul style="list-style-type: none"> <li>Network endorsed MOU</li> </ul>		
Site Evidence:	<ul style="list-style-type: none"> <li>MOU</li> </ul>	
<b>RANZCR (Administrative Use Only)</b>		
Standard 2.1.1:	Met	Not Met
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessor Comments:		
The College Assessors note that Central Coast Cancer Centre meets Standard 2.1.1		
<b>Recommendations: N/A</b>		

## Standard 2.1.2

The training site adheres to the RANZCR reporting requirements as relevant to curriculum implementation and network operations.

### Criteria:

### On Site Evaluation:

#### 2.1.2.1 Director of Training (DoT) complies with the RANZCR reporting requirements

- Undertakes DoT assessments on their trainees
- Completes current assessments as per the RANZCR curriculum using the Trainee Information Management System (TIMS) platform

The DoT complies with the RANZCR reporting requirements by completing assessment as per the curriculum using TIMS.  
The DoT is highly engaged and regularly meets with trainees to discuss individualised learning goals and track progress and complete required assessments.  
The DoT has a good understanding of curriculum and training requirements.

#### 2.1.2.2 DoT encourages trainees to comply with the RANZCR reporting requirements

- Initial applications for training submitted within required timeframe
- Trainee assessments submitted as per current curriculum requirements
- Trainees notify the College in writing of any variations to the information submitted to the College

Communication is received in writing of any changes. The DoT submits training assessments within the required timeframe in consultation with the trainees.

#### 2.1.2.3 Director of Department (DoD) ensures that the RANZCR is advised of changes to DoT

- DoT nominations are submitted to the ROETC for ratification

RANZCR was advised of any changes to DoT in writing.

#### 2.1.2.4 Change of circumstances within their department which may potentially lead to its failing to meet the minimum criteria for its accreditation status

- Initial written notification to Chief Accreditation Officer (CAO) through the College via [accreditation@ranzcr.edu.au](mailto:accreditation@ranzcr.edu.au)

The department demonstrated understanding of the process to meet this criterion.

<p><b>2.1.2.5 Site applies to CAO for approval of any additional training positions or an increase in maximum trainee number</b></p> <ul style="list-style-type: none"> <li>DoT to provide initial written notification to CAO through the College via <a href="mailto:accreditation@ranzcr.edu.au">accreditation@ranzcr.edu.au</a></li> </ul>	<p>The site demonstrated the process to be followed if additional trainee numbers are required.</p> <p>Central Coast Cancer Centre currently has two accredited trainees, one unaccredited trainee and one IMG.</p> <p>The unaccredited trainee will be undertaking an accredited position in 2020.</p>	
Site Evidence:		
<b>RANZCR (Administrative Use Only)</b>		
<b>Standard 2.1.2:</b>	<b>Met</b>	<b>Not Met</b>
	☒	☐
<b>Assessor Comments:</b>		
<p>The College Assessors note that the Central Coast Cancer Centre meets Standard 2.1.2</p> <p><b>Commendation:</b></p> <ul style="list-style-type: none"> <li>The DoT was engaged, organised and conscious of responsibilities.</li> <li>The DoT is overall held in high regard by the trainees and was noted to be approachable, supportive and knowledgeable. The DoT's input and assistance is greatly valued.</li> <li>The DoT demonstrated a high level of insight and initiative regarding challenges of the role and is aware of the support available to utilise through multiple resources including the ESO, TND and College Staff.</li> </ul>		

## 2.2 Training Environment

Each training site within a network must build and continuously evolve a training environment. To be accredited for training, all training sites must, as a minimum, meet the following training requirements

<b>Standard 2.2.1</b>	
The training site delivers a commitment to effective communication, cultural awareness and ethical conduct.	
<b>Criteria:</b>	<b>On Site Evaluation:</b>
<p><b>2.2.1.1 Effective communications</b></p> <ul style="list-style-type: none"> <li>Trainees are aware of interpreter services available to patients and carers</li> </ul>	<p>Trainees are aware of interpreter services available to patients and carers.</p>
<p><b>2.2.1.2 Cultural awareness</b></p> <ul style="list-style-type: none"> <li>Site is aware of RANZCR Grievance Policy (on discrimination, harassment and bullying) and other relevant local policies</li> </ul>	<p>Both consultants and trainees are aware of the RANZCR Grievance Policy and this was validated by the ESO through the induction process.</p>
<p><b>2.2.1.3 Ethical criteria</b></p> <ul style="list-style-type: none"> <li>As above</li> </ul>	<p>The Department and Hospital Executive have identified longstanding and ongoing cultural issues between Staff Specialist</p>

	<p>and VMO's which trainees may be exposed to on a regular basis. Following a careful assessment, there was no evidence of unethical behaviour directed toward the current trainee cohort. Trainees are neither involved or appear to be compromised in regard to their clinical and non-clinical engagements, wellbeing and education.</p> <p>Central Coast Cancer Centre Hospital's Executive are aware of the longstanding issues and have plans in place to address these including initiating a review of the current department structure and processes, understanding that if left unaddressed, these issues may impact current or future trainees.</p>	
Site Evidence:	<ul style="list-style-type: none"> <li>Department Policies</li> </ul>	
<b>RANZCR (Administrative Use Only)</b>		
	<b>Met</b>	<b>Not Met</b>
<b>Standard 2.2.1:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Assessor Comments:</b>		
<p>The College Assessors note that Central Coast Cancer Centre does not meet Standard 2.2.1</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>Although not appearing to impact current trainees, the Central Coast Cancer Centre should demonstrate and provide evidence indicating progress towards addressing cultural concerns between Staff Specialists and VMO's within the department.</li> <li>Central Coast Cancer Centre Hospital's Executive to demonstrate and provide evidence of progress towards investigating potential changes to the structure of the department in order to resolve any longstanding cultural concerns.</li> </ul>		

