



Health
South Eastern Sydney
Local Health District

Our Ref: T23/16834
Related Ref: T22/85597

A/Prof Michael Bynevelt
Chief Accreditation Officer
Faculty of Clinical Radiology
The Royal Australian and New Zealand College of Radiologists

Date: 17/03/2023

Dear A/Prof Michael Bynevelt

RE: St George Hospital 3 Month Progress Report

Thank you for your letter to Dr Kuan-Ching Ho dated 19 December 2022 regarding Accreditation of St George Hospital for Clinical Radiology Specialty Training.

Over the past 3 months there has been significant efforts to address areas of non-compliance against the *Accreditation Standards for Education, Training and Supervision of Radiology Trainees* at St George Hospital.

We are proud of the positive progress achieved to date and are confident we will continue to improve the experience for our trainees and our overall radiology service.

Please find the following documents attached:

- 3 Month Progress Report
- Supporting evidence

A 6 month progress report will be sent prior to the 20 June 2023.

If you have any questions or queries please do not hesitate to contact Dr Paul Curtis, Medical Imaging Operations Manager via email paul.curtis@health.nsw.gov.au

Yours Sincerely

Angela Karooz
General Manager
St George Hospital

Dr Heidi Boss
Director of Medical Services
St George Hospital

CC: Dr Kuan-Ching Ho, Director of Training Radiology St George Hospital
Dr Derek Glenn, Director Radiology St George Hospital
Dr Rajiv Rattan, Branch Education Officer
Dr Liz Silverstone, Network Training Director
Ms Alisha Tamang, Education Support O

District Executive Unit
Locked Mail Bag 21
TAREN POINT NSW 2229

P. (02) 9540 7756
E. SESLHD-Mail@health.nsw.gov.au



Accredited Training Site Name: St George Hospital		Progress Report Date: 20 March 2023				
Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
3 Month Actions						
1.	St George Hospital to conduct a debrief session within 3 months of the final report with all Clinical Supervisors and trainees to discuss the outcome of the accreditation site visit – evidence to be supplied to support. A follow-up meeting with the Clinical Supervisors and Trainees is also required at 6 and 9 months to communicate the progress of the site	Director of Training		Complete. Debrief meeting with Radiology consultants and registrars occurred on 1 March 2023	Notes of debrief meeting (Doc 1)	
37.	St George Hospital Head of Department Face to face supervision, checking and feedback must be a priority. This must be commenced within 6 weeks	Head of Department		Complete Discussed and emphasised at Consultants' & Registrars' meeting on 1/3/23. Expectations clarified with consultants; process established on days where Training Engagement & Governance (TEG) function is operational (on average 3 days per week).	Notes of debrief meeting (Doc 1)	
35.	St George Hospital Director of Training Regular onsite tutorials with attendance log This must be completed within 3 months	Director of Training		In progress Tutorial numbers have increased from October 2022.	2022 graph of tutorial numbers (Doc 2)	



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				Planned to have two tutorials per week when TEG function is operating.		
36.	Attendance at Network wide education sessions with attendance log. This must be completed within 3 months	Director of Training		No trainees in 2023 are in Years 2 and 3 and eligible for training. See LAN 3 email and report.	LAN 3 email and report (Doc 3)	
2. 1.1.1 1.1.2 1.4.2 3.4.1	St George Hospital Head of Department to provide evidence that there is a Director of Training available every day, either by increasing the FTE of the current Director of Training or by appointing an additional Director of Training. This must be completed within 3 months	Head of Department		Complete A second staff specialist has agreed to undertake DoT Role resulting in 40 hours per week of attendance by DoT over 4 days.	Application for DoT (Doc 4)	
3. 1.1.1	St George Hospital Head of Department to ensure that there is always a nominated diagnostic consultant on call This must be completed within 3 months	Head of Department		In progress A review of DR on call revealed only 50% coverage due to a misunderstanding. Changes to be made to the on-call roster to ensure consultant on call for diagnostic reporting. In absence of on-call due to leave etc. Director fills shortfalls.	Email regarding changes to be made to on call roster (Doc 5)	
4.	St George Hospital Director of Training to ensure all consultants are able to participate in teaching and training and provide documentation of this.	Director of Training		Complete Discussed and emphasised at Consultants' & Registrars' meeting on 1/3/23.	Notes of debrief meeting (Doc 1)	



