

Our reference: **CHSFOI23-24.08**

Dear [REDACTED]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Wednesday 09 August 2023**.

This application requested access to:

- *Any reviews, feedback or comments from the Royal Australasian College of Physicians about the cardiology department at Canberra Hospital from April 2022 to the date of this request.*
- *Any records of visits from the Royal Australasian College of Physicians over the same period.*

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Thursday 12 October 2023**.

I have identified ten documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant partial access to all ten documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Partial Access

I have decided to grant partial access all ten documents. These documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in Section 17 of the FOI Act.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004.

All ten documents have redactions to personal information such as mobile numbers of ACT Government employees and mobile numbers, email addresses and names of non-ACT Government employees that has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy.

On balance, the information identified factors favouring disclosure were outweighed by the factors favouring non-disclosure as I have determined that the information would be expected to prejudice involved individuals' right to privacy therefore, I determined the information identified is contrary to the public interest and have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Allara House
15 Constitution Avenue
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Brendan Docherty
Executive Director
Division of Medicine
22 September 2023

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[REDACTED]	<ul style="list-style-type: none"> Any reviews, feedback or comments from the Royal Australasian College of Physicians about the cardiology department at Canberra Hospital from April 2022 to the date of this request. Any records of visits from the Royal Australasian College of Physicians over the same period. 	CHSFOI23-24.08

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 05	Email - RE ATC in Cardiology and BT AIM Accreditation Subcommittee - Canberra Hospital	07 April 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	
2.	06 - 08	Email - RE Response to Cardiology ATC	Multiple	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	
3.	09 - 12	Email - RE Update on Cardiology Training at Canberra Hospital	Multiple	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	
4.	13 - 19	Email - RE ATC in Cardiology Site Accreditation Visit - Canberra Hospital	Multiple	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	

5.	20 - 24	Email - RE ATC in Cardiology Site Accreditation Visit - Canberra Hospital	Multiple	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	
6.	25 - 47	Email - RE Site Accreditation Decision Letter - Canberra Hospital (Cardiology)	Multiple	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	
7.	48 - 49	Email - RE Canberra Hospital Cardiology Department Progress Update	Multiple	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	
8.	50 - 56	Email - RE site visit 230pm Tuesday 25 Jul	Multiple	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	
9.	57 - 68	Email - For factual check - Canberra Hospital site visit report	30 July 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	
10.	69 - 73	Email - Re Canberra Hospital Cardiology Department Progress Update	Multiple	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	
Total Number of Documents						
10						

From: Cardiology <Cardiology@racp.edu.au>
Sent: Thursday, 7 April 2022 1:42 PM
To: Swaminathan, Ashwin (Health)
Subject: RE: ATC in Cardiology and BT AIM Accreditation Subcommittee - Canberra Hospital

Follow Up Flag: Follow up
Flag Status: Completed

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Hi Ashwin,

Thank you for confirming receipt of the letter.

Please let me know if you have any questions.

Kind Regards,

██████████

██████████████████

Education Officer | Advanced Training
Education, Learning and Assessment

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Thursday, 7 April 2022 1:13 PM
To: Cardiology <Cardiology@racp.edu.au>
Subject: RE: ATC in Cardiology and BT AIM Accreditation Subcommittee - Canberra Hospital

[EXTERNAL EMAIL]

UNOFFICIAL

Thank you ██████████

Letter received and we will have a response to you by next Thursday.

Cheers

Ashwin

Dr Ashwin Swaminathan
Physician, General Medicine and Infectious Diseases
A/g Executive Director of Medical Services

Reliable | Progressive | Respectful | Kind



From: Cardiology <Cardiology@racp.edu.au>
Sent: Thursday, April 7, 2022 1:06 PM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: ATC in Cardiology and BT AIM Accreditation Subcommittee - Canberra Hospital

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Dear Dr Swaminathan,

Please see attached correspondence from the Chair of the Advanced Training Committee in Cardiology and the Basic Training Adult Internal Medicine Accreditation Subcommittee.

We look forward to your response by COB on **Thursday, 14 April 2022**.

Please let me know if you have any questions.

Kind Regards,

[Redacted]

[Redacted]

Education Officer | Advanced Training
Education, Learning and Assessment

The Royal Australasian College of Physicians
 145 Macquarie Street, Sydney NSW 2000
 Phone: 1300 697 227
 Email: memberservices@racp.edu.au
 Website: www.racp.edu.au



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EDUCATE ADVOCATE INNOVATE

7 April 2022

Dr Ashwin Swaminathan
Executive Director of Medical Services
Canberra Hospital and Health Services (TCH), ACT Health

Via Email: Ashwin.Swaminathan@act.gov.au

Dear Dr Swaminathan,

Training at Canberra Hospital

On behalf of the Advanced Training Committee in Cardiology (ATC) and the Basic Training (BT) Adult Internal Medicine Accreditation Subcommittee, we are writing in relation to the recent Cardiology service staffing changes at Canberra Hospital. We understand there have been significant changes which will impact trainee supervision and support, and may impact workload in the department.

To ensure that appropriate trainee supervision and support mechanisms are in place for Cardiology trainees at your setting, the ATC and BT accreditation subcommittee requests details of the short-term measures in place by **COB Thursday, 14 April 2022**.

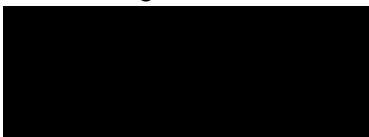
- Describe the changes and the impact on:
 - trainees
 - educators
 - the Basic Training program
 - the Advanced Training in Cardiology program
 - the setting
 - the integrity of the training experience
- Identify the consequence of the change (see appendix 1 for change and consequence guidelines)
- Describe the interim measures in place to maintain trainee supervision and support.

The ATC and BT Accreditation Subcommittee also requests you submit a long-term plan including details of any new appointments by **COB Friday, 27 May 2022**.

Thank you for your continued support of RACP Training Programs and commitment to a high standard of physician training. The RACP would be grateful for collaboration on any future service changes that may impact medical training.

We are committed to working with you to ensure continuity of trainee supervision and wellbeing in the short and long term.

Kind regards,



Chair
ATC in Cardiology



Chair, Accreditation Subcommittee
Adult Internal Medicine Division Basic
Training Committee



Appendix 1 – Change and consequence

Change

A change is anything which will or may affect the way a Training Provider meets the Standards. It may include but is not limited to:

- changes to a Setting's services, resources, and infrastructure
- changes of a Training Provider's governance and management
- increases in trainee numbers and decreases in educator numbers
- reductions in training administrative support, infrastructure, resources, or opportunities
- revisions of a training program and/or any of its rotations
- absence of senior staff with significant roles in physician training for an extended period without a replacement
- rostering changes which alter access to supervision and/or exposure to training opportunities
- any incident or circumstance which could impact the Training Provider's integrity or capacity to deliver service and/or training programs.

Consequence

A change can have variable impact and consequences. The consequence of a change is determined by the impact of change, in particular whether the change will influence the quality of training, patient safety and trainee and/or educator wellbeing. The RACP classifies consequences as minor, moderate and major.

The action taken by the RACP is determined by the classification of the consequence.

- **Minor consequence**
A change which has low impact on the quality of training, training program and training system in place at a Setting or Training Network. The RACP is notified so it can maintain a comprehensive understanding of the Setting and Training Network governance and management, and training experiences available at a Setting and/or Network.
- **Moderate consequence**
A change which has a medium impact on the working day of trainees and/or educators and possibly on the training provided. This change does not impact patient safety and/or trainee and educator safety or wellbeing.
The change can result in modification of a rotation, Training Program, Setting, and Training Network accreditation status.
- **Major consequence**
A change which has a high impact on training, patient safety and/or trainee and educator safety or wellbeing. The change can result in modification of a rotation, Training Program, Setting, and Training Network accreditation status.

From: Cardiology <Cardiology@racp.edu.au>
Sent: Wednesday, 1 June 2022 9:19 AM
To: Executive Director of Medical Services
Cc: Swaminathan, Ashwin (Health); Scott, PeterJ (Health)
Subject: RE: Response to Cardiology ATC

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Dear Dr Swaminathan

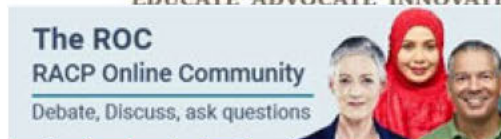
Thank you kindly for the update.

Extension granted, please submit the long-term plan no later than **Friday, 24 June 2022**.

Kind Regards



Senior Executive Officer | Advanced Training
 Education, Learning and Assessment
The Royal Australasian College of Physicians
 145 Macquarie Street, Sydney NSW 2000
 Phone: 1300 697 227
 Email: memberservices@racp.edu.au
 Website: www.racp.edu.au



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From: Executive Director of Medical Services <edms@act.gov.au>
Sent: Tuesday, May 31, 2022 11:35 PM
To: Cardiology <Cardiology@racp.edu.au>
Cc: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Scott, Peter (Health) <Peter.J.Scott@act.gov.au>
Subject: RE: Response to Cardiology ATC

[EXTERNAL EMAIL]

UNOFFICIAL

Dear

I am writing to ask for an extension on the training report for the Cardiology ATC on the Canberra Hospital as the HR investigation has not yet concluded.

We can provide another interim report to update the statement provided in mid April, but we will not be able to give a definitive report until the investigation is completed. At this stage, that is expected at the end of June. Could you please convey this to the Cardiology ATC team and advise?

Kind regards,

Ashwin Swaminathan

From: Cardiology <Cardiology@racp.edu.au>

Sent: Tuesday, May 3, 2022 9:04 AM

To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Cc: Scott, Peter (Health) <Peter.J.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; Wilson, Sharon (Health) <Sharon.M.Wilson@act.gov.au>; Eslick, Renee (Health) <Renee.Eslick@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>

Subject: RE: Response to Cardiology ATC

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Dear Dr Swaminathan

Thank you for your letter outlining Canberra Health Services plans to manage Cardiology Advanced Training to ensure trainees are well supported throughout their training.

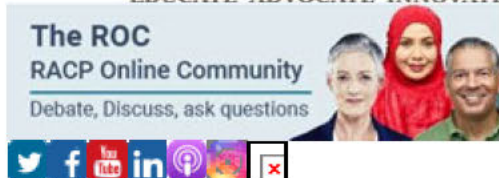
We look forward to receiving your longer-term plan by 27 May 2022.

Apologies, for the delayed acknowledgement. Your letter has been shared with the relevant training committees for noting.

Please let me know if you have any questions.

Kind Regards

Senior Executive Officer | Advanced Training
Education, Learning and Assessment
The Royal Australasian College of Physicians
145 Macquarie Street, Sydney NSW 2000
Phone: 1300 697 227
Email: memberservices@racp.edu.au
Website: www.racp.edu.au



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From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Sent: Monday, April 25, 2022 11:43 PM

To: Cardiology <Cardiology@racp.edu.au>

Cc: Scott, Peter (Health) <Peter.J.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; Wilson, Sharon (Health) <Sharon.M.Wilson@act.gov.au>; Eslick, Renee (Health) <Renee.Eslick@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>

Subject: Response to Cardiology ATC

[EXTERNAL EMAIL]

UNOFFICIAL

Dear [REDACTED]

Please find attached a response to your letter dated 7 April 2022 in relation to the measures undertaken to support the cardiology training program over the next couple of months.

