



Health

Central Coast Local Health District

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Dear Dr Estall

I write in response to your letter of 6 April 2023 regarding the withdrawal of Accreditation of Central Coast Cancer Centre (Gosford Hospital) for Radiation Oncology Training. This letter and its attachments are to show cause why the decision should be rescinded.

The Central Coast Cancer Centre has responded to the recommendations provided by RANZCR with due diligence, noting the importance of the training program, not only in providing an opportunity for trainees to participate in a robust training program, but also in the ability of the service to meet the needs of the local community.

We note that the Central Coast Cancer Centre has addressed each of the recommendations that were highlighted and have provided evidence of how the department is meeting each of the criterion. To date, the Central Coast Cancer Centre has not been provided with direct feedback regarding the evidence submitted, and of particular concern is the note that the provision of evidence to address the recommendations of the college further reinforced the decision to withdraw accreditation, without justification.

It is our belief that, with reference to the accreditation criterion, that Central Coast Cancer Centre substantially meets the accreditation standard for the profession and provides a safe environment for trainees to receive their training. Significant evidence has been provided by the Central Coast Cancer Centre to support this.

We note the reference to the cultural review in the letter provided. The initial review which generated the request to review the culture within the department was initiated at the Accreditation Site Visit that was conducted in 2019. It highlighted the need for a review of the organisational structure of the department and that the relationship between some Staff Specialist Radiation Oncologists and Visiting Medical Officers was not ideal, noting however that the trainees were not affected. Since this time, the organisation has formed Cancer Services as its own directorate, strengthening the governance of the Cancer Services Directorate, and in turn reviewing the organisational structure of the Radiation Oncology Department. This has strengthened the Radiation Oncology Department's alignment with organisational goals and allowed clinicians and frontline staff to focus on safety and quality. It has also resulted in improved oversight and input from the Cancer Services Executive Team, which provides additional support to the Head of Department of Radiation Oncology.

The initial independent externally facilitated workshop, was completed to meet the original request of the college to address the concerns between Staff Specialists and VMO's, achieving this for the majority of consultants. We also note that the recommendation for an external review was not part of the original report provided by RANZCR in 2019.

Subsequently, the request for an external independent review was added into the recommendation for the Central Coast Cancer Centre in August 2021. It is important to note the historical genesis of the request, as it does not acknowledge the significant work that the District has dedicated to addressing perceived cultural issues within the department. The District takes these issues very seriously and hence the subsequent independent external review took place involving the entire department, not just medical consultants. The District has made significant progress towards addressing the recommendations from the report, these are part of the attachments provided. Culture evolves over time and the Central Coast Cancer Centre will be using the outcome of the yearly People Matter Employee Survey to monitor the progress of this work.

We also note that the decision was made based on advice provided from independent confidential sources, without reference to when or where this information was gathered. Whilst we appreciate that independent sources may have provided information to the college, we have not been provided with the subsequent evidence that the information provided is accurate.

Furthermore, the Central Coast Cancer Centre provides a vital program for trainees, providing them with experience in a regional centre. Accreditation programs are vital for not only the current workforce, but also the future of the workforce, both for the district and for the profession.

The following attachments and correspondence are provided to demonstrate that the Central Coast Cancer Centre has met the accreditation standard for the profession.

Yours Sincerely



Prof Steevie Chan
District Director Medical Services

Date: 27 April 2023

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SUMMARY:

Criterion 2.2.1.3 – Ethical Criteria

The Central Coast Cancer Centre has addressed the concerns raised in relation to supervision of registrars. The site now meets this criterion and is actively working with the medical team to resolve long standing tensions, that have not demonstrated an impact on the registrars.

Criterion 2.2.3.1 – Site provides an internal educational program aligned to the curriculum

The Central Coast Cancer Centre has provided evidence to indicate that it meets the expectations of this criteria by providing weekly tutorials to all trainees.

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

The Central Coast Cancer Centre provides trainees with the mandatory hours for supervision, training, and teaching. This has been supported by evidence from clinic attendance, training programs and confirmation of onsite supervision for all consultants.

