

**GOAL 1:****THE TRAINING SITE PROMOTES THE WELFARE AND INTEREST OF TRAINEES****Standard 1.1: Trainee Management**

The Training site provides effective organisational structures for the management of trainees.

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**COMMENTS****Criterion 1.1.1 The training site provides sufficient resources to manage trainees**

*There are two DoTs at Canberra Hospital who are responsible for the management of trainees. Unfortunately, while both DoTs manage and provide support to the trainees, it is apparent that there has been a breakdown in communication between the two DoTs and this has resulted in a poor working relationship and a lack of coordinated management of trainees. While trainees respect the DoTs, and appreciate their individual support, this situation has placed them in a difficult position and the lines of accountability are often unclear.*

*Trainees are assigned a supervisor in all the areas they work in and all their work is checked usually within the day or the next day. It was reported that in 2017 there were several incidences involving delays in CT and MRI Outpatient reporting with no consultant available to supervise and check reports.*

*There have also been concerns raised regarding the large volume of leave taken by staff in the department, both planned and unplanned and the impact this has had regarding consultant supervision. Some of the planned leave was apparently due to an administrative imperative to reduce outstanding consultant leave balances. Locums were sought to cover this staffing shortfall, however for various reasons these fell through. Trainees and consultants both reported that there is a shortfall of consultants with two vacancies which have not been filled.*

*It was commented by one of the DoTs that he had been asked by the hospital management to take a large backlog of leave and in his absence, no one had been nominated as a temporary DoT to manage trainees as he was not aware this could be done. During this period the second DoT was nominated and approved by the department and hospital administration, however this was done without the knowledge of the primary DOT, other consultants in the department and the trainees.*

*The department should seek to resolve the inter-relationship matters with the Directors of Training and department administration, with a recommendation to seek to appoint new Directors of Training who are prepared to work together to ensure that trainees are supported through their training and that the training site provides appropriate training.*

**Criterion 1.1.2 The training site manages trainee grievances effectively**

*ACT Health has an Anti-Discrimination, Harassment & Bullying Policy which is available to all staff upon commencement of employment however due to the lack of a formal orientation program for new trainees it was unclear if this was also communicated to trainees by the DoTs.*

*Hospital management had met with trainees in February 2017 to discuss a number of issues, for example the need for a registered nurse to support the CT night shift (which was subsequently approved), the need for a Clinical Director (who has now been appointed) and also concerns about consultants not being rostered on to some modalities which leaves trainees without a consultant for supervision, checking and oversight.*

*In 2017 there was also a significant change to the trainee recruitment process and existing trainees were required to apply and interview for their positions. There was a significant amount of confusion and stress experienced by trainees during this process, with concerns it was being used as a performance management tool, and a lack of clear information about the process coming from the department and hospital management.*

Hospital management noted that the changes to the recruitment process were made to ensure transparency and for organisational consistency and in light of the issues they would be further considering at the process for future recruitments. In practice this didn't appear to have occurred.

**Criterion 1.1.3 The training site has an effective process for rostering trainee staff**

It was noted that the roster for the department was completed by the Director of Medical Imaging (non-Clinical) with limited input from the Clinical Head of the Department and consultants were not involved in the rostering process. Working more closely with the Clinical Director to ensure appropriate rostering to adequately support the department is imperative and currently lacking. Trainee rosters were done by the senior registrars in the department. Some concern was expressed regarding trainees being moved from the area they are rostered onto to cover a different area, as this sometimes meant they missed exposure to a sub-specialty.

As previously noted, due to large numbers of staff taking planned and unplanned leave in 2017 and 2018 this has put additional pressure on the roster and has resulted in some difficulties ensuring all modalities are covered and all trainees are adequately supervised.

**Criterion 1.1.4 The training site is responsible for actively participating in the management of the network, if applicable**

The Canberra Hospital is not part of a network despite attempts to link with a private site (NCDI) and BreastScreen ACT (application for accreditation processed and approved by the College but withdrawn by BreastScreen in early 2018). Recently an application was received for linked accreditation to Canberra Hospital from Orange Base Hospital and is to be reviewed by the Chief Accreditation Officer.

There was also some confusion as to whether Canberra Hospital is required to be part of a network and the Chief Accreditation Officer confirmed that all training sites are required to be part of a network with rotations to private and rural sites.

**Standard 1.2: Trainees in Difficulty**

The training site identifies and supports Trainees in Difficulty.

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**COMMENTS**

**Criterion 1.2.1 The training site is effective in the early identification of trainees in difficulty**

There have been several trainees in recent years who have failed their Part 1 or Part 2 exams, however while the DoTs indicated they are aware of the Trainees in Difficulty Policy, this has not been implemented for any trainee experiencing issues. The College advised the DoTs in writing in July 2017 of trainees who were experiencing difficulties and had failed exam components. This letter included further information regarding the Trainees in Difficulty Policy and encouraged the DoTs to implement this for the identified trainee, however this was not implemented. Concerns were also raised that DoT assessments were not accurately reflecting the working practices of trainees or issues experienced by trainees thereby not enabling early identification of those who may need the support offered by the Trainees in Difficulty pathway.

**Criterion 1.2.2 The training site provides access to structured support for trainees in difficulty coordinated at rotation, training site and network level as appropriate**

There is a lack of formal, structured and documented support for trainees in difficulty. Both DoTs noted that a trainee who is currently experiencing issues had not been formally identified as a Trainee in Difficulty, even after notification from the College, and while this person has received assistance from the DoTs, the BEO and the other trainees who also had their working hours reduced to 3.5 days per week to provide them with more time to study, this was undocumented and there has been no formal plan developed for this trainee. The trainee expressed concern that he had not been appropriately supported according to College policy.

**Standard 1.3: Safe Practice**

The Training site provides an environment that supports the safety of trainees.

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| <b>COMMENTS</b>   |                          |                          |                          |                                     |
| <b>Criterion 1.3.1 The training site provides sufficient resources to manage trainees</b>   |                          |                          |                          |                                     |
| <p><i>There were concerns from some that there were insufficient resources to manage trainees as the department was two consultants down, and with the large number of staff taking both planned and unplanned leave, this made supervising the trainees and managing the workload difficult. The rosters from 2017 and early 2018 provided to the accreditation team indicated some shortfalls in staff during this period. There were also cases of trainees being moved to a different area to the one they were rostered onto in order to cover gaps in the roster, often meaning they missed exposure to a sub-specialty. The department should urgently seek to recruit the vacant consultant positions to ensure that the department has appropriate levels of consultants to ensure safe practice for patients and trainee supervision. The department should review its leave practices, particularly in relation to taking of extended back leave, and should ensure that the department is staffed such that it is able to accommodate unplanned leave and maintain safe staffing levels appropriate to a teaching department.</i></p> |                          |                          |                          |                                     |

**Standard 1.4: Promoting Trainee Interests**

The Training site promotes trainees' interests through representation and advocacy, in relation to radiological training

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| <b>COMMENTS</b>   |                          |                          |                          |                                     |
| <b>Criterion 1.4.1 The training site engages trainees and their advocates in decision making</b>  |                          |                          |                          |                                     |
| <p><i>Due to the internal political issues, it was felt by the trainees that they were not as engaged in decision making as they could be. Trainees had met with Hospital management in February 2017 to discuss a number of issues (as detailed in Criterion 1.1.2) some of which remain unresolved. Other decisions such as the outsourcing of Paediatric x-rays were made without consideration of the trainees' Experiential Training Requirements to ensure adequate exposure to Paediatric x-rays, however it was noted that this was currently being re-evaluated. A further update regarding the progress of the re-evaluation is required.</i></p> <p><i>The process for the recruitment of new trainees in 2017 resulted in a number of misunderstandings and a high level of confusion, stress and anxiety amongst the existing trainees as they were required to reapply and interview for their positions. The hospital management clarified that the change in recruitment procedure was to align the department with the recruitment policy of ACT Health, however this was poorly communicated to the trainees, with significant delays before advising the existing trainees as to whether or not they would be reappointed. The panel was advised that the interviews also incorporated the recruitment of first year trainees and from the information provided it was clear that the process did not appropriately follow the College's Training Selection Guidelines and should be reviewed prior to future recruitments taking place.</i></p> |                          |                          |                          |                                     |
| <b>Criterion 1.4.2 The Director of Training supports and advocates effectively for trainees</b>   |                          |                          |                          |                                     |
| <p><i>While both DoTs are committed on an individual basis, due to the poor relationship between the DoTs, and between the DOTs and administration, this has diminished the effectiveness of their attempts to support and advocate for the trainees. This is further impeded by the internal political issues within the department.</i></p> <p><i>Neither DoT has attended recent Director of Training meetings run by the College to ensure they are up to date with changes to the curriculum, policies that impact trainees and other training issues. In particular System-Focused Rotations have not yet been implemented and a training network with private and rural rotations has not yet been established.</i></p>  |                          |                          |                          |                                     |

### 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.

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| <b>COMMENTS</b>   |                          |                          |                                     |                          |
| <p><b>Criterion 1.5.1 The training site supports trainees in taking responsibility for their personal health and well-being</b></p> <p><i>Trainees have support from the DoTs on an individual basis however the poor relationship between the DoTs and ongoing political issues within the department has impacted the trainees' health and well-being. ACT Health has an Employee Assistance Program which is available to trainees and they also have access to study leave and leave to attend conferences and courses.</i></p> <p><i>The recent recruitment process and the lack of communication from hospital management caused the trainees considerable distress with them being required to reapply and interview for their positions against prospective trainees. The subsequent delay in their being advised of the outcome of this process was unnecessarily stressful particularly for those trainees preparing for and sitting their Part 2 exams during this period.</i></p> |                          |                          |                                     |                          |