Kind regards,
Ashwin Swaminathan

Dr Ashwin Swaminathan

Physician, General Medicine and Infectious Diseases

Clinical Director, Division of Medicine

Ag Executive Director of Medical Services

Canberra Health Services

PO Box 11 WODEN ACT 2606 | health.act.gov.au

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From: Cardiology <Cardiology@racp.edu.au>
Sent: Wednesday, 21 September 2022 9:54 AM
To: CHS, Division Of Medicine
Cc: Swaminathan, Ashwin (Health); Scott, PeterJ (Health); Itty, Charles (Health); Wilson, Sharon (Health); Abhayaratna, Walter (Health)
Subject: RE: Update on Cardiology Training at Canberra Hospital

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Dear Chelsea,

Thank you for providing the update on Cardiology Training at Canberra Hospital.

I will pass this on to the ATC in Cardiology and will let you know should they have any questions.

Please let me know if you have any questions

Kind regards,

[REDACTED]

[REDACTED]
Executive Officer | BT and AT Services
Education, Learning and Assessment

From: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Sent: Tuesday, 20 September 2022 4:07 PM
To: Cardiology <Cardiology@racp.edu.au>
Cc: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; Wilson, Sharon (Health) <Sharon.M.Wilson@act.gov.au>; Abhayaratna, Walter (Health) <Walter.P.Abhayaratna@act.gov.au>
Subject: RE: Update on Cardiology Training at Canberra Hospital

[EXTERNAL EMAIL]

Attn: [REDACTED]

Good afternoon,

Please see attached letter from Dr Ashwin Swaminathan regarding an update on Cardiology training at Canberra Hospital.

Kind regards,

Chelsea Lisson 

A/G Executive Assistant to Ashwin Swaminathan, Executive Director
Division of Medicine

Canberra Hospital & Health Service
Phone: 02 5124 3603



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From: Cardiology <Cardiology@racp.edu.au>
Sent: Monday, 19 September 2022 4:31 PM
To: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Subject: RE: Update on Cardiology Training at Canberra Hospital

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Dear Liza,

Thank you for the update.

Please let me know if you have any questions

Kind regards,

[REDACTED]

[REDACTED]
Executive Officer | BT and AT Services
Education, Learning and Assessment

From: Marando, Liza (Health) <Liza.Marando@act.gov.au> On Behalf Of CHS, Division Of Medicine
Sent: Friday, 16 September 2022 6:44 PM
To: Cardiology <Cardiology@racp.edu.au>
Cc: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Subject: RE: Update on Cardiology Training at Canberra Hospital

[EXTERNAL EMAIL]

OFFICIAL

Good evening [REDACTED]

Apologies we missed your phone call today. I apologise for the delay. Our response is just pending clearance and we hope to have this back to you either Monday or Tuesday next week.

Thank you so much for your patience.

Kind Regards,
Liza

Liza Marando
Director of Operations | Division of Medicine
Ph: 5124 8382 | [REDACTED]
Canberra Health Services | ACT Government

**Canberra Health
Services**

From: Cardiology <Cardiology@racp.edu.au>
Sent: Monday, 12 September 2022 4:36 PM
To: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Cc: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; Wilson, Sharon (Health) <Sharon.M.Wilson@act.gov.au>; Abhayaratna, Walter (Health) <Walter.P.Abhayaratna@act.gov.au>
Subject: Update on Cardiology Training at Canberra Hospital

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Dear Sorsha,

I am just following up on the below email to see if you have an update as to whether the Internal review has been finalised. Or if you have an estimate as to when this will be complete?

Please let me know if you have any questions

Kind regards,

[Redacted]

[Redacted]
Executive Officer | BT and AT Services
Education, Learning and Assessment

From: Cardiology
Sent: Wednesday, 31 August 2022 3:00 PM
To: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Cc: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; Wilson, Sharon (Health) <Sharon.M.Wilson@act.gov.au>; Abhayaratna, Walter (Health) <Walter.P.Abhayaratna@act.gov.au>
Subject: RE: Update on Cardiology Training at Canberra Hospital

Dear Sorsha,

I hope this email finds you well.

I am just writing to you to see if you have an update as to whether the Internal review has been finalised. Or if you have an estimate as to when this will be complete?

Please let me know if you have any questions

Kind regards,

[Redacted]

[REDACTED]
Executive Officer | BT and AT Services
Education, Learning and Assessment

From: CHS, Division Of Medicine <CHSDOM@act.gov.au>

Sent: Friday, 1 July 2022 11:32 AM

To: Cardiology <Cardiology@racp.edu.au>

Cc: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; Wilson, Sharon (Health) <Abhayaratna, Walter (Health) <Walter.P.Abhayaratna@act.gov.au>

Subject: Update on Cardiology Training at Canberra Hospital

Importance: High

[EXTERNAL EMAIL]

OFFICIAL

Attn: Dr [REDACTED]

Good morning,

Please see attached letter from Dr Ashwin Swaminathan regarding an update on Cardiology training at Canberra Hospital.

Kind regards,

Sorsha Stuart-Rokvic | Executive Assistant to Jacqui Taylor, Executive Director

Phone: 512 43603 | Email: sorsha.stuart-rokvic@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Building 28, Level 2, Canberra Hospital, Yamba Drive, Garran, ACT 2605 | health.act.gov.au

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Services**

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From: Cardiology <Cardiology@racp.edu.au>
Sent: Wednesday, 7 December 2022 1:19 PM
To: Scott, PeterJ (Health); Swaminathan, Ashwin (Health)
Subject: RE: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

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Dear Dr Scott

Thank you for your email

Please note, I have forwarded the submitted documents to [REDACTED] and [REDACTED].

Thank you for accommodating the Site Visit.

Please let me know if you have any questions.

Kind regards,

[REDACTED]

[REDACTED]
Education Officer | Advanced Training
Education, Learning and Assessment

From: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>
Sent: Friday, December 2, 2022 2:34 PM
To: Cardiology <Cardiology@racp.edu.au>; Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: RE: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

[EXTERNAL EMAIL]

UNOFFICIAL

Dear [REDACTED]

Thank you for arranging the visit today. Please can you forward the above information to [REDACTED] as requested.

Thanks

Peter

Dr Peter Scott; Director of Cardiology

Phone: 02 5124 0971 | Email: peter.j.scott@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Canberra Hospital Building 28 Level 1 - PO Box 11, Woden ACT 2605 | health.act.gov.au

From: Cardiology <Cardiology@racp.edu.au>
Sent: Thursday, 1 December 2022 2:57 PM
To: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Cc: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Subject: RE: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

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Dear Dr Scott

Thank you for the completed Site Visit Itinerary

I have passed along both the document and information contained in your email to [REDACTED].

Thank you for your assistance

Please let me know if you have any questions.

Kind regards,

[REDACTED]
[REDACTED]
Education Officer | Advanced Training
Education, Learning and Assessment

From: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>
Sent: Thursday, December 1, 2022 2:33 PM
To: Cardiology <Cardiology@racp.edu.au>; Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Cc: CHS, Division Of Medicine <CHSDOM@act.gov.au>
Subject: RE: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

[EXTERNAL EMAIL]

UNOFFICIAL

Dear [REDACTED]

Please see attached Itinerary.

The meeting at 10am will be in Building 8, though it may be easier for the team to meet me at the main entrance reception and I can escort them to the correct location.

My number is [REDACTED] - so perhaps if they could call me if there are issues.

We will then move to the Cardiology Department and further interviews conducted there.

Regards

Peter

Dr Peter Scott; Director of Cardiology

Phone: 02 5124 0971 | Email: peter.j.scott@act.gov.au

Division of Medicine | Canberra Health Services | ACT Government

Canberra Hospital Building 28 Level 1 - PO Box 11, Woden ACT 2605 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Cardiology <Cardiology@racp.edu.au>

Sent: Thursday, 1 December 2022 2:27 PM

To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Cc: CHS, Division Of Medicine <CHSDOM@act.gov.au>; Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>

Subject: FW: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

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Good Afternoon



Hope this email finds you well

This is a gentle reminder that the ATC in Cardiology require a complete Site Visit Itinerary ahead of the scheduled Site Visit on Friday 2 December 2022.

Please complete the attached document and return to us via this email address.

Please let me know if you have any questions.

Kind regards,



Education Officer | Advanced Training
Education, Learning and Assessment

From: Cardiology

Sent: Tuesday, November 29, 2022 4:40 PM

To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>

Subject: RE: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

Dear Dr Swaminathan

Thank you for your email

Yes, the College will be arranging travel for our assessors.

Please complete the attached itinerary and return to us via this email address prior to the Site Visit.

The ATC in Cardiology would also like to interview Advanced Trainees from 2020 and 2021, if possible, this would take place via phone call or teleconference.

Please let me know if you have any questions.

Kind regards,

Education Officer | Advanced Training
Education, Learning and Assessment

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Wednesday, November 23, 2022 2:39 PM
To: Cardiology <Cardiology@racp.edu.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>
Subject: RE: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

[EXTERNAL EMAIL]

UNOFFICIAL

Dear [REDACTED]

Thanks for the email and notification of the RACP ATC visit.

We are able to accommodate the assessors on Friday Nov 2.

If there were other specific issues that the assessors needed to discuss, it would be appreciated if they could be forwarded before the visit?

We will arrange for the ATs to be present.

Will the College be looking after travel arrangements?

Ashwin

Dr Ashwin Swaminathan

General and Infectious Diseases Physician
Clinical Director, Division of Medicine

Canberra Health Services
PO Box 11 WODEN ACT 2606 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



From: Cardiology <Cardiology@racp.edu.au>
Sent: Tuesday, November 22, 2022 4:30 PM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>
Subject: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

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Dear Dr Swaminathan

Hope this email finds you well.

Should this email be directed to a different contact at Canberra Hospital, please let me know.

Following the recent updates from Canberra Hospital regarding long-term plan including details of new appointments, Advance Training in Cardiology and teaching schedule, the Advanced Training Committee (ATC) in Cardiology would like to conduct a face to face site accreditation visit to assess the site's accreditation.

The ATC would like to conduct the site visit on Friday, 2 December 2022 at 10am and we also request that all current cardiology advance trainees are present on the site and participate in the interview for the visit.

The Accreditation Assessors are:



If you believe that there is a significant conflict of interest with either of the accreditation assessors, please let us know as soon as possible.

Please confirm this day and time is suitable to you by replying to this email by **Friday 25 November 2022**.

Please let me know if you have any questions.

