



The Royal Australian and New Zealand
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Accredited Training Site Name:	Concord Repatriation General Hospital & Canterbury Hospital	Progress Report Date:	8 March 2024
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3 Month Update – Due 8 March 2024					
Recommendation	Accountable Person	Responsible Person	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
<p>Both Sites</p> <p>Conduct a debrief session with all consultants and trainees to discuss the accreditation site visit outcome – evidence to be supplied to support</p>	Head of Department	Directors of Training	An accreditation debrief session is scheduled for 22 March 2024	Attachment 1 – calendar invitation for accreditation debrief session	<p>Not Yet Met</p> <p>Scheduled but no evidence if it occurred or who attended</p>
<p><u>Concord RGH- Recommendation 1a and 4:</u></p> <p><u>Canterbury- Recommendation 1a and 3:</u></p> <p>The Training Site must commission an independent cultural review to investigate, with a view to rectify, communication dysfunction, expectations, behaviours and workplace wellbeing within the department and associated stakeholders. This process should include the Concord Hospital and should focus on training and associated impediments. A representative from the College is expected to be involved and the College will require to receive the</p>	Director of Operations	Director of Operations	The NSW Ministry of Health engaged ProActive ReSolutions to conduct a restorative process at Concord Radiology, which has involved the Consultant Radiologists, Radiology Trainees and other Staff in the Department. This process commenced on 21 September 2023, where Staff from the Department, as well as Hospital and SLHD Executive met to discuss issues in the Department and actions to mitigate them. A second meeting was held on 29 February 2024, where the actions from the first meeting were reviewed and progress, or any further actions required, were discussed. All parties are very positive about the ongoing process and feel that it has strengthened relationships and improved communication between the Department, Hospital and District Executive. This is also evidenced in the significant changes in the Department	Attachment 2 – Minutes from ProActive ReSolutions meetings on 21 Sep 2023 and 29 Feb 2024.	<p>MET</p>



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outcome and action plan which will be monitored for progress.			recently, including capital enhancements, Consultant Radiologist appointments, outsourcing of overnight studies and improvement of reporting workflows.		
<p><u>Both Sites - Recommendation 1b - combined:</u></p> <p>The Training Site must actively drive recruitment to correct the SMO deficit. This may require exceptional incentives to attract the correct individuals given the industrial climate in NSW currently. The Training Site must satisfy the college that there has been or imminent projected improvement in the FTE at 6 months following the CRETC determination. The site (Concord RGH) requires 4.5 FTE to attend to the activity as a training site.</p> <p>Canterbury requires an additional FTE required based on the currently recruited establishment is 7.5</p> <p>This will have a bearing for ongoing accreditation at the site.</p>	Director of Operations	Head of Department	The Department, Hospital and District has made a concerted effort to recruit Consultant Diagnostic and Interventional Radiologists (IRs) to Concord Radiology over the past 18 months. These efforts include but are not limited to: i) rolling recruitment to Staff Specialist Diagnostic Radiologists (DRs) and, at times, Visiting Medical Officer (VMO) DRs; ii) creating a standing credentialing panel to interview suitable applicants to roles as soon as practicable; iii) engaging both Australian and International recruiters to target potential candidates for roles. Through these efforts, four IR VMOs were appointed in 2023 (Dr H Xiang – 0.5 FTE; Dr J Li – 0.25 FTE; Dr A O’Grady – 0.25 FTE; Dr J Spencer – 0.25 FTE) and one in 2024 (Dr H Chour – 0.5 FTE). One of the IRs is currently on sick leave, however when they return the recruitment effort will have resulted in six Concord IRs with the capacity to provide full on-site and on-call coverage to the Hospital. Progress to recruit DRs has been positive but remains a challenge. There were 2.25 FTE of DR-SSs recruited in 2023 (Dr B Moharami – 0.5	Attachment 3 – Roster from WC 4 March 2024 (NB: IRs HCH, JLI, HAX, JSP – A O’Grady on sick leave; and DRs BMO, MLE, OKA – M Patel on paternity leave).	MET for the 3-month report. This is also a recommendation for the 6-month progress report and is to be followed up at this time.



