

# Annexure "B"

## Royal Australian & New Zealand College of Radiologists (RANZCR)

# ACCREDITED TRAINING SITE ASSESSMENT REPORT

**SITE NAME: Concord Repatriation General Hospital**

**LOCATION: Hospital Road, Concord NSW**

**DATE: 14 September 2023**



The Royal Australian  
and New Zealand  
College of Radiologists®

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The Faculty of Clinical Radiology

## INTRODUCTION

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a not-for-profit professional organisation for clinical radiologists in Australia, New Zealand, and Singapore. Providing a training environment that is supportive of trainee needs and meets the training curriculum and regulatory requirements is a shared responsibility of the College, training departments, training networks, clinical supervisors and trainees. All College trainees in Australia, New Zealand and Singapore are trained within an accredited hospital department or private practice.

The AMC accredits Australian and Australasian providers of specialist medical training, and their specialist training programs which lead to qualifications for practice in recognised medical specialties. AMC Standard 8.2 delegates accreditation of workplace training to the College. Since training and education takes place in health services, specialist medical training is a shared responsibility between the College and training sites. The College has formal processes to select and accredit training sites. The College defines the range of experiences to be gained during training. The College accreditation process must verify that these experiences are available in accredited training sites.

The College Accreditation Standards facilitate and provide a framework for the evaluation of a site with the aim to ensure that an acceptable standard is provided in all aspects (including staffing, equipment, diversity of clinical material, tuition, and supervision) is available to provide successful training in clinical radiology. The training environment must be supportive of the trainee's needs and meets the current curriculum and regulatory requirements. This is a shared responsibility of the College, training sites, training networks, clinical supervisors, and trainees.

The Accreditation Standards have been developed around 3 goals:

1. Promote the welfare, workplace safety and interests of trainees
2. Ensure trainees have the appropriate knowledge, skills, and supervision to provide quality patient care
3. Support a wide range of educational and training opportunities for trainees to ensure that they are competent and safe

There are several standards that relate to each goal. It is a requirement that a training site comply with the objectives defined in the standard. The current accreditation standards are attached for your reference. Through the provision of high-quality training and appropriate supervision of trainees, the standards ensure safeguarding trainees and trainee delivered patient care whilst producing high quality, competent, safe radiologists. The accreditation standards work in combination with the Radiology Network Training Guidelines and other RANZCR policies in relation to the 2022 Clinical Radiology Training Program.

The purpose of this accreditation report is to summarise the outcome of a training site's compliance with the accreditation standards. The assessment process considers a site's self-assessment along with data and evidence as required in the pre-visit assessment processes leading up to a site assessment. The College also considers information obtained from stakeholder feedback provided directly to the College. The report will list any issues identified at the training site along with accreditation standards not met and will provide recommendations with time frames for correction. All reports are tabled at the Clinical Radiology Training Accreditation Committee (CRTAC) and the Clinical Radiology Education and Training Committee (CRETAC) for a determination of the assessment outcome. An opportunity then exists for the training site to work with training networks and the College to address any outstanding standards. Additionally, the College may request that sites submit progress reports on a regular basis to the College to monitor any non-compliance.

Currently the accreditation cycle is five years with an interim review at the three-year mark. The status of C or D-level will attract a defined schedule for rectification of standards that are not met or only partially met. This schedule cannot exceed 1 year. The College may remove accreditation of a training site if it determines that the site fails to meet accreditation standards.

The accreditation status of a site or network may be reviewed at the request of that site or network, provided an accreditation report and supporting documentation (indicating the change of circumstances) are submitted.

The accreditation report is confidential and privileged. It is intended only for the use of the training site for whom it is addressed and not for circulation without prior permission from the College.

## SITE ASSESSMENT DETAILS

A site assessment of the Concord Repatriation General Hospital was conducted on 14 September 2023 as part of a site's 5-year review process. The Concord Repatriation General Hospital was asked to provide pre-visit information which was reviewed by the Accreditation Panel prior to the site assessment. The site assessment included separate discussions with site trainees, Clinical Supervisors, the Directors of Training, and the Head of Department as well as overarching Site Executive sponsors. A tour of the Imaging Department was also undertaken. All stakeholder groups were provided with the opportunity to provide independent, confidential feedback to the College. A site assessment routinely reviews feedback from trainees through the "Trainee Assessment of the Training Site (TATS)", Accreditation Feedback Portal and several trainee e-Portfolio's from the training site as part of the process.