Kind regards,



Education Officer | Advanced Training
Education, Learning and Assessment

The Royal Australasian College of Physicians
145 Macquarie Street, Sydney NSW 2000
Phone: 1300 697 227
Email: memberservices@racp.edu.au
Website: www.racp.edu.au



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Site Visit Itinerary
Advanced Training Committee in Cardiology

Hospital Name:

Canberra Hospital

Site Personnel: Dr Ashwin Swaminathan, FRACP**Site Visitors:** [REDACTED]**Date:** Friday, 2 December 2022**Instructions to Assessors:**

Time	Activity	Suggested duration
10.00 am	Site Visitors to meet with Dr Ashwin Swaminathan,	30 minutes
	Tour of the relevant facilities	30 minutes
	Site Visitors to interview the following staff members: (consultants, supervisors) -	30 minutes
	Site Visitors to interview Advanced Trainees (Please list trainee names) -	30 minutes
	Approximate finish time	

From: Cardiology <Cardiology@racp.edu.au>
Sent: Thursday, 23 February 2023 4:18 PM
To: Swaminathan, Ashwin (Health)
Cc: Scott, PeterJ (Health)
Subject: RE: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

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Dear Dr Swaminathan

Thank you for your email

The Advanced Training Committee in Cardiology is formally meeting at the beginning of March, all relevant Site Accreditation Visits will be discussed during this meeting where we receive ratification of the documents from all committee members.

Once this meeting is complete, I will be in contact with you to follow up on the Site Accreditation of Canberra Hospital.

Please let me know if you have any questions.

Kind regards,

[REDACTED]
[REDACTED]
Education Officer | Advanced Training
Education, Learning and Assessment

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Monday, February 20, 2023 3:41 PM
To: Cardiology <Cardiology@racp.edu.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>
Subject: RE: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

[EXTERNAL EMAIL]

UNOFFICIAL

Dear [REDACTED]

I hope this finds you well.

We have not heard from the Cardiology ATC since the site visit in December 2022.

Can you let us know when we should expect to receive communication? Is there someone that I can speak to provisionally? I have provided my phone number below if a phone call is easier to discuss.

Kind regards,

Ashwin
[REDACTED]

Dr Ashwin Swaminathan

General and Infectious Diseases Physician
Clinical Director, Division of Medicine

Canberra Health Services

PO Box 11 WODEN ACT 2606 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



From: Cardiology

Sent: Tuesday, November 29, 2022 4:40 PM

To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>

Subject: RE: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

Dear Dr Swaminathan

Thank you for your email

Yes, the College will be arranging travel for our assessors.

Please complete the attached itinerary and return to us via this email address prior to the Site Visit.

The ATC in Cardiology would also like to interview Advanced Trainees from 2020 and 2021, if possible, this would take place via phone call or teleconference.

Please let me know if you have any questions.

Kind regards,

[REDACTED]

[REDACTED]
Education Officer | Advanced Training
Education, Learning and Assessment

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Sent: Wednesday, November 23, 2022 2:39 PM

To: Cardiology <Cardiology@racp.edu.au>

Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>

Subject: RE: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

[EXTERNAL EMAIL]

UNOFFICIAL

Dear [REDACTED]

Thanks for the email and notification of the RACP ATC visit.

We are able to accommodate the assessors on Friday Nov 2.

If there were other specific issues that the assessors needed to discuss, it would be appreciated if they could be forwarded before the visit?

We will arrange for the ATs to be present.

Will the College be looking after travel arrangements?

Ashwin

Dr Ashwin Swaminathan

General and Infectious Diseases Physician
Clinical Director, Division of Medicine

Canberra Health Services

PO Box 11 WODEN ACT 2606 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



From: Cardiology <Cardiology@racp.edu.au>
Sent: Tuesday, November 22, 2022 4:30 PM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>
Subject: ATC in Cardiology Site Accreditation Visit - Canberra Hospital

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Dear Dr Swaminathan

Hope this email finds you well.

Should this email be directed to a different contact at Canberra Hospital, please let me know.

Following the recent updates from Canberra Hospital regarding long-term plan including details of new appointments, Advance Training in Cardiology and teaching schedule, the Advanced Training Committee (ATC) in Cardiology would like to conduct a face to face site accreditation visit to assess the site's accreditation.

The ATC would like to conduct the site visit on Friday, 2 December 2022 at 10am and we also request that all current cardiology advance trainees are present on the site and participate in the interview for the visit.

The Accreditation Assessors are:

If you believe that there is a significant conflict of interest with either of the accreditation assessors, please let us know as soon as possible.

Please confirm this day and time is suitable to you by replying to this email by **Friday 25 November 2022**.

Please let me know if you have any questions.

Kind regards,

Education Officer | Advanced Training
Education, Learning and Assessment

The Royal Australasian College of Physicians

145 Macquarie Street, Sydney NSW 2000

Phone: 1300 697 227

Email: memberservices@racp.edu.au

Website: www.racp.edu.au



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This message and any attachments are solely for the intended recipient and may contain confidential or privileged information. If you are not the intended recipient, any disclosure, copying, use, or distribution of the information included in this message and any attachments is prohibited. If you have received this communication in error, please notify The RACP by reply email and immediately and permanently delete this message and any attachments.

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From: Cardiology <Cardiology@racp.edu.au>
Sent: Wednesday, 31 May 2023 4:20 PM
To: Swaminathan, Ashwin (Health)
Cc: Scott, PeterJ (Health)
Subject: RE: Site Accreditation Decision Letter - Canberra Hospital (Cardiology)

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Dear Ashwin,

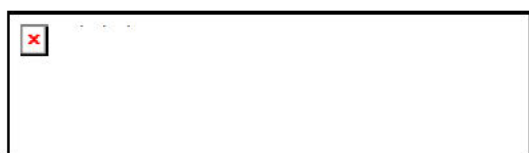
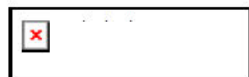
Hope this email finds you well.

Just gently following up on the email below regarding the questions that you have as we are fast approaching the submission date for progress report.

Have a wonderful evening.

[REDACTED]
Senior Executive Officer | BT and AT Services
Education, Learning & Assessment

The Royal Australasian College of Physicians
145 Macquarie Street, Sydney NSW 2000
Phone: [REDACTED]; 1300 697 227
Email: memberservices@racp.edu.au
Website: www.racp.edu.au



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From: Cardiology
Sent: Monday, May 15, 2023 7:17 AM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>
Subject: RE: Site Accreditation Decision Letter - Canberra Hospital (Cardiology)

Hi Swaminathan,

Hope you had a wonderful weekend.

List of specific questions would be appreciated.

Upon receipt of the questions, I will work with the ATC to see whether it is more efficient to provide the responses in writing or hold a virtual meeting.

Again, thank you for your support and patience.

Kind regards,

██████████
Senior Executive Officer | BT and AT Services
Education, Learning & Assessment

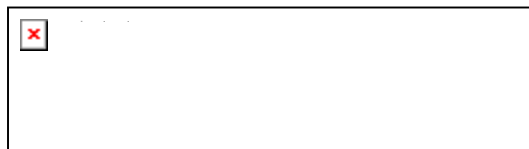
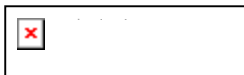
The Royal Australasian College of Physicians

145 Macquarie Street, Sydney NSW 2000

Phone: ██████████; 1300 697 227

Email: memberservices@racp.edu.au

Website: www.racp.edu.au



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From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Thursday, 11 May 2023 1:34 PM
To: Cardiology <Cardiology@racp.edu.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>
Subject: RE: Site Accreditation Decision Letter - Canberra Hospital (Cardiology)

[EXTERNAL EMAIL]

UNOFFICIAL

Hi ██████████

Thanks very much for your reply and sorry for the late response!

Yes, it would be great to be able to go over each of the recommendations that were provided by the accreditors at their last visit in December (there’s about 10 or so), so that we can understand clearly what is being asked of us, and also to advise us whether the actions that we have/about to take “are on the right track”. We want to be as prepared as possible for the next visit!

Do you want us to write the specific questions that we have?

Thanks

Ashwin

Dr Ashwin Swaminathan

General and Infectious Diseases Physician
Clinical Director, Division of Medicine

Canberra Health Services
PO Box 11 WODEN ACT 2606 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



From: Cardiology <Cardiology@racp.edu.au>
Sent: Monday, May 1, 2023 2:57 PM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>
Subject: RE: Site Accreditation Decision Letter - Canberra Hospital (Cardiology)

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Dear Ashwin,

Hope you are doing well.

Thank you kindly for the clarification. I will have the contacts' detail updated against our record.

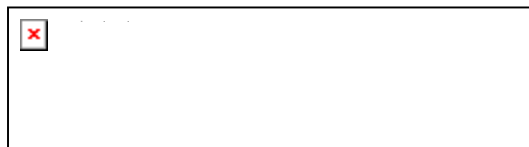
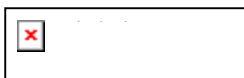
The site accreditor who are also members of the Advanced Training Committee in Cardiology is willing to support and guide you where needed. Is it possible for you to outline the key questions that you have for the assessor in preparation for the next visit, I believe the questions probably revolves around how you can meet the conditions identified in the site report.

Once received, I will forward to the ATC and see if a meeting can be organised.

Kind regards,

██████████
Senior Executive Officer | BT and AT Services
Education, Learning & Assessment

The Royal Australasian College of Physicians
145 Macquarie Street, Sydney NSW 2000
Phone: ██████████ 1300 697 227
Email: memberservices@racp.edu.au
Website: www.racp.edu.au



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From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Tuesday, 18 April 2023 7:16 AM
To: Cardiology <Cardiology@racp.edu.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>
Subject: RE: Site Accreditation Decision Letter - Canberra Hospital (Cardiology)

[EXTERNAL EMAIL]

UNOFFICIAL

Hi [REDACTED]

We did receive the email and report with thanks.

We are working on our response to the recommendations and look forward to meeting the accreditation team again in July.

Just one correction for your records – Dr Peter Scott is the Director of the Cardiology Department at Canberra Health Services. I am the Clinical Director for the Division of Medicine, that includes the Cardiology Department. Can this be reflected in future correspondence for accuracy? I am still happy to be the point of contact between the College and CHS.

Could you also please ask whether Peter and I can contact the visiting accreditors prior to their visit? In developing responses to the recommendations, it will be very useful for us to be able to speak to the ATC to make sure we are on the right track before the site visit in July.

Many thanks

Ashwin

Dr Ashwin Swaminathan

General and Infectious Diseases Physician
 Clinical Director, Division of Medicine

Canberra Health Services
 PO Box 11 WODEN ACT 2606 | health.act.gov.au
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From: Cardiology <Cardiology@racp.edu.au>
Sent: Tuesday, April 18, 2023 6:39 AM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: RE: Site Accreditation Decision Letter - Canberra Hospital (Cardiology)

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Dear Dr Swaminathan,

Hope you are well.

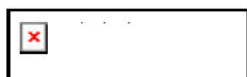
I would like to confirm that you have received the below email of accreditation decision from me last week?

Kind regards,


 Senior Executive Officer | BT and AT Services
 Education, Learning & Assessment

The Royal Australasian College of Physicians
 145 Macquarie Street, Sydney NSW 2000
 Phone: ; 1300 697 227
 Email: memberservices@racp.edu.au
 Website: www.racp.edu.au

We're consulting on new draft curricula for some Advanced Training programs. [Find out more.](#)



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From: Cardiology
Sent: Tuesday, 11 April 2023 5:45 AM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: FW: Site Accreditation Decision Letter - Canberra Hospital (Cardiology)
Importance: High

Dear Dr Swaminathan,

Hope you are well.