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			FTE; Dr M Patel – 0.5 FTE; Dr M Leung – 0.5 FTE; Dr Owen Kang – 0.75 FTE). Some of these DR-SSs are currently on reduced hours to support their transition to SMO positions and paternity leave. An additional DR – Dr H Abdelrahman – has been recruited at 0.5 FTE and is commencing in April 2024. Recruitment is ongoing to these positions. SLHD is also engaging with and International Medical Recruiter with respect to International Recruitment efforts. SLHD will be working closely with RANZCR to ensure candidates are assessed via its International Medical Graduate (IMG) Program and receive appropriate upskilling training to achieve Fellowship of RANZCR and work within the Australian system.		
<p><u>Both sites - Recommendation 1c:</u> The Training site must review the rostering to ensure all trainee reports are checked with-in 48 hours following partial validation by the trainee. Face to Face teaching and supervision capacity must be reviewed and the roster optimised for this. This included image review and MDM support.</p>	Head of Department	Directors of Training	Concord Radiology established a 'for review' reporting list in PACS(Sectra) in October 2023, which enables Radiology Trainees working after-hours shifts to allocate their draft reports to a reporting list intended for the next Consultant in the Department to review. Prior to this, imaging studies were allocated to a sub-specialty Consultant Radiologist to report when they were next available, which sometimes caused delays in authorising the studies. The new reporting list and workflow has improved turn-around-times for Consultant reviews on Radiology Trainee reports and		<p>MET The progress update for this recommendation supports that this recommendation is met. This is reinforced by the rosters supplied.</p>



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			<p>means that those drafted on the weekend are reviewed first thing on Monday morning.</p> <p>In addition to this, from 11 January 2024, SLHD contracted Everlight Radiology to report overnight CTs and XRs performed at Concord and Canterbury Hospital between 2300 and 0700 hours daily. This has reduced the after-hours work performed by Radiology Trainees - with Trainees now finishing their shift at midnight – and has ensured Consultant Radiologists' workload has reduced such that checking Trainee's provisional reports can be prioritised within 24 hours.</p> <p>With respect to face-to-face teaching and supervision of Trainees, rostering arrangements in the Department were modified from October 2023 after the accreditation site visit. Radiology Trainees are not rostered during business hours without face-to-face supervision, including at Canterbury Hospital.</p>		
<p><u>Concord RGH only - Recommendation 1d:</u> The training site must find and instigate an appropriate solution to “clear” the backlog of reporting in a timely fashion.</p>	Director of Operations	Head of Department	SLHD engaged I-TeleRAD from 29 September 2023 to report the backlog of XRs in the GE PACS system. This followed extensive work by the District to ensure cyber security issues were addressed in the service agreement and that the IT systems of I-TeleRAD and SLHD were integrated.	NA – commercial in Confidence	MET for the 3-month report



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			<p>Since this time, I-TeleRAD have reported all the 33,667 backlog XRs allocated to them in GE PACS.</p> <p>SLHD has now also engaged Everlight Radiology to report backlog XRs in the new PACS(Sectra)-RIS(Kestral) system. The arrangement started on 4 March 2024 and is anticipated to clear the backlog of 20,000 XRs in 3-6 months – further update on this will be provided in subsequent progress reports.</p>		
<p><u>Concord RGH only - Recommendation 1e:</u> The Training Site must ensure the DoT's, HoD and Clinical Supervisors are rostered and receive the required non-clinical time.</p>	Head of Department	Directors of Training	<p>DOTs are provided one session (5-hours) of Clinical Support Time (CST) per week to perform their duties. The HOD is currently also provided one CST session per week. The Clinical Supervisors have CST integrated into their working week either as one session per fortnight or up to 1.5 / 2 hours. These arrangements are longstanding and SLHD has developed a business rule to ensure they're formalised and documented in annual performance reviews between each Radiologist and the HOD.</p>	<p>Attachment 3 – Roster from WC 4 March 2024 (NB: ADMIN) Attachment 4 – Draft Business Rule for CST at Concord Radiology</p>	<p>MET Administration is noted in updated roster and the Business Case supports the required non-clinical time.</p>
<p><u>Concord RGH- Recommendation 1f:</u> <u>Canterbury- Recommendation 1d</u> The training site must place an</p>	Head of Department	Directors of Training	<p>The Department's tutorial roster consists of two 60-minute tutorials per day, where cases are presented. One tutorial session per week is a Departmental review of interesting cases which have occurred in</p>	<p>Attachment 3 – Roster from WC 4 March 2024 (NB: TCH Radiologist and Registrar).</p>	<p>MET The progress update for this recommendation supports that this recommendation is met.</p>



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emphasis on more consultant lead teaching in accordance with the opportunities and case-mix available at the site.			<p>the preceding week. At a minimum, one of the tutorials per day is Consultant-lead.</p> <p>Following the Accreditation site visit, the Consultant roster was modified to roster a Consultant to Canterbury Hospital every day. This has provided the Trainee allocated to Canterbury Hospital with side-by-side teaching on cases that are less frequently seen at Concord Hospital, including O&G and Paediatric cases. When a Consultant is not available to attend Canterbury Hospital, the Trainee is reallocated to Concord Hospital so that side-by-side teaching and supervision is maintained.</p> <p>All multidisciplinary team meetings within working hours are attended by a Consultant and Trainee, to comply with WBA requirements. This includes the Canterbury Hospital surgical meeting.</p> <p>ttachment 3 – Roster from WC 4 March 2024 (NB: TCH Radiologist and Registrar). With respect to side-by-side reporting at Concord Hospital, the Department has purchased additional workstations so that reporting locations can be modified to allow this throughout all reporting areas. The</p>		This is reinforced by the rosters supplied.