### Accreditation Panel

<b>Lead Clinical Assessor</b>	Dr Michael Bynevelt
<b>Clinical Assessor</b>	Dr Russell Metcalfe (Virtual)
<b>Accreditation Project Officer</b>	Ms Caro Napier
<b>Accreditation Manager</b>	Ms Fatima Zia
<b>Trainee Liaison Officer</b>	Ms Lisa Grayson

### Conflicts of Interest

<b>Name</b>	<b>Declared Conflict</b>
Dr Michael Bynevelt	Dr Robert Loneragan (HoD) is known to Dr Bynevelt as a co-Part 2 examiner and from previous RANZCR committees. Dr Jason Han is a previous fellowship trainee within Dr Bynevelt's neuroradiology department.
Dr Russell Metcalfe	Dr Robert Loneragan (HoD) is known to Dr Metcalfe as a co-Part 2 examiner and from previous RANZCR committees.

### Site Representatives

<b>Head of Department</b>	Dr Robert Loneragan (interim)
<b>Directors of Training</b>	Dr Nicole Santangelo Dr John Banh Dr Matthew Carmalt
<b>Clinical Supervisors</b>	
Dr Kate Archer	Dr Lloyd Ridley
Dr Michael Chan	Dr David Rowe
Dr Frances Doull	Dr Jessica Yang
Dr Jason Han	

RANZCR Trainees	
Dr Christopher Chen (yr 1)	Dr Matthew Leung (yr 5)
Dr Thomas Estephan (yr 1)	Dr Amer Mitchell (yr 5)
Dr Cameron Grant (yr 4)	Dr Peter Zarzour (yr 4)
Training Site Executive	
Name	Position
Dr Teresa Anderson	Chief Executive, SLHD
Dr Stewart Condon	Acting Director of Medical Services, Concord Hospital
Dr Andrew Hallahan	Executive Director Medical Services Clinical Governance & Risk
Mr Reuben Haupt	Acting Director of Operations, Medical Imaging Stream, SLHD
Mr Joseph Jewitt	Acting General Manager, Concord Hospital

## Site Details

Accreditation Expiry Date	31 December 2024	
Site Classification	Full	Public
Current Accreditation Level	B	

## Network Details

Associated Network Training Sites	
Auburn Hospital	I-MED NSW Pty Ltd (Orange Base Hospital)
Blacktown Mount Druitt Hospital	Westmead Hospital
BreastScreen NSW	Westmead Hospital Nuclear Medicine Department
Canterbury Hospital	Royal Prince Alfred Hospital (Incl. Chris O'Brien Lifehouse)
Network Training Director:	A/Prof Lourens Bester
Education Support Officer:	Ms Preeti Saraswati

## PREVIOUS ASSESSMENT OUTCOMES

A site accreditation assessment was conducted at Concord Repatriation General Hospital on 7 November 2019 and were consequently downgraded to a Level C accreditation status. Inadequacies at the site with recommendation to rectify included inadequate FTE resources (suggesting an additional 5 FTE), rostering safe working hours, improving feedback on reports. A risk management plan was suggested to address high clinical workload, consultant/trainee wellbeing and access to education. The site was upgraded to a Level B on the completion of their final progress report in 2020.

## TRAINING SITE ATTRIBUTES

The Concord Repatriation General Hospital (CRGH) is a district general and leading teaching (University of Sydney) hospital situated in the Sydney Local Health District (SLHD). Concord Repatriation General Hospital provides a comprehensive range of specialty and subspecialty clinical services notably in burns management, colorectal surgery, aged and extended care, gastroenterology, and palliative care. The hospital also houses

the National Centre for Veterans' Healthcare. It currently has 750 hospital beds with approximately 360,537 outpatient attendances per annum, plus approximately 42,327 ED attendance per annum.

The Accreditation Panel noted that the department clinical staff exhibited a very strong training altruistic ethic with commendable teaching values. The trainee group are very supportive, engaged with department activities and respectful of each other as well as their Senior Medical Officers. This culture is reflected in very good examination outcomes with no trainee on remediation. The Acting Head of Department and Directors of Training are well respected and attend to the training requirements with much positivity.

## TRAINING SITE STATISTICS

<b>Overall annual workload</b> at the site excluding outsourcing (x/Clinical Supervisor FTE/annum)	125,649 examinations/yr * (CRGH 88,019 / Canterbury 37,630) = 13,961 examinations/yr/FTE
<b>Training Ratio</b> (Clinical Supervisor : Accredited Trainee)	9:12 = 1:1.3 **

\* The activity is considered together given that the same group attends to the activity at both hospitals.

\*\* The SMO and trainee human resource for CRGH and Canterbury Hospital are considered together given the current service arrangements.

## TRAINING SITE CONCERNS AND NON-COMPLIANCE

The RANZCR Accreditation Panel has identified several issues at the Concord Repatriation General Hospital Site which are non-compliant with the Clinical Radiology Training Accreditation Standards. These are listed in accordance with the relevant Standard/s. The Assessors have provided "Recommendations" to address these issues and to ensure ongoing accreditation.