Resending this email to you again as I have made a typo in the original email address which resulted the decision not being sent to you successfully.

Please do not hesitate to contact me if you have any questions.

Kind regards,

Senior Executive Officer | BT and AT Services
Education, Learning & Assessment

The Royal Australasian College of Physicians

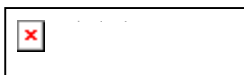
145 Macquarie Street, Sydney NSW 2000

Phone: (+61) 02 8247 6217; 1300 697 227

Email: memberservices@racp.edu.au

Website: www.racp.edu.au

We're consulting on new draft curricula for some Advanced Training programs. [Find out more.](#)



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From: Cardiology

Sent: Thursday, 6 April 2023 7:25 AM

To: Aswhin.Swaminathan@act.gov.au

Cc: Cardiology <Cardiology@racp.edu.au>; Dave.Peffer@act.gov.au

Subject: Site Accreditation Decision Letter - Canberra Hospital (Cardiology)

Dear Dr Swaminathan,

Hope this email finds you well.

Please find the attached site accreditation decision letter for Canberra Hospital.

The ATC apologise for the delay in delivering the outcome. As there were some concerns identified, therefore, the Training Committee preferred to discuss and come to a decision at their Committee meeting which was held recently. Hence, delay was experienced.

The Education Officer will contact you next month to secure a date for the next site accreditation visit. In the interim, if you have any questions, please do not hesitate to contact me via this email.

Kind regards,

Senior Executive Officer | BT and AT Services
Education, Learning & Assessment

The Royal Australasian College of Physicians

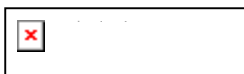
145 Macquarie Street, Sydney NSW 2000

Phone: [REDACTED]; 1300 697 227

Email: memberservices@racp.edu.au

Website: www.racp.edu.au

We're consulting on new draft curricula for some Advanced Training programs. [Find out more.](#)



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand

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Advanced Training Committee in Cardiology

3 April 2023

Dr Aswhin Swaminathan
Head of Department Cardiology
Canberra Hospital

Via Email: Aswhin.Swaminathan@act.gov.au

Dear Dr Swaminathan

Accreditation Decision – Canberra Hospital

On behalf of the Advanced Training Committee (ATC) in Cardiology, I write to advise you of the decision following the virtual site accreditation visit of Canberra Hospital on 2 December 2022.

Having reviewed the Site Report form against the [Advanced Training in Cardiology accreditation criteria](#), the ATC determined that the site has not fully met the following criteria:

- C1 – Supervision Standards
- C3 – Profile of Work

As the above main criteria are not met, the ATC determined that the site is conditionally accredited until 31 July 2023. The next site review will take place in July 2023 via a site visit. The Education Officer will contact the setting in due course to secure a site visit date.

The following conditions are required to be met for the site to remain accredited after July 2023:

- Appoint further consultant staff particularly in Electrophysiology (EP) or that the Advanced Trainees are being rotated externally for EP terms.
- That all criteria for accreditation standard 3 - Profile of Work are met including adequate exposure to the following range of work with supervision:
 - EP and reporting of exercise Echocardiogram (ECG) tests.
 - Supervised performing and reporting of Holter monitor, Echocardiograms, and Angiograms.
- Improvements on the work culture at Catheterisation laboratory.

Furthermore, a progress report is required to be submitted by 30 June 2023. The report should include:

- Evidence on appointments of more consultant staff, particularly in EP space or evidence that the Advanced Trainees are being rotated externally for EP terms.
- Each consultant's timetable and description of their supervisory roles.
- Confirmation on the appointment of Director of Training.
- Each trainee's timetable to demonstrate that the following is made available to them:
 - Attendance to Cardiac Exercise Stress Test (CEST) and involvement in reporting aspect.
 - Access to EP reporting with consultants.
 - Update on the allocation of Holter monitor and trainees' opportunities in Holter

reporting.

The ATC would like to highlight that, if Canberra Hospital does not demonstrate significant and sustained progress on C1 – Supervision Standards and C3 – Profile of Work conditions by the end of July 2023, accreditation of the site may be withdrawn.

Progress on minor issues identified with C2 – Facilities and Infrastructure and C4 – Teaching and Learning must also be demonstrated by 30 November 2023.

For your information, a copy of the Site Survey report is attached.

Please find accreditation details below:

Specialty committee	ATC in Cardiology
Division	Adult Medicine
Accreditation status	Conditional Accreditation
Accreditation effective from	2023
Duration of accreditation	*6 months, accredited until July 2023
Next site review due	July 2023
Type of accreditation	Core Cardiology
Maximum number of Trainees allowed at site	Four
Maximum training duration at site	36 months

*Following the last site accreditation visit undertaken in December 2022, the site will remain accredited for six months covering the period from 1 January 2023 to 31 July 2023.

For your information, a copy of the [Reconsideration, Review & Appeals Process By-laws](#) can be found on the College website. The By-law sets out the College's internal review process including time frames for making applications and applicable fees. Please note that applications for Reconsideration, Review & Appeals must be received by the College within **28 days** of receiving this letter.

If you have any questions regarding this accreditation decision, please contact the College on 1300 697 227 or email cardiology@racp.edu.au.

Yours sincerely



**Chair
ATC in Cardiology**

cc. Dave Pepper, Chief Executive Officer



RACP
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SURVEYOR FORM TO ACCREDIT HOSPITALS FOR ADVANCED TRAINING IN CARDIOLOGY

General Information

Name of facility	Canberra Hospital		
Site address	Yamba Dr, Garran, ACT, 2605		
Contact telephone		Contact email	
Head of Department	Dr Ashwin Swaminathan, FRACP		
Contact email	Ashwin.Swaminathan@act.gov.au		
Date of Site Survey	2 Dec 2022		
Current Accreditation			
The Canberra Hospital is currently accredited for a total number of four training positions with the trainee(s) spending no longer than 36 months at the site.			
Requested Accreditation			
Standard accreditation (as above)			

1. Supervision

RACP STANDARDS

- 1.1 *There is a designated supervisor for each Trainee.*
- 1.2 *Trainees have access to supervision, with regular meetings.*
- 1.3 *Supervisors are RACP approved and meet any other specialty specific requirements regarding qualifications for supervisors.*
- 1.4 *Supervisors are supported by the setting or network to be given the time and resources to meet RACP Supervision requirements and criteria on supervision.*

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

- 1.1.1 *Each Trainee will have two designated supervisors.*
- 1.2.1 *Supervisors must meet at least monthly with Trainees and must be conversant with the progress of Trainee's activities.*
- 1.2.2 *There is a Consultant Cardiologist (may not necessarily be a designated supervisor) present in the catheterisation laboratory, the outpatient clinics and on ward rounds.*
- 1.2.3 *All reporting of echocardiograms and angiograms is supervised by a consultant (may not necessarily be a designated supervisor)..*
- 1.3.1. *The department is staffed by consultant cardiologists (FRACP) who are also members of the Cardiac Society of Australia and New Zealand (CSANZ).*
- 1.4.1. *Supervisors have a proportion of non-clinical administration time, part of which can be directed to supervision of Trainees.*

Surveyor Comments (RACP use only)

Due to staff suspensions for disciplinary reasons (4 individuals), compounded by subsequent resignations (2 further individuals), there has been significant recent Consultant staff changes in the department. Not all of these vacancies have been filled, in part because some of the suspended individuals are challenging their disciplinary actions and hence permanent positions have not been allocated. There have been difficulties recruiting into temporary locum positions. This has most significantly impacted the EP space, with some impact also on imaging. EP is currently covered by one individual who works 0.5 FTE. Locums sometimes do fragmented relief lasting only a week. It appears that one of the AT is working with one of the suspended EP consultants out in private, to gain further EP experience.

Trainees have stated that the consultant suspensions have impacted their training.

ATs choose their own supervisors. They only seek out 3 or 4 of the consultants – those they perceive as interested in supervising. There is little evidence the supervisors meet with trainees on a formal basis outside of the end of semester assessments. The consultants provide limited direction for the AT projects

One of the consultant staff is the nominated D.O.T – it is not clear that this is a meaningful role in the dept.

Consultant presence in the cath labs is usual – the ATs themselves feel they don't get enough time in the cath lab.

Consultants attend outpatient clinics – usually in room next door to the AT. Supervision appears adequate

Consultants attend daily ward rounds – on weekends consultant presence is usual though not invariable (dependent on individual consultants)

Reporting of angiograms is supervised by consultants. Formal Reporting of echocardiograms with consultants appears to be an infrequent activity for trainees.

It appears that consultant presence outside of clinical duties may be limited – when present at the hospital the consultants appear busy with clinical duties. There appears to be limited administrative time. It is possible consultants have some time conflicts with their private duties.

Recommendations/ Action(s) Required	To be actioned by (date)			
<p>Urgent need to appoint further consultant staff particularly in EP space. If legal proceedings continue to drag out, the advertising of permanent replacement positions may also be delayed and this will adversely impact training. This matter needs urgent resolution, even if this leads to budgetary problems. The current situation is not conducive to registrar training.</p> <p>The appropriateness of EP training being provided by suspended cardiologist(s) at the Calvary Hospital need to be formally reviewed</p> <p>Clarification of consultant timetables and contact time with ATs required to eliminate ambiguity and ensure optimal training opportunities</p> <p>Given the demands on the Dept director, a formalised Director of Training position should be announced. This person needs rostered time to properly administer the position</p> <p>AT supervision responsibilities should be allocated by Dir of training or departmental director with consultants reminded of their teaching responsibilities</p>	<p>Unless the EP staff situation can be rectified in next 6 months, ATs will need to rotate externally for EP terms. This will have to be at Canberra hospitals expense.</p> <p>The College requires a formal statement on this matter within 3 months</p> <p>Clarification of consultant timetables and supervisory roles should occur before start of new academic year in 2023</p> <p>Suggest a formalised DOT role for start of 2023</p>			
Please assess compliance with Standard 1 (Supervision) using the Matrix below:				
MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
Surveyor assessment (please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Standard 1 achieved? Yes Needs Improvement

2. Facilities and Infrastructure

RACP STANDARD

2.1 There are appropriate facilities and services for the type of work being undertaken.

2.2 Each trainee has a designated workspace including a desk, telephone and IT facilities.

2.3 There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

2.1.1 The site or sites in the network will provide sufficient physical facilities to allow training, including inpatient beds, catheterisation laboratories, echo machines, and outpatient clinics, and an emergency department.

2.1.2 The site or sites in the network will have equipment for use in stress testing, echocardiography, diagnostic cardiac catheterisation, interventional cardiology, pacemaker clinics, electrophysiology, nuclear cardiology and cardiac surgery.

2.1.3 There is sufficient support/technical staff to facilitate training and supplement teaching.

2.2.1 Each Trainee has a dedicated office area, this may be shared space.

2.2.2 Each Trainee has ready access to a computer with online access.

2.3.1 The site provides videoconferencing facilities for advanced trainees who are training in rotation hospitals so that they can participate in meetings at the main teaching hospital within the network.