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	This must be completed within 3 months					
5. 1.1.2	St George Hospital Director of Training to familiarise the trainee cohort with the Grievance Policy This must be completed within 3 months	Director of Training		In progress To be discussed at Registrars' forum on 27 March	Registrars' forum meeting appointment (Doc 6)	
6.	St George Hospital Director of Training to provide evidence of the monitoring of the wellbeing of the trainees. This must be completed within 3 months	Director of Training		In progress Discussed at Consultants' & Registrars' meeting on 1/3/23. To be discussed at Registrars' forum on 27 March	Notes of debrief meeting (Doc 1) Registrars' forum meeting appointment (Doc 6)	
7. 1.1.3	The St George Hospital Director of Training to ensure that the trainee rosters comply with the relevant Medical Officer Award. This must be completed within 3 months	Director of Training		Complete Outsourcing nights and some weekends from 13 March will ensure the award is met because it will reduce overtime requirements.	Rosters from 13/3/23 show no night registrar rostered. (Doc 7)	
8. 1.2.1 1.4.2	St George Hospital Director of Training to be provided with time to attend at least one Director of Training Workshop each year. This must be completed within 3 months	Director of Training		Complete DoT attended in Adelaide in October 2022		
9. 1.2.1 3.4.2	St George Hospital Director of Training to familiarise themselves with current College policies including (1.2.1, 3.4.2): Performance and Progression,	Director of Training		In progress	DoT has signed copies of policies to indicate he	



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	Remediation in Training, Withdrawal from Training and ensure that all consultants working in the department are also familiar with these Policies. This must be completed within 3 months			DoT familiar with policies and will raise at Consultants' meeting on 15 March	has read them. (Doc 8) Agenda of Consultants' Meeting (Doc 9)	
10 1.2.1	St George Hospital Director of Training to provide evidence that they are managing Trainees identified as failing to progress according to the relevant Policies. This must be completed within 3 months	Director of Training		In progress To discuss at Consultants' meeting on 15 March 2023	Agenda of Consultants' Meeting (Doc 9)	
11.	St George Hospital Director of Training to provide the relevant documentation including an Action Plan for Trainees being monitored under the "Performance and Progression (Clinical Radiology) Policy". This must be completed within 3 months	Director of Training		In progress Action plans being completed for three trainees who have failed exams	Action plans completed and submitted to College. (For privacy reasons not included in the evidence.)	
12 1.2.2	The Director of Training to provide evidence of support mechanisms put in place for trainees being managed under the Performance and Progression (Clinical Radiology) Policy. This must be completed within 3 months	Director of Training		In progress Discuss pastoral care and EAP/counselling support at Registrars' forum 27 March 2023	Notes of debrief meeting (Doc 1)	