Standard 2.2.2		
The training site participates in, and contributes to, a formal network education program aligned to the curriculum.		
Criteria:	On Site Evaluation:	
<b>2.2.2.1 Site contributes to network activities</b>	<p>The Northern NSW Network provides a comprehensive Phase I and Phase II tutorial program.</p> <p>Both Phase I and Phase II teaching is conducted once per month. All trainees are required to participate and are given protected time to attend</p> <p>All consultants have committed to contribute to Network Phase II teaching program.</p>	
<b>2.2.2.2 Site provides access for trainees to attend network educational activities</b> <ul style="list-style-type: none"> <li>• Site has adequate AV conferencing facilities</li> <li>• Trainees are provided with four hours of protected time per week, which includes time to attend the shared educational activities as mandated by the Clinical Supervision and 'Protected' Time for Trainees and Directors of Training - Practical Guideline</li> </ul>	<p>The AV facilities are available and meet the requirements. Protected time is allocated weekly, this allows the trainees to participate in shared educational activities.</p>	
Site Evidence:	<ul style="list-style-type: none"> <li>• Northern NSW Teaching Calendar</li> <li>• Phase 1 Radiation Oncology Combined Network Teaching (NSW)</li> </ul>	
RANZCR (Administrative Use Only)		
Standard 2.2.2:	Met	Not Met
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessor Comments:		
The College Assessors note that Central Coast Cancer Centre meets Standard 2.2.2		
<b>Recommendations: NA</b>		

Standard 2.2.3		
The training site provides a formal internal education program.		
Criteria:	On Site Evaluation:	
<b>2.2.3.1 Site provides an internal educational program aligned to the curriculum</b> <ul style="list-style-type: none"> <li>Site has a formalised system for reviewing and adapting program structure</li> </ul>	It is noted that an onsite education program is in place, which is aligned to the curriculum and is of high quality.	
<b>2.2.3.2 Site ensures trainees have access to educational activities which may include but not limited to those listed in the evidence section</b>	<p>The Central Coast Cancer Centre enables trainees to have one on one time with consultants, an engagement which provides trainees with ongoing educational opportunities.</p> <p>One on one time with the VMO's is also facilitated. Support via phone is available for trainees while the VMO's are not onsite.</p>	
<b>2.2.3.3 Trainees at the training site have access to appropriate RANZCR-supported educational activities and Faculty teaching courses</b> <ul style="list-style-type: none"> <li>Activities/courses include but not limited to:</li> <li>Statistical Methods, Evidence Appraisal &amp; Research for Trainees (SMART) workshop</li> <li>Paediatric teaching seminar and courses</li> <li>Exam preparation courses</li> </ul>	<p>DoT and trainees are aware of appropriate courses available for training.</p> <p>The trainees are supported to attend educational activities and Faculty teaching courses.</p> <p>Trainees are required to use ADO's to attend offsite educational activities instead of study leave.</p> <p>Previously addressed in criterion 1.2.1.</p>	
Site Evidence:		
<b>RANZCR (Administrative Use Only)</b>		
<b>Standard 2.2.3:</b>	<b>Met</b>	<b>Not Met</b>
	☒	☐
<b>Assessor Comments:</b>		
The College Assessors note that Central Coast Cancer Centre Standard 2.2.3		
<b>Recommendations: N/A</b>		

**Standard 2.2.4**

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

**Criteria:**

**2.2.4.1 Trainees are provided the opportunity to complete the practical requirements of the curriculum**

- Trainees are given protected time to complete Phase 1 Practical Oncology Experiences (POEs)
- Trainees are supported to undertake practical elements of training and assessments in Phase 2

**On Site Evaluation:**

Protected time is allocated for registrar teaching every Friday. Phase I POE's are accessed through the Radiation Therapists and Physicists.

Clinical assignments are addressed and opportunities to complete these are provided.

The number of half day clinics registrars are expected to attend may be up to eight per week. This limits the time for trainees to engage in practical oncology training i.e. contouring and plan review.

On average trainees are contouring no more than one case per week, sometimes less. Trainees conduct a plan review twice a week as part of the weekly QA Audit meeting which is presented to the department and follows the RANZCR PRAT format. This is not performed as a one on one teaching exercise with the consultants.

The College Assessors identified that the current trainees' access to specialised activities such as contouring and plan review is inadequate, in that trainees are not participating in the planning process of their own patients in the same way a consultant would.

Site Evidence:

**RANZCR (Administrative Use Only)**

**Standard 2.2.4:**

**Met**

**Not Met**



**Assessor Comments:**

The College Assessors note that Central Coast Cancer Centre does not meet Standard 2.2.4

**Recommendations:**

- Central Coast Cancer Centre to address the high reliance on trainee presence in outpatient clinic, in order to better enable trainees to engage in practical learning opportunities, in particular contouring and one on one plan review with consultants.
- Central Coast Cancer Centre review the new planning assessments in the program and pilot these before implementation in 2021 as this would greatly benefit the trainees and prepare the department.
- Central Coast Cancer Centre to review and provide evidence of an adjusted trainee roster to ensure the following:
  - No more than 5-6 x half day clinics per week
  - Cancellation of clinic allocations that trainees are expected to attend during times of leave, to ensure leave cover doesn't impact on supervision ratios or the trainees' access education opportunities and training.
  - A greater emphasis on contouring and plan review to be considered as part of a normal working week for the trainees to increase training opportunities.