### 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.

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| <b>COMMENTS</b>   |                          |                                     |                          |                          |
| <p><b>Criterion 1.6.1 The training site provides an accessible, safe, comfortable work area with a range of amenities</b></p> <p><i>Trainees have access to a dedicated Registrar Room with computer workstations.</i></p>  |                          |                                     |                          |                          |
| <p><b>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</b></p> <p><i>The Canberra Hospital is linked to the Australian National University (ANU) Medical School and has approximately 600 beds. Outpatient attendance is reported as 39,053, ED attendance as 52,263 and inpatients as 47,454.</i></p>   |                          |                                     |                          |                          |
| <p><b>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</b></p> <p><i>There is access to medical texts and journals, there is an electronic film library however this is not well populated with an upload of cases pending due to a change in the RIS-PACS system. The trainees themselves have also independently created a hard copy film library for study purposes and have been actively adding to this resource. Access to StatDx and RadPrimer has also recently been provided for trainees. One of the DoTs had also made a request to the Pathology Department to get access to relevant pathology cases from the Pathology electronic library and upload these into the Radiology electronic library. The trainees should be commended for their initiative.</i></p> <p><i>Concerns were expressed that there was equipment that was out-of-date, and the Head of Department and DoTs were unaware of any plan to upgrade this equipment. The Medical Imaging Director (non-clinical) reported that an upgrade of new equipment worth \$13.5 million was planned in the next few years. This upgrade included 2 MR machines, 3 US machines and a new gamma camera. However, details regarding the equipment and timelines were not provided to the panel and further information verifying this is required.</i></p> |                          |                                     |                          |                          |

**GOAL 2:****THE TRAINING SITE ENSURES 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 Radiology Trainees*

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| <b>COMMENTS</b>   |                          |                          |                                     |                          |
| <b>Criterion 2.1.1 The training site provides an orientation to all radiology trainees.</b>   |                          |                          |                                     |                          |
| <i>There is a hospital orientation but no formal orientation program or manual for trainees commencing in the Medical Imaging Department. Trainees are provided with an introduction to the RIS - PACS system and the dictation system, but no more comprehensive orientation prior to being rostered to each area for the first time.</i>  |                          |                          |                                     |                          |
| <b>Criterion 2.1.2 At orientation the training site ensures that trainees have the clinical information and skills required to commence work</b>  |                          |                          |                                     |                          |
| <i>While some subjects such as CPR and fire safety are covered during the hospital orientation, there is a lack of formal orientation program for the department. More senior trainees often provide support for junior trainees to help them become more familiar with the department. There are no formal tutorials on report writing, imaging protocols, contrast and patient safety based on the curriculum for trainees. Some content is covered in teaching sessions however it was noted that the Year 1 Teaching Conditions teaching sessions had not run in many months. The DoTs were advised that the College is introducing a new assessment for key condition which will become a training requirement in future years. They were encouraged to participate in the upcoming 2018 piloting program which may address and suitably support the assessment of key conditions within the department.</i> |                          |                          |                                     |                          |

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

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| <b>COMMENTS</b>   |                          |                          |                          |                                     |
| <b>Criterion 2.2.1 The training site provides the mandatory hours required for trainees to spend in supervision, training and teaching onsite</b>   |                          |                          |                          |                                     |
| <i>It was reported that the average time spent in supervision, training and teaching was sometimes less than the 12-14 hours required by the College. Work done overnight was checked remotely the following morning by a consultant. Attendance at clinical meetings was often precluded by heavy workload and there was no protected time during the day for a formal teaching session mapped to the curriculum for all trainees.</i> |                          |                          |                          |                                     |
| <b>Criterion 2.2.2 The training site enables Clinical Supervisors to provide the mandatory hours for active supervision to trainees</b>   |                          |                          |                          |                                     |
| <i>All trainees have an assigned supervisor of training, however issues in 2017 were reported relating to a lack of supervision of CT outpatients and MR outpatients with a delay in these reports being checked by a consultant.</i>   |                          |                          |                          |                                     |

*It was commented that sometimes there were only four consultants on the floor to supervise the trainees due to the large number of planned and unplanned leave days. The large number of staff on leave in addition to the 2 unfilled consultant positions also put additional pressure on the available consultants to not only manage the large workload but provide supervision and teaching to trainees. These leave practices are of great risk to the department and patients and should be immediately addressed.*

**Criterion 2.2.3 The training site provides the mandatory number of protected hours per week to trainees for study and or teaching**

*Trainees were reported to have more than 2 hours of protected time per week for study and teaching.*

**Criterion 2.2.4 The training site provides the mandatory number of hours for protected time to Directors of Training to perform their duties**

*DoTs were reported to have the required number of hours of protected time to perform their duties, however it was noted that work was often done out of hours. It was also noted that the DoTs had not been able to attend recent DoT Workshops due to being unable to take leave from the department on the days the workshops were held. Attendance of at least one DoT workshop per year is a requirement of being an accredited training department and an important way for DoTs to ensure they are up-to-date with current training requirements. It is also a useful environment to learn from DoTs in other departments.*

**Criterion 2.2.5 Accreditation of training time for trainees working after hours or on call roster**

*A list of Year 1 Conditions teaching sessions was provided by the DoTs however it was noted that while one of the DoTs was on extended leave that these sessions had not been run and therefore trainees are not completing Key Conditions training before going on call. These practices are of great concern to patient safety and should be immediately addressed.*

**Criterion 2.2.6 Maximum number of Examinations per Consultant**

*There were two different numbers of examinations provided to the assessors by the DoTs:  
2016 -135,830 examinations with 15 FTE consultants = 9055 examinations per consultant.  
2016/2017 – 139,801 examinations with 15 FTE consultants = 9320 examinations per consultant*

*Both the provided figures fall below the work load limit.*

*It is noted that due to the planned and unplanned leave arrangements these figures do not appropriately reflect the true onsite FTE on any given day and it would be appropriate to assume that the workload limit would be exceeded if true onsite FTE was calculated.*

**Criterion 2.2.7 Consultant to Trainee Ratio**

*The Consultant to Trainee ratio (15: 12.75) in the department meets the requirement of 1 consultant: 1.5 trainee.*

*Concerns have been raised regarding the two unfilled consultant positions as well as the significant number of planned and unplanned leave days taken by staff which can leave the department short-staffed with only four consultants to supervise the trainees.*

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| <b>GOAL 3:</b> |
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**THE TRAINING SITE PROVIDES A WIDE RANGE OF EDUCATIONAL AND TRAINING OPPORTUNITIES FOR TRAINEES THAT ARE ALIGNED WITH THE REQUIREMENTS OF THE CLINICAL RADIOLOGY (RADIODIAGNOSIS) CURRICULUM**

**Standard 3.1: Clinical Radiology (Radiodiagnosis) Training Program Curriculum**

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| <b>COMMENTS</b>  |                          |                          |                          |                                     |
| <p><b>Criterion 3.1.1 Training is Provided on Key Conditions in Year 1 of Training</b></p> <p><i>A list of the Year 1 Conditions Teaching Sessions was provided to the assessors however it was noted by the DoTs that these have not been run regularly for first year trainees. While one of the DoTs was away for an extended period of time, these teaching sessions had not been covered and were not currently being run. As mentioned at Criterion 2.1.2, the Department should seek to participate in the College's Key Conditions Assessment Pilot for 2018.</i></p>  |                          |                          |                          |                                     |
| <p><b>Criterion 3.1.2 Training is Provided on Body Systems Syllabuses</b></p> <p><i>A list of clinical meetings offered by Canberra Hospital was also provided to the assessors and examples include Immunology, Thoracic, Renal, Paediatric, Gastroenterology, Emergency, Neuro/Neurosurgery and Vascular.</i></p> <p><i>While there were tutorials and case review sessions being run for trainees, there were no formal teaching sessions which have been mapped to the body systems syllabuses. There were some concerns about access to Paediatrics training with the outsourcing of Paediatric x-rays and no Paediatric rotation for trainees. Attempts have been made to increase training in Breast Imaging with access to BreastScreen ACT and tutorials in this area. There is also a pathology teaching session run by a Pathologist on a Monday morning.</i></p> <p><i>System-Focused Rotations have also not been implemented to enable trainees to gain enough exposure in specific systems. There is confusion within the department as to how this should be implemented, particularly in regard to how the consultant's roster should be organised to cover all the systems. The accreditation team advised that the roster could be rearranged into systems with the consultants not required to work as subspecialists but rather with the trainees rotating between each of the systems, potentially supervised by a number of different consultants. System-focused rotations require trainees in their 4<sup>th</sup> and 5<sup>th</sup> years to work 0.5- 0.6FTE per week in one system for 3 months (3 or 6 months in 5<sup>th</sup> year) with the rest of their time being allocated to general radiology work, learning requirements and other service requirements.</i></p> |                          |                          |                          |                                     |
| <p><b>Criterion 3.1.3 Training Site meets Experiential Training Requirements</b></p> <p><i>There are concerns regarding the ability of trainees to meet the Experiential Training Requirements particularly in the areas of Breast, Nuclear Medicine, Obstetrics and Gynaecology, Interventional Radiology as well as Paediatrics.</i></p> <p><i>Trainees have previously not had a lot of exposure to Breast, however this is being improved. One trainee is now able to attend one session a week at BreastScreen ACT to assist in fulfilling the requirements for screening mammograms. However, BreastScreen ACT is not currently accredited for training purposes (an application was received by the College however BreastScreen ACT withdrew their application) and this means that the time spent here by trainees is not accredited training time. The Department should seek to work with BreastScreen ACT to complete training accreditation as a matter of urgency if trainees are attending the site. Access to the BREAST Test (500 cases) has also been provided for trainees on the department's electronic library system.</i></p>   |                          |                          |                          |                                     |

Nuclear Medicine exposure is also limited with trainees not currently completing the required 8 weeks in this area. There is also a Nuclear Medicine Fellow position however this is not funded.