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14 1.4.1	St George Hospital Head of Department ensures trainees representation and input into the proposed changes to departmental consultant service provision model. This must be completed within 3 months	Head of Department		In progress To be discussed at Registrars' forum on 27 March	Registrars' forum meeting appointment (Doc 6)	
32	St George Hospital Director of Training to demonstrate appropriate Trainee involvement regarding decision making including but not limited to rotations and equal Network education access This must be completed within 3 months.	Director of Training		The LAN has carriage over this issue. SGH DOT participates in discussion regarding rotations and network education. Two registrar representatives are present.		
15 1.4.2 3.4.1	St George Hospital Head of Department to provide evidence of the mandatory protected time for the Director of Training (for approx. 10 trainees, 8 hours total between Director of Trainings each week) to enable him to familiarise himself with the Director of Training role, the relevant RANZCR procedures and policies. This must be completed within 3 months	Head of Department		Complete Rostered DoT time has averaged 8.9 hours per week from 16 January 2022	Report on DoT rostered hours from Consultants' rosters. (Doc 10)	
16 1.5.1	St George Hospital Executive to provide a Performance Management Plan regarding high clinical workload, Consultant and Trainee wellbeing and access to education with clearly identified milestones that will be monitored.	Executive		In progress In response to the RANZCR recommendations, St George Hospital established a high level working party (see Overall Site Comments below)	Copy of detailed action plan (Doc 11)	



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	This must be completed within 3 months			which has developed a detailed action plan with themes.		
33. 2.1.2	<p>St George Hospital Director of Training to provide evidence of formal teaching in the following</p> <p>This must be completed within 3 months</p> <ul style="list-style-type: none"> • Doctor-Patient Referral • Review of Request • Patient Preparation • Consent • Imaging Protocols • Radiation Safety Protocols • Shielding Protocols • Drug administration protocols • Management of complications • Infection control • Management of adverse events • Reporting Writing • Communication of results <p>This must be completed within 3 months</p>	Director of Training		<p>In progress</p> <p>Tutorial plan being developed to cover these topics.</p> <p>Note: Due to trainee study and other leave unable to complete tutorials.</p>	Draft Tutorial plan (Doc 12)	
34. 2.2.1	<p>St George Hospital Director of Training to provide evidence that trainees are spending 12-14 hours per week in supervision, training and teaching for example</p> <p>This must be completed within 3 months.</p>	Director of Training		<p>In progress</p> <p>Discussed and emphasised at Debrief meeting.</p>	<p>Notes of Debrief meeting. (Doc 1)</p> <p>Feedback from</p>	



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					clinicians (emails) (Doc 13)	
20 2.2.2	St George Hospital Director of Training to ensure all Consultants participate in an education session on the requirements of the new Clinical Radiology Curriculum Learning Program and E-Portfolio requirements This must be completed within 3 months	Director of Training		In progress RANZCR DoT induction webinar mentioned to consultants at Debrief meeting.	Notes of Debrief meeting. (Doc 1) Email with links sent to all consultants (Doc 14)	
21 2.2.5	St George Hospital Head of Department to address workload and workforce to enable all registrar reports to be checked within 24 hours. This must be completed within 3 months	Head of Department		In progress Overdue registrar preliminary reports decreasing. As of 14/3 309 registrar preliminary reports outstanding (down from 2,832 on 3 January).	Graph of overdue reports (Doc 15)	
22	St George Hospital Head of Department to ensure Trainees receive feedback on their reports, with face-to-face feedback as per the training Program requirements (minimum 20 half day sessions a year for each trainee) This must be completed within 3 months	Head of Department		In progress Discussed and emphasised at Consultants' & Registrars' meeting on 1 March 23. Feedback sessions planned for when the Reporting Engine is functioning. Co-reporting commenced.	Noted of debrief meeting (Doc 1) Feedback from Radiologists (emails) (Doc 13)	
24 3.1.2	St George Hospital Director of Training to provide evidence that the Phase 1	Director of Training		In progress	Attendance details	