Surveyor Comments (RACP use only)

The Cardiology dept at Canberra Hospital consists of approx. 20 beds (12 CCU). Cardiology pts can overflow into medical wards however reverse flow into Cardiology wards by medical patients often occurs.

[The Calvary Hospital is another tertiary centre in Canberra – 1 of the 4 ATs is rotating there at anyone time, hence trainees spend 3 months of the year at this site. This is a public/private partnership hospital. One of the consultants who usually spends most of his time at Calvary was present at the site visit. The scope of the work at Calvary was not deeply examined during the visit to the Canberra Hospital, however we were informed it is mainly a ward service job. Of note some of the suspended Consultant staff from the Canberra Hospital still work at Calvary Hospital and have some role in AT training, particularly in the area of EP

Written information provided about Calvary Hospital post our visit noted:

- *At CHS there is always at least one, and normally several cardiologists on site for direct supervision if needed.*
- *Given the cultural review in cardiology and the suspension of four specialists, we have relied on temporary appointments while the investigation is ongoing.*
- *This has led to some element of discontinuity, though as above, there remains ongoing supervision plus a consultant available at all times for oversight at CHS]*

At Canberra Hospital, there are dedicated outpatient clinic rooms which the ATs routinely attend.

The hospital has a full suite of usual Cardiology equipment and procedural activity including Echo machines (perhaps limited to 3 or 4 active machines), stress testing and stress echo, TOE, Holter monitors, pacemaker device checks, coronary angiography, electrical device insertion, EP ablations, On-site cardiac surgery

There are 2 cath labs. EP procedures are performed in one of the labs which was out of action for a period of 3 months in 2002, further compounding the problems with EP exposure. Exposure to ablation

procedures is uncommon in TCH. However, candidates can attend EP procedures at Calvary Hospital, interestingly working with one of the suspended EP cardiologists

There seems to be a borderline number of trained echo scientists with chief scientist indicating this area of staffing is a concern. This may be contributing to echo training limitations

The trainees have dedicated office space with computers

Recommendations/ Action(s) Required	To be actioned by (date)
<p>The hospital needs to ensure that there are adequate numbers of Cardiac sonographers to provide training to the ATs throughout their 3 years of training, not just in the first few weeks/months. It is suspected that echo scientist numbers are pitched at meeting service rather than training needs</p> <p>Suggest formalised timetabled echo performing sessions for ATs to optimise ongoing training.</p> <p>Ensure trainee at Calvary Hospital is able to attend teaching meetings via videoconferencing</p>	<p>Provide feedback to College within 6 months as to adequacy of echo scientist workforce. Provide timetable to college of echo performing sessions</p>

Please assess compliance with Standard 2 (Facilities & Infrastructure) using the Matrix below:

MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
Surveyor assessment (please tick)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 2 achieved? Yes Needs Improvement

3. Profile of work

RACP STANDARD

3.1 The setting shall provide a suitable workload and appropriate range of work.

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

- 3.1.1** *The Trainee has a suitable workload and appropriate range of work determined by the **Cardiology Advanced Training Curriculum** and **Cardiology Advanced Training Program Requirement Handbook** (available from RACP website). The range of work will include:*
- *Inpatient consultations with a mix of new and returning patients.*
 - *Outpatient clinics and acute care in Coronary Care and Intensive Care units.*
 - *Electrophysiology and cardio-thoracic surgical exposure.*
 - *Supervision and reporting of exercise ECG tests.*
 - *Supervised performing and reporting of Holter monitors, echocardiograms and angiograms.*
- 3.1.2** *The Trainee will have clinical involvement in a range of conditions that reflect the Cardiology Advanced Training Curriculum and are codified in the Trainee's Learning Needs Analysis (LNA) as such that over 3 years of full time Advanced Training the majority of curricular domains and learning objectives are achieved.*
- 3.1.3** *Formative assessments of Trainees are conducted throughout the training period to aid learning and cover the majority of curricula domains.*

Surveyor Comments (RACP use only)

ATs receive substantial exposure to inpatient work. Indeed, the service provision aspects of their training seem to be dominant and sometimes at the expense of procedural and reporting activities.

Trainees stated that service provision dominance has led to fragmentation of educational aspects of training. One of the senior ATs state that he hasn't grown as a cardiologist in this latest year of his training

ATs appear to play an important role in outpatient service provision.

EP exposure is limited, in part due to staff shortages and suspensions. Log book targets and meaningful volumes of EP exposure will not be realistically met unless major staffing changes and rostered activity is altered. In particular, ATs seem to be receiving limited exposure to complex EP work such as ablations and complex devices. Of interest and concern, ATs indicated that some of their EP exposure occurs at Calvary Hospital under the supervision of one of the suspended consultants.

ATs receive early exposure to hands on echo training in their first year which is intended to equip them to perform echo at standard that allows them to do echo out of hours. Scientists do not do out of hours echo's. It appears that formal echo training is concentrated into this early part of first year but may not be a regular part of training in later years. It's not clear how well trained in echo these 1st year ATs are by the time they commence unsupervised (solo) echo procedures.

Cardiac surgical exposure appears adequate. A formal MDT meeting occurs weekly with the surgical consultants. ATs have an opportunity to attend cardiac surgical operations.

Surprisingly the ATs appear to have a limited role in EST performance and reporting. They do attend stress echo's but state this is for supervisory performance and they don't get involved much in the reporting aspect.

The ATs have a limited input into Holter reporting – their input is optional and unless they decide to get involved, they may do limited numbers of Holters. Similarly, their seems to be minimal role for ATs in the device clinics

Formalised time to do echo reporting with consultants is limited. It would appear unlikely ATs would reach logbook targets for echo reporting based on their current exposure.

Trainees described less than satisfactory cath lab exposure and experience. The lab was described as a "Toxic" and unwelcoming environment, with the nursing staff identified as the chief concern. ATs described feeling unwelcomed in the cath lab and gave an example of working up emergency patients for the lab but then having their presence in the lab for the procedural component questioned by nursing staff. It was noted by the ATs that few ATs from Canberra move into a career in interventional cardiology which they perceived as a reflection of the suboptimal cathlab exposure at TCH. The ATs indicated that service provision takes precedence over cath lab time and seemed generally unsatisfied with cath lab volumes and experience.

ATs indicated that the removal of certain cardiologists from the department had no positive impact on the cath lab culture for them and seemed to indicate that from their point of view the former consultants were less of an issue than some remaining non-medical staff

The trainees appear to achieve their formal log book requirements in areas of formative assessment

An important alteration is about to occur in the department. The ATs and some staff consultants are concerned about this change and the impact it might have on training. This proved to be a major topic of discussion throughout the visit. In brief the changes appear to consist of

- Replacing a BPT with an unaccredited AT (or PHO) in addition to the existing unaccredited AT
- Cardiology BPTs will now work until 2300 hrs but will not continue onsite work overnight as they previously have. The cardiology admissions and acute ward issues will be covered by general medical registrars
- Cardiology ATs will extend their remote on call duties – previously these stopped at midnight, but from next year will continue all night. The dept runs a reasonably strict fatigue program. If an AT takes a call and spends considerable time considering a matter (eg a 5 min discussion) they are entitled to a 9 hour fatigue break. Given the ATs will now be taking calls through the night they are concerned that the new rule will cause them to take fatigue well into the working day leading them to miss out on training opportunities. However, the director says that while they are entitled to fatigue, they will be allowed to return to work but must forgo overtime payments (which presumably they don't want to do).

Written info about this topic post our visit:

- The Enterprise Agreement (EA) stipulates a period of 9 hours of rest post on-call, if disturbed before 7am, as part of that on-call (e.g. if received phone call at 5am, you will be expected to return to work at 2pm- unless overtime paid for clinical demand to return to work).
- The on-call component will mostly be undertaken during the clinic week. Clinics will be undertaken in the afternoon, with time-off in the morning for appropriate rest. No clinics planned for a Monday following a weekend.

The additional unaccredited AT is expected to positively impact ATs as outlined in this written information post site visit

- Given feedback from the AT meeting in May 2022 (attached) we have recruited an additional Unaccredited AT.
- The two unaccredited ATs will function predominantly with Ward patients and consults and supporting CCU. This will reduce the amount of ward work at CHS for Accredited ATs by 90%. The ward work and inpatient referrals will be continued at Calvary as part of their training there.
- There will be specific training "blocks"- with protected training time in Cath Lab / Imaging and Clinic rotations.
- The amount of experience in each of those sub-speciality is dramatically increased (at least 50% higher) compared to current roster.
- Cath Lab rotation will now include EP as a dedicated day with an electrophysiologist.
- Dedicated teaching is ongoing on a Thursday morning as well as Echo teaching on a Friday and possible dedicated clinics in Heart Failure and Pulmonary Hypertension. Monday morning will continue to be Journal Club and Monday afternoon Heart Team meeting.
- EP teaching is ongoing, though dependent on one current EP doctor.

There seems to be a degree of concern about these potential changes however overall it would seem that the new unaccredited AT will assist the AT experience and reduce some of the service component and replace them with more training specific opportunities

Recommendations/ Action(s) Required	To be actioned by (date)			
<p>EP consultant staffing needs urgent attention with outsourcing of EP training required if not sorted in next 6 months (see section 2 above)</p> <p>Cath lab culture remains a significant problem with trainees feeling unwelcome in the lab and lacking cath and EP opportunities.</p> <p>New workforce strategies (increased unaccredited AT's, less BPTs, increased O/night on call, consultant ward service) are source of some anxiety going forward, but may positively impact training</p> <p>Echo hands on training and reporting opportunities need to be formally rostered and consultants reminded of their teaching obligations</p> <p>Holter monitor and EST involvement needs formal allocation.</p> <p>Stress echo lists should be teaching opportunities, not just service provision</p>	<p>6 months</p> <p>Executive and Dir of Dept need to continue working on cath lab culture and trainee opportunities in this area. Feedback on the situation should be provided to the College within 12 months</p> <p>Impact on training should be carefully scrutinised with feedback given to College in 12 months as to how this worked out</p> <p>Report back to College in 12 months on progress in these areas</p>			
<p>Please assess compliance with Standard 3.1 (Profile of Work) using the Matrix below:</p>				
MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
<p>Surveyor assessment (please tick)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>Standard 3.1 achieved? Yes <input type="checkbox"/> Needs Improvement <input checked="" type="checkbox"/></p>				
<p>RACP STANDARD</p>				
<p>3.2 Trainees participate in quality and safety activities.</p>				
<p>MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING</p>				
<p>3.2.1 <i>The department will maintain a quality assurance program including details of morbidity and mortality reviews.</i></p>				
<p>3.2.2 <i>There are regular morbidity and mortality audits</i></p>				
<p>Surveyor Comments (RACP use only)</p>				

The senior AT appears to run M&M; Consultants attend but more reliably if their patient is being discussed,

Recommendations/ Action(s) Required	To be actioned by (date)			
Please assess compliance with Standard 3.2 (Profile of Work) using the Matrix below:				
MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
Surveyor assessment (please tick)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.2 achieved? Yes <input checked="" type="checkbox"/> Needs Improvement <input type="checkbox"/>				

RACP STANDARD	
3.3 There is the capacity for project work (including research) and ongoing training.	
MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING	
<p>3.3.1 The department will provide opportunities and facilities for research in clinical or laboratory aspects of cardiology for each trainee</p> <p>3.3.2 Trainees are required to be involved in at least one defined research project during their advanced training.</p> <p>3.3.3 Trainees are required to submit abstracts to scientific meetings and manuscripts for publication in peer-reviewed journals.</p> <p>3.3.4 Trainees are required to perform at least one audit review per year.</p>	
Surveyor Comments (RACP use only)	
<p>Trainees partake in the research project. The current 3rd year has already summited his project despite the College stating that it was not mandatory for this years cohort</p>	
Recommendations/ Action(s) Required	To be actioned by (date)

Please assess compliance with Standard 3.3 (Profile of Work) using the Matrix below:				
MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
Surveyor assessment (please tick)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.3 achieved? Yes <input checked="" type="checkbox"/> Needs Improvement <input type="checkbox"/>				

4. Teaching and Learning

RACP STANDARD

4.1 There is an established training program or educational activities such as multidisciplinary meetings, academic meetings, rounds, and journal clubs.