**Standard 2.2.5**

The training site complies with the RANZCR Guideline *Clinical Supervision and 'Protected' Time for Trainees and Directors of Training - A Practical Guideline*.

**Criteria:****On Site Evaluation:**

**2.2.5.1 The training site provides the mandatory hours required for trainees to spend in supervision, training and teaching onsite**

- Supervisors spend quality time with the trainee, discussing cases, clinical issues and management plans
- Trainee is allocated four hours of protected time and fifteen hours of clinical time per week as outlined in the Clinical Supervision and 'Protected' Time for Trainees and Directors of Training - A Practical Guideline, based on 1 FTE position

Four hours of protected time are allocated on the trainee roster and that this time is respected by the department.  
Trainees have three new patient clinics per week in which one on one teaching is conducted in the clinic.  
Trainees participate in planning and are generally able to contour two cases per week depending on clinical workload.

**2.2.5.2 Each site within the Network allocates dedicated time for clinical supervisors for formal and informal teaching and training of radiation oncology trainees**

- Includes dedicated tutorial time as well as time spent in clinical practice

Tutorial time is allocated in the Network. Access to clinical supervisors for both formal and informal teaching is demonstrated onsite.  
Trainees have ready access to consultants for one on one teaching in clinic, and ad hoc tutorial opportunities.

**Site Evidence:**

- Tutorial and Teaching Timetables

**RANZCR (Administrative Use Only)**

	Met	Not Met
<b>Standard 2.2.5:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Assessor Comments:**

The College Assessors note that Central Coast Cancer Centre meets Standard 2.2.5

**Recommendations: N/A**

## Standard 2.2.6

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

### Criteria:

### On Site Evaluation:

#### 2.2.6.1 Trainees attend a tutorial program that covers the content of the curriculum

- Tutorials and learning activities are aligned with curriculum content

The Northern NSW Network provides a comprehensive Phase I and Phase II tutorial program.

Both Phase I and Phase II teaching is conducted once per month. All trainees are required to participate and are given protected time to attend

All consultants are committed to contribute to Network Phase II teaching program.

#### 2.2.6.2 The clinical service required of trainees matches the service necessary to meet curriculum outcomes

- Service requirements (including after hours) do not detract from a trainee's ability to meet curriculum requirements
- Trainees are not expected to undertake clinical care that is outside their scope of training and/or does not contribute to attaining curriculum outcomes
- Patients are not exposed to any risk of inferior outcomes as a result of trainees being asked to provide care outside their perceived competency

Trainees have a high clinical service workload, which impacts on their ability to meet curriculum requirements.

As addressed in Standard 2.2.4, a significantly high clinic attendance (which also requires trainees to cover each other for leave) impacts on trainees' ability to engage in routine contouring and planning of patients.

A high level of acute consults requiring attention impacts on trainees protected training time, which is often interrupted by a need to attend unwell patients. Trainees generally do not seek consultant assistance during these times.

Most MDM's are conducted after hours commencing at 5.30pm.

Through consultation with Central Coast Cancer Centre representatives it was identified that this is remunerated as overtime to the trainees as the alternative of time in lieu is difficult to arrange.

Concerns were raised about management of inpatients. Through consultation with stakeholders, it was identified that trainees may have been exposed to cultural issues within the department which may have placed them in an unsafe position particularly regarding inpatient care and their access to consultant advice and support.

Upon review of information, the College Assessors were satisfied that:

- Trainees are currently fully supported by all consultants.
- Trainees can access appropriate Specialists regarding patient's and are at no time left in a compromised or unsafe position.

#### 2.2.6.3 Prior to the Phase 1 and 2 examination, trainees complete the required practice experiences and assessments

- All trainees are given allocated time to complete the practical experience as outlined in the curriculum
- Support is arranged for trainees undertaking the statistics assignment with the assistance from

The Central Coast Cancer Centre has had limited supervision of research for trainees.

The Central Coast Cancer Centre has appointed a research Radiation Oncologist lead, who meets with trainees regularly to discuss potential research projects and training to address this.

There is onsite statistician support, onsite clinical trials support and that trainees have online access to journals.

<p>departments within the Network</p> <ul style="list-style-type: none"> <li>• Recommended texts and journals are available to trainees, including e-journals</li> <li>• Each site, in conjunction with the network, provides the opportunity, support and supervision to enable each trainee to undertake a research project</li> </ul>	
<p><b>2.2.6.4 DoT completes the range of trainee assessments as determined by curriculum requirements</b></p>	<p>The DoT completes trainee assessments required by the curriculum.</p>
<p><b>2.2.6.5 Trainees attend and actively participate in both new patient and follow-up clinics</b></p> <ul style="list-style-type: none"> <li>• Trainees gain experience in the management of inpatients and outpatients with a range of clinical problems, including toxicities from radiation treatment, complications of malignancy, and palliative and terminal care</li> <li>• Trainees have an active involvement in assessment and decision-making processes</li> <li>• Trainees have the opportunity to present clinical cases to ROs as a component of clinics</li> </ul>	<p>Trainees have four to six new patient clinics per week, attended and supervised by consultants.</p> <p>One on one clinical teaching occurs during these clinics.</p> <p>All treatment sites are covered over a six-month period except for paediatrics.</p> <p>Trainees conduct treatment reviews with consultant supervision and appear fully supported by consultants.</p>
<p><b>2.2.6.6 Trainees attend and actively participate in Multidisciplinary clinics</b></p> <ul style="list-style-type: none"> <li>• Trainees attend and contribute to multidisciplinary management clinics and/or meetings in a range of subspecialties including but not limited to: <ul style="list-style-type: none"> <li>&gt; Head and Neck</li> <li>&gt; Lung</li> <li>&gt; GIT</li> <li>&gt; Urology</li> <li>&gt; Breast</li> </ul> </li> </ul>	<p>A full complement of MDT's are available and attended by registrars.</p>