- 1. Senior Medical Officer / Clinical Supervisor Workforce:** In recent years and since the previous accreditation visit, there has been a significant loss of long service SMO staff from the Concord/Canterbury Imaging Service. A major cause for this as reported to the assessment panel has been that the hospital and LHD executives have inferred that the departmental clinical staff are not attending to the work at hand and a culture of disrespectful directives and behaviours has evolved. The workforce deficit has significant implications for training and departmental key performance indicators. There is an unacceptable backlog of reporting which recently was the subject of a media report. The supervision of the Trainees has suffered with very little or no direct / face to face training and feedback with significant and dangerous delays in Clinical Supervisor report signoff. A significant component of the on-site teaching has now fallen on the senior registrars to undertake which previously was completely Clinical Supervisor driven. The DoT's are not able to be rostered to the required protected to manage the site's trainees and similarly the Clinical Supervisors are not able to be rostered to non-clinical time. The attendance to RANZCR work-based assessments is problematic and there are now insufficient research mentors for all trainees at the sites. There are insufficient Clinical Supervisors for the Imaging review and Multidisciplinary Team meetings with many meetings being convened with only trainees as imaging representatives, providing unsupported opinions on imaging studies. The current SMO recruited FTE is 9 FTE. Based on the number of examinations, the high complexity of a significant number of examinations (considering tertiary referral and percentage imaging modality usage), MDT workload, and protected time allocations for the DoT's, HoD, clinical supervisors and work-based assessments, a minimum FTE of 16.5 (across Concord and Canterbury Hospitals) is required for training to prevail in an appropriate fashion.

<b>Standard 1.1: Trainee Management.</b> The training site provides effective organisational structures for the management of trainees
<b>Criterion 1.1.1:</b> The training site provides sufficient resources to manage trainees.
<b>Criterion 1.1.3:</b> The training site has an effective process for rostering trainee staff.
<b>Standard 1.3: Safe Practice.</b> The training site provides an environment that supports the safety of trainees
<b>Criterion 1.3.1:</b> The training site provides sufficient resources to manage trainees
<b>Standard 2.2: Supervision, Training and Teaching.</b> The training site complies with the RANZCR Policy on Supervision, Training and Teaching of Clinical Radiology Trainees
<b>Criterion 2.2.1:</b> The training site provides the mandatory hours required for trainees to spend in supervision, training and teaching onsite
<b>Criterion 2.2.2:</b> The training site enables Clinical Supervisors to provide the mandatory hours for active supervision to trainees
<b>Criterion 2.2.4:</b> The training site provides the mandatory number of hours for protected time to Directors of Training to perform their duties
<b>Criterion 2.2.6:</b> Maximum number of Examinations per Consultant
<b>Standard 3.3: Consultant Involvement.</b> The training site provides adequate human resources for the provision of supervision, training and teaching that meets the requirements of the Radiodiagnosis Training Program Curriculum
<b>Standard 3.4: Assessment and Feedback.</b>
<b>Criterion 3.4.1:</b> The Training site allows Directors of Training and Clinical Supervisors to assist Trainees with meeting the assessment and feedback requirements as dictated in the Radiodiagnosis Training Program Curriculum.

**Recommendation 1a.** 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 Canterbury 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 outcome and action plan which will be monitored for progress.

**Recommendation 1b.** 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 additional FTE required based on the currently recruited establishment is 7.5. This will have a bearing for ongoing accreditation at the site.

**Recommendation 1c.** 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.

**Recommendation 1d.** The training site must find and instigate an appropriate solution to “clear” the backlog of reporting in a timely fashion.

**Recommendation 1e.** The Training Site must ensure the DoT’s, HoD and Clinical Supervisors are rostered and receive the required non-clinical time.

**Recommendation 1f.** The training site must place an emphasis on more consultant lead teaching in accordance with the opportunities and case-mix available at the site.

- 2. High Clinical Workload / Safe Working Hours / Clinical Staff Wellbeing:** The current calculated workload for the 2 hospitals and workforce to attend to this is approximately 14,000 examinations/FTE/annum. This is markedly above the acceptable upper limits for vocational training sites according to the current RANZCR Training Site Accreditation Standards for Clinical Radiology. The consequences to this are listed in item one above. In addition, there are reports of “burn-out” from all clinical staff, both Senior and Trainees as they try to cope with the workload. The situation afterhours is compounded by an escalating demand without any alterations in Trainee workforce to attend to this. There is currently a 12-hour shift on weekends which is questionably safe given the workload which can be up to 40 – 50 examinations in a shift. There are many reports of exhaustion and several motor vehicle accidents following Trainee shifts.

<b>Standard 1.3:</b> <u>Safe Practice.</u> The training site provides an environment that supports the safety of trainees
<b>Criterion 1.3.1:</b> The training site provides sufficient resources to manage trainees
<b>Standard 2.2:</b> <u>Supervision, Training and Teaching.</u> The training site complies with the RANZCR Policy on Supervision, Training and Teaching of Clinical Radiology Trainees
<b>Criterion 2.2.6:</b> Maximum number of Examinations per Consultant

**Recommendation 2a.** 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.

**Recommendation 2b.** 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.

- 3. Governance Culture and Communications:** There are many reports of a history of disrespectful and dysfunctional communications and behaviours from the LHD and Hospital Executives with Department staff. This is reported to be a significant factor in the attrition of Senior Medical staff and problematic for the internal departmental management team in the day to day and future planning. This has direct implications for the provision of training, particularly from a human resource and provision of imaging equipment perspective.

