



**Health**  
South Eastern Sydney  
Local Health District

Our Ref: T23/39579  
Related Ref: T22/85597,  
T23/39587, T23/39581

20 June 2023

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

Dear A/Prof Michael Bynevelt

**RE: St George Hospital 6 Month Progress Report**

Thank you for the email to Dr Kuan-Ching Ho dated 15 June 2023 acknowledging the progress that was demonstrated in the 3 Month St George Hospital Progress Report.

Please find 6 Month Progress Report and supporting evidence attached.

We look forward to meeting face to face to discuss in further detail the positive progress made.

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](mailto:paul.curtis@health.nsw.gov.au)

Yours Sincerely

  
Angela Karooz  
**General Manager**  
**St George Hospital**

  
Dr Heidi Boss  
**Director 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 Officer

**District Executive Unit**  
Locked Mail Bag 21  
TAREN POINT NSW 2229

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



Accredited Training Site Name: St George Hospital		Progress Report Date: 20 June 2023				
Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
<b>3 Month Actions</b>						
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.	See March 23 report	
37.	St George Hospital Head of Department Face to face supervision, checking and feedback must be a priority. <b>This must be commenced within 6 weeks</b>	Head of Department		Complete	See March 23 report	
35.	St George Hospital Director of Training Regular onsite tutorials with attendance log <b>This must be completed within 3 months</b>	Director of Training		In progress  The number of Tutorials held in March to May were 7. (Note: this was a period of peak RANZCR exam time and April included Easter, Anzac Day and school holidays. This number does not include Key Conditions Training (see Recs 38 & 40).  Tutorial plan in development.	Data on Tutorials (Doc 1)  Copy of tutorial plan (Doc 2)	
36.	Attendance at Network wide education sessions with attendance log.	Director of Training		No LAN training except for Key Conditions training	LAN 3 email (Doc 3)	



Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
	<b>This must be completed within 3 months</b>					
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. <b>This must be completed within 3 months</b>	Head of Department		Complete  A second staff specialist been approved as second part time DoT.	RANZCR letter of approval of Dr Nick Chen as second 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 <b>This must be completed within 3 months</b>	Head of Department		Complete  Consultant on call each week.  Fall-back position: in absence of on-call due to leave etc. the Director fills shortfalls.	Copy of consultants' rosters for 2023. (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. <b>This must be completed within 3 months</b>	Director of Training		Complete	See March 23 report	
5. 1.1.2	St George Hospital Director of Training to familiarise the trainee cohort with the Grievance Policy <b>This must be completed within 3 months</b>	Director of Training		Complete.  Raised at Registrar's Forum in March 23.	Notes of Registrars' Forums in March and June 23 (Doc 6)	
6.	St George Hospital Director of Training to provide evidence of the monitoring of the wellbeing of the trainees.	Director of Training		Major discussion of registrar wellbeing at June Registrars Forum.	Notes of June Registrars' Forum	



Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
	<b>This must be completed within 3 months</b>				(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. <b>This must be completed within 3 months</b>	Director of Training		Complete  Outsourcing nights and some weekends from 13 March will ensure the award is met because it will reduce overtime requirements.	See March 23 report	
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. <b>This must be completed within 3 months</b>	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, Remediation in Training, Withdrawal from Training and ensure that all consultants working in the department are also familiar with these Policies. <b>This must be completed within 3 months</b>	Director of Training		Complete  DoT familiar with policies and raised at Consultants' meeting on 15 March	See March 23 report  Notes of March Consultants' meeting (Doc 7)	
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. <b>This must be completed within 3 months</b>	Director of Training		Complete  Discussions with held in March 2023 with trainees not progressing	Action plans completed (For privacy reasons not included in the evidence.)	
11.	St George Hospital Director of Training to provide the relevant documentation	Director of Training		Complete	Action plans completed	



Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
	including an Action Plan for Trainees being monitored under the "Performance and Progression (Clinical Radiology) Policy. <b>This must be completed within 3 months</b>			Action plans being completed in March 23 for three trainees who have failed exams	(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. <b>This must be completed within 3 months</b>	Director of Training		On going  Discuss pastoral care and EAP/counselling support at Registrars' forum 1 March 2023 and with each trainee for whom action plans formulated.	Action plans completed (For privacy reasons not included in the evidence.)	
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. <b>This must be completed within 3 months</b>	Head of Department		Complete  Registrar representative to attend the first 10 Minutes of the Consultants' Meeting to discuss Registrar issues.  Note: there was no Consultants' meeting in May 23.	Notes of Consultants' Meetings March and April 23. (Doc 7 & 8)	
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 <b>This must be completed within 3 months.</b>	Director of Training		Complete  The LAN has carriage over this issue. SGH DOT participates in discussion regarding rotations and network education. Two registrar representatives are present.	LAN term discussions.	



Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
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. <b>This must be completed within 3 months</b>	Head of Department		Complete  Rostered DoT time has averaged 8.9 hours per week from 16 January 2022	Consultants' rosters. (Doc 5)	
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. <b>This must be completed within 3 months</b>	Executive		Complete  In response to the RANZCR recommendations, St George Hospital established a high level working party (see Overall Site Comments below) which has developed a detailed action plan with themes.	Copy of detailed action plan (Doc 9)	
33. 2.1.2	St George Hospital Director of Training to provide evidence of formal teaching in the following <b>This must be completed within 3 months</b> <ul style="list-style-type: none"> <li>• Doctor-Patient Referral</li> <li>• Review of Request</li> <li>• Patient Preparation</li> <li>• Consent</li> <li>• Imaging Protocols</li> <li>• Radiation Safety Protocols</li> </ul>	Director of Training		Complete  Specific training held on topics identified in recommendations 33 and 41	Copy of email from senior registrar that training undertaken. (Doc 10)	



Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
	<ul style="list-style-type: none"> <li>Shielding Protocols</li> <li>Drug administration protocols</li> <li>Management of complications</li> <li>Infection control</li> <li>Management of adverse events</li> <li>Reporting Writing</li> <li>Communication of results</li> </ul> <p><b>This must be completed within 3 months</b></p>					
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><b>This must be completed within 3 months.</b></p>	Director of Training		<p>In progress</p> <p>Training, Engagement and Governance (TEG) and or Staff Specialist functions have increased to:            March 23 = 80 hrs per week            April 23 = 60 hours per week (Note Easter, ANZAC Day &amp; school holidays)            May 23 = 88 hours per week</p>	Training section of Interim Report on the DR Model (Doc 11)	
20 2.2.2	<p>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</p> <p><b>This must be completed within 3 months</b></p>	Director of Training		<p>Complete</p> <p>E-Portfolio user manual sent to consultants</p>	Email copy of user manual sent to all consultants (Doc 12)	
21 2.2.5	<p>St George Hospital Head of Department to address workload and workforce to enable all registrar reports to be checked within 24 hours.</p>	Head of Department		<p>Complete</p> <p>Overdue registrar preliminary reports decreased to 60 to 90</p>	Graph of overdue reports (Doc 13)	



Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
	<b>This must be completed within 3 months</b>			outstanding (mainly procedural examinations).		
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) <b>This must be completed within 3 months</b>	Head of Department		In progress  Feedback sessions planned for when the Reporting Engine is functioning. Co-reporting commenced.  Survey of registrars on feedback and tutorials. Not yet complete.		
24 3.1.2	St George Hospital Director of Training to provide evidence that the Phase 1 Trainees are able to attend external Anatomy and AIT courses. <b>This must be completed within 3 months</b>	Director of Training		Complete	See March 23 report.	
25	St George Hospital Director of Training to provide evidence of onsite tutorials in hours aligned to the Radiodiagnosis Curriculum, with attendance log. <b>This must be completed within 3 months</b>	Director of Training		Complete  Twice weekly tutorial program raised at debrief meeting and is being implemented. Tutorials and other learning opportunities roster being developed	Consultants' roster (Doc 5)	
26	St George Hospital Director of Training to provide evidence of participation within the Network formal education program, with attendance log.	Director of Training		Complete  See Recommendation 36	As per Recommendation 36	





Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
	<b>This must be completed within 3 months</b>					
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 <b>There must be completed plan for recruitment within 3 months with an HR course of action being implemented</b>	Executive		In progress  3 new VMOs commenced Reporting Engine and TEG shifts.  Two other Radiologists being processed.  Rolling advert until 9 July and recruitment function planned for July 25.	Copy of advert (Doc 14)  Save the date flyer. (Doc 15)	
42 3.1.4 3.1.5 3.1.6	St George Hospital Director of Training to provide evidence of formal teaching in the following (3.1.4, 3.1.5, 3.1.6): <b>This must be completed within 3 months.</b> a. Patient Safety Training b. Report Writing c. Non-Medical Expert roles	Director of Training		Complete  See recommendation 33	See Recommendation 33.	
43 3.3.1	St George Hospital Director of Training to provide evidence of monthly meetings with the Clinical Supervisors. <b>This must be completed within 3 months</b>	Director of Training		Complete  Raised at Consultants' monthly meeting as a standing agenda item	Monthly Consultants' Meeting notes. (Doc 7 & 8)	
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	Director of Training		In progress  See Recommendation 34 above	As for recommendation 34	



Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
	based assessment sessions with Trainees. <b>This must be completed within 3 months</b>					
<b>6 Month Actions</b>						
30 1.3.1	St George Hospital Head of Department provide rosters demonstrating sufficient consultant and registrar staffing to enable safe training <b>This must be completed within 6 months</b>	Head of Department		In progress  See Recommendation 27 above	As for recommendation 27	
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 <b>This must be completed within 6 months.</b>	Executive		Complete  Interim report showing the improvements from the Diagnostic Reporting Modes completed	Copy of Diagnostic Reporting Model interim report. (Doc 11)	
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 <b>This must commence within 6 weeks.</b>	Director of Training		Complete  Registrars attend first 10 Minutes of Consultants' meeting to discuss issues.	Minutes of the consultants' meeting (Doc 7& 8)	
17 1.6.2	St George Hospital Head of Department to demonstrate consultant involvement in basic and clinical research. <b>This must be completed within 6 months</b>	Head of Department		In progress  Suitable research topics being identified.		
18	St George Hospital Director of Training to demonstrate trainee access and	Head of Department		In progress		



Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
	time allocated to basic and clinical research. <b>This must be completed within 6 months</b>			Suitable research topics being identified.		
19 2.2.2	<p>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</p> <ul style="list-style-type: none"> <li>Clinical supervisors' hours spent in trainee supervision as part of the TEG program, with a minimum requirement of 1 hour per session or 8 hours per week</li> <li>Clinical supervisor participation in the TEG program</li> <li>Trainee tutorials delivered on site with attendance</li> <li>Delivery of system focused rotations or subspecialty rotations as required in the Training Program</li> <li>Trainee study numbers in-hours and out-of-hours</li> </ul> <p><b>This must be completed within 6 months</b></p>	Head of Department		<p>Complete</p> <p>Interim report showing the improvements from the Diagnostic Reporting Model complete</p> <p>See also Recommendation 34</p>	Copy of Diagnostic Reporting Model interim report. (Doc 11)	
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><b>This must be completed within 6 months</b></p>	Director of Training		<p>Complete</p> <p>Registrar issues raised at monthly consultants' meeting</p>	Minutes of consultants' meeting (Doc 7 & 8)	



Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
28 1.1.1 1.5.1	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. <b>This must be completed within 6 months</b>	Director of Training		Complete  See Recommendation 34 above	As for recommendation 34	
29 1.1.3 1.3.1	St George Hospital Head of Department to consider appointing additional registrars to enable better coverage of in hours and out of hours 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  <b>OR</b> St George Hospital Head of Department to consider alternative methods of covering the afterhours workload, for example outsourcing or additional alternative consultant cover <b>This must be completed within 6 months</b>	Head of Department		Complete  Outsourcing of night and 50% weekend reporting to commence on 13 March (nights) and 1 April (weekends). No registrars on the roster at night.	See March report evidence	
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. <b>This must be completed within 6 months</b>	Director of Training		Complete  Three registrars have attended the Liverpool Key Conditions training course from 26 April to 1 May and the LAN 3 on-line training in May 23.	LAN Attendance logs (Doc 16)	



Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
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. <b>This must be completed within 3 months</b>	Director of Training		In progress  Training complete and assessment planned.  Note: the new registrars not due to undertake afterhours work until August 2023.		
<b>12 Month Actions</b>						
41 3.1.3	St George Hospital Director of Training to provide evidence that System Focused Rotations are being provided at the site. <b>This must be completed within 12 months</b>	Director of Training		In progress  To be discussed at the Consultant's meeting in July 23		
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. <b>This must be completed within 12 months</b>	Director of Training		In progress  See Recommendation 41		
<b>Overall Site Comments</b>						
<p>St George Hospital (SGH) is committed to improve the training environment for trainees and has worked solidly over the last 6 months to address the recommendations. SGH is working towards sustainable solutions so some recommendations are taking longer than expected but progress is evidenced in this report.</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</p>						



Criterion	Recommendation	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	RANZCR Review (INTERNAL COLLEGE USE)
						<p>representative. A detailed themed action plan was developed and monitored at fortnightly meetings. The meetings have continued over the last 3 months. 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 the recruitment of 3 additional VMOs for the Reporting Engine and TEG functions.</p> <p>Progress is ongoing and will continue.</p>