<b>2.2.6.7 Trainees have dedicated time for supervised planning activities including contouring and plan review</b>	<p>For each trainee, four (4) half day sessions are allocated for 'contouring/planning with two – four (2-4) allocated for admin in their weekly timetable. However, trainee access to these sessions can be impacted by outpatient clinic responsibilities, especially when one or more of the registrars are on leave. It was noted that when trainees are on leave, the clinic they would normally attend is covered by the other trainees who remain in the department. For those remaining trainees, this means they may be expected to attend 8 half day clinics in a week, which prevents them utilised their own allocated admin and contouring/planning sessions. Trainees may only contour one case per week and review up to 2 cases per week as part of a QA Audit meeting. The College Assessors recommended that Central Coast Cancer Centre reviews current roster and leave cover arranges, to ensure a balance is maintained between outpatient clinic responsibilities and scheduled contouring and admin time</p>	
Site Evidence:	<ul style="list-style-type: none"> <li>• Listing of all formal education sessions</li> <li>• Clinic timetable and rosters</li> <li>• List of available MDT meetings</li> <li>• Timetable of planning activities</li> </ul>	
<b>RANZCR (Administrative Use Only)</b>		
<b>Standard 2.2.6:</b>	<b>Met</b>  <input type="checkbox"/>	<b>Not Met</b>  <input checked="" type="checkbox"/>
<b>Assessor Comments:</b>		
<p>The College Assessors note that Central Coast Cancer Centre does not meet Standard 2.2.6.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Central Coast Cancer Centre to address and demonstrate progress regarding the training environment to ensure trainee welfare and training opportunities are optimised around the following:             <ul style="list-style-type: none"> <li>• Refer to Standard 2.2.4 regarding adjusting the timetable and changing leave cover process</li> <li>• Refer to Standard 2.2.1 regarding resolution of internal department cultural issues</li> </ul> </li> </ul>		

### Standard 2.2.7

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

#### Criteria:

**2.2.7.1 The training site offers trainee/s, regular opportunities to discuss with Directors of Training (DoTs) or clinical supervisors any issues of bullying, harassment, or discrimination confidentially**

#### On Site Evaluation:

The College Assessors noted that the DoT and trainees participate in regular meetings.

The current trainees are well supported and are neither bullied nor compromised. The DoT and consultants appear to be:

- approachable
- pleasant
- enthusiastic

The Network also meets with trainees annually to discuss and plan for opportunities.

The DoT is aware of the role responsibilities and the support

	<p>available from multiple sources (HoD, ESO and TND) to ensure trainees are well supported.</p> <p>Through consultation the College Assessors noted the following as concerns in the department:</p> <ul style="list-style-type: none"> <li>• Although not directly involving trainees, the existing cultural issues may negatively impact the overall trainee experience if left unaddressed.</li> <li>• Management of inpatients and supervision: Specific examples of cases where patient care and/or trainees may have been compromised were identified.</li> </ul> <p>As previously addressed in criteria 2.2.1.3, trainees are currently not compromised, at risk or vulnerable.</p> <p>Central Coast Cancer Centre Hospital's Executive is aware of the issues raised which are currently under investigation.</p>	
<b>2.2.7.2 The DoT understands the RANZCR Grievance Policy and protocol to follow should an incident occur</b>	<p>The DoT understands the RANZCR Grievance Policy.</p> <p>No issues raised regarding grievances, bullying or harassment for trainees.</p>	
<b>2.2.7.3 The training site liaises with site Human Resources (HR) to access professional services, if required by the trainee</b>	<p>Human resource services are accessed by the training site through the executive management team.</p>	
Site Evidence:	<ul style="list-style-type: none"> <li>• Orientation Documentation</li> </ul>	
<b>RANZCR (Administrative Use Only)</b>		
<b>Standard 2.2.7:</b>	<b>Met</b>	<b>Not Met</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Assessor Comments:</b>		
<p>The College Assessors note that Central Coast Cancer Centre does not meet Standard 2.2.7</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Although not appearing to impact current trainees, the Hospital's Executive should demonstrate and provide evidence indicating progress towards addressing cultural concerns between Staff Specialists and VMO's within the department.</li> <li>• DoT to demonstrate regular meetings with trainees individually (and as a group) to specifically ensure they are not being impacted by the cultural concerns between Staff Specialists and VMO's within the department.</li> <li>• Central Coast Cancer Centre to consider meeting formats and how they may be altered to become more collegiate.</li> </ul>		