Trainee exposure to Obstetric and Gynaecological cases is also limited with the majority of Obstetric cases done through the private hospital. To enable trainees to gain appropriate exposure the Department should actively seek to work with a local private practice who has an appropriate level of Obstetrics to support training and who is prepared to be accredited for training. Recently trainees have also been able to gain experience in the Foetal Medicine Unit at Canberra Hospital which has been beneficial to trainees.

For experience in Interventional Radiology, trainees have recently been rostered to this area more frequently however it is mainly the senior registrars and there is a back log of those who need experience in this area. Trainees have access to CT guided biopsy, as well as vascular Interventional Radiology and arterial punctures.

Due to Paediatric x-rays being outsourced, there is some concern that this may affect the ability of trainees to meet this requirement (300 Paediatric plain films), and adequate exposure to neonatal films. The Hospital management noted that this was an area which needed to be resolved and was being looked into. A lack of exposure to angiography was also identified by trainees despite their attempts to get experience in this area.

#### Criterion 3.1.4 Training Site Provides Patient Safety Training

Some patient safety training including MR safety and use of contrast is covered in the general tutorials for trainees however there is no formal training in this area.

#### Criterion 3.1.5 Provision of training on Report Writing

Some report writing training is covered in the general tutorials for trainees however there is no formal training in this area. The DoTs should ensure that trainees are provided access to and complete the University of Florida's Curriculum in Radiology Report Writing (CCR) module as set out in the curriculum. The College also has a report writing module available within the College's Learning Portal which is freely available to trainees and which will form part of training in the future.

#### Criterion 3.1.6 Provision of training on Non-Medical Expert Roles

Some training on Non-Medical Expert Roles is covered in the general tutorials for trainees however there is no formal training in this area. The department should seek out other resources or opportunities for trainees to develop professional, scholar and manager skills.

### Standard 3.2: Formal Education Program

The Training site participates in a formal network education program for trainees or provides its own education program.

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#### COMMENTS

##### Criterion 3.2.1 The training site provides a formal and structured education program

A list of teaching sessions was provided to the assessors and these include pathology, Fetal Ultrasound, two case review sessions by one of the DoTs and the BEO and also an alternating session of either MSK or Neuroradiology. Most of these sessions are either run early in the morning or in the early evening with these sessions also not always run regularly, particularly if the relevant consultant was not available, for example the Year 1 Key Conditions teaching sessions which had not been run for many months.

There is no formal teaching schedule which has been aligned with the 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 Clinical Radiology (Radiodiagnosis) Curriculum.

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| <b>COMMENTS</b>  |                          |                          |                                     |                          |
| <p><b>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</b></p> <p><i>All consultants are involved in the supervision and teaching of trainees to some extent however the lack of formal teaching program mapped to the curriculum and number of staff on leave meant that not all consultants had the time to be regularly involved in providing formal teaching sessions for the trainees. Also, the negative environment and issues with the DoTs in the department does not always encourage consultants to get more involved in the teaching of trainees.</i></p> |                          |                          |                                     |                          |

### Standard 3.4: Assessment and Feedback

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| <b>COMMENTS</b>  |                          |                          |                          |                                     |
| <p><b>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</b></p> <p><i>The poor working relationship between the DoTs as well as the political issues within the department make it difficult to ensure the trainees are assisted with the assessment and feedback requirements.</i></p> <p><b>Criterion 3.4.2 The training site is aware of and implements as necessary the RANZCR Policy entitled "Trainees in Difficulty". This policy prescribes processes for the identification, support and management of trainees in difficulty</b></p> <p><i>The DoTs were aware of the RANZCR Trainees in Difficulty Policy however no trainees had been formally managed under this policy despite there being a trainee experiencing exam issues and formally identified by the College and raised with the DoTs. Informal support, supervision and teaching has been provided to the trainee as well as ongoing support to trainees experiencing a variety of issues.</i></p> |                          |                          |                          |                                     |

## SUMMARY

The assessment of accreditation for training at the Canberra Hospital has been determined from the documentation submitted to the College, from the site and discussions and observations made by the College Assessors at the site visit.

Canberra Hospital is a fully accredited training site and is the major health centre for the ACT with approximately 600 beds. The hospital provides a range of services including acute inpatient and day services, outpatient services, women's and children's services, paediatrics and pathology services. Canberra Hospital is also the principal teaching hospital of the Australian National University (ANU) Medical School.

The assessors noted that the most significant issue facing the Canberra Hospital is the negative environment within the department, in particular the poor working relationship between the Directors of Training, the Head of Department, the Director of Medical Imaging and the Hospital executive. In addition, there is a lack of clinical control over the department with the clinical leaders having minimal involvement with the recruitment of new trainees, rostering of the clinical staff and other significant departmental decisions.

There is the feeling that the internal political issues make working in the department difficult and cause low morale amongst staff. These issues are having a significant impact on the wellbeing of the trainees. The Clinical Director and Directors of Training should work together with the Executive and Chief Medical Officer to develop strategies to improve the culture within the department.

The accreditation team also received two different versions of the self-assessment form from each of the DoTs with some contradictory information and assessment ratings. Usually a single version of the form completed jointly by the DoTs should be submitted to minimise confusion and ensure the assessors have access to consistent and up-to-date information. These activities again reflect the lack of collaboration and communication within the Department.

Rostering of staff and the covering of staff on both planned and unplanned leave was reported to be an ongoing issue causing stress for consultants and trainees alike. Between January and March 2018, it was reported that there were 26 days of unplanned leave. There was concern that this was resulting in the department being short staffed, compounded by the excessive planned taking of back leave, making it more difficult for consultants to find time to supervise and teach.

If consultant leave (both planned and unplanned) cannot be accommodated while ensuring safe levels of staffing on the floor, it is recommended that additional consultants be appointed to ensure adequate registrar supervision, timely checking of studies, appropriate registrar rotations, registrar participation at clinical meetings and multidisciplinary meetings, as well as formal and informal registrar teaching sessions.

The Canberra Hospital is not part of a training network and trainees do not rotate to any private or rural sites. There have been attempts in the past to develop links with other sites however these have been unsuccessful. Recently BreastScreen ACT applied for accreditation to enable Canberra Hospital trainees to gain exposure to mammography, however this application was withdrawn by the site. Trainees continue to rotate to this site despite it being unaccredited. The College has also received an application for linked accreditation from Orange Base Hospital and should this meet the Accreditation Standards, then this would provide Canberra Hospital trainees with a rural rotation and sure be supported and encouraged by the Department.

System-focused rotations have not been implemented by the Department due to confusion regarding their necessity and how trainees and consultants could be rostered to facilitate this. The assessors confirmed that system-focused rotations should be 2.5-3 days a week for 3 months (3 or 6 months in fifth year) and do not require consultants to hold sub-speciality qualifications, work purely in a subspecialty or work in areas other than what they currently work in.

There is no formal teaching program aligned to the curriculum for trainees and those teaching sessions that are held are often cancelled if the relevant consultant is not available. The Year 1 Key Conditions teaching sessions have not been run in many months and there is also a lack of formal teaching session on patient safety and report writing.

In 2017 there was also a significant change to the trainee recruitment process to follow the ACT Health recruitment policies and existing trainees were required to apply and interview for their positions, in competition with new applicants. There was a significant amount of confusion and stress experienced by

trainees during this process with concerns it was being used as a performance management tool with a lack of clear information coming from the department and hospital management. The Chairing of the recruitment panel by person in a non-clinical role breaches the RANZCR trainee Selection Guidelines for new recruitments.

The accreditation panel would like to see significant improvements within the department. The following recommendations were made by the assessors to ensure that Canberra Hospital can continue employing and teaching trainees:

#### **Recommendations to be resolved within 3 months:**

1. Resolve the inter-relationship matters with the Directors of Training, Clinical Director and administration, with a preference to seek appointment of two new Directors of Training who are prepared to work together to ensure that trainees are supported through their training and that the training site provides appropriate training and supervision.
2. Establish System Focused Rotations to ensure that trainees in their 4<sup>th</sup> and 5<sup>th</sup> years of training have exposure to a systems-based training environment. Rotations should be for 4-6 sessions a week, for 3-month blocks in 4<sup>th</sup> year, and 3 or 6-month blocks in 5<sup>th</sup> year. Further details are available at RANZCR *Systems Focused Rotations*, and *Implementation of Systems Focused Rotations*.
3. Immediate implementation of a formal teaching program for trainees aligned to the Clinical Radiology Training Program Curriculum.
4. First year trainees should complete teaching in Key Conditions, with site based assessment, before they commence on call work.
5. Development and delivery of a departmental orientation program with relevant documentation for all trainees commencing at Canberra Hospital.
6. A more formalised and regular teaching schedule with protected time blocked off in the trainees' roster each week to allow for tutorials which are aligned to the curriculum. Report writing skills, patient safety and non-medical expert roles (e.g. communication skills) should also be incorporated into this teaching.
7. Provide further information related to the details and timelines of the purchase and installation of the new equipment including the MR machines and US machines to the College.