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			workstations are due to arrive at the end of March 2024		
<p><u>Canterbury Hospital only - Recommendation 2:</u> The site must immediately ensure there is always a Clinical Supervisor on site if a trainee is present in the Canterbury Hospital Department. This will have a bearing for ongoing accreditation at the site</p>					<p>NOT MET This may have been missed in the combination of the 3-month reports for both sites as this recommendation applies only to Canterbury Hospital as the template for Concord RGH was used as the starting point for the 3-month progress report</p>
<p><u>Concord RGH- Recommendation 2a:</u> <u>Canterbury- Recommendation 3a</u> The Training site to review and update previous risk management plan, as well as implement the areas of risk to the department's operation and vocational training commitment.</p>	Head of Department	Directors of Training	<p>The introduction of overnight tele-radiology reporting has alleviated the risks associated with excessive and difficult working hours for the Trainees. Trainees no longer work between midnight and 0700 hrs. As a result of this positive change, there are two more daytime Trainees and the roster has been amended to have overlapping shifts in the evening which has reduced the burden on, what was previously, a one Trainee shift.</p> <p>Concord Radiology would appreciate any additional feedback from RANZCR as to how it should structure and present a risk management plan.</p>	Attachment 3 – Roster from WC 4 March 2024 (NB: TCH Radiologist and Registrar).	<p>Partially Met as this is a work in progress.</p> <p>A suggested template on how to present a risk management plan has been included at the end of this progress report.</p>
<p><u>Concord RGH- Recommendation 2b:</u></p>	Head of Department	Directors of Training	From 11 January 2024, Everlight Radiology was contracted to report overnight CTs and	NA – Commercial in Confidence.	MET as discussed in previous recommendations



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<p><u>Canterbury- Recommendation 3b</u> The training site review the after-hours workload and consider options to attend to excessive referral. This work should be undertaken with stakeholders from the local and wider area network.</p>			<p>XR's performed by Concord and Canterbury Radiology between 2300 and 0700 hrs. this has allowed increased Radiology Trainee rostering in evenings during the week and a second 8-hour overlapping shift on the weekend, which has reduced after-hours workload on the Department.</p>	<p>Attachment 3 – Roster from WC 4 March 2024 (NB: Sat and Sun Reg).</p>	
<p><u>Concord RGH only - Recommendation 4a:</u> The Training site to investigate opportunities to improve access to trauma and transplant imaging.</p>	Head of Department	Directors of Training	<p>The Directors of Training have discussed access to trauma and transplant imaging with DOTs at other LAN 2 sites for Concord Trainees on rotation to their facilities. They have agreed to expose Concord Trainees to Trauma and Transplant Imaging while on rotation, which will increase their exposure to this imaging throughout their training. Trauma and Transplant imaging will also be available to Concord while on rotation at these facilities.</p>		<p>MET for the 3-month review.</p> <p>Check that this is occurring at the 6-month review</p>
<p><u>Concord RGH only - Recommendation 4b:</u> The Training site to investigate opportunities to improve access to woman's imaging by considering a cooperation with the Maternal Fetal Medicine team at Canterbury Hospital.</p>	Head of Department	Directors of Training	<p>The Directors of Training have been consulting with Dr Ritu Mogra, Head of Department, Fetal Medical Ultrasound at RPA and Canterbury Hospital and have secured two sessions per week where Concord Trainees attend O&G imaging sessions run by the FMU at Canterbury Hospital. The arrangement started on 5 February 2024 and has been a positive learning experience for the Trainees.</p>	<p>Attachment 6 – Email Attachments</p>	<p>MET</p> <p>The email stream indicates that this is supported and is occurring</p>
<p><u>Concord RGH only - Recommendation 4c:</u></p>	Head of Department	Directors of Training	<p>Trainees are encouraged to report all Paediatric cases at Canterbury Hospital</p>		<p>Partially Met.</p>