## 2.3 Physical Environment

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

Standard 2.3.1	
The training site provides adequate resources for the training of network trainees.	
Criteria:	On Site Evaluation:
<p><b>2.3.1.1 The training site has the minimum standard requirements for training</b></p> <p><i>* Special consideration will be given to single machine departments, on application to the CAO. Factors taken into account will include:</i></p> <ul style="list-style-type: none"> <li>• Relationships with other centres</li> <li>• Staff engagement in education</li> <li>• Plans for future growth</li> <li>• Opportunity for specific training experiences</li> </ul> <ul style="list-style-type: none"> <li>• Two dual modality linear accelerators (DMLA)</li> <li>• Simulator with digital imaging capability and/or CT simulator</li> <li>• Dedicated information system</li> <li>• 3D planning system</li> <li>• Immobilisation system</li> <li>• Multi-leaf collimators (MLC)</li> <li>• In vivo dose monitoring system</li> <li>• Access to planning workstations for trainees</li> </ul>	<p>The training site has the minimum standard requirements for training.</p> <ul style="list-style-type: none"> <li>• 2 Varian Trilogy Linear Accelerators with Multi Leaf Collimators – Installed November 2012</li> <li>• XSTRAHL 300 orthovoltage machine – Installed in December 2012</li> <li>• CT-simulator – Installed December 2012</li> <li>• Dedicated information and 3D Planning System – ARIA – Installed November 2012</li> <li>• Immobilisation system – Installed February 2013</li> <li>• In-vivo dose monitoring system – Commissioned in April 2013</li> <li>• Mould room</li> <li>• Trainees have good access to planning systems and workstations</li> </ul>

<p><b>2.3.1.2 The training site has a resource library</b></p> <ul style="list-style-type: none"> <li>Major recognised texts and journals are available to trainees, including e-journals</li> <li>Internet access to enable trainees to conduct their own literature searches</li> </ul>	<p>A resource library with both textbooks and electronic resources are available to trainees to access.</p>	
<p>Site Evidence:</p>	<ul style="list-style-type: none"> <li>Journal Subscriptions</li> </ul>	
<p><b>RANZCR (Administrative Use Only)</b></p>		
<p><b>Standard 2.3.1:</b></p>	<p><b>Met</b></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p><b>Not Met</b></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>Assessor Comments:</b></p>		
<p>The College Assessors note that Central Coast Cancer Centre meets Standard 2.3.1</p>		
<p><b>Recommendations: N/A</b></p>		

<p><b>Standard 2.3.2</b></p>		
<p>The training site is linked to a university medical school</p>		
<p><b>Criteria:</b></p>	<p><b>On Site Evaluation:</b></p>	
<p><b>Criterion 2.3.2.1 The training site is:</b></p> <ul style="list-style-type: none"> <li>&gt; in a hospital with formal links to a university accredited teaching hospital OR</li> <li>&gt; within a network that has university affiliation</li> </ul>	<p>The site has connections with the University of Newcastle.</p>	
<p>Site Evidence:</p>		
<p><b>RANZCR (Administrative Use Only)</b></p>		
<p><b>Standard 2.3.2:</b></p>	<p><b>Met</b></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p><b>Not Met</b></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p><b>Assessor Comments:</b></p>		
<p>The College Assessors note that Central Coast Cancer Centre meets Standard 2.3.2</p>		
<p><b>Recommendations: N/A</b></p>		

<b>Standard 2.3.3</b>		
The training site meets the service provision and radiation treatment facilities standards.		
<b>Criteria:</b>	<b>On Site Evaluation:</b>	
<p><b>2.3.3.1 The training site has access to an adequate number of hospital beds designated for its use and services by rotating resident medical officers / interns</b></p> <ul style="list-style-type: none"> <li>Inpatient care is managed by RMO/house officer, supervised by trainee</li> <li>Access to beds is available for inpatients to be admitted under direct care of radiation oncologists</li> </ul>	<p>Onsite trainees alternate weeks on-call for ward consults and direct RO admissions.</p> <p>Trainees are well supervised and do not treat outside their scope of practice.</p> <p>Concurrent CRT patients are admitted under Medical Oncology with RO team providing regular consultative service in shared care model.</p>	
<p><b>2.3.3.2 The training site consults a minimum of 750 new patients with cancer each year and provides a minimum of 650 courses of megavoltage radiation therapy per annum (520 new courses and 130 retreatments)</b></p> <p><i>* Special consideration will be given to small departments, on application to the CAO. Factors taken into account will include:</i></p> <ul style="list-style-type: none"> <li><i>relationships with other centres</i></li> <li><i>staff engagement in education</i></li> <li><i>plans for future growth</i></li> <li><i>opportunity for specific training experience</i></li> </ul> <ul style="list-style-type: none"> <li>Site has a minimum of 2 FTE radiation oncologists</li> </ul>	<p>Minimum numbers of new patients and courses meet the requirements for accreditation.</p>	
Site Evidence:		
<b>RANZCR (Administrative Use Only)</b>		
	<b>Met</b>	<b>Not Met</b>
<b>Standard 2.3.3:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Assessor Comments:</b>		



The College Assessors note that Central Coast Cancer Centre meets Standard 2.3.3  
**Recommendations: N/A**

Standard 2.3.4		
The training site provides adequate administrative office support for trainees.		
Criteria:	On Site Evaluation:	
<p><b>2.3.4.1 Trainees have access to a physical environment conducive to supporting training needs</b></p> <ul style="list-style-type: none"> <li>• Quiet office space for trainees away from clinical areas</li> <li>• Tutorial rooms available when required</li> <li>• Ready access to computers with internet and current software packages</li> <li>• Access to videoconferencing and/or web-based learning for educational activities</li> </ul>	<p>Trainees have a dedicated office with adequate space. AV conferencing technology is provided and used to access educational activities.</p>	
<p><b>2.3.4.2 Oncology medical records are available for all patient management episodes</b></p> <ul style="list-style-type: none"> <li>• Departmental medical records are of a standard that facilitates good patient care</li> <li>• Site is able to provide details of the total number of patients and of case mix</li> </ul>	<p>Trainees have access to hospital records and planning systems.</p>	
<p><b>2.3.4.3 Site has adequate staff to provide administrative support for trainees' clinical duties</b></p> <ul style="list-style-type: none"> <li>• Trainees are not required to undertake duties more appropriately assigned to administrative staff</li> </ul>	<p>Adequate administrative support is provided to the trainees and DoT. The ESO also provides ongoing administrative support to the trainee.</p>	
Site Evidence:		
<b>RANZCR (Administrative Use Only)</b>		
	<b>Met</b>	<b>Not Met</b>
<b>Standard 2.3.4:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Assessor Comments:</b>		