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	Trainees are able to attend external Anatomy and AIT courses. This must be completed within 3 months			Phase 1 trainees attending weekly Physics tutorials at Prince of Wales Hospital; they are registered to attend the AIT course (4 & 5 March) and Anatomy course (18 & 19 March)	available if required	
25	St George Hospital Director of Training to provide evidence of onsite tutorials in hours aligned to the Radiodiagnosis Curriculum, with attendance log. This must be completed within 3 months	Director of Training		In progress Twice weekly tutorial program raised at debrief meeting and is being implemented.	Notes of Debrief meeting. (Doc 1)	
24	St George Hospital Director of Training to provide evidence of participation within the Network formal education program, with attendance log. This must be completed within 3 months	Director of Training		No trainees in 2023 are in Years 2 and 3 and eligible for training. See LAN 3 email and report.	LAN 3 email and report (Doc 3)	
27 1.1.1 1.3.1 2.2.4 3.2.1 3.4.1	St George Hospital Executive to address the inadequate FTE resources and provide evidence of a minimal recruitment of the additional 6.5 FTE Consultants to ease the high clinical workload to enable adequate access to education, supervision and feedback and improve wellbeing of Trainees There must be completed plan for recruitment within 3 months with an HR course of action being implemented	Executive		In progress 2 new VMOs interviewed. To determine how many hours a week they will work. Recruitment processes in progress. Rolling advert until 28 May and looking to target NZ Radiologists	Copy of advert (Doc 16)	
42	St George Hospital Director of Training to provide evidence of	Director of Training		In progress	Draft tutorial plan	



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3.1.4 3.1.5 3.1.6	formal teaching in the following (3.1.4, 3.1.5, 3.1.6): This must be completed within 3 months. a. Patient Safety Training b. Report Writing c. Non-Medical Expert roles			Tutorial plan developed to cover these topics. Due to trainee study leave unable to complete tutorials. Note: Due to trainee study and other leave unable to complete tutorials.	(Doc 12)	
43 3.3.1	St George Hospital Director of Training to provide evidence of monthly meetings with the Clinical Supervisors. This must be completed within 3 months	Director of Training		In progress Raised at Consultants' monthly meeting as a standing agenda item	Meeting agenda	
xx 3.4.1	St George Hospital Director of Training to provide evidence of rostered clinical time for Clinical Supervisor to enable one on one feedback and workplace based assessment sessions with Trainees. This must be completed within 3 months	Director of Training		Discussed and emphasised at Consultants' & Registrars' meeting on 1/3/23. Expectations clarified with consultants; process established on days where Training Engagement & Governance (TEG) function is operational (on average 3 days per week).	Notes of Debrief meeting (Doc 1) Feedback from Radiologists (emails) (Doc 13)	
6 Month Actions						
30 1.3.1	St George Hospital Head of Department provide rosters demonstrating sufficient consultant and registrar staffing to enable safe training This must be completed within 6 months	Head of Department		In progress Recruiting 2 additional VMOs and continuing to recruit	Copy of advertising (Doc 16)	



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13 1.3.2	St George Hospital Executive to provide a report and the end of the pilot of the new service model with the outcomes and a plan for the future of training at the St George Hospital This must be completed within 6 months.	Executive		Not commenced Pilot on going. Report will be provided at the appropriate point.		
31 1.4.1	St George Hospital Director of Training to ensure there is a regular forum where Trainees are consulted regarding departmental decision making that may impact on the training environment This must commence within 6 weeks.	Director of Training		In progress Regular registrar forum to commence in March 27	Invitation to registrars' forum (Doc 6)	
17 1.6.2	St George Hospital Head of Department to demonstrate consultant involvement in basic and clinical research. This must be completed within 6 months	Head of Department		In progress To be raised at a future consultants meeting.		
18	St George Hospital Director of Training to demonstrate trainee access and time allocated to basic and clinical research. This must be completed within 6 months	Head of Department		To discuss at registrars' forum on 27 March	Invitation to registrars' forum (Doc 6)	
19 2.2.2	St George Hospital Head of Department to monitor the pilot of the new service provision model and provide the RANZCR accreditation team with regular updates regarding Consultant FTE • Clinical supervisors' hours spent	Head of Department		To commence in April 2023		