#### **Recommendations to be resolved within 6 months:**

8. Support the Directors of Training attendance at College annual Directors of Training Workshops to ensure they are up-to-date with changes to the training program.
9. Immediately seek to recruit to the two vacant consultant positions to ensure that the department has appropriate levels of resourcing to ensure safe practice for patients and trainee supervision.
10. Ensure recruitment processes are reviewed to align with the College's Training Selection Guidelines. Provision of documentary information related to the upcoming 2018 recruitment period is to be provided to trainees well in advance of the process and provided to the College.
11. Where appropriate and recommended, put into practice the College's policies related to trainee performance, progression and Trainees in Difficulty including documentation and development of learning or remediation plans.
12. Provide further information and a timeline of the return of the currently outsourced Paediatric x-rays to the department to support the trainees Experiential Training Requirements.
13. Review the mechanisms currently in place for consultant rostering and leave arrangements to ensure adequate consultant cover to provide a safe training environment.
14. The Clinical Director and Directors of Training should work together with the Executive and Chief Medical Officer to develop strategies to improve the culture within the department.

#### **Recommendations to be resolved within 12 months:**

15. Canberra Hospital needs to establish a network including private and rural sites to enable trainees to rotate during their training. The establishment of linked accreditation with Breast Screen ACT is also recommended to ensure trainees receive sufficient exposure to Breast Imaging.

16. Trainees' rosters need to allow all trainees to meet the Experiential Training Requirements. In particular insufficient access to the areas of Breast, Nuclear Medicine, Obstetrics and Gynaecology as well as Paediatrics are of concern.

The College expects accredited training sites to meet the Accreditation Standards for Education, Training and Supervision of Radiology Trainees, to ensure the minimum acceptable standard of staffing, equipment, clinical material, supervision and tuition is provided to the trainees. This ensures a trainee is in a safe supportive site, engaged in learning to achieve the outcomes of the curriculum whilst undertaking training and delivering safe and comprehensive patient care.

Preliminary

Outlined below are the areas of noncompliance with the current Accreditation Standards for Education, Training and Supervision of Radiology Trainees:

### Non-Compliance

After careful consideration of all submitted paperwork and the site visit, the accreditation assessors determined that the Canberra Hospital does not meet the following standards and criterion and displays an unacceptable level of risk to the trainees training and wellbeing.

|                      |   |
|----------------------|---|
| <b>Standard 1.1</b>  | <p>Criterion 1.1.1. The training site provides sufficient resources to manage trainees</p> <p>Criterion 1.1.2. The training site manages trainee grievances effectively</p> <p>Criterion 1.1.3. The Training site has an effective process for rostering trainee staff</p> <p>Criterion 1.1.4. The training site is responsible for actively participating in the management of the network, if applicable</p>  |
| <b>Standard 1.2:</b> | <p>Criterion 1.2.1. The training site is effective in the early identification of trainees in difficulty</p> <p>Criterion 1.2.2. The training site provides access to structured support for trainees in difficulty coordinated at rotation, training site and network level as appropriate</p>   |
| <b>Standard 1.3</b>  | <p>Criterion 1.3.1. The training site provides sufficient resources to manage trainees</p>  |
| <b>Standard 1.4</b>  | <p>Criterion 1.4.1. The training site engages trainees and their advocates in decision making</p> <p>Criterion 1.4.2. The Director of Training supports and advocates effectively for trainees</p>  |
| <b>Standard 1.5:</b> | <p>Criterion 1.5.1. The training site supports trainees in taking responsibility for their personal health and well-being</p>   |
| <b>Standard 1.6</b>  | <p>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</p>   |
| <b>Standard 2.1</b>  | <p>Criterion 2.1.1. Site does not provide fully provide adequate requirements pertaining the orientation</p> <p>Criterion 2.1.2. At orientation the training site ensures that trainees have the clinical information skills required to commence work</p>  |
| <b>Standard 2.2</b>  | <p>Criterion 2.2.1. The training site provides the mandatory hours required for trainees to spend in supervision, training and teaching onsite</p> <p>Criterion 2.2.2. The training site enables Clinical Supervisors to provide the mandatory hours for active supervision to trainees</p> <p>Criterion 2.2.3. The training site provides the mandatory number of protected hours per week to trainees for study and or teaching</p> <p>Criterion 2.2.4. The training site provides the mandatory number of hours for protected time to Directors of Training to perform their duties</p> <p>Criterion 2.2.5. Accreditation of training time for trainees working after hours or on call rosters</p> |
| <b>Standard 3.1</b>  | <p>Criterion 3.1.1. Training is provided on key conditions in year 1 of training</p> <p>Criterion 3.1.2. Training is provided on body systems-syllabus</p> <p>Criterion 3.1.3. Training site meets experiential training requirements</p> <p>Criterion 3.1.4. Training site provides patient safety training</p> <p>Criterion 3.1.5. Provision of training on report writing</p> <p>Criterion 3.1.6. Provision of training on non-medical expert roles</p>  |
| <b>Standard 3.2:</b> | <p>Criterion 3.2.1. The training site provides a formal and structured education program</p>  |
| <b>Standard 3.3:</b> | <p>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</p>   |

|                      |  |
|----------------------|--|
| <b>Standard 3.4:</b> | 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<br>Criterion 3.4.2. The training site is aware of and implements as necessary the RANZCR policy entitled "Trainees in Difficulty". This policy prescribes processes for the identification, support and management of trainees in difficulty |
|----------------------|--|

Preliminary

# RECOMMENDATIONS

(OUTCOME TABLE AVAILABLE IN APPENDIX 1)

Accreditation valid until: 31 December 2021

|  |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>SITE NAME</b> Canberra Hospital   |                                     |                                     |                                     |
| <b>SITE CLASSIFICATION</b>   |                                     |                                     |                                     |
| <b>UPGRADE</b>   | <b>MAINTAIN</b>                     | <b>DOWNGRADE</b>                    | <b>WITHDRAW</b>                     |
| <input type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>FULL</b>  | <b>LINKED</b>                       | <b>SPECIALTY</b>                    | <b>NEW</b>                          |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>LEVEL OF ACCREDITATION</b>  |                                     |                                     |                                     |
| <b>A</b>   | <b>B</b>                            | <b>C</b>                            | <b>D</b>                            |
| <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>PROVISIONAL</b>   | <input type="checkbox"/>            |                                     |                                     |
| <b>FOLLOW UP</b>   |                                     |                                     |                                     |
| <b>5 Years</b>   | <b>3 Years</b>                      | <b>Other</b>                        | <b>Progress report</b>              |
| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |
| <p><b>Note:</b> A progress report is to be provided by INSERT DATE, which provide information on the implementation of the recommendations that need to be resolved within 3 months as identified by the assessors. The accreditation level of Canberra Hospital will be further considered following the provision of the progress report and its content.</p> <p>Subject to the outcome of the above progress report, further progress reports would need to be provided by INSERT DATE which provide information on the implementation of the recommendations that need to be resolved within 6 months as identified by the assessors. This progress report will be reviewed once received and further information may be required or an additional site visit initiated.</p> |                                     |                                     |                                     |

# APPENDIX 1: ACCREDITATION OUTCOMES

## Established Sites

| Level | Definition  | Extension date   | Follow-up  |
|-------|---|--|--|
| A     | Completely satisfactory in all areas, no significant issues, suggestions for improvement only   |  | Note any suggested improvements for next review/site visit   |
| B     | Satisfactory in most areas, some issues noted which require correction but are not significant enough to prevent extension of accreditation | Extend to 3yr/5yr date as per normal accreditation cycle   | Site to submit report after agreed period of time confirming noted issues have been corrected. Failure to comply may result in downgrade to Level C        |
| C     | 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 |
| D     | 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                |

## New Sites

| Level | Definition   | Outcome                         | Follow-up   |
|-------|--|---------------------------------|---|
| A     | Good potential training experience, no concerns with proposed training program   | Accredited                      | As per regular 5yr accreditation cycle  |
| B     | Good potential training experience, some concerns with proposed training program which require monitoring                | Accredited - <i>Provisional</i> | Progress report and/or follow-up site visit in 3-12 months  |
| C     | Significant concerns noted with proposed training program which must be addressed before a training program can commence | Not accredited                  | Site advised to reapply for accreditation at a later date once noted concerns have been addressed |
| D     | Multiple significant concerns with proposed training program, site not considered appropriate for training.              | Not accredited                  | Site requested to refer to accreditation standards  |