The College Assessors note that Central Coast Cancer Centre meets Standard 2.3.4

**Recommendations: N/A**

## 2.4 Workforce Arrangements

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

Standard 2.4.1	
The training site follows processes for selection and appointment of trainees according to the requirements of the Network Training Policy.	
Criteria:	On Site Evaluation:
<b>2.4.1.1 A clear and transparent procedure for selection and appointment of trainees is in place</b>	Selection and appointment of trainees is facilitated by the Network.
<b>2.4.1.2 The training site participates in the network-wide process of recruitment, selection and appointment with rural and smaller sites expected to have more senior (year 3, 4, 5) trainees allocated to their sites as well as junior (year 1, 2) trainees</b>	The site participates in the Network recruitment, selection, and appointment. The site currently has two first year trainees.
<b>2.4.1.3 The training site is represented on the selection panel for network appointments</b> <ul style="list-style-type: none"> <li>• The current Principles and Guidelines for Trainee Selection advise that the selection committee should include one representative from each training site (preferably the Director of Training (DoT)). Any deviation from these guidelines need to be approved by the ROETC</li> <li>• Site communicates with NGC if unable to attend</li> </ul>	The selection panel comprised of a stakeholder from each training site – ESO and DoTs.

<p><b>2.4.1.4 The NGC has a role in recruitment and selection for all training positions</b></p> <ul style="list-style-type: none"> <li>All available positions are discussed with the NGC prior to recruitment process commencing</li> </ul>	<p>Network supplied as evidence the recruitment process that is administered by the Northern NSW Network.</p>	
<p>Site Evidence:</p>	<ul style="list-style-type: none"> <li>NGC Meeting Minutes</li> </ul>	
<p><b>RANZCR (Administrative Use Only)</b></p>		
<p><b>Standard 2.4.1:</b></p>	<p><b>Met</b></p>	<p><b>Not Met</b></p>
	<p style="color: white;">☒</p>	<p style="color: white;">☐</p>
<p><b>Assessor Comments:</b></p>		
<p>The College Assessors note that Central Coast Cancer Centre meets Standard 2.4.1</p>		
<p><b>Recommendations: N/A</b></p>		

#### Standard 2.4.2

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

##### Criteria:

##### On Site Evaluation:

**2.4.2.1 The ratio of trainees to full time equivalent (FTE) consultant radiation oncologists is never greater than 1:1**

The department currently has a total of 4.5 FTE FRANZCR consultants and two FTE onsite accredited trainees, which meets the ratio of trainees to FTE consultant Radiation Oncologists.

Site Evidence:

- APPENDIX 2 of Site Self Assessment

**RANZCR (Administrative Use Only)**

**Standard 2.4.2:**

**Met**

**Not Met**

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**Assessor Comments:**

The College Assessors note that Central Coast Cancer Centre meets Standard 2.4.2

**Recommendations: N/A**

#### Standard 2.4.3

Each training site within the network has a designated DoT

Criteria:	On Site Evaluation:
<p><b>2.4.3.1 The Director of Training (DoT) is a Fellow of the Royal Australian and New Zealand College of Radiologists (FRANZCR)</b></p> <ul style="list-style-type: none"> <li>The DoT must be a minimum of at least two-years post fellowship</li> </ul>	<p>The DoT is a Fellow of RANZCR.</p>
<p><b>2.4.3.2 The DoT is nominated by the site</b></p> <ul style="list-style-type: none"> <li>The DoT nomination is ratified by the Radiation Oncology Education and Training Committee (ROETC)</li> <li>The DoT is not the Director of Department (DoD) (unless there are exceptional circumstances)</li> </ul>	<p>The DoT is not the Director of Department. This is validated by RANZCR Accreditation.</p>
<p><b>2.4.3.3 Site fully supports the DoT in their administrative and educational responsibilities</b></p> <ul style="list-style-type: none"> <li>Administrative support, including Education Support Officer (ESO)</li> <li>Protected time as per the Clinical Supervision and 'Protected' Time for Trainees and Directors of Training - Practical Guideline</li> <li>with less than five trainees: four hours/week</li> <li>with five to ten trainees: eight hours/week</li> <li>Financial support and leave to attend required RANZCR activities, including DoT workshops</li> <li>There is a balanced distribution of educational activities among all radiation oncologists (clinical supervisors)</li> </ul>	<p>The DoT is fully supported in administrative and educational responsibilities.</p> <p>DoT is allocated 0.1FTE of protected time complete DoT work.</p> <p>The DoT is required to attend at least one DoT workshop annually.</p>
<p><b>2.4.3.4 DoT fulfils the requirements as specified in the Network Training Program (NTP)</b></p> <ul style="list-style-type: none"> <li>See Appendix 2 of the NTP</li> </ul>	<p>The DoT is responsible for the overall structure and quality of training at the site, as well as providing trainees with feedback on their progress.</p>