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	<p>in trainee supervision as part of the TEG program, with a minimum requirement of 1 hour per session or 8 hours per week</p> <ul style="list-style-type: none"> • Clinical supervisor participation in the TEG program • Trainee tutorials delivered on site with attendance • Delivery of system focused rotations or subspecialty rotations as required in the Training Program • Trainee study numbers in-hours and out-of-hours <p>This must be completed within 6 months</p>					
23 3.3.1	<p>St George Hospital Director of Training to provide evidence of the monthly Consultant meetings with the Clinical Supervisors.</p> <p>This must be completed within 6 months</p>	Director of Training		<p>In progress</p> <p>Trainee issues raised at monthly consultants' meeting as a standing agenda item</p>	Agenda for consultants' meeting (Doc 17)	
28 1.1.1 1.5.1	<p>St George Hospital Director of Training to demonstrate acceptable supervision ratios required to meet Criterion 1.1.1 for Trainees to enable access to education.</p> <p>This must be completed within 6 months</p>	Director of Training		To commence in April 2023		
29 1.1.3 1.3.1	<p>St George Hospital Head of Department to consider appointing additional registrars to enable better coverage of in hours and out of hours</p>	Head of Department		<p>Complete</p> <p>Outsourcing of night and 50% weekend reporting to</p>	SGH Rosters (Doc 10)	



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	workload, recognising that this would require employment of additional consultant FTE to ensure adequate training ration, and would require capacity within the Network to train in subspecialty areas OR St George Hospital Head of Department to consider alternative methods of covering the afterhours workload, for example outsourcing or additional alternative consultant cover This must be completed within 6 months			commence on 13 March (nights) and 1 April (weekends). No registrars on the roster at night.		
38 3.1.1	St George Hospital Director of Training to provide evidence that all Trainees allocated to St George Hospital have participated in Key Conditions training. This must be completed within 6 months	Director of Training		In progress LAN 3 Key Conditions training scheduled for May 23. Three trainees to attend Liverpool course from 26 April to 1 May.	Attendance logs (after attendance)	
40	St George Hospital Director of Training to provide evidence that all trainees have successfully completed the Key Conditions Assessment prior to commencing after hours work. This must be completed within 3 months	Director of Training		Assessment to take place after attendance at relevant training.		
12 Month Actions						
41 3.1.3	St George Hospital Director of Training to provide evidence that System Focused Rotations are being provided at the site. This must be completed within 12 months	Director of Training		In progress To be discussed at a future Consultant's meeting.		



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45	St George Hospital Director of Training to consider how System Focused Rotations can be transitioned to the provision of subspecialty rotations as part of the new Training Program, in particular how this will work with the new consultant service provision model which does not support subspecialist reporting. This must be completed within 12 months	Director of Training		In progress To be discussed at a future Consultant's meeting.		
Overall Site Comments						
<p>St George Hospital is committed to improve the training environment for trainees and has worked solidly over the last 2 months to address the recommendations.</p> <p>In response to the RANZCR recommendations, St George Hospital developed a working party consisting of the General Manager, Director of Medical Services, Deputy DMS, Director of Training, Director of Radiology, Divisional Manager, Radiology Services Manager, Radiology Operations Manager and a registrar representative. A detailed themed action plan was developed and monitored at fortnightly meetings. SGH Senior Executive attended most of the meetings.</p> <p>Some significant progress has been made as outlined in the progress report above. The key outcomes include: recruiting a second Director of Training who is present 20 hours per week; outsourcing night and 50% of weekend reports reducing the reliance on registrars during out of hours; commencement of tutorials and face to face feedback, particularly when the Reporting Engine is operating; reduction in the number of overdue unauthorised registrar reports; and a successful combined consultants and registrars debrief meeting on 1 March 2023.</p> <p>Additional support focused on well-being and pastoral care of the Registrar cohort has been identified as a key priority, and a regular Registrar Forum has been established, which will be supported by the Deputy DMS to ensure access to the facility Executive with timely escalation and resolution of Registrar concerns.</p> <p>Further progress is anticipated in the coming months.</p>						