END OF REPORT

Preliminary

## Annual Report Hearing 2016-17

November 2017

### Medical Imaging Waiting Times

#### Key Points

- In 2017 the Medical Imaging Department implemented a number of strategies that were recommended from a review undertaken in early 2016. These strategies were to increase productivity and capacity with the clear objective being to improve timely access to Diagnostic Imaging for patients in the ACT.
- As a result of these strategies being implemented the Canberra Hospital and Health Services' Medical Imaging Department has seen improvements in daily productivity, increased capacity, and a reduction in the length of outpatient waitlists for Computerised Tomography (CT), Ultrasound (US) and Magnetic Resonance Imaging (MRI) scans.
- These strategies have also led to a number of significant improvements in the response time of Diagnostic Imaging for the Emergency Department and inpatients.
- These improvements were reported and recognised at the recent annual Health Roundtable (HRT) meeting where CHHS Medical Imaging achieved significant improvements over the past 12 months and of the 14 key measures CHHS ranked in the top three hospitals for 11 measures and of the remaining three measures CHHS were ranked in the top six Hospitals Nationally. These measures included:
  - Number of MRI outpatient studies increased by 30.7 per cent
  - Number of MRI inpatient studies increased by 11.9 per cent
  - Number of CT outpatient visits increased by 4 per cent
  - Number of CT inpatient visits increased by 13.5 per cent
  - Number PET inpatient visits increased by 28.1per cent
- How did CHHS compare vs our 2015 results?
  - Emergency CT average wait time was 1.2 hours - down from 2.1 hours in 2015
  - Emergency X-Ray average wait time was 30 mins down - from 50 mins in 2015
  - Inpatient CT average wait time was 8.7 hours down - from 11.1 hours in 2015
  - Inpatient X-ray average wait time was 4 hours - down from 5.5 hours in 2015
  - Inpatient US average wait time was 24 hours down - from 29.8 hours in 2015
  - Inpatient MRI average wait time was 13.2 hours down - from 15.6 hours in 2015
- Other CHHS Highlights
  - Emergency Department X-ray median response times have reduced from 41 mins to 36 mins (over a 24 hour period)
  - Emergency Department CT median response times have reduced from 87 mins to 72 mins (over a 24 hour period)
  - Emergency Department US median response times have reduced from 13 hours to 5 hours (over a 24 hour period)

- What does this mean for patients?
  - By achieving the inpatient improvements we have reduced the requirement for patients to be admitted to access timely procedures and diagnostic imaging
  - Due to an increase in Diagnostic Imaging activity for CHHS inpatients we have reduced the length of stay for inpatients
  - For patients requiring urgent Outpatients diagnostic imaging now have significantly improved access and can be accommodated within 2-5 days (depending on the study required and urgency) with some having access within 24 hours by;
    - Increasing MRI outpatient studies by 30 per cent – this is an increase of 50 per cent on 2016
    - Reduced the MRI outpatient waitlist by 35 per cent, this is an increase of 19 per cent on 2016
    - Increased CT studies outpatient capacity to 18 per day.

### **Background**

What is the HRT? – It is a non-profit collaborative organisation and exists to;

- Provide opportunities for health executives to learn how to achieve Best Practice in their organisations
- Collect, analyse and publish information comparing organisations and identifying ways to improve operational practices
- There are 13 hospitals in the HRT group that CHHS belongs in

CONTACT: Chris Bone

PHONE: 62442728

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**Annual Report Hearing  
2015-16**

**March 2017**

## **Medical Imaging – Waiting Times**

### **Key Points**

- A review of the Medical Imaging Department in December 2016 identified opportunities for increased productivity and capacity.
- As a result, a project was implemented to improve daily productivity; provide increased capacity; and reduce the length of outpatient waitlists for Computerised Tomography (CT) and Magnetic Resonance Imaging (MRI) scans.
- At June 2016, the project had:
  - Increased MRI outpatient studies by 50 per cent (increase of 20 per cent per day);
  - Reduced the MRI outpatient waitlist by 30 per cent;
  - Increased CT outpatient studies to a minimum of 15 per day;
  - Provided quarantined MRI/CT and ultrasound (US) availability for the Emergency Department (ED) leading to improved response times for ED patients requiring medical imaging; and
  - Provided additional capacity for inpatients requiring medical imaging, contributing to reductions in the length of stay for patients.
- As of the end of January 2017, further improvements have resulted in:
  - Reductions to the MRI outpatient waitlist, through extended MRI outpatient operating hours, including Saturday appointments;
  - A further reduction in the length of stay for patients as a result of an increase in the number of inpatient MRI studies;
  - An increase in the number of US studies per week;
  - A further reduction in the CT outpatient waitlist as a result of increased access to CT outpatient studies;
  - Further reduction in response times for ED patients; and
  - Improved daily productivity.

**CONTACT: Barbara Reid**

**PHONE: 6244 2728**

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 18/7/16  
 By Executive Director: Ian Thompson  
 Telephone: 6244 2728  
 Action Officer: Joanna Redmond  
 Telephone: 6174 2169

### ISSUE:

[REDACTED]

### Context

[REDACTED]

### Key Talking Points

- [REDACTED]
- The Government is committed to providing a quality urology services to the Canberra community and surrounding region and [REDACTED] departure will not impact on the delivery of these services.
- ACT Health is committed to enhancing the Urology service over time.
- [REDACTED] waitlist of patients have been reassigned to other Urologists, and urgent clinical cases have been given a management plan or operated on. This was done to avoid unnecessary clinical delays.
- The ACT's overall elective surgery wait times remain the lowest they have been in more than a decade and Canberrans can have confidence in our public health system, which provides excellent outcomes for patients. [REDACTED]

### Background

[REDACTED] operative sessions have been reallocated to other staff.

Canberra Hospital has recruited an additional Urologist, and also a very senior registrar at a consultant level. As a result the Urology department has increased its effective surgical FTE.

There are currently five Urologists and a Urology Fellow operating at Canberra Hospital and Calvary Public Hospital.

[REDACTED]

# ACT HEALTH

## ASSEMBLY BRIEF

|  |                 |
|--|-----------------|
| Minister:                              | Health          |
| Cleared as correct and accurate as at: | 13/07/16        |
| By Executive Director:                 | Barbara Reid    |
| Telephone:                             | 6244 3515       |
| Action Officer:                        | Tonia Alexander |
| Telephone:                             | 6174 7061       |

### ISSUE: Urology Training Posts at Canberra Hospital

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#### Context

On 23 June 2015, ACT Health was advised that the Board of Urology of the Royal Australasian College of Surgeons (RACS) were withdrawing accreditation for urology training at Canberra Hospital.

#### Key Talking Points

- Canberra Hospital continues to provide urology services to Canberra and the surrounding community. ACT Health and the Urology Unit are addressing the concerns identified by the Board of Urology.
- Increased support has been provided to the Unit to undertake quality activities. A new Urology Quality Assurance Committee has been formally established as per the advice of the Australasian College of Surgeons and Canberra Hospital HealthCARE Improvement Unit.
- As of July 2016, recruitment is underway to appoint additional administrative support for urology, which will assist the area with developing more formalised registrar training and management of clinics. A Clinical Culture Committee has been set up with support from Australasian College of Surgeons to oversee junior staff culture moving forward under the Director-General, ACT Health.
- Canberra Hospital and Health Services Urology Department is in communication with the RACS Board of Urology to discuss how they can regain provisional accreditation having made a number of structural, and manpower changes. It is hoped an application for consideration for reaccreditation will be made later in 2016.
- One Consultant Urologist contract at Canberra Hospital and Health Service has not been renewed, effective 1 May 2016. ACT Health believes it has adequate staffing currently to meet service demands. The consultant's waitlist of patients have been reassigned to other Urologists, and urgent clinical cases have been given a management plan or operated on. This was done to avoid unnecessary clinical delays.
- Canberra Hospital recruited a Urologist and a Urology Fellow, both of whom commenced in February 2016, resulting in an overall increase in surgical FTEs in the Urology Department, notwithstanding the aforementioned non-renewal of one contract.
- It is hoped the Board of Urology will perform an onsite inspection this year, given the dynamic change in the operation of the unit. ACT Health is awaiting the decision of the RACS Board of Urology, which is due in mid August 2016.

**Media Dot Points**

- ACT Health takes this matter seriously and is working closely to resolve the matters raised within the report.
- ACT Health has commissioned three independent reports, two into Urology and one into clinical culture at Canberra hospital. Significant steps have been taken to address the recommendations of these reports, including a Clinical Culture Committee, a Urology Quality Assurance Committee chaired independently by a senior non-urologist surgeon, and increased administrative support for junior and senior staff.
- ACT Health has been working closely with RACS, in addressing training culture issues moving forward.

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**Background**

Two independent enquiries into the Urology Unit were conducted in late 2014 and mid 2015. Subsequent recommendations have been investigated and implemented where applicable.

The concerns identified by the Board of Urology related to the training/educational experience of the trainees, as well as inadequate mentoring.

The Board noted that, due to the significant disharmony between the consultant urology staff, the training environment for two college accredited registrars was not appropriate.

The two affected registrars were offered support by ACT Health, and transferred to other hospitals.

The current registrars are unaccredited, meaning they are not in a training program and therefore are able to work at Canberra Hospital and Health Service Urology Unit in the period when the program is not accredited.

A new specialist Urologist and a Postgraduate Fellow in Urology commenced in February 2016.