4.2 There are opportunities to attend external education activities as required.

4.3 There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

4.1.1 The department will have a structured advanced training program, which will include opportunities for formal teaching sessions, seminar participation, and regularly scheduled clinical meetings, journal clubs, peer review presentations, or other methods that can be documented.

4.1.2 The department will support assessment activities as these are finalised by the RACP.

4.1.3 Trainees complete at least 2 ward rounds per week with a consultant cardiologist during clinical terms.

4.1.4 Trainees attend at least 1 educational cardiology meeting per week.

4.1.5 The Trainee attends multidisciplinary meetings.

4.2.1 Trainees will be encouraged to attend scientific meetings of local, national and international societies, and to submit abstracts to such meetings.

4.3.1 The department will provide access to a medical library (which may be off-site) with current books and access to online content including relevant journals.

Surveyor Comments (RACP use only)

Meetings

- Journal club weekly
- Thurs. AM AT training run mainly by director
- Echo meeting variable; Historically an issue; Improved.
- Heart team meeting held with cardiac surgeons in attendance.

Written material provided on this topic post visit:

- *Dedicated teaching is ongoing on a Thursday morning as well as Echo teaching on a Friday and possible dedicated clinics in Heart Failure and Pulmonary Hypertension. Monday morning will continue to be Journal Club and Monday afternoon Heart Team meeting.*

Consultant supervised ward rounds are the norm. The dept is soon to move to a weekly consultant ward cover which they believe will provide better continuity

Written material provided on this topic post visit:

- *The Consultant cohort are moving to a Consultant of the Week format; with handing over of patients to the next on call. This should streamline the CCU workload for the trainees.*

Trainees are encouraged to attend CSANZ

Recommendations/ Action(s) Required	To be actioned by (date)
Sustained improvement is required in provision of educational meetings	12 months

Please assess compliance with Standard 4 (Teaching & Learning) using the Matrix below:

MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
Surveyor assessment (please tick)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 4 achieved? Yes Needs Improvement

5. Support Services for Trainees

RACP STANDARD

5.1 There are workplace policies covering the safety and well-being of Trainees

5.2 There is a formal induction/orientation process for Trainees

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

5.1.1 All workplace policies and procedures required by Federal and State legislation are in place.

5.1.2 There is a policy on radiation safety.

5.2.1 Supervisors or designees provide an orientation/induction into training at the setting to new trainees within the first week of commencement of training.

Surveyor Comments (RACP use only)

As mentioned earlier the hospital appears to enforce quite rigorous fatigue and oncall rules. In part this is driven by a desire to reduce overtime payments. The hospital appears to strictly interpret and adhere to fatigue rules.

Recommendations/ Action(s) Required

To be actioned by (date)

Please assess compliance with Standard 5 (Support Services) using the Matrix below:

1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 5 achieved? Yes <input checked="" type="checkbox"/> Needs Improvement <input type="checkbox"/>			

Accreditation Decision (RACP use only)

Hospital name: Canberra Hospital

Accreditation Status

Accredited	<input type="checkbox"/>	Number of training positions:	
Not accredited	<input type="checkbox"/>	Maximum core training time:	
Conditional (action/s required)	<input checked="" type="checkbox"/>	Maximum training time at site:	36

Accreditation length (years)	1
Year of next review	1

Overall recommendations

Canberra Hospital Cardiology Dept has been through a tumultuous period over last the last few years, particularly the last 12 months. Ongoing legal disputes and staffing shortages contribute to ongoing challenges which the leadership are actively trying to address.

As representatives of the Advance Training Committee in Cardiology, we applaud the Canberra Hospital in their initiative of taking a hard-line on 'bullying' and poor behaviour in the work place. This initiative, in the long term, will have beneficial effects on all aspects of work life, importantly training.

Nonetheless, during this time, we have noticed these events have impacted on Advanced training in Cardiology at the Canberra Hospital.

Of note:

EP service provision and training opportunities remain limited for ATs and they will not meet training requirements if alterations to training are not made urgently. If staffing resolutions are not forthcoming in near future, ATs will need to be rotated to other centres for formal opportunities. The appropriateness of receiving EP training from suspended cardiologists at the Calvary campus requires urgent clarification.

Cath lab culture remains unwelcoming to trainees and requires ongoing director and executive review.

Service provision trumps training opportunities and leadership are trying to address this with the appt of a further unaccredited AT to relieve the service burden. We look forward to learning the impact of this change

Given the upheaval in the AT experience in the last 12-18 months a formal D.O.T role is suggested to ensure trainee interests remain in focus. Consultant timetables should be clarified to ensure training opportunities are maximised and clear training expectations are outlined for consultant staff.

Echo performance and reporting, Cath lab attendance, Holter reporting, Pacemaker checks, EST remain are areas that need formalised focus and scheduling

Educational meetings, particularly focusing on Echo training and case based discussion need further improvement and appear to be a focus going forward.

Action/s	To be actioned by (date)
Actions are outlined in the various sections. It is suggested that a further site review occur in 12 months time (either remote via Video of through a further site visit). The suitability of the site for 3 year training will need to be further reviewed at the next review.	

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RACP Assessor One	
RACP Assessor Two	
Date report completed	

From: Cardiology <Cardiology@racp.edu.au>
Sent: Tuesday, 4 July 2023 8:36 AM
To: Swaminathan, Ashwin (Health)
Cc: Scott, PeterJ (Health); Itty, Charles (Health)
Subject: RE: Canberra Hospital Cardiology Department Progress Update

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Dear Ashwin,

Hope you are well.

Please be confirmed that I have forwarded the progress report and supporting documents to the ATC.

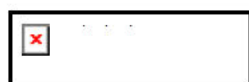
One of the assessors will be returning from leave this week and I am hoping to contact you soon with some propose virtual site visit dates for you to select.

In the interim, if you have any questions, please do not hesitate to contact me.

Kind regards,

██████████
Senior Executive Officer | BT and AT Services
Education, Learning & Assessment

The Royal Australasian College of Physicians
145 Macquarie Street, Sydney NSW 2000
Phone: ██████████; 1300 697 227
Email: memberservices@racp.edu.au
Website: www.racp.edu.au



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From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Friday, June 30, 2023 7:11 AM
To: Cardiology <Cardiology@racp.edu.au>

Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>
Subject: Canberra Hospital Cardiology Department Progress Update

[EXTERNAL EMAIL]

UNOFFICIAL

Dear [REDACTED]

Please find attached the progress report for the Cardiology Department at Canberra Hospital which was due today.

We look forward to hosting another site visit from the ATC accreditation team in July to review these arrangements.

Please do not hesitate to contact me if there are any questions.

Kind regards,

Ashwin Swaminathan

Dr Ashwin Swaminathan

Clinical Director, Division of Medicine

Canberra Health Services

PO Box 11 WODEN ACT 2606 | health.act.gov.au

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From: Cardiology <Cardiology@racp.edu.au>
Sent: Friday, 21 July 2023 5:59 AM
To: Swaminathan, Ashwin (Health)
Subject: RE: site visit 2:30pm, Tuesday 25 Jul
Attachments: Canberra Hosptial Site Itinerary 07252023.docx

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Morning Ashwin,

Hope you are well.

Just thought I will put everything in an email for you.

Attached is the draft visit itinerary. Please kindly review and also, update the attached itinerary with personnel details that I have highlighted in yellow.

Once returned to me, I will update the calendar invite with the finalized version.

In the interim, can you please forward that zoom invite to all the attendees and kindly ask them to join the meeting at designated time.

Thank you again for your ongoing support.

Kind regards,

[Redacted signature]

[Redacted signature]

Senior Executive Officer | BT and AT Services
Education, Learning & Assessment

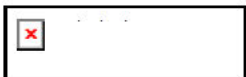
The Royal Australasian College of Physicians

145 Macquarie Street, Sydney NSW 2000

Phone: [Redacted]; 1300 697 227

Email: memberservices@racp.edu.au

Website: www.racp.edu.au



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From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Wednesday, July 19, 2023 7:48 AM
To: Cardiology <Cardiology@racp.edu.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>
Subject: RE: site visit 2:30pm, Tuesday 25 Jul

[EXTERNAL EMAIL]

UNOFFICIAL

Hi [REDACTED]
 Yes, that will work
 Cheers
 Ashwin

From: Cardiology <Cardiology@racp.edu.au>
Sent: Wednesday, July 19, 2023 6:58 AM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>
Subject: RE: site visit 2:30pm, Tuesday 25 Jul
Importance: High

UNOFFICIAL

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Dear Ashwin,

My apologies for following you up so closely.
 Can I confirm if 2:30pm next Tuesday still work for you team?

Kind regards,

From: [REDACTED]
Sent: Tuesday, July 18, 2023 9:32 AM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Cardiology <Cardiology@racp.edu.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>
Subject: RE: Canberra Hospital Cardiology Department Progress Update

Dear Ashwin,

Thank you kindly for the speedy reply.

There has been a slight change with the assessors' schedule. Can you and your team kindly commit to the virtual visit to commence at 2:30pm (Canberra time) instead?

The duration would still be around 90 minutes in total.

Don't hesitate to reach me out on [REDACTED] if you would like to speak over the phone to lock in the time.

Kind regards,

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Sent: Monday, July 17, 2023 10:04 PM

To: Cardiology <Cardiology@racp.edu.au>

Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; [REDACTED]

Subject: Re: Canberra Hospital Cardiology Department Progress Update

[EXTERNAL EMAIL]

UNOFFICIAL

Dear [REDACTED]

Our cardiology leadership team, educators and trainees will be available to meet with the assessor next week for a virtual visit.

Can you please send the itinerary for the visit at your convenience with many thanks.

Kind regards

Ashwin

Sent from [Outlook for Android](#)

From: Cardiology <Cardiology@racp.edu.au>

Sent: Monday, July 17, 2023 1:03:54 pm

To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; [REDACTED]

Subject: RE: Canberra Hospital Cardiology Department Progress Update

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Dear Ashwin,

Hope you are well.