Criterion 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

The Central Coast Cancer Centre has confirmed that it provides dedicated time for trainees, including processes for providing support to trainees when a consultant is on unexpected and planned leave.

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

The Central Coast Cancer Centre meets this criterion as Trainees are rostered to attend clinics by the DoT and only clinics with a consultant present are run within the department.

Criterion 2.2.6.5 – Trainees attend and actively participate in both new patient and follow-up clinics

The Central coast Cancer Centre has provided evidence that shows that trainees only participate in clinics where there is a consultant present and able to provide support and supervision.

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

The Central Coast Cancer Centre can confirm that the ratio of consultant radiation oncologists to registrars is not greater than 1:1. Currently the ratio is 4.3FTE to 3.0FTE.

Accredited Training Site Assessment Report – Response for ‘Not Met’**Site Name: Central Coast Cancer Centre****9 May 2022****Section 2 – Accreditation Standards for Network Training Sites****2.1 Governance**

Standard 2.1.1
Criterion 2.1.1.1 Site meets definition as per Standard 1.1.1 (Criteria 1-4)
<ul style="list-style-type: none"> • Met
Criterion 2.1.1.2 Site Signs a Memorandum of Understanding (MOU), or equivalent, with the network
<ul style="list-style-type: none"> • Met
Standard 2.1.2
Criterion 2.1.2.1 Director of Training (DoT) complies with the RANZCR reporting requirements
<ul style="list-style-type: none"> • Met
Criterion 2.1.2.2 DoT encourages trainees to comply with the RANZCR reporting requirements
<ul style="list-style-type: none"> • Met
Criterion 2.1.2.3 Director of Department (DoD) ensures that RANZCR is advised of changes to DoT
<ul style="list-style-type: none"> • Met
Criterion 2.1.2.4 Site notifies RANZCR of any change of circumstances within their department which may potentially lead to its failing to meet the minimum criteria for its accreditation status
<ul style="list-style-type: none"> • Met
Criterion 2.1.2.5 Site applies to CAO for approval of any additional training positions or an increase in maximum trainee numbers
<ul style="list-style-type: none"> • Met

2.2 Training Environment

Standard 2.2.1
Criterion 2.2.1.1 Effective Communication
<ul style="list-style-type: none"> • Met
Criterion 2.2.1.2 Cultural Awareness
<ul style="list-style-type: none"> • Met
Criterion 2.2.1.3 Ethical criteria
<ul style="list-style-type: none"> • Not Met
<p>RANZCR Comments: Central Coast Cancer Centre (Gosford Hospital) does not meet Criterion 2.2.1.3</p> <p>The assessors noted conflicting reports regarding attendance in clinics/simulation by some radiation oncologists and the level of supervision provided. The assessors sought information on this issue from multiple and varied sources and were not able to clarify the situation to their satisfaction and were concerned regarding a lack of transparency and obvious disagreement in perceptions. While not directly impacting trainees, the inconsistencies and obvious conflict are nonetheless disturbing and contribute to an uncomfortable work environment. The assessors await the outcome of the external cultural review of the department.</p>
<p>Recommendations:</p> <ul style="list-style-type: none"> • 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. <Site Visit Report Dec 2019> • Conduct an independent culture review of the radiation oncology department <Letter dated October 2020 – noting it was not part of the recommendation report>
<p>Central Coast Cancer Centre Response: <i>An external, independent facilitator conducted a workshop with the Radiation Oncology consultants with the aim of addressing underlying communication and relationship issues. This was conducted on the 25th June 2021. All consultants were present for this workshop and it was well received by the majority of consultants, with a commitment to working together to address underlying communication issues.</i></p>

- The department conduct an Independent Cultural Review of the Radiation Oncology Department, with terms of reference to include VMO/Staff Specialist relations and trainee welfare. Due to the longstanding nature of these issues which have been communicated to the ROETC, the College feels strongly that only an independent, comprehensive culture review will provide the assurance that this issue is being adequately resolved. The following companies have been identified as having the correct skill set, and none are affiliated with RANZCR. <Letter August 2021>