<p><b>2.4.3.5 DoT role is reviewed annually</b></p> <ul style="list-style-type: none"> <li>Complies with requirements of the DoT role description</li> <li>DoT satisfaction</li> <li>Satisfaction with DoT</li> </ul>	<p>The DoT role is reviewed annually with respect to compliance with role description and requirements.</p>	
<p>Site Evidence:</p>	<ul style="list-style-type: none"> <li>DoT Timetable</li> </ul>	
<p><b>RANZCR (Administrative Use Only)</b></p>		
<p><b>Standard 2.4.3:</b></p>	<p><b>Met</b></p>	<p><b>Not Met</b></p>
	<p style="color: white;">☒</p>	<p style="color: white;">☐</p>
<p><b>Assessor Comments:</b></p>		
<p>The College Assessors note that Central Coast Cancer Centre meets Standard 2.4.3</p>		
<p><b>Commendation:</b></p> <ul style="list-style-type: none"> <li>The DoT is held in high regard and appreciated by the trainees.</li> </ul>		

<p><b>Standard 2.4.4</b></p>	
<p>Staffing within each training site must be adequate to support the training requirements of the curriculum.</p>	
<p><b>Criteria:</b></p>	<p><b>On Site Evaluation:</b></p>
<p><b>2.4.4.1 There is a minimum of two full-time equivalent (FTE) consultant radiation oncologists with an active clinical workload</b></p> <p><i>* Special consideration will be given to departments who have less than 2 FTE, on application to the CAO. Factors taken into account will include:</i></p> <ul style="list-style-type: none"> <li><i>Relationships with other centres</i></li> <li><i>Staff engagement in education</i></li> <li><i>Plans for future growth</i></li> <li><i>Opportunity for specific training experiences</i></li> </ul> <ul style="list-style-type: none"> <li>The active clinical workload allows for sufficient educational interaction</li> </ul>	<p>There are currently eight consultant Radiation Oncologists with an FTE of 4.5.</p>

<b>2.4.4.2 Non-medical staff, including medical physicists, radiation therapists, nurses and allied health workers, are available to support the training experience</b>	Onsite non-medical staff are available to support the trainee.	
<b>2.4.4.3 Trainees have the opportunity to communicate with other medical specialists as relevant to individual patient care</b> <ul style="list-style-type: none"> <li>• Access to Multi-Disciplinary Team (MDT) meetings</li> <li>• Video conferencing facilities as required</li> </ul>	Both onsite and office non-medical staff are available to support the trainee. Trainees have access to MDT Meetings as well as video conferencing facilities when needed.	
<b>2.4.4.4 Education Support Officer (ESO)</b> <ul style="list-style-type: none"> <li>• The ESO is involved with the site</li> <li>• The ESO fulfils their responsibilities as detailed in Appendix 3 of the NTP</li> </ul>	The ESO is involved with the site and meets the requirements.	
Site Evidence:	<ul style="list-style-type: none"> <li>• Trainee Weekly Timetable</li> </ul>	
<b>RANZCR (Administrative Use Only)</b>		
<b>Standard 2.4.4:</b>	<b>Met</b>	<b>Not Met</b>
	☒	☐
<b>Assessor Comments:</b>		
The College Assessors note that Central Coast Cancer Centre meets Standard 2.4.4		
<b>Recommendations: N/A</b>		

# Summary

## Overview

### Executive summary

Central Coast Cancer Centre is a public cancer service providing Radiation Oncology, which is administered by Gosford Hospital. It is part of the Northern Alliance NSW RANZCR accredited training network for Radiation Oncology. See page 5/6 of this report for details about the network and its participating centres.

The department has eight Radiation Oncologists making up a total FTE of 4.5. Four of the Radiation Oncologists are employed as Staff Specialists, and four have VMO contracts. VMO's will attend one full day per week during which they will see new patients, follow-up patients and treatment reviews with the registrar. They will also conduct ward rounds and see any inpatient consults. While off site, trainees are in contact with VMO's via telephone, with on-site Staff Specialist clinical cover when indicated. All Radiation Oncologists provide clinical supervision and teaching. There are two accredited fulltime trainees within the department.

Prior to the visit, Central Coast Cancer Centre's accreditation status was Level A due for review in December 2020.

### Reason for visit

The RANZCR Accreditation Team received information mid/late 2019 of issues which may have had the potential to impact negatively on trainee welfare and training, resulting in an 'out of schedule' site visit being conducted to assess the significance of these potential issues.

Information collated included:

- previous Department and Network accreditation reports;
- site self-assessment documentation, trainee Network documentation;
- email and telephone communications and
- TAT's reports from the last three years.

As standard practice, the College invited past/present trainees and consultants to provide anonymous feedback regarding their experiences while working at the department.

An accreditation site visit was conducted on Monday 2 December 2019. The accreditation panel consisting of the Chief Accreditation Officer, a Lead Clinical Assessor and College staff. All relevant stakeholders were invited to participate to ensure transparency and representation (see page 4 of report for attendees). The HoD, DoT, all trainees and one other staff specialist was in attendance. Representatives from the Operations Management Team and the Hospital Executive were also in attendance. Despite invitation, no VMO was available to attend in person or via teleconference and no formal response from the VMO's regarding the invitation was provided to the College staff.

### Outcomes

Following investigation, the RANZCR Accreditation Team identified three main areas for commendation, where the department is considered to be achieving at a high level as follows:

- Highly engaged, organised and conscientious DoT
- Good internal tutorial programme and excellent involvement/engagement in Network teaching
- Good depth and breadth of clinical experience available to trainees

Following this investigation, the RANZCR Accreditation Team have identified three main issues for improvement:

- Workplace Culture (Trainee welfare)
  - Longstanding cultural issues between the staff specialists and VMO's are evident to all stakeholders (including trainees).
  - Based on this assessment, this does not appear to impact directly on current trainee wellbeing at this time. However, the College Assessors are concerned regarding the

potentially harmful effect this environment may create for both current and future trainees overall and warrants further monitoring.