The assessor would like to undertake a virtual site visit next Tuesday 1:30 (Canberra time).

The visit will involve interviewing Director, supervisors, and Trainees in three separate sessions back-to-back which means the total length of the visit will be around 90 minutes.

I can send a detail itinerary shortly. Can you please confirm if this date and time works?

Please call me on [REDACTED] if you wish to discuss this further.

Kind regards,

[REDACTED]
Senior Executive Officer | BT and AT Services
Education, Learning & Assessment

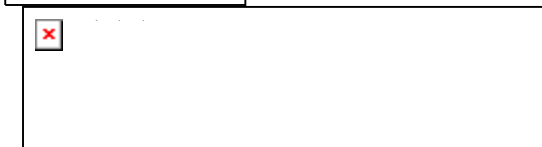
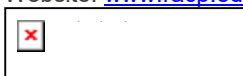
The Royal Australasian College of Physicians

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From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Sent: Friday, June 30, 2023 7:11 AM

To: Cardiology <Cardiology@racp.edu.au>

Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>

Subject: Canberra Hospital Cardiology Department Progress Update

[EXTERNAL EMAIL]

UNOFFICIAL

Dear [REDACTED]

Please find attached the progress report for the Cardiology Department at Canberra Hospital which was due today.

We look forward to hosting another site visit from the ATC accreditation team in July to review these arrangements.

Please do not hesitate to contact me if there are any questions.

Kind regards,

Ashwin Swaminathan

Dr Ashwin Swaminathan

Clinical Director, Division of Medicine

Canberra Health Services
PO Box 11 WODEN ACT 2606 | health.act.gov.au
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Advanced Training Committee in Cardiology
VIRTUAL SITE VISIT ITINERARY
Canberra Hospital site accreditation assessment
Tuesday, 25th July 2023
2:30 – 4pm AEST held via zoom teleconference

Site Personnel:

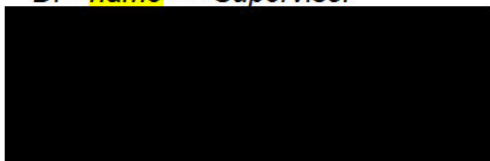
Dr Ashwin Swaminathan, FRACP – Clinical Director, Division of Medicine

Dr Peter Scott, FRACP – Director of Cardiology

Dr Charles Itty, FRACP – Deputy Director of Cardiology

Dr <name> – Supervisor

Dr <name> – Supervisor

**Accreditors:**

 – Member of the ATC

 – Chair of the ATC

Zoom Details:

Date of Accreditation review 6th July 2023

Time (AEST)	Activity	Suggested duration
2:30–2:50pm	Interview with senior directors: <ul style="list-style-type: none"> • <i>Dr Ashwin Swaminathan, FRACP – Clinical Director, Division of Medicine</i> • <i>Dr Peter Scott, FRACP – Director of Cardiology</i> • <i>Dr Charles Itty, FRACP – Deputy Director of Cardiology</i> 	20 minutes
2:50-3:10pm	Interview with supervisor: <list of cardiology supervisors>	20 minutes
3:10-3:40pm	Interview with Trainees:  <i>All other participants should leave the virtual meeting. Assessors should ask trainee(s) to confirm that no one else is present before commencing the interview.</i>	30 minutes

3:40pm	Debrief meeting with senior directors	15minutes
3:55pm	Assessment concludes	

From: Cardiology <Cardiology@racp.edu.au>
Sent: Sunday, 30 July 2023 12:38 PM
To: Scott, PeterJ (Health)
Cc: Swaminathan, Ashwin (Health); Itty, Charles (Health); [REDACTED]
Subject: For factual check - Canberra Hospital site visit report
Attachments: Canberra Hospital 2023 Site Visit Report_July2023.docx

Importance: High

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Dear Peter,

Hope you are having a lovely weekend.

Please find the attached site visit report for you to complete factual check. There is a point highlighted in yellow under section 3. *Profile of Work* that requires your clarification.

The next ATC meeting will be held on Thursday, 2 August 2023. The Committee is keen to finalise the accreditation decision on the day, however, decision cannot proceed until factual check is complete. Therefore, can you please kindly complete factual check at your earliest convenience?

Please do not hesitate to contact me if you have any questions. Thank you again for your on-going support.

Kind regards,

[REDACTED]
 Senior Executive Officer | BT and AT Services
 Education, Learning & Assessment

The Royal Australasian College of Physicians
 145 Macquarie Street, Sydney NSW 2000
 Phone: [REDACTED]; 1300 697 227
 Email: memberservices@racp.edu.au
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SURVEYOR FORM TO ACCREDIT HOSPITALS FOR ADVANCED TRAINING IN CARDIOLOGY

General Information

Name of facility	Canberra Hospital		
Site address	Yamba Dr, Garran, ACT, 2605		
Contact telephone		Contact email	
Head of Department	Dr Ashwin Swaminathan, (Clinical Dir, Div of Med) Dr Peter Scott (Dir of Card)		
Contact email	Ashwin.Swaminathan@act.gov.au		
Date of Site Survey	25 July 2023		
Current Accreditation			
The Canberra Hospital is currently accredited for a total number of four training positions with the trainee(s) spending no longer than 36 months at the site.			
Requested Accreditation			
Standard accreditation (as above)			

1. Supervision

RACP STANDARDS

- 1.1 *There is a designated supervisor for each Trainee.*
- 1.2 *Trainees have access to supervision, with regular meetings.*
- 1.3 *Supervisors are RACP approved and meet any other specialty specific requirements regarding qualifications for supervisors.*
- 1.4 *Supervisors are supported by the setting or network to be given the time and resources to meet RACP Supervision requirements and criteria on supervision.*

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

- 1.1.1 *Each Trainee will have two designated supervisors.*
- 1.2.1 *Supervisors must meet at least monthly with Trainees and must be conversant with the progress of Trainee's activities.*
- 1.2.2 *There is a Consultant Cardiologist (may not necessarily be a designated supervisor) present in the catheterisation laboratory, the outpatient clinics and on ward rounds.*
- 1.2.3 *All reporting of echocardiograms and angiograms is supervised by a consultant (may not necessarily be a designated supervisor)..*
- 1.3.1. *The department is staffed by consultant cardiologists (FRACP) who are also members of the Cardiac Society of Australia and New Zealand (CSANZ).*
- 1.4.1. *Supervisors have a proportion of non-clinical administration time, part of which can be directed to supervision of Trainees.*

Surveyor Comments (RACP use only)

Hospital restructuring:

Well publicised changes have recently occurred with the ACT health system with the takeover by the state of the former 'Public-Private' Calvary Hospital (now North Canberra Hospital). The Cardiology Depts are not yet amalgamated. 1 of the 4 AT's continues to rotate to North Canberra Hosp on a 3 monthly basis.

Consultant staffing:

The Consultant staffing situation was again discussed. It was revealed that of the 4 consultants who were suspended for disciplinary reasons, 3 had since resigned with one individual still in dispute.

The EP dept was most affected by these staff changes. Since the last review, the individual who was previously appointed as a 0.5FTE on a temporary basis has been appointed on a permanent basis

EP is allocated 1.4 FTE in total (with plans to increase to 2.0) and the remaining 0.9FTE was advertised. However, no suitable candidate was found and the position remains unfilled. In the meantime, a visiting EP specialist from Melbourne comes to Canberra for 2 days each month in a procedural capacity

At the last visit it was discovered that ongoing EP supervision was occurring with one of the suspended cardiologists at the (former) Calvary Hospital. This arrangement has stopped.

EP training opportunities

These appear to have expanded and now include the following components

1. One of the 4 AT's is rostered to the cath lab. Each Tues is dedicated to EP procedural time
2. The trainee allocated to the North Canberra hospital was involved in EP procedures (devices) on a regular basis but this seems to have stopped as of 2 weeks ago (?Why)
3. Arrangements are being put in place for a 2 week rotation in EP to Westmead Hosp in Sydney for one of the 2nd year AT's, with the expectation of the two 1st years going to Westmead in 2024 for 2 weeks each. This will continue until the EP staff situation is sorted

4. ATs are now involved in Holter Monitor reporting for inpatients

Supervision

The position of Director of Training (DOT) appears to have been formalised (Dr Itty). Dr Itty has met with the AT's on two occasions to look into a range of training issues. Dr Itty is a direct supervisor of two of the AT's.

ATs continue to choose their own supervisors. Not all supervisors retain a clinical day to day role in the department.

Recommendations/ Action(s) Required	To be actioned by (date)
<p>Urgent need to appoint further consultant staff particularly in EP space. In the absence of a full quota of EP staff, the hospital has put in place some useful, if incomplete, EP training opportunities.</p> <p>We would encourage intense efforts to recruit further EP staff</p> <p>In meantime the 'Westmead EP solution' is an appropriate short term solution. This needs to be financially supported (travel, accommodation etc) so trainees to not suffer out of pocket expenses.</p> <p>Suggest re-establish EP opportunities at Nth Canberra Hosp</p> <p>Strongly suggest the DOT become one of the two allocated supervisors for all 4 of the trainees to ensure broad overview of training and equalisation of training supervision and reporting</p> <p>All supervisors need to be clinically active and interacting with ATs on a regular basis to allow accurate assessment of AT progress</p>	<p>Request a statement on the EP situation in 6 months including:</p> <ul style="list-style-type: none"> • Update on the recruitment of EP consultants • Outcome of first Westmead Rotation <p>Immediate change in supervisor allocations so that the DOT is a supervisor for all 4 AT's</p> <p>Immediately ensure all supervisors interacting with ATs on a regular basis during their clinical duties</p>

Please assess compliance with Standard 1 (Supervision) using the Matrix below:

MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
Surveyor assessment (please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Standard 1 achieved? Yes <input type="checkbox"/> Needs Improvement <input checked="" type="checkbox"/>				

2. Facilities and Infrastructure**RACP STANDARD**

2.1 There are appropriate facilities and services for the type of work being undertaken.

2.2 Each trainee has a designated workspace including a desk, telephone and IT facilities.

2.3 There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

- 2.1.1** *The site or sites in the network will provide sufficient physical facilities to allow training, including inpatient beds, catheterisation laboratories, echo machines, and outpatient clinics, and an emergency department.*
- 2.1.2** *The site or sites in the network will have equipment for use in stress testing, echocardiography, diagnostic cardiac catheterisation, interventional cardiology, pacemaker clinics, electrophysiology, nuclear cardiology and cardiac surgery.*
- 2.1.3** *There is sufficient support/technical staff to facilitate training and supplement teaching.*
- 2.2.1** *Each Trainee has a dedicated office area, this may be shared space.*
- 2.2.2** *Each Trainee has ready access to a computer with online access.*
- 2.3.1** *The site provides videoconferencing facilities for advanced trainees who are training in rotation hospitals so that they can participate in meetings at the main teaching hospital within the network.*

Surveyor Comments (RACP use only)

The rotations to the former Calvary Hospital continue. It is anticipated that training will improve there in the long term. The trainees do not feel things are worse at present in this moment of transition. The director of Cardiology at North Canberra joined the discussion and appeared invested in AT training.