Central Coast Cancer Centre Response:

An independent external review was conducted across the entire department, including all consultants, trainees, nursing, radiation therapists, medical physics, allied health, and administration staff to ensure that a comprehensive understanding of the department was obtained. The TOR for the review was provided to the college along with the background of the reviewer. The recommendations from the review are being addressed by the Cancer Services Directorate. Individual meetings with relevant staff to provide 1:1 feedback have been conducted (6 in total). A staff liaison group has been formed with representation from the majority of staff groups and is meeting regularly. A quarterly staff forum to provide opportunities for feedback to the directorate has also commenced with the second forum to be conducted in May 2023. A project officer to assist with the implementation of further recommendations is currently being recruited to. This officer will assist with developing email guidelines, implementation of CORE value workshops and assist managers in implementing strategies to increase PDR completion and implement additional staff appreciation opportunities within each department.

- Central Coast Cancer Care Centre (Gosford Hospital) to provide the College with the outcome of the recent External Culture Review as soon as is practicable

Central Coast Cancer Centre Response:

A redacted copy of the External Review report was provided to the college. The redaction was completed to maintain the confidentiality of the staff members across the department who participated in the review. Confidentiality was a foundational aspect of the review to ensure that all staff had the ability to discuss openly any concerns.

Data regarding the attendance at simulation was provided and demonstrated compliant with expectations.

Standard 2.2.2
Criterion 2.2.2.1 Site contributes to network activities
<ul style="list-style-type: none"> Met
Criterion 2.2.2.2 Site provides access for trainees to attend network educational activities
<ul style="list-style-type: none"> Met

Standard 2.2.3
Criterion 2.2.3.1 Site provides an internal educational program aligned to the curriculum
<ul style="list-style-type: none"> Not Met <p>RANZCR Comments: Central Coast Cancer Centre (Gosford Hospital) does not meet Criterion 2.2.3.1</p> <p>The assessors were provided with the internal tutorial programme and note that the sessions are inconsistent and infrequent. On average there is an internal tutorial provided once a month or so. A more proactive approach with an increase in input from the clinical supervisors is recommended.</p>
<p>Recommendations:</p> <ul style="list-style-type: none"> Central Coast Cancer Centre (Gosford Hospital) to provide a prospective schedule of internal tutorials for end of 2022/ first half of 2023 including speakers and topics. Department to ensure attendance records/logs are kept and available. <p>Central Coast Cancer Centre Response: <i>The internal teaching schedule for the end of 2022 and the first 6 months of 2023 were completed prospectively and are attached. These were updated as a result of initial</i></p>

feedback from the review. Attendance is now recorded and completed for the second half of 2022.

- Central Coast Cancer Centre (Gosford Hospital) to consider encouraging all clinical supervisors to attend a DoT workshop or webinar over the next 12 months to ensure all are aware of the educational changes associated with the new training program.

Central Coast Cancer Centre Response:

This has now been completed and an updated schedule has been provided. All clinical supervisors have been encouraged to attend a DOT workshop in the next 12 months. This was first announced in a senior medical staff meeting in late 2022 and then by email in February 2023.

Please note that the tutorial program includes sessions that are conducted weekly, with the exception of weeks when a state-wide phase one or phase two teaching day is held. The tutorial program is shared between all consultations. This meets expectations of this criteria.

Criterion 2.2.3.2 Site ensures trainees have access to education activities which may include but not limited to those listed below

- Met

Criterion 2.2.3.3 Trainees at training site have access to appropriate RANZCR supported education activities and Faculty teaching courses.

- Met

Standard 2.2.4

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

- Met

Standard 2.2.5

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

- Not Met

RANZCR Comments:

Central Coast Cancer Centre (Gosford Hospital) does not meet Criterion 2.2.5.1

The assessors have significant concerns with the lack of adequate on-site clinical supervision of trainees.