<b>Standard 1.1:</b> <u>Trainee Management.</u> The training site provides effective organisational structures for the management of trainees
<b>Standard 1.3:</b> <u>Safe Practice.</u> The training site provides an environment that supports the safety of trainees
<b>Standard 1.4:</b> <u>Promoting Trainee Interests.</u> The Training site promotes trainees’ interests through representation and advocacy, in relation to radiological training
<b>Standard 3.3:</b> <u>Consultant Involvement.</u> The training site provides adequate human resources for the provision of supervision, training and teaching that meets the requirements of the Radiodiagnosis Training Program Curriculum

**Recommendation 3.** Refer to recommendation 1a

- 4. Case-Mix Balance:** Although the training at Concord and Canterbury Hospitals is comprehensive, there are deficiencies in some areas of the Learning Outcome curriculum. These notably relate to trauma and transplant imaging. These services are based at the Royal Prince Alfred Hospital. Underdeveloped training opportunities particularly at Canterbury Hospital include paediatrics and O&G imaging.

<b>Standard 3.1:</b> <u>Radiodiagnosis Training Program Curriculum</u>
<b>Criterion 3.1.2:</b> Training is provided on Body Systems Syllabuses

**Recommendation 4a.** The Training site to investigate opportunities to improve access to trauma and transplant imaging.

**Recommendation 4b.** 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.

**Recommendation 4c.** 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.

- 5. Imaging Equipment Replacement:** The replacement of and future planning for additional medical equipment is not optimal with delays and the use of old equipment in the department. Ultrasound would be an example of this.

**Standard 1.6: Physical Environment.** The training site provides a physical environment, resources and amenities that enable trainees to perform their work and to engage in learning and teaching activities

**Criterion 1.6.3:** The training site provides the appropriate physical resources to support trainees in meeting the requirements of the Radiodiagnosis Training Program Curriculum

**Recommendation 5.** 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.

- 6. Information Technology Support:** Currently there is no Departmental IT officer which results in delays and inadequate solutions in rectification of PACS and general IT issues.

**Standard 1.6: Physical Environment.** The training site provides a physical environment, resources and amenities that enable trainees to perform their work and to engage in learning and teaching activities

**Criterion 1.6.3:** The training site provides the appropriate physical resources to support trainees in meeting the requirements of the Radiodiagnosis Training Program Curriculum

**Recommendation 6.** The training site ensures there is intradepartmental IT personal to attend to and take responsibility for 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.



## SITE ASSESSMENT SUMMARY & RECOMMENDATIONS

The Concord Repatriation General Hospital is an accredited training site with The Accreditation Panel a very strong training altruistic ethic with commendable teaching values. The trainee group are very supportive, engaged with department activities and respectful of each other as well as their Senior Medical Officers.

The following table summarises the sites' compliance with the RANZCR Clinical Radiology Accreditation Standards.

<b>RANZCR Clinical Radiology Accreditation Standard</b>	<b>Assessment Outcome</b>
Standard 1.1: Trainee Management	The Site is non-compliant
Standard 1.2: Trainees not performing and/or progressing as expected	Compliance has been demonstrated
Standard 1.3: Safe Practice	The Site is non-compliant
Standard 1.4: Promoting Trainee Interests	The Site is non-compliant
Standard 1.5: Supporting Trainees	Compliance has been demonstrated
Standard 1.6: Physical Environment	The Site is non-compliant
Standard 2.1: Training Site Orientation	Compliance has been demonstrated
Standard 2.2: Supervision, Training and Teaching	The Site is non-compliant
Standard 3.1: Clinical Radiology (Radiodiagnosis) Training Program Curriculum	The Site is non-compliant
Standard 3.2: Formal Education Program	Compliance has been demonstrated
Standard 3.3: Consultant Involvement	The Site is non-compliant
Standard 3.4: Assessment and Feedback	The Site is non-compliant

There are significant issues affecting the Concord/Canterbury group that threatens the continuation of training at both sites that relate to Senior Medical Officer / Clinical Supervisor workforce shortage (due to significant recent attrition), high clinical workloads, and clinical staff wellbeing. The level of trainee supervision that currently prevails consequently is inappropriate and cannot be supported by RANZCR. A significant root cause for SMO losses is dysfunctional communication between the hospital/LHD executive and the department.

The Clinical Assessors will advise the Clinical Radiology Education and Training Committee (CRET) that the Concord Repatriation General Hospital should be DOWNGRADED to a Level D.

RANZCR reserves the right to review the accreditation status during the monitoring period and may make further recommendations or representations to governing bodies as required.

Recommendation Summary		Assigned Responsibility	Progress Report Date	Completion Due
1a and 3	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 Canterbury 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 outcome and action plan which will be monitored for progress.	Site Executive	8 Mar 2024 7 Jun 2024 6 Sept 2024 6 Dec 2024	6 Dec 2024
1b	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 additional FTE required based on the currently recruited establishment is 7.5. This will have a bearing for ongoing accreditation at the site.	Site Executive	8 Mar 2024 7 Jun 2024	7 Jun 2024
1c	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.	HoD; DoT	8 Mar 2024	8 Mar 2024
1d	The training site must find and instigate an appropriate solution to "clear" the backlog of reporting in a timely fashion.	Site Executive	8 Mar 2024 7 Jun 2024 6 Sept 2024 6 Dec 2024	6 Dec 2024
1e	The Training Site must ensure the DoT's, HoD and Clinical Supervisors are rostered and receive the required non-clinical time.	Site executive; HoD; DoT	8 Mar 2024	8 Mar 2024
1f	The training site must place an emphasis on more consultant lead teaching in accordance with the opportunities and case-mix available at the site.	HoD; DoT	8 Mar 2024	8 Mar 2024
2a	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.	Site Executive; HoD	8 Mar 2024	8 Mar 2024
2b	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.	SLHD; Site Executive; HoD	8 Mar 2024	8 Mar 2024

4a	The Training site to investigate opportunities to improve access to trauma and transplant imaging.	Site Executive; HoD; DoT; Network	8 Mar 2024 7 Jun 2024 6 Sept 2024 6 Dec 2024	6 Dec 2024
4b	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.	Site Executive; HoD; DoT; Network	8 Mar 2024 7 Jun 2024 6 Sept 2024 6 Dec 2024	6 Dec 2024
4c	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.	Site Executive; HoD; DoT; Network	8 Mar 2024 7 Jun 2024 6 Sept 2024 6 Dec 2024	6 Dec 2024
5	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.	Site Executive; HoD;	8 Mar 2024 7 Jun 2024 6 Sept 2024 6 Dec 2024	6 Dec 2024
6	The training site ensures there is intradepartmental IT personal to attend to and take responsibility for 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.	Site Executive	8 Mar 2024 7 Jun 2024	7 Jun 2024

## SITE ASSESSMENT OUTCOME

<b>Level of Accreditation:</b>	Downgrade to	Level D
<b>Accreditation valid until:</b>	12 December 2024	

### Governance Review and Ratification

Clinical Radiology Training Accreditation Committee (CRTAC) 28/11/2023

Clinical Radiology Education and Training Committee (CRETC) 10/11/2023

### Appendix A – Definitions Table

Level	Definition	Extension date	Follow-up
<b>A</b>	Completely satisfactory in all areas, no significant issues, suggestions for improvement only	Extend to 3yr/5yr date as per normal accreditation cycle	Note any suggested improvements for next review/site visit
<b>B</b>	Satisfactory in most areas, some issues noted which require correction but are not significant enough to prevent extension of accreditation		Site to submit report after agreed period confirming noted issues have been corrected. Failure to comply may result in downgrade to Level C
<b>C</b>	Significant issues noted which must be corrected before accreditation can continue long-term	Conditions applied to accreditation, extend short-term only, until issues satisfactorily addressed	Report/s to be submitted confirming compliance with conditions, follow-up site visit may be required. Failure to comply may result in downgrade to Level D
<b>D</b>	Multiple significant issues seriously impacting quality of training. Immediate action required, future accreditation in doubt		Report/s to be submitted confirming compliance with conditions, follow-up site visit. Failure to comply may result in loss of accreditation

## Appendix B - RANZCR Clinical Radiology Training Site Accreditation Standards

The following is a listing of the current Training Site accreditation standards for which your site has been measured. The items in square brackets are the specific requirements as noted in the assessment proforma. The guidelines are not included in this list.

**GOAL 1 The Training Site promotes the welfare and interests of trainees** (While the college recognises the differing requirements of workplace policies across jurisdictions, there is still a responsibility to ensure that training departments support trainee welfare. This may require new policies to be drafted however it may be more appropriate simply to ensure adherence to existing policies applicable to trainee welfare)

### **Standard 1.1: Trainee Management: The training site provides effective organisational structures for the management of trainees.**

- *Criterion 1.1.1: The training site provides sufficient resources to manage trainees.* [The training site establishes clear lines of accountability for the management of trainees. These must include at least one staff member who takes responsibility for managing trainees; The training site explains the lines of accountability and means of contact to the trainees; Trainee management is coordinated by the Director of Training, in consultation with other staff; The training site allocates adequate funding for the management of trainees; The delivery of training is the responsibility of all members of the department]
- *Criterion 1.1.2: The training site manages trainee grievances effectively.* [There is a grievance policy for trainees; The grievance process is communicated to trainees at orientation; Grievances raised by trainees are resolved in a timely manner and the resolution communicated to the relevant trainees; The effectiveness of the grievance policy and process is monitored by the training site]
- *Criterion 1.1.3: The training site has an effective process for rostering trainee staff.* [There is a designated staff member with appropriate skills for rostering; Rosters are distributed in a timely manner; The training site clearly identifies the conditions under which trainees may negotiate changes to their rosters; There is flexibility in the rostering system]
- *Criterion 1.1.4: The training site is responsible for actively participating in the management of the network, if applicable* [The training site participates in the Network Governance Committee for Training; Training sites should show evidence that they are active in identifying and communicating any problems with network management to this Committees; The rotation training site provides early advice to the Network Governance Committee for Clinical Radiology Training of any proposed changes of rotations].

### **Standard 1.2: Trainees not performing and/or progressing as expected. The training site identifies and supports Trainees not performing and/or progressing as expected**

- *Criterion 1.2.1: The training site is effective in the early identification of trainees not performing and/or progressing as expected* [The training site has processes in place for gathering information about trainee performance from a range of sources including, previous training sites, the Director of Training Assessment and the Multi-Source Feedback tool; The training site is aware of and implements as necessary the RANZCR Policies entitled: Performance and Progression (Clinical Radiology) Policy, Remediation in Training (Clinical Radiology) Policy, Withdrawal from Training (Clinical Radiology) Policy; The training site has a responsibility to communicate the required information to relevant forums including Network Governance Committee, the RANZCR Clinical Radiology Education and Training Committee, Medical Registration Board, clinical supervisors, etc.
- *Criterion 1.2.2: The training site provides access to structured support for trainees not performing and/or progressing as expected coordinated at rotation, training site and network level as appropriate.*

### **Standard 1.3: Safe Practice. The training site provides an environment that supports the safety of trainees**

- *Criterion 1.3.1: The training site provides sufficient resources to manage trainees* [The training site provides duty rosters that balance the service needs of the training site with safe working hours for trainees]

**Standard 1.4: Promoting Trainee Interests. The Training site promotes trainees' interests through representation and advocacy, in relation to radiological training**

- *Criterion 1.4.1: The training site engages trainees and their advocates in decision making* [Any proposed change in policy at the network, training site or departmental level is assessed for its impact on trainees; The training site has clear processes for routine consultation with trainees; Consultation occurs prior to any proposed changes in policy that will impact on trainees]
- *Criterion 1.4.2: The Director of Training supports and advocates effectively for trainees* [The position description for the Director of Training is consistent with the RANZCR requirements for the functions and duties of the Directors of Training, The training site clearly explains the role of the Director of Training to trainees, The Director of Training facilitates regular feedback to trainees about their performance, The Director of Training acts as channel to raise issues for the trainee to the HOD, BEO and the College, to act as an advocate for the training needs of trainees, complying with the curriculum and policies]

**Standard 1.5: Supporting Trainees. The training site supports trainees in taking responsibility for their self-care and provides access to personal support mechanisms to improve the well-being of trainees**

- *Criterion 1.5.1: The training site supports trainees in taking responsibility for their personal health and well-being* [The training site maintains the confidentiality of trainees seeking or receiving personal support. The training site balances the privacy of the trainee with the need to engage additional support to ensure the safety of patient care; The training site monitors trainee initiated overtime; The training site provides education and information about support services available for trainees; Support processes are coordinated across the network where appropriate; Director of Training and/or Head of Department should facilitate discussions that encourage trainees to seek mentors either within the department or outside]

**Standard 1.6: Physical Environment. The training site provides a physical environment, resources and amenities that enable trainees to perform their work and to engage in learning and teaching activities**

- *Criterion 1.6.1: The training site provides an accessible, safe, comfortable work area with a range of amenities* [The area is suitably furnished to facilitate meetings, teaching and learning; Each trainee has access to work stations to access PACs and write reports; A telephone with appropriate access to STD facilities is provided; A computer with printing facilities is provided; There is an adequate notice board to facilitate communication within the training site; There are secure areas for personal belongings]
- *Criterion 1.6.2: The training site provides the appropriate physical environment to support trainees in meeting the requirements of the Radiodiagnosis Training Program Curriculum* [The site is situated in, or has formal links with, a University-accredited teaching hospital clinical radiology department; The site has a minimum of 250 beds allocated in a reasonable ratio between general medicine and its sub-specialties and general surgery and its sub-specialties, with no undue use of beds for purely geriatric or nursing home type treatment; There is a minimum attendance at the out-patients of 40,000 per annum with a minimum ED attendance of 35,000 patients per annum; There is a high proportion of hospital training posts accredited by other Colleges; Trainees have access to laboratory services and are able to consult with medical specialists in areas such as pathology, bacteriology, biochemistry, haematology etc.; Consultant staff have active involvement in basic and clinical research]
- *Criterion 1.6.3: The training site provides the appropriate physical resources to support trainees in meeting the requirements of the Radiodiagnosis Training Program Curriculum* [There is compliant general radiological equipment as well as access to up to date equipment for: Mammography, Ultrasound, Computerized tomography, Magnetic resonance imaging, Nuclear imaging, Angiography and interventional radiology; There is a unit record system in the hospital, preferably for non-public as well as public patients, which classified in such a way as to enable reviews and surveys to be made; The site's medical records are of a standard which permits adequate analysis and follow-up; The site has a library which, as a minimum, includes textbooks to support the Radiodiagnosis Curriculum and physical or electronic access to the following journals: The Journal of Medical Imaging and Radiation Oncology, Clinical Radiology, Radiographics, Radiology, The American Journal of Roentgenology, The Radiologic Clinics of North America, Seminars in Roentgenology, A wide range of journals covering subspecialty areas of imaging; There is a comprehensive imaging teaching and case library (either film-based or electronic) available to trainees, regularly updated and containing examples of a great majority

of radiological pathology. This may be supplemented by access to the ACR Library and other similar digital teaching film collections; The site has access to audio visual facilities to permit the presentation of lectures, demonstrations and teaching

**GOAL 2 The Training Site ensures Clinical Radiology trainees have the appropriate knowledge, skills and supervision to provide quality patient care**

**Standard 2.1: Training Site Orientation. The training site provides an effective orientation for Clinical Radiology trainees.**

- *Criterion 2.1.1: The training site provides an orientation to all Clinical Radiology trainees.* Orientation will be required at the commencement of the training year and when a trainee commences at a new training site [The training site pays specific attention to the orientation of trainees who change training sites or commence mid-year; The trainee orientation program addresses (but is not limited to) - Introduction to all members of staff and the stage of training and the responsibilities of the trainee is known by all, The role and relationships between the trainees, clinical supervisors, other members of the healthcare team, Director of Training and managers within the training site and training network (where applicable), Training on any systems in use (i.e. PACS), Training on all processes pertaining to receiving referrals, undertaking procedures, report writing, rostering, after hours and on call work and OH&S procedures, The administrative arrangements and organisational structures within the training site, Trainee management (supervision, training and teaching processes), Awareness of the location of all resources available (e.g. film library, medical library, audio visual facilities, Trainee support programs, The training site must document completion of orientation which includes sign off by both the trainee and the Director of Training that orientation has taken place]
- *Criterion 2.1.2: At orientation the training site ensures that trainees have the clinical information and skills required to commence work* [At the initial orientation to the training site, training is offered on appropriate skills required (e.g. for CPR); The training site provides protocols for imaging patient safety including but not limited to: 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, Report Writing, Communication of results, Provision of feedback to trainee on reporting from their Clinical Supervisor(s)]

**Standard 2.2: Supervision, Training and Teaching. The training site complies with the RANZCR Policy on Supervision, Training and Teaching of Clinical Radiology Trainees**

- *Criterion 2.2.1: The training site provides the mandatory hours required for trainees to spend in supervision, training and teaching onsite* [Number of mandatory hours trainees required to spend in supervision, training and teaching onsite: 12-14 hours per week]
- *Criterion 2.2.2: The training site enables Clinical Supervisors to provide the mandatory hours for active supervision to trainees* [Number of mandatory hours clinical supervisors required to actively supervise trainees per session: 1 hour per session, average 8 hours per week – (subset of total mandatory training, teaching and supervision hours defined in 2.1 of the RANZCR Supervision, Training and Teaching of Clinical Radiology Trainees – Protected Time Policy)]
- *Criterion 2.2.3: The training site provides the mandatory number of protected hours per week to trainees for study and or teaching.* Number of protected hours per week to be allocated to trainees for study and or teaching: 2-4 hours per week (excluding statutory requirements for leave)
- *Criterion 2.2.4: The training site provides the mandatory number of hours for protected time to Directors of Training to perform their duties* [Number of protected hours per week to be allocated to Directors of Training to perform their duties depending on the number of trainees they are responsible for during rotations of one month or longer: < 5 trainees: 4 hours /week, 5-10 trainees: 8 hours/week, 10-20 trainees: 10 hours/week, 20-40 trainees: 12 hours/week; The training site provides the Director of Training with adequate secretarial and administrative support]
- *Criterion 2.2.5: Accreditation of training time for trainees working after hours or on call rosters* [In order for after hours and on call work to be counted towards accredited training time, feedback on the reports prepared by the trainee during after-hours and on call work must be provided by the Clinical Supervisor to the trainee as part of an active supervision session; The feedback should be provided as soon as practicable following the after-hours or on call work undertaken by the trainee. The clinical supervisor

should either be a specialist radiologist practicing at the training centre, or in the case where after hours examinations are reported from a site remote from the trainee's location, should be an appropriately qualified specialist radiologist providing a final report at that site; Feedback would ideally be provided directly through a live discussion over the findings and reporting of each case, but failing this, could be provided through provision of the final report to the trainee concerned, either electronically, by fax or by hard copy, within two working days]

- *Criterion 2.2.6: Maximum number of Examinations per Consultant* [The internationally recognized workload for a specialist engaged in administration, routine work and teaching is 7,500 examinations per annum]
- *Criterion 2.2.7: Consultant to Trainee Ratio* [There must be fully trained consultants in the department with qualifications recognized by either the Australian or New Zealand Medical Council and RANZCR. There must be a ratio of at least 1 full-time equivalent (FTE) specialist for 1.5 trainees in the department; For the purpose of supervision of trainees the true FTE will be determined by adding up the fractional rostered time each VMO or specialist actually spends providing supervision in a training site, i.e. the supervisor must be around and available when trainees are working in normal hours (1 session = 0.1 FTE); For sites who have external VMOs coming in to report work after hours who are not supervising trainees, then those people cannot be counted as FTE supervisors. Conversely however, the work they report should be discounted from the total pool used to calculate the number of examinations reported per year per supervisor]

### **GOAL 3 The Training Site provides a wide range of educational and training opportunities for trainees that are aligned with the requirements of the Radiodiagnosis Training Program Curriculum**

#### **Standard 3.1: Radiodiagnosis Training Program Curriculum**

- *Criterion 3.1.1: Training is Provided on Key Conditions in Year 1 of Training* [The list of key conditions in the Radiodiagnosis Training Program Curriculum must, as a minimum requirement, be covered in formal and informal teaching sessions in the first four months of training and/ or before a trainee goes on call]
  - *Criterion 3.1.2: Training is Provided on Body Systems Syllabuses* [Training encompasses the learning competencies, clinical conditions and normal variants for each body system as defined in the Radiodiagnosis Training Program Curriculum: Abdominal Imaging, Neuro/ Head & Neck, Thoracic & Cardiovascular, Breast Imaging/ O &G, Musculoskeletal, Paediatrics, Pathology; The training site provides training and or facilitates attendance at external courses as part of the trainee's protected time for study and teaching, on Anatomy and Applied Imaging Technology]
- Criterion 3.1.3: Training Site meets Experiential Training Requirements.* Trainees are expected to meet the minimum requirements specified for each of the experiential training requirements; Training sites/networks are expected to make every effort to ensure that trainee rosters accommodate experiential training requirements]
- *Criterion 3.1.4: Training Site Provides Patient Safety Training.* [The Patient Safety syllabus must be actively taught and learned in training centres in the first 6months of training, and be referred to throughout the period of training]
  - *Criterion 3.1.5: Provision of training on Report Writing.* [Training is provided in accordance with the learning objectives defined in the Report Writing Module of the RANZCR Radiodiagnosis Training Program Curriculum]
  - *Criterion 3.1.6: Provision of training on Non-Medical Expert Roles.* [The expectation of trainees and trainers is that the skills defined in the non-medical expert roles are incorporated into all aspects of training and clinical radiology practice. Non-medical expertise is in no way viewed as being mutually exclusive from medical expertise]

#### **Standard 3.2: Formal Education Program. The training site participates in a formal network education program for trainees or provides its own education program**

- *Criterion 3.2.1: The training site provides a formal and structured education program* [The program is: Aligned with the requirements of the Radiodiagnosis Curriculum, Coordinated across the network (where applicable); and Takes advantage of the learning opportunities in the different training sites, Incorporate the Radiology Integrated Training Initiative (R-ITI) modules into the training program, The



formal education program is planned, promoted and monitored for effectiveness & completeness by the Director of Training, as guided by the Radiodiagnosis Curriculum]

**Standard 3.3: Consultant Involvement** The training site provides adequate human resources for the provision of supervision, training and teaching that meets the requirements of the Radiodiagnosis Training Program Curriculum

- *Criterion 3.3.1: The Director of Training ensures that all clinical supervisors are involved in supervision, training and teaching and are aware of their responsibilities [The training site should provide this information in job descriptions]*

**Standard 3.4: Assessment and Feedback**

- *Criterion 3.4.1: The Training site allows Directors of Training and Clinical Supervisors to assist Trainees with meeting the assessment and feedback requirements as dictated in the Radiodiagnosis Training Program Curriculum.*
- *Criterion 3.4.2: The Training site is aware of and implements as necessary the RANZCR Policies entitled "Performance and Progression (Clinical Radiology) Policy, Remediation in Training (Clinical Radiology) Policy, Withdrawal from Training (Clinical Radiology) Policy". These policies prescribe processes for the identification, support, assessment, monitoring and management of trainees not performing and/or progressing as expected.*