There seems to be a borderline number of trained echo scientists with the scientist numbers particularly under threat at the North Canberra Hospital. The ATs appeared appreciative of efforts being made by the scientist staff however opportunities for hands on echo training from scientists appears limited after the 1st year of training.

Recommendations/ Action(s) Required

The hospital needs to ensure that there are adequate numbers of Cardiac sonographers to provide training to the ATs throughout their 3 years of training, not just in the first few weeks/months. It is suspected that echo scientist numbers are pitched at meeting service rather than training needs

To be actioned by (date)

Provide feedback to College within 6 months as to adequacy of echo scientist workforce. Provide timetable to college of echo performing sessions

Please assess compliance with Standard 2 (Facilities & Infrastructure) using the Matrix below:

MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
Surveyor assessment (please tick)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 2 achieved? Yes Needs Improvement

3. Profile of work

RACP STANDARD

3.1 *The setting shall provide a suitable workload and appropriate range of work.*

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

- 3.1.1** *The Trainee has a suitable workload and appropriate range of work determined by the **Cardiology Advanced Training Curriculum and Cardiology Advanced Training Program Requirement Handbook** (available from RACP website). The range of work will include:*
- *Inpatient consultations with a mix of new and returning patients.*
 - *Outpatient clinics and acute care in Coronary Care and Intensive Care units.*
 - *Electrophysiology and cardio-thoracic surgical exposure.*
 - *Supervision and reporting of exercise ECG tests.*
 - *Supervised performing and reporting of Holter monitors, echocardiograms and angiograms.*
- 3.1.2** *The Trainee will have clinical involvement in a range of conditions that reflect the Cardiology Advanced Training Curriculum and are codified in the Trainee's Learning Needs Analysis (LNA) as such that over 3 years of full time Advanced Training the majority of curricular domains and learning objectives are achieved.*
- 3.1.3** *Formative assessments of Trainees are conducted throughout the training period to aid learning and cover the majority of curricula domains.*

Surveyor Comments (RACP use only)

ATs are continuing to receive early exposure to hands on echo training in their first year which is intended to equip them to perform echo at standard that allows them to do echo out of hours. Scientists do not do out of hours echo's. It appears that formal echo training remains concentrated into this early part of first year but may not be a regular part of training in later years. It's not clear how well trained in echo these 1st year ATs are by the time they commence unsupervised (solo) echo procedures.

The ATs appear to have an increasing role in EST and Holter reporting, much of which is overseen by **Dr Scott** (? Over whether this is sustainable). Their involvement in device testing was not confirmed.

AT involvement in stress echo interpretation appears to have grown.

Formalised time to do TTE reporting with consultants appears to remain limited. We remain uncertain whether the trainees are getting enough echo reporting supervision.

Trainees previously described an unsatisfactory cath lab environment. The lab was previously described as "toxic" and unwelcoming, with the nursing staff identified as the chief concern. We were informed that this issue did receive direct review by an external clinician and ATs had noticed improvement and were feeling more welcome in the lab.

In 2022 it was identified that ATs receive substantial exposure to inpatient work with the service provision aspects of their training seeming to dominate apparently at the expense of procedural and reporting activities. The junior staffing has undergone significant restructure with the placement of two unaccredited ATs in the department. They predominantly do ward duties resulting in the ATs having 4 weeks protected blocks of cath lab activity (including Tues EP), Imaging (including echo), and clinics. Feedback overall on this change was positive however there are internal concerns (that we share) that the 'pendulum has swung too far the other way' and now the ATs may not do enough CCU and ward work. While the comment was made that they do lots of ward work during the Nth Canberra rotation, this is on lower acuity patients.

ATs now do overnight on call. This has not had the negative impact that many thought it would and does not appear to be adversely impacting training and may have increased exposure to acute work.

Recommendations/ Action(s) Required	To be actioned by (date)
<p>Cath lab culture appears to have improved however remains an area to watch closely so that previous behavioural issues do not resurface.</p> <p>New workforce strategies appear to have had positive impacts however ATs involvement in ward work now appears to have moved in the opposite</p>	<p>6 months</p> <p>Report back on balance of ward work and procedural training in 6 months' time</p>

<p>direction and may be inadequate to ensure optimal training</p> <p>Echo hands on training and reporting opportunities need to be formally rostered and consultants reminded of their teaching obligations</p> <p>Ensure sustainable model of AT involvement in Holter, EST, Stress echo involvement.</p>	<p>Report back to College in 6 months on progress in these areas</p>
--	--

Please assess compliance with Standard 3.1 (Profile of Work) using the Matrix below:

MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
Surveyor assessment (please tick)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.1 achieved? Yes <input checked="" type="checkbox"/> Needs Improvement <input type="checkbox"/>				

RACP STANDARD

3.2 Trainees participate in quality and safety activities.

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

3.2.1 The department will maintain a quality assurance program including details of morbidity and mortality reviews.

3.2.2 There are regular morbidity and mortality audits

Surveyor Comments (RACP use only)

Not examined at this visit as this area has met the standard during the last site visit undertaken place in November 2022.

Recommendations/ Action(s) Required	To be actioned by (date)
n/a	n/a

Please assess compliance with Standard 3.2 (Profile of Work) using the Matrix below:

MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
Surveyor assessment (please tick)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.2 achieved? Yes <input checked="" type="checkbox"/> Needs Improvement <input type="checkbox"/>				

RACP STANDARD

3.3 There is the capacity for project work (including research) and ongoing training.

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

<p>3.3.1 <i>The department will provide opportunities and facilities for research in clinical or laboratory aspects of cardiology for each trainee</i></p> <p>3.3.2 <i>Trainees are required to be involved in at least one defined research project during their advanced training.</i></p> <p>3.3.3 <i>Trainees are required to submit abstracts to scientific meetings and manuscripts for publication in peer-reviewed journals.</i></p> <p>3.3.4 <i>Trainees are required to perform at least one audit review per year.</i></p>				
Surveyor Comments (RACP use only)				
Not examined at this visit as this area has met the standard during the last site visit undertaken place in November 2022.				
Recommendations/ Action(s) Required		To be actioned by (date)		
n/a		n/a		
Please assess compliance with Standard 3.3 (Profile of Work) using the Matrix below:				
MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
Surveyor assessment (please tick)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.3 achieved? Yes <input checked="" type="checkbox"/> Needs Improvement <input type="checkbox"/>				

4. Teaching and Learning

RACP STANDARD

4.1 *There is an established training program or educational activities such as multidisciplinary meetings, academic meetings, rounds, and journal clubs.*

4.2 *There are opportunities to attend external education activities as required.*

4.3 *There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.*

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

- 4.1.1** *The department will have a structured advanced training program, which will include opportunities for formal teaching sessions, seminar participation, and regularly scheduled clinical meetings, journal clubs, peer review presentations, or other methods that can be documented.*
- 4.1.2** *The department will support assessment activities as these are finalised by the RACP.*
- 4.1.3** *Trainees complete at least 2 ward rounds per week with a consultant cardiologist during clinical terms.*
- 4.1.4** *Trainees attend at least 1 educational cardiology meeting per week.*
- 4.1.5** *The Trainee attends multidisciplinary meetings.*
- 4.2.1** *Trainees will be encouraged to attend scientific meetings of local, national and international societies, and to submit abstracts to such meetings.*
- 4.3.1** *The department will provide access to a medical library (which may be off-site) with current books and access to online content including relevant journals.*

Surveyor Comments (RACP use only)

ATs feel that formal teaching sessions have improved.

There is no hands-on echo reporting teaching meeting (e.g. one AT reporting an interesting echo in the 'Hot Seat' with supervision of consultant/sonographer and attendance of all trainees). This would be a useful addition.

Recommendations/ Action(s) Required

Suggest regular practical echo reporting session as outlined above to supplement existing echo teaching.

To be actioned by (date)

12 months

Please assess compliance with Standard 4 (Teaching & Learning) using the Matrix below:

MATRIX RANKING	1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
Surveyor assessment (please tick)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard 4 achieved? Yes Needs Improvement

5. Support Services for Trainees

RACP STANDARD

5.1 *There are workplace policies covering the safety and well-being of Trainees*

5.2 *There is a formal induction/orientation process for Trainees*

MINIMUM REQUIREMENTS FOR CARDIOLOGY ADVANCED TRAINING

5.1.1 *All workplace polices and procedures required by Federal and State legislation are in place.*

5.1.2 *There is a policy on radiation safety.*

5.2.1 *Supervisors or designees provide an orientation/induction into training at the setting to new trainees within the first week of commencement of training.*

Surveyor Comments (RACP use only)			
Trainees are happy with on call situation and do not feel it has had the negative consequences they feared.			
Recommendations/ Action(s) Required		To be actioned by (date)	
n/a		n/a	
Please assess compliance with Standard 5 (Support Services) using the Matrix below:			
1 No Significant Issues	2 Minor Issues	3 Moderate Issues	4 Severe Issues
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 5 achieved? Yes <input checked="" type="checkbox"/> Needs Improvement <input type="checkbox"/>			

Accreditation Decision (RACP use only)			
Hospital name:	Canberra Hospital		
Accreditation Status			
Accredited	<input type="checkbox"/>	Number of training positions:	
Not accredited	<input type="checkbox"/>	Maximum core training time:	
Conditional (action/s required)	<input checked="" type="checkbox"/>	Maximum training time at site:	36
Accreditation length (years)			
		1	
Year of next review			
		1	

Overall recommendations
Canberra Hospital Cardiology Department has been through a challenging period and while significant challenges remain, there are positive signs that the leadership is actively engaged in improving the AT experience and that positive outcomes are being realised.

Of note:

EP service provision and training opportunities have improved though remain suboptimal. An unfruitful recruitment campaign for new EP staff speaks to the ongoing challenges in the department and the difficulty in overcoming the setbacks of recent years. We appreciate the efforts to secure external EP training, but this is an imperfect solution and should be of limited duration. ATs must not be financially disadvantaged during their rotation to an external hospital. We encourage a strong and urgent focus on remedying the EP workforce shortfall. Ep opportunities at Nth Canberra Hospital were in place but have recently stopped. Suggest re-establishing these.

The addition of unaccredited ATs has improved the opportunities for practical skills training however the balance has tipped too far, and ATs may not be getting enough exposure to acute patient care in the wards. This needs some rebalancing.

We applaud the appointment of a formal DOT and encourage this individual to be a supervisor for all of the ATs. Additional supervisors need to be actively involved in day-to-day clinical activities with the ATs.

Echo performance and hands on training by sonographers appears positive for first year ATs however drops off for more senior ATs – this likely relates to small numbers of Echo sonographers who are probably rostered at numbers to provide service provision with little allowance for training needs. Hospital executive needs to ensure this critical area is adequately resourced.

Consultant supervised echo reporting remains a concern. Rostered sessions (multiple) are required for this important educational activity. A regular echo 'Hot seat' reporting session attended by all ATs and senior staff might also improve training.

With the upheaval in the ACT health system, close attention needs to be paid to the AT rotating to Nth Canberra (Calvary) Hospital. If supervision is compromised, or the workload is altered significantly, this position could become unsuitable for training.