A - Despite reassurance from some clinical supervisors during the assessment visit that on site supervision is appropriate, this is not corroborated by other information and confidential feedback from more than one source. Due to unplanned consultant absences, some clinics are being run by registrars without on-site consultant supervision, and at a frequency felt to be un-acceptable.

Central Coast Response:

In circumstances of unplanned leave for a consultant, predominantly sick leave, all clinics are cancelled. The process involves, admin calling every patient currently booked. In the circumstance where patients have arrived or did not receive the call and present to the centre, if a review is required, then the expectation from the District is that an onsite consultant can provide supervision to the registrar if required. There are no circumstances where a clinic will run without the presence of a consultant to provide supervision to trainee.

B - There is significant dependence on availability of consultants by phone and this has been accepted as the norm for trainee supervision by the HoD and the health service. Majority of consultants have fractional appointments (4 VMOs and 2 SMOs) with 4 VMOs with 0.1-0.2 FTE each and 2 SMOs with 0.8-0.9 FTE each. The assessors also note that this issue is compounded by most of the department continuing to work from home for COVID reasons for a proportion of their time, despite this not being a requirement by the LHD at this time.

Central Coast Response:

As per the evidence provided, WFH arrangement for consultants ceased in early 2022.

C - During such time when consultants are not on site (for whatever reason), there is no, or poorly planned on-site consultant cover and the clinical cover/handover policy does not address this. While the assessors note that unplanned absences are a reality, they did not feel that the departments contingency plan to manage these are clear, robust, transparent or adequate.

Central Coast Response:

The District can confirm that the SOP for cover of unplanned leave has been endorsed by the Hospital and its Executive team and is currently in place and active. It meets the expectations of providing clinical cover in periods of planned and unplanned leave.

D - More than one confidential source has expressed concern that some patients being planned for treatment are being assessed primarily by trainees onsite, with consultant input via phone/telehealth. In some instances, there have been reports that patients are attending for simulation (and possibly starting treatment) without having been seen by an on-site consultant prior. The assessors note the potential medicolegal risk to trainees.

Central Coast Response:

Telehealth is an acceptable form of consultation within NSW Health. Please note that during the audit period, there was one patient who was not seen face-to-face prior to simulation. This patient was booked in for a face-to-face consultation but refused to wait for their appointment time and left the service prior to this. To ensure that the patient received the care they required the consultant conducted a telehealth consultation and continued with their treatment pathway. This is a rare occurrence rather than a standard practice.

D - The assessors noted that some stakeholders interviewed felt that the current level of remote supervision is adequate. While this may be considered appropriate by other colleges, RANZCR believes that supervision for the purposes of training future radiation oncologists requires a significant onsite 1:1 engagement between clinical supervisors and trainees. This is to ensure both safety for trainees and patients, and to provide learning opportunities and skills training through observation, practice and coaching.

Central Coast Response:

All consultants are onsite during their clinics and work 1:1 with trainees during the clinic. The model of care that is currently in place has been how the department has worked for the last 10 years with nil concerns raised.

Criterion 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

- Not Met

RANZCR Comments:

Central Coast Cancer Centre (Gosford Hospital) does not meet Criterion 2.2.5.2.

- Due to the fractional appointments of some clinical supervisors, and the work from home practices of others, the assessors felt that quality one: one on site teaching opportunities were limited. The actual time commitment for supervision and training by the sessional RO's was not well defined and difficult to establish. There was a high reliance on remote supervision, and while it may be feasible for some informal teaching to occur by phone/video call, this is still reliant on the availability of the consultants and is not felt adequate to replace on site coaching and mentoring of trainees (see Criterion 2.2.5.1).

Recommendations:

- Central Coast Cancer Centre (Gosford Hospital) to ensure all clinics always have on-site consultants in attendance and demonstrate this through provision of RO attendance logs and audits, for the next 3 months, to be prepared by the quality manager. It is preferable that this be the usual RO, but an alternative onsite RO is acceptable.

Central Coast Cancer Centre Response:

The attendance log was completed by the Chief Radiation Therapist (Kathy Fletcher) who was assisted by RT Quality manager (Jacqueline Vaughan) when required, from 13/12/2022 until 25/01/2023 (inclusive).