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 25/05/16  
 By Executive Director: Ian Thompson  
 Telephone: 6244 2728  
 Action Officer: Joanna Redmond  
 Telephone: 6174 2169

### ISSUE:

[REDACTED]

### Context

[REDACTED]

### Key Talking Points

- [REDACTED]
- The Government is committed to providing a quality urology services to the Canberra community and surrounding region and [REDACTED] departure will not impact on the delivery of these services.
- ACT Health is committed to enhancing the Urology service over time.
- [REDACTED] waitlist of patients have been reassigned to other Urologists, and urgent clinical cases have been given a management plan or operated on. This was done to avoid unnecessary clinical delays.
- The ACT's overall elective surgery wait times remain the lowest they have been in more than a decade and Canberrans can have confidence in our public health system, which provides excellent outcomes for patients. [REDACTED] departure has not impacted on these.

### Background

[REDACTED] operative sessions have been reallocated to other staff.

Canberra Hospital has recruited an additional Urologist, and also a very senior registrar at a consultant level. As a result the Urology department has increased its effective surgical FTE.

There are currently five Urologists and a Urology Fellow operating at Canberra Hospital and Calvary Public Hospital.

[REDACTED]



# ACT HEALTH

## ASSEMBLY BRIEF

|  |                 |
|--|-----------------|
| Minister:                              | Health          |
| Cleared as correct and accurate as at: | 17/05/16        |
| By Executive Director:                 | Barbara Reid    |
| Telephone:                             | 6244 3515       |
| Action Officer:                        | Tonia Alexander |
| Telephone:                             | 6174 7061       |

### ISSUE: Urology Training Posts at Canberra Hospital

---

#### Context

On 23 June 2015, ACT Health was advised that the Board of Urology of the Australasian College of Surgeons were withdrawing accreditation for urology training at Canberra Hospital.

#### Key Talking Points

- Canberra Hospital continues to provide urology services to Canberra and the surrounding community. ACT Health and the Urology Unit are addressing the concerns identified by the Board of Urology.
- Increased support has been provided to the Unit to undertake quality activities. A new Urology Quality Assurance Committee has been formally established as per the advice of the Australasian College of Surgeons and the Canberra Hospital HealthCARE Improvement Unit.
- A Clinical Culture Committee has been set up with support from Australasian College of Surgeons to oversee junior staff culture moving forward under the Director-General, ACT Health.
- CHHS department of Urology is in communication with the RACS Board of Urology of the best way to regain provisional accreditation having made a number of structural, and manpower changes. It is hoped an application for consideration for reaccreditation will be made later in 2016.
- One Consultant Urologist contract at Canberra Hospital and Health Service has not been renewed, effective 1 May 2016. ACT Health believes it has adequate staffing currently to meet service demands. The consultant's waitlist of patients have been reassigned to other Urologists, and urgent clinical cases have been given a management plan or operated on. This was done to avoid unnecessary clinical delays.
- Canberra hospital recruited a Urologist and a Urology Fellow, both of whom commenced in February 2016, resulting in an overall increase in surgical FTEs in the Urology department, notwithstanding the aforementioned non-renewal of one contract.

#### Media Dot Points

- ACT Health takes this matter seriously and is working closely to resolve the matters raised within the report.
- ACT Health has commissioned three independent reports, two into Urology and one into clinical culture at Canberra hospital. Significant steps have been taken to address the recommendations of these reports, including a Clinical Culture Committee, a Urology Quality Assurance Committee chaired independently by a senior non-urologist surgeon, and increased administrative support for junior and senior staff.



# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 26/04/16  
 By Executive Director: Ian Thompson  
 Telephone: 6244 2728  
 Action Officer: Joanna Redmond  
 Telephone: 6174 2169

ISSUE: [REDACTED]

### Context

[REDACTED]

### Key Talking Points

- [REDACTED]
- The Government is committed to providing a quality urology services to the Canberra community and surrounding region and [REDACTED] departure will not impact on the delivery of these services.
- ACT Health will work closely with [REDACTED] patients to ensure they continue to receive the urology care they need. ACT health believes there is adequate staffing currently to meet service demands.
- The ACT's elective surgery wait times remain the lowest they have been in more than a decade and Canberrans can have confidence in our public health system, which provides excellent outcomes for patients.

### Background

[REDACTED] It is planned for [REDACTED] operative sessions to be reallocated to other staff.

It is anticipated that there will be 41 patients remaining on [REDACTED] elective surgery wait list at the conclusion of [REDACTED] contract. All those patients are in the process of being personally contacted to discuss with them the alternative arrangements we have put in place to ensure their health requirements are being met.

There are currently five Urologists operating at Canberra Hospital and Calvary Public Hospital.

[REDACTED]

# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 22/04/16  
 By Executive Director: Barbara Reid  
 Telephone: 6244 3515  
 Action Officer: Tonia Alexander  
 Telephone: 6174 7061

### ISSUE: Urology Training Posts at Canberra Hospital

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#### Context

On 23 June 2015, ACT Health was advised that the Board of Urology of the Australasian College of Surgeons were withdrawing accreditation for urology training at Canberra Hospital.

#### Key Talking Points

- Canberra Hospital continues to provide urology services to Canberra and the surrounding community. ACT Health and the Urology Unit are addressing the concerns identified by the Board of Urology.
- Increased support has been provided to the Unit to undertake quality activities. A new Urology Quality Assurance Committee has been formally established as per the advice of Australasian College of Surgeons and the Canberra Hospital HealthCARE Improvement Unit.
- A Clinical Culture Committee has been set up with support from Australasian College of Surgeons to oversee junior staff culture moving forward under the Director-General ACT Health.
- It is hoped an application for consideration for reaccreditation will be made later in 2016.
- One Consultant Urologist contract at Canberra Hospital and Health Service has not been renewed, effective 1 May 2016. ACT Health believes it has adequate staffing currently to meet service demands.

#### Media Dot Points

- ACT Health takes this matter seriously and is working closely to resolve the matters raised within the report.
- ACT Health has commissioned three independent reports, two into Urology and one into clinical culture at Canberra hospital. Significant steps have been taken to address the recommendations of these reports, including a Clinical Culture Committee, a Urology Quality Assurance Committee chaired independently by a senior non-urologist surgeon, and increased administrative support for junior and senior staff.
- ACT Health has been working closely with the Australasian College of Surgeons, in addressing training culture issues moving forward.

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#### Background

Two independent enquiries into the Urology Unit were conducted in late 2014 and mid 2015. Subsequent recommendations have been investigated and implemented where applicable.

The concerns identified by the Board of Urology related to the training/educational experience of the trainees, as well as inadequate mentoring.

The Board noted that, due to the significant disharmony between the consultant urology staff, the training environment for two college accredited registrars was not appropriate.

The two affected registrars were offered support by ACT Health, and transferred to other hospitals.

The current registrars are unaccredited, meaning they are not in a training program and therefore are able to work at Canberra Hospital and Health Service Urology Unit in the period when the program is not accredited.

A new specialist Urologist and a Postgraduate Fellow in Urology commenced in February 2016.

[REDACTED]. It is planned for [REDACTED] operative sessions to be reallocated to other staff.

It is anticipated that there will be 41 patients remaining on [REDACTED] elective surgery wait list at the conclusion of [REDACTED] contract. All those patients are in the process of being personally contacted to discuss with them the alternative arrangements we have put in place to ensure their health requirements are being met.

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 22/03/16  
 By Executive Director: Barbara Reid  
 Telephone: 6244 3515  
 Action Officer: Tonia Alexander  
 Telephone: 6174 7061

### ISSUE: Urology Training Posts at Canberra Hospital

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#### Context

On 23 June 2015, ACT Health was advised that the Board of Urology of the Australasian College of Surgeons (RACS) were withdrawing accreditation for urology training at Canberra Hospital.

#### Key Talking Points

- Canberra Hospital continues to provide urology services to Canberra and surrounding community. ACT Health continues to work with the Urology Unit to address the concerns identified by the Board of Urology. Canberra Hospital has successfully recruited another specialist Urologist starting in February 2016, and has also appointed a Postgraduate Fellow in Urology.
- Increased support has been provided to the Unit to undertake quality activities. A new Urology Quality Assurance Committee has been formally established as per the advice of RACS and the Canberra Hospital HealthCARE Improvement Unit.
- A Clinical Culture Committee has been set up with support from RACS to oversee junior staff culture moving forward under the Director-General ACT Health.
- Two independent enquiries into the Urology Unit were conducted in late 2014 and mid 2015. Subsequent recommendations have been investigated and implemented where applicable.
- It is hoped an application for consideration for reaccreditation will be made later in 2016.

#### Media Dot Points

- ACT Health takes this matter seriously and is working closely to resolve the matters raised within the report.
- ACT Health has commissioned three independent reports, two into Urology and one into clinical culture at Canberra hospital. Significant steps have been taken to address the recommendations of these reports, including a Clinical Culture Committee, a Urology Quality Assurance Committee chaired independently by a senior non-urologist surgeon, and increased administrative support for junior and senior staff.
- ACT Health has been working closely with the RACS, in addressing training culture issues moving forward.

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#### Background

The concerns identified by the board related to the training/educational experience of the trainees, as well as inadequate mentoring.

The Board of Urology noted that, due to the significant disharmony between the consultant urology staff, the training environment for two college accredited registrars was not appropriate.

The two affected registrars were offered support by ACT Health, and have been transferred to other hospitals.

The current registrars are unaccredited, meaning they are not in a training program and therefore are able to work at CHHS Urology Unit in the period when the program is not accredited.