- Protected teaching time is compromised/not guaranteed (Training opportunities)
  - Once a month, trainees are off site for a full day Network teaching – trainees are expected to utilise their RDO/ADO.
    - Central Coast Cancer Centre Hospital's Executive indicated this as standard practice for all accredited trainees in the hospital but did concede that there could be different interpretations of the award. They indicated they would review this but did not confirm they intended to change this practice.
  - Trainees are not able to have guaranteed protected time for tutorial teaching on a Friday due to clinical service provision. It was noted trainees are often unable to engage fully in tutorials during this 'protected time' without interruptions or need to attend to clinically unwell patients
    - There does not seem to be widespread understanding amongst members of the department regarding protected time and what this means
    - Trainees are reluctant to 'turn off' their mobiles as it was unclear who would cover for acute issues.
- Poor balance in trainee timetable with regard to clinical service and training (Training opportunities)
  - The trainee roster has a high number of half day clinics which need to be attended (4-6 half day clinics)
  - Trainees are expected to cover their colleagues for leave, which means there are often weeks where they will have up to 8 half day clinics per week
  - This limits significantly time for trainees to engage in other practical activities such as contouring and plan review. The amount of contouring and plan review activities in which the trainees engage is inadequate for optimal training.

#### Accreditation status

- Based on the findings of the College Assessors, it is recommended that the accreditation status be downgraded to Level B. Please refer to recommendations page for further information.

Site representatives may have questions and comments regarding the Preliminary Site Visit Report. To support the site in this process the College offers the Central Coast Cancer Centre the opportunity to debrief with the Accreditation Team. The meeting would involve the Central Coast Cancer Centre Executive, Head of Department, Director of Training, Training 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.

#### Areas of Improvement

#### 3 Month Recommendation

#### Department recommendations:

- Central Coast Cancer Centre to demonstrate uninterrupted allocated protected time for trainees to attend teaching sessions.
- Central Coast Cancer Centre to consider, implement and provide evidence of solutions to ensure accredited trainees are not spending excessive time in clinic that significantly impacts other radiation oncology training opportunities. The Department is to demonstrate a maximum of five to six half day clinic sessions per week.
- Although not appearing to impact current trainees, the Central Coast Cancer Centre should demonstrate and provide evidence indicating progress towards addressing cultural concerns between Staff Specialists and VMO's within the department.
- Central Coast Cancer Centre to consider meeting formats and how they may be altered to become more collegiate.
- Central Coast Cancer Centre to address the high reliance on trainee presence in outpatient clinic,



in order to better enable trainees to engage in practical learning opportunities, in particular contouring and one on one plan review with consultants.

- Central Coast Cancer Centre review the new planning assessments in the program and pilot these before implementation in 2021 as this would greatly benefit the trainees and prepare the department.
- Central Coast Cancer Centre to review and provide evidence of an adjusted trainee roster to ensure the following:
  - No more than 5-6 x half day clinics per week
  - Cancellation of clinic allocations that trainees are expected to attend during times of leave to ensure leave cover doesn't impact on supervision ratios or the trainees' access education opportunities and training.
  - Cancellation of clinic allocations that trainees are expected to attend during times of leave, to ensure leave cover doesn't impact on supervision ratios or the trainees' access education opportunities and training.
  - A greater emphasis on contouring and plan review to be considered as part of a normal working week for the trainees to increase training opportunities.
- Central Coast Cancer Centre to address and demonstrate progress regarding the training environment to ensure trainee welfare and training opportunities are optimised around the following:
  - Refer to Standard 2.2.4 regarding adjusting the timetable and changing leave cover process
  - Refer to Standard 2.2.1 regarding resolution of internal department cultural issues
- DoT to demonstrate regular meetings with trainees individually (and as a group) to specifically ensure they are not being impacted by the cultural concerns between Staff Specialists and VMO's within the department.

**Central Coast Cancer Centre Hospital Executive Recommendations:**

- Central Coast Cancer Centre Hospital's Executive to demonstrate and provide evidence of progress towards investigating potential changes to the structure of the department in order to resolve any longstanding cultural concerns.
- Central Coast Cancer Centre Hospital's Executive to review and provide evidence of compliance with the State Award regarding utilisation of RDOs/ADOs for educational activities for accredited trainees.

**Debrief Discussion:**

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

6 Month Recommendations

12 month Recommendation

# RECOMMENDATIONS

(OUTCOME TABLE AVAILABLE IN APPENDIX 1)

Accreditation valid until: 31 December 2021

<b>SITE NAME: Central Coast Cancer Centre</b>			
<b>SITE CLASSIFICATION</b>			
<b>UPGRADE</b>	<b>MAINTAIN</b>	<b>DOWNGRADE</b>	<b>WITHDRAW</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>LEVEL OF ACCREDITATION</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROVISIONAL</b>	<input type="checkbox"/>		
<b>FOLLOW UP</b>			
<b>5 Years</b>	<b>3 Years</b>	<b>Other</b>	<b>Progress report</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Note:</p> <ul style="list-style-type: none"> <li>• A progress report is required to be submitted to the College by 31 October 2020</li> <li>• A follow up site visit to be conducted within the first half of 2021, date to be advised</li> </ul>			

# Appendix 1 – Outcome Tables

## Established Sites

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

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

Refer to next page for the network outcome table.

**Network**

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