There was one clinic where a consultant radiation oncologist was not present however no patients attended in person (all telehealth). Since this has been identified, the policy is that even for telehealth-only clinics, if a consultant is not on-site, the clinic is to be re-scheduled.

- Central Coast Cancer Centre (Gosford Hospital) to ensure that all patients are reviewed by a consultant radiation oncologist (RO) in person prior to simulation and demonstrate this through provision of RO attendance logs and audits, for the next 3 months, to be prepared by the quality manager. It is preferable that this be the treating RO, but an alternative onsite RO is acceptable.

Central Coast Cancer Centre Response:

An audit of patients who arrive for CT sim (to enquire if they had been seen by a consultant Radiation Oncologist prior to getting to CT) was conducted by the CT staff (various radiation therapists), overseen by Head of Planning and the Chief Radiation Therapist. The raw data has been submitted as supporting evidence, along with an explanation of any instances that were not recorded as “yes”. There was only one episode whereby a patient had reached CT without being seen in person by a consultant (due to the patient leaving without being seen by the consultant at the initial appointment). This is considered a one-off occurrence and was not deemed a pattern of concern.

- Central Coast Cancer Centre (Gosford Hospital) to develop an agreed policy for on-site cover arrangements for all consultants, for all leave (the current policy addresses only planned leave). The policy should include clear documentation of which RO will provide the on-site support on behalf of any RO that is off-site, for any reason e.g., annual leave, sick leave, COVID-related isolation needs, etc.

Central Coast Cancer Centre Response:

The District can confirm that the SOP for the cover of unplanned leave has been endorsed by the Hospital and its Executive team and is currently in place and active. It meets the expectations of providing clinical cover in periods of planned and unplanned leave.

- Central Coast Cancer Centre (Gosford Hospital) to provide an estimation of hours per week sessional RO's are able to commit to direct on-site supervision and training of accredited registrars, as well as evidence of off-site training conducted.

Central Coast Cancer Centre Response:

The training schedule has been provided. The department has confirmed that the combined on-site direct supervision and training amounts to 24 hours per week.

Standard 2.2.6

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

- Met

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

- Not Met

RANZCR Comments:

Central Coast Cancer Centre (Gosford Hospital) does not meet Criterion 2.2.6.2

- Refer to recommendations in Standard 2.2.5
- There is significant potential medico-legal risk to trainees when patients proceed to radiation treatment without on-site consultant review, and to run clinics without on-site consultant supervision.

Central Coast Cancer Centre Response:

The District agrees with this statement. There are no clinics run without the presence of consultant.

- While RANZCR's recommendation to limit clinic sessions for trainees to 5 to 6/week was made with an intent to provide time for trainees to meet curriculum requirements, this has resulted in the trainees spending significant amount of time developing registrar allocations to adequately cover clinics across all 8 consultants. Given that most are sessional, this becomes especially