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 07/03/16  
 By Executive Director: Barbara Reid  
 Telephone: 6244 3515  
 Action Officer: Tonia Alexander  
 Telephone: 6174 7061

### ISSUE: Urology Training Posts at Canberra Hospital

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#### Context

On 23 June 2015, ACT Health was advised that the Board of Urology of the Australasian College of Surgeons (RACS) were withdrawing accreditation for urology training at Canberra Hospital.

#### Key Talking Points

- Canberra Hospital continues to provide urology services to Canberra and surrounding community. ACT Health continues to work with the Urology Unit to address the concerns identified by the Board of Urology. The Unit successfully recruited three registrars who commenced in late January 2016. Recruitment for a fourth registrar is underway and vacancies are being covered by locum registrars. A Post Graduate Fellow in Urology has also commenced.
- Canberra Hospital has successfully recruited another specialist Urologist starting in February 2016, and has also appointed a Postgraduate Fellow in urology from overseas.
- Increased support has been provided to the Unit to undertake quality activities to ensure the unit functions at the standards required by the Board of Urology, and provides a safe learning environment for registrars. A new Urology Quality Assurance Committee has been formally established as per the advice of RACS and the Canberra Hospital HealthCARE Improvement Unit. This meets monthly and reviews clinical issues, is run by an independent administrator, rather than a urologist and is attended by all urologists and urology registrars.
- Administrative support is provided to the Urology Department to assist with rostering for consultants/registrar, secretarial support/record keeping and development of timetables for training. Increased consultant support has been provided to the urology registrars.
- A review into the training culture for doctors in specialist training programs at Canberra Hospital has now been finalised.
- The review included Urology training as well as training across Canberra Hospital and has made findings that will support changes and improvements that will enable reaccreditation with the Board of Urology.
- A Clinical Culture Committee has been set up with support from RACS to oversee junior staff culture moving forward under the Director-General of Health.
- Two independent enquiries into the Urology Unit were conducted in late 2014 and mid 2015. Subsequent recommendations have been tabulated, investigated and implemented.



- A new modified training program was proposed in late February to the Urology training board for approval. This would be a protected teaching time in the monthly schedule for trainees and would cover the Urology training curriculum over the two year period. The Program for this will come from the previous supervisor of Urology training, [REDACTED]. [REDACTED] is also a committee member of RACS ACT regional committee. In the interim, informal teaching began with the new registrars in early February 2016. It is hoped the formal teaching program will begin once approved.
- It is hoped an application for consideration for reaccreditation will be made in May 2016.

#### **Media Dot Points**

- ACT Health takes this matter seriously and is working closely to resolve the matters raised within the report.
- ACT Health has commissioned three independent reports, two into Urology and one into clinical culture at Canberra hospital. Significant steps have been taken to address the recommendations of these reports, including a Clinical Culture Committee, a Urology Quality Assurance Committee chaired independently by a senior non-urologist surgeon, and increased administrative support for junior and senior staff.
- ACT Health has been working closely with the RACS, in addressing training culture issues moving forward.

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#### **Background**

The concerns identified by the board related to the training/educational experience of the trainees, as well as inadequate mentoring.

The Board of Urology noted that, due to the significant disharmony between the consultant urology staff, the training environment for two college accredited registrars was not appropriate.

The two affected registrars were offered support by ACT Health, and have been transferred to other hospitals.

The current registrars are unaccredited, meaning they are not in a training program and therefore are able to work at CHHS Urology Unit in the period when the program is not accredited.

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 28/1/16  
 By Executive Director: Barbara Reid  
 Telephone: 6244 3515  
 Action Officer: Tonia Alexander  
 Telephone: 6174 7061

### ISSUE: Urology Training Posts at Canberra Hospital

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#### Context

On 23 June 2015, ACT Health was advised that the Board of Urology of the Australasian College of Surgeons (RACS) were withdrawing accreditation for urology training at Canberra Hospital.

#### Key Talking Points

- Canberra Hospital continues to provide urology services to Canberra and surrounding community. ACT Health continues to work with the Urology Unit to address the concerns identified by the Board of Urology. The Unit has successfully recruited 4 unaccredited registrars commencing in late January 2016. In the interim, vacancies have been covered by locum registrars.
- Canberra Hospital has successfully recruited another specialist Urologist starting in February 2016, and has also appointed a Postgraduate Fellow in urology from overseas.
- Increased support has been provided to the Unit to undertake quality activities to ensure the unit functions at the standards required by the Board of Urology, and provides a safe learning environment for registrars. A new Urology Quality Assurance Committee has been formally established as per the advice of RACS and the Canberra Hospital HealthCARE Improvement Unit. This meets monthly and reviews clinical issues, is run by an independent administrator, rather than a urologist and is attended by all urologists and urology registrars.
- Administrative support is provided to the Urology Department to assist with rostering for consultants/registrars, secretarial support/record keeping and development of timetables for training. Increased consultant support has been provided to the urology registrars.
- A review into the training culture for doctors in specialist training programs at Canberra Hospital has now been finalised.
- The review included Urology training as well as training across Canberra Hospital and has made findings that will support changes and improvements that will enable reaccreditation with the Board of Urology.
- A Clinical Culture Committee has been set up with support from RACS to oversee junior staff culture moving forward under the Director General of Health.
- Two independent enquiries into the Urology Unit were conducted in late 2014 and mid 2015. Subsequent recommendations have been tabulated, investigated and implemented.
- A teaching program is due to start in early 2016.
- It is hoped an application for consideration for reaccreditation will be made in May 2016.

**Media Dot Points**

- ACT Health takes this matter seriously and is working closely to resolve the matters raised within the report
  - ACT Health has commissioned three independent reports, two into Urology and one into clinical culture at Canberra hospital. Significant steps have been taken to address the recommendations of these reports, including a Clinical Culture Committee, a Urology Quality Assurance Committee chaired independently by a senior non-urologist surgeon, and increased administrative support for junior and senior staff.
  - ACT Health has been working closely with the RACS, in addressing training culture issues moving forward.
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**Background**

The concerns identified by the board related to the training/educational experience of the trainees, as well as inadequate mentoring.

The Board of Urology noted that, due to the significant disharmony between the consultant urology staff, the training environment for two college accredited registrars was not appropriate.

The two affected registrars were offered support by ACT Health, and have been transferred to other hospitals.

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 12/11/2015  
 By Executive Director: Barbara Reid  
 Telephone: 6244 3515  
 Action Officer: Tonia Alexander  
 Telephone: 6244 3207

### ISSUE: Urology Training Posts at Canberra Hospital

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#### Context

On 23 June 2015, ACT Health was advised that the Board of Urology of the Australasian College of Surgeons will be withdrawing accreditation for urology training at Canberra Hospital.

#### Key Talking Points

- Canberra Hospital continues to provide urology services to Canberra and surrounding community. ACT Health continues to work with the Urology Unit to address the concerns identified by the Board of Urology.
- The Unit has successfully recruited 4 unaccredited registrars commencing in 2016. The current vacancies have been covered by locum registrars.
- Recruitment has commenced for another specialist urologist.
- Increased support has been provided to the Unit to undertake quality activities to ensure the unit functions at the standards required by the Board of Urology, and provides a safe learning environment for registrars.
- Administrative support is provided to the Urology Department to assist with rostering for consultants/registrar, secretarial support/record keeping and development of timetables for training.
- Increased consultant support has been provided to the registrars.
- A review into the training culture for doctors in specialist training programs at Canberra Hospital has now been finalised.
- The review included Urology training as well as training across Canberra Hospital and has made findings that will support changes and improvements that will enable reaccreditation with the Board of Urology.

#### Media Points

- ACT Health takes this matter seriously and is working closely to resolve the matters raised within the report

## **Background**

The concerns identified by the board related to the training/educational experience of the trainees, as well as inadequate mentoring.

The Board of Urology noted that, due to the significant disharmony between the consultant urology staff, the training environment for two college accredited registrars was not appropriate.

The two affected registrars were offered support by ACT Health, and have been transferred to other hospitals.

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health

Cleared as correct and accurate as at: 9/10/2015

By Executive Director: Ian Thompson

Telephone: 6244 2728

Action Officer: Joanna Redmond

Telephone: 6244 2169

### ISSUE: Urology Training Posts at Canberra Hospital

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#### Context

An FOI request was submitted by [REDACTED] from the Canberra Times on 16 July 2015. [REDACTED] was seeking a copy of Board of Urology Accreditation report for Uology Trainees. A broad article on issues relating to ACT Health was published in the Canberra Times on Monday 10 August 2015 (Attached).

#### Key Talking Points

- ACT Health did not release the document requested in response to this FOI request as it has been decided that the report is exempt under section 40 of the *Freedom of Information Act 1989* (FOI Act).
- Section 40 of the FOI Act exempts documents that could reasonably be expected to detrimentally effect the operations of an agency. Documents may be exempt from release if they could prejudice the effectiveness or outcome of tests, examinations or audits conducted by an agency, if they could negatively affect the management or assessment of personnel or the operations of an agency, or if they could have an adverse effect on the conduct of the Territory. This decision is appealable under the FOI Act and a review may be sought under section 59 of the Act.

#### Media Dot Points

- ACT Health takes this matter seriously and is working closely to resolve the matters raised within the report.
- 

#### Background

On 31 October 2014 an onsite inspection of the two urology training posts at Canberra Hospital was undertaken by the Board of Urology. Following the inspection, Canberra Hospital received accreditation of these training posts for a further year, with re-inspection to occur in six months.