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The Training site to investigate opportunities to improve access to paediatric imaging in accordance with the NSW initiatives to utilise more community hospital paediatric facilities.			and these are reviewed and discussed during the same reporting session with the attending Consultant Radiologist. No other Paediatric imaging access is available outside of the usual rotation to Westmead Children's Hospital and Concord Radiology would be happy to participate in any other available initiatives from RANZCR to support increased paediatric training opportunities		Attempts have been made to access more paediatric imaging.
<u>Concord RGH only - Recommendation 5:</u> The department reviews to ensure there are appropriate equipment replacement processes/programs in place to allow a timely replacement of imaging and associated equipment when required.	Head of Department	Directors of Training	SLHD has undertaken significant capital investments in the Concord and Canterbury Radiology Departments. In the past sixmonths alone, the following has occurred: i) installation of a new CT Scanner in the Concord Radiology Department (October 2023); ii) installation of a new CT Scanner in the Canterbury Radiology Department (December 2023); iii) capital works undertaken to install a new, third CT Scanner in Concord ED (due April 2024); iv) procurement and architectural planning to install a second MRI Scanner in the Concord Radiology Department (due Q3-4 2024); v) development of a business case for two new US machines at Canterbury Hospital.	Attachment 7 – Medical Imaging Equipment Tracker	MET The colleges commends the significant capital investment that has been, and continues to be, undertaken.
<u>Recommendation 6:</u> The training site ensures there is intradepartmental IT personal to attend to and take responsibility for	Head of Department	Directors of Training	Concord Radiology has experienced challenges with IT staff recently, with two of its existing staff resigning from the Department at short notice due to personal	Attachment 5 – Workflow and	Partially Met. The complexity of developing appropriate



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issues that arise on a day-to-day basis. It is suggested this individual has a role in activity monitoring for the future planning of the department.			<p>circumstances in the second half of 2023. A Business Case for a SLHD PACS-RIS Administration team is being prepared and is due for submission in early 2024. Resources who typically perform PACSRIS Administration duties are currently finalised the State-wide Project to transition PACS-RIS to the new Sectra-Kestral System, due to finish in July 2024. In lieu of this, the Medical Imaging Stream (MIS) has prepared a workflow document for the Department to raise issues with IT and get a suitable response.</p>	QRG for PACS Admin Support	<p>interdepartmental IT support is acknowledged, as is the short term workflow document and procedures.</p> <p>To be further discussed within the 6-month reporting period.</p>

Overall Site Comments



Suggestions for a risk management plan

To assist the sites develop a risk management plan, a risk mitigation and management table appears on the following pages which utilises a standard approach to note risks and to note how to mitigate those risks. This may have any particular focus however, for this accreditation assessment, a starting point may be the areas of focus that have been raised through the recommendations of the College. This risk management approach contains the following categories:

SOURCE

Identification of the source of each risk. This is divided into broader categories with detail provided on each risk

IMPACT

Identification of the consequence of each risk if it is not mitigated.

LIKELIHOOD

Rating of the likelihood of the identified risk occurring without any mitigation in place. Ratings are: Almost certain, Likely, Possible, Unlikely or Rare.

CONSEQUENCE

Rating of the consequence to outcomes of the identified risk occurring without any mitigation in place. Ratings are: Insignificant, Minor, Moderate, Major or Catastrophic.

OVERALL RATING OF UNMITIGATED RISKS

See table on next page



		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	V Likely	Low	Medium	High	Extreme	Extreme
	Likely	Low	Medium	High	High	Extreme
	Possible	Low	Medium	Medium	High	Extreme
	Unlikely	Low	Low	Medium	Medium	High
	Rare	Low	Low	Medium	Medium	Medium

MITIGATION STRATEGIES

A treatment is a planned approach, process, policy, device, practice or other action that acts to minimise negative risks or enhance positive opportunities. Controls may include monitoring activities that ensure projects are on track to achieve outcomes (eg checklists, regular planning meetings, procedure manuals, contingency plans, audits or agreements in place) and / or direct intervention to ensure that the consequence of an identified risk is minimised (eg stakeholder engagement to reduce story-telling in a vacuum).

EFFECTIVENESS OF MITIGATION STRATEGIES

Risks, even when mitigation strategies are in place, need to be monitored. The same four colour code as used above is used to highlight those risks that have the potential to cause serious consequence even with the best planning and mitigation strategies.

No.	Descriptor	Risk source	Impact	Risk Level			Mitigation Strategies	If mitigation is effective
				Likelihood	Consequence	Rating		
1.1	xxxx	xxxx	xxxxx	Eg Possible	Eg Moderate	Eg Medium	<ul style="list-style-type: none"> xxxx xxxxx 	Eg Low