<p>challenging, and it is not appropriate to delegate this responsibility to trainees, who may feel vulnerable with this process.</p> <p>Central Coast Cancer Centre Response: <i>This is currently not the practice of the current Director of Training, and this process is no longer delegated to the registrars, as of May 2022.</i></p>
<p>Criterion 2.2.6.3 Prior to phase 1 and 2 examinations, trainees complete the required practice experiences and assessments</p> <ul style="list-style-type: none"> • Met
<p>Criterion 2.2.6.4 DoT completes the range of trainee assessments as determined by curriculum requirements.</p> <ul style="list-style-type: none"> • Met
<p>Criterion 2.2.6.5 Trainees attend and actively participate in both new patient and follow-up clinics</p> <ul style="list-style-type: none"> • Not Met <p>RANZCR Comments: Central Coast Cancer Centre (Gosford Hospital) does not meet Criterion 2.2.6.5</p> <p>While trainees have exposure to a wide range of clinical problems and their management, there is inadequate in-patients and out-patient supervision, with trainees conducting reviews in the absence of consultants or by mere phone consultation. This does not allow sufficient learning as trainees often do not have an opportunity to present clinical cases to ROs as a component of clinics (see also 2.2.5).</p> <p>Central Coast Cancer Centre Response: <i>The District can confirm that there are no clinics that do not have a consultant present when there is a trainee. Trainees are provided with opportunities to present cases on a regular basis in clinics whereby they present new cases to the consultant for each appointment they see.</i></p>
<p>Recommendations:</p> <ul style="list-style-type: none"> • Refer to Standard 2.2.5 • Central Coast Cancer Centre (Gosford Hospital) to rescind the responsibility for trainees to oversee the cover of clinics in the setting of trainee and consultant planned leave. This duty should be performed by those with appropriate authority i.e., DoT or HoD. <p>Central Coast Cancer Centre Response: <i>Since May 2022, trainees were no longer responsible for overseeing the clinic roster (for planned leave). The DOT now oversees the cover of clinics.</i></p> <ul style="list-style-type: none"> • Central Coast Cancer Centre (Gosford Hospital) to respect absolute maximum of 5-6 clinics per week per trainee (irrespective of leave absence and cover). <p>Central Coast Cancer Centre Response: <i>Registrars are required to attend maximum of 6 clinics, each term was provided in the original accreditation submission. When there is registrar leave, clinics proceed with a consultant only (and recorded as "reg-less" on the clinic roster). As further evidence, the tally of these reg-less clinics has been kept since 2021.</i></p>
<p>Criterion 2.2.6.6 Trainees attend and actively participate in multi-disciplinary clinics</p> <ul style="list-style-type: none"> • Met
<p>Criterion 2.2.6.7 Trainees have dedicated time for supervision planning activities including contouring and plan review</p> <ul style="list-style-type: none"> • Met
<p>Criterion 2.2.6.8 Trainees have access to direct management of inpatient admitted under Radiation Oncology teams</p> <ul style="list-style-type: none"> • Met
<p>Standard 2.2.7</p>

Criterion 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
<ul style="list-style-type: none"> • Met
Criterion 2.2.7.2 The DoT understands the RANZCR Grievance Policy and protocol to follow should an incident occur
<ul style="list-style-type: none"> • Met
Criterion 2.2.7.3 The training site liaises with site Human Resources (HR) to access professional services, if required by the trainee
<ul style="list-style-type: none"> • Met

2.3 Physical Environment

Standard 2.3.1
Criterion 2.3.1.1 The training site has the minimum standard requirements for training
<ul style="list-style-type: none"> • Met
Criterion 2.3.1.2 The training site has a resource library
<ul style="list-style-type: none"> • Met

Standard 2.3.2
Criterion 2.3.2.1 The training site is:
<ul style="list-style-type: none"> • Met

Standard 2.3.3
Criterion 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
<ul style="list-style-type: none"> • Met
Criterion 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)
<ul style="list-style-type: none"> • Met

Standard 2.3.4
Criterion 2.3.4.1 Trainees have access to a physical environment conducive to supporting training needs
<ul style="list-style-type: none"> • Met
Criterion 2.3.4.2 Oncology medical records are available for all patient management episodes
<ul style="list-style-type: none"> • Met
Criterion 2.3.4.3 Site has adequate staff to provide administrative support for trainees' clinical duties
<ul style="list-style-type: none"> • Met

2.4 Workforce Arrangements

Standard 2.4.1
Criterion 2.4.1.1 A clear and transparent procedure for selection and appointment of trainees is in place
<ul style="list-style-type: none"> • Met
Criterion 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
<ul style="list-style-type: none"> • Met
Criterion 2.4.1.3 The training site is represented on the selection panel for network appointments
<ul style="list-style-type: none"> • Met
Criterion 2.4.1.4 The NGC has a role in recruitment and selection for all training positions
<ul style="list-style-type: none"> • Met

Standard 2.4.2
Criterion 2.4.2.1 The ratio of trainees to full time equivalent (FTE) consultant radiation oncologists is never greater than 1:1
<ul style="list-style-type: none"> • Not Met
RANZCR Comments:

Central Coast Cancer Centre (Gosford Hospital) does not meet Criterion 2.4.2.1

As has been noted in previous standards, the assessors have concerns regarding the effectiveness of on-site trainee supervision, with regard to both clinical supervision (i.e., clinics, patients planned for radiotherapy etc) and on-site face to face teaching opportunities. While the ratio of consultant 4.3FTE to trainee 3.0FTE meets the criteria on paper, it was not clear to the assessors what the effective on-site ratio of consultants to trainees is, in practical terms. The recommended ratio is based on the assumption that generally, the required clinical supervisors are on site, and while we acknowledge these ratios could not be maintained during COVID lockdowns, this issue is less critical currently. We note that the LHD has directed all staff to return to site as of February 2022.

The assessors requested individual consultant rosters to establish the effective clinical supervisor: trainee ratio but have not been provided with this level of detail.

Due to the impact of sessional attendees, ongoing work from home practices and a lack of process with regard to the management of unplanned leave, the assessors have not been satisfied that the trainees are currently being supervised to the level required or expected.

Central Coast Cancer Centre Response:

All consultants work onsite for their required FTE / sessional agreements, and therefore the ratio of 4.3FTE of consultants to 3.0FTE of trainees is accurate.

Recommendations:

- Refer to recommendations in Standard 2.2.5
- Central Coast Cancer Centre (Gosford Hospital) ROs should return to conducting their work on-site, as per the February 2022 directive from the hospital Executive.

Central Coast Cancer Centre Response:

As stated previously, all radiation oncologists ceased working from home in May, as per the email previously attached (Completed 30/05/2022).

Standard 2.4.3
Criterion 2.4.3.1 The Director of Training (DoT) is a Fellow of the Royal Australian and New Zealand College of Radiologists (FRANZCR)
<ul style="list-style-type: none"> • Met
Criterion 2.4.3.2 The DoT is nominated by the site
<ul style="list-style-type: none"> • Met
Criterion 2.4.3.3 Site fully supports the DoT in their administrative and educational responsibilities
<ul style="list-style-type: none"> • Met
Criterion 2.4.3.4 DoT fulfils the requirements as specified in the Network Training Program (NTP)
<ul style="list-style-type: none"> • Met
Criterion 2.4.3.5 DoT role is reviewed annually
<ul style="list-style-type: none"> • Met
Standard 2.4.4
Criterion 2.4.4.1 There is a minimum of two full-time equivalent (FTE) consultant radiation oncologists with an active clinical workload
<ul style="list-style-type: none"> • Met
Criterion 2.4.4.2 Non-medical staff, including medical physicists, radiation therapists, nurses and allied health workers, are available to support the training experience
<ul style="list-style-type: none"> • Met
Criterion 2.4.4.3 Trainees have the opportunity to communicate with other medical specialists as relevant to individual patient care
<ul style="list-style-type: none"> • Met
Criterion 2.4.4.4 Education Support Officer (ESO)
<ul style="list-style-type: none"> • Met

List of attachments

A	2022 Leave Clinics (zip)	Summary of leave cover for Registrars	Dec 2022
B	2023 CCCC ROR education Timetable	Education timetable	March 2023
C	CT sim attendance	Summary of Attendance (SIM)	March 2023
D	Clinic Attendance	Summary of Attendance (Clinic)	March 2023
E	DOT Workshop	Email – DoT workshop	March 2023
F	2022 CCCC Timetable	Education timetable 2022	March 2023
G	Email cease working from home	Working from home arrangements	March 2023
H	Cultural Review Recommendation	Progress of recommendations from external review	March 2023 (updated)
I	External Review Summary	Staff summary of External review	March 2023
J	Reg Clinics term 1	Summary of Registrar clinics for term 1	March 2023
K	SOP Handover	Standard Operating Procedure for the management of handover for leave (planned and unplanned) – updated April 2023 (note all consultants are in agreement with SOP)	March 2023