The six month review was undertaken on 4 June 2015 and the Board decided to withdraw accreditation for the two training positions at Canberra Hospital.

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 8/9/2015  
 By Executive Director: Ian Thompson  
 Telephone: 6244 2728  
 Action Officer: Joanna Redmond  
 Telephone: 6244 2169

### ISSUE: Urology Training Posts at Canberra Hospital

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#### Context

An FOI request was submitted by [REDACTED] from the Canberra Times on 16 July 2015. [REDACTED] was seeking a copy of Board of Urology Accreditation report for Uology Trainees. A broad article on issues relating to ACT Health was published in the Canberra Times on Monday 10 August 2015 (Attached).

#### Key Talking Points

- ACT Health did not release the document requested in response to this FOI request as it has been decided that the report is exempt under section 40 of the *Freedom of Information Act 1989* (FOI Act).
- Section 40 of the FOI Act exempts documents that could reasonably be expected to detrimentally effect the operations of an agency. Documents may be exempt from release if they could prejudice the effectiveness or outcome of tests, examinations or audits conducted by an agency, if they could negatively affect the management or assessment of personnel or the operations of an agency, or if they could have an adverse effect on the conduct of the Territory. This decision is appealable under the FOI Act and a review may be sought under section 59 of the Act.

#### Media Dot Points

- ACT Health takes this matter seriously and is working closely to resolve the matters raised within the report.
- 

#### Background

On 31 October 2014 an onsite inspection of the two urology training posts at Canberra Hospital was undertaken by the Board of Urology. Following the inspection, Canberra Hospital received accreditation of these training posts for a further year, with re-inspection to occur in six months.

The six month review was undertaken on 4 June 2015 and the Board decided to withdraw accreditation for the two training positions at Canberra Hospital.

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 2/09/2015  
 By Executive Director: Ian Thompson  
 Telephone: 6244 2728  
 Action Officer: Joanns Redmond  
 Telephone: 6244 2169

### ISSUE: Urology Training Posts at Canberra Hospital

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#### Context

On 23 June 2015, ACT Health was advised that the Board of Urology of the Australasian College of Surgeons will be withdrawing accreditation for urology training at Canberra Hospital.

#### Key Talking Points

- The Board's decision has been duly noted and Canberra Hospital will continue to provide urology services to the Canberra and surrounding community.
- ACT Health will continue to work with the Urology Unit to address the concerns identified by the Board of Urology. These concerns relate to the training/educational experience of the trainees, as well as inadequate mentoring.
- The Board found that central to the training issues in the urology unit at Canberra Hospital was a culture of significant disharmony amongst the consultant staff.
- A review into the training culture for doctors in specialist training programs at Canberra Hospital was announced in June 2015 and is underway.
- The review will include Urology training as well as training across Canberra Hospital and is expected to make findings that will support changes and improvements that will enable reaccreditation with the Board of Urology.

#### Media Dot Points

- ACT Health takes this matter seriously and is working closely to resolve the matters raised within the report.
- 

#### Background

On 31 October 2014 an onsite inspection of the two urology training posts at Canberra Hospital was undertaken by the Board of Urology. Following the inspection, Canberra Hospital received accreditation of these training posts for a further year, with re-inspection to occur in six months.

The six month review was undertaken on 4 June 2015 and the Board decided to withdraw accreditation for the two training positions at Canberra Hospital.

ACT Health in liaison with the Board of Urology will ensure the two affected medical officers receiving training are provided with appropriate support during this time.

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 18/08/2015  
 By Executive Director: Ian Thompson  
 Telephone: 6244 2728  
 Action Officer: Joanna Redmond  
 Telephone: 6244 2169

### ISSUE: Urology Training Posts at Canberra Hospital

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#### Context

On 23 June 2015, ACT Health was advised that the Board of Urology of the Australasian College of Surgeons will be withdrawing accreditation for urology training at Canberra Hospital.

#### Key Talking Points

- The Board's decision has been duly noted and Canberra Hospital will continue to provide urology services to the Canberra and surrounding community.
- ACT Health will continue to work with the Urology Unit to address the concerns identified by the Board of Urology. These concerns relate to the training/educational experience of the trainees, as well as inadequate mentoring.
- The Board found that central to the training issues in the urology unit at Canberra Hospital was a culture of significant disharmony amongst the consultant staff.
- A review into the training culture for doctors in specialist training programs at Canberra Hospital was announced in June 2015 and is underway.
- The review will include Urology training as well as training across Canberra Hospital and is expected to make findings that will support changes and improvements that will enable reaccreditation with the Board of Urology.

#### Media Dot Points

- ACT Health takes this matter seriously and is working closely to resolve the matters raised within the report.
- 

#### Background

On 31 October 2014 an onsite inspection of the two urology training posts at Canberra Hospital was undertaken by the Board of Urology. Following the inspection, Canberra Hospital received accreditation of these training posts for a further year, with re-inspection to occur in six months.

The six month review was undertaken on 4 June 2015 and the Board decided to withdraw accreditation for the two training positions at Canberra Hospital.

ACT Health in liaison with the Board of Urology will ensure the two affected medical officers receiving training are provided with appropriate support during this time.

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## MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601 | phone: 13 22 81  
www.health.act.gov.au

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TRIM No.: GBC15/276

Date Rec'd Minister's Office 8.9.15

**To:** Minister for Health

**From:** Ms Nicole Feely, Director-General, ACT Health

**Subject:** Establishment of Quality Assurance Committee

**Critical Date:**

**Critical Reason:** To meet the recommendations of an External Review of the Department of Urology

- DG Health .../.../...
- DDG CHHS .../.../...

#### Purpose

1. To seek your approval to establish a new Quality Assurance Committee (QAC) under Section 25 of the *Health Act 1993*: Canberra Hospital Urology Quality Assurance Committee.

#### Background

2. The Urology Department of Canberra Hospital has requested a QAC be established to facilitate the improvement of health services provided in the ACT.
3. The role of the Canberra Hospital Urology Quality Assurance Committee will be to facilitate and conduct quality assurance activities for the purpose of assessing and evaluating health activities provided by the Canberra Hospital Urology Department.
4. The functions of the Canberra Hospital Urology Quality Assurance Committee are to:
  - a. Practice within the scope of legislation for an approved Quality Assurance Committee under the Health Act 1993
  - b. Provide a regular quality review forum to evaluate and monitor the quality of the health services provided by the Department of Urology by:
    - i. Clinical and record audits
    - ii. Peer review
    - iii. Investigation into disease and death
    - iv. Review of incidents occurring within the Department of Urology
    - v. Review of cases referred to the Canberra Hospital Urology Quality Assurance Committee

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- vi. Identify areas for improvement in the provision of health services in the Department of Urology
- vii. Identify improvement actions
- viii. Implement, evaluate and monitor improvements to the provision of services in the Canberra Hospital Urology Quality Assurance Committee.

**Government Commitment – Other (and reason)**

5. Section 25 (1) of the *Health Act 1993* states that the Minister may approve a committee as a Quality Assurance Committee for a health facility.

**Issues**

6. The Canberra Hospital Urology Quality Assurance Committee agrees to comply with all stipulations outlined in the *Health Act 1993* for the functioning of the Quality Assurance Committee.
7. Section 28 of the *Health Act 1993* states that the Minister may approve a committee as a Quality Assurance Committee only if satisfied that the committee's functions would be facilitated by the members, and persons assisting the committee, being protected from liability; and that it is in the public interest for secrecy provisions to apply to information held by the committee members. The Canberra Hospital Urology Quality Assurance Committee has advised that protection from liability would allow the members to discuss surgical outcomes without fear, prejudice or legal ramifications. The secrecy provisions will allow open discussions among the members for improvement and understanding of clinical outcomes and learning.
8. The application form, Terms of Reference and membership of the Canberra Hospital Urology Quality Assurance Committee are attached at Attachments A, B and C. The application form and membership have been approved and signed by the Director-General ACT Health, in accordance with Section 31 of the *Health Act 1993*.
9. The Notifiable Instrument to approve the establishment of the Canberra Hospital Urology Quality Assurance Committee is attached for your signature at Attachment D.

**Financial Implications**

10. Nil

**Directorate Consultation**

11. This request has been approved by the Deputy Director-General Canberra Hospital and the Director-General, ACT Health.

**External Consultation**

12. Not required

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**Benefits/Sensitivities**

13. Nil

**Media Implications**

14. Nil

**Recommendations**

That you:

1. Note the information contained in this brief; (D) **Noted / Please Discuss**
2. Note the application form, Terms of Reference and approved membership of the Canberra Hospital Urology Quality Assurance Committee at Attachments A, B and C; (A) **Agreed / Not Agreed / Please Discuss**
3. Sign the Notifiable Instrument to approve the establishment of the Canberra Hospital Urology Quality Assurance Committee at Attachment D. (A) **Agreed / Not Agreed / Please Discuss**



Simon Corbell MLA

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...../...../.....

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|---------------------|
| Minister's Comments |
|---------------------|

|                 |   |              |
|-----------------|---|--------------|
| Signatory Name: | Deborah Browne                                      | Phone: 47127 |
| Title:          | Executive Director, Healthcare Improvement Division |              |
| Date:           | August 2015   |              |
| Action Officer: | Jacinta Garry                                       | Phone: 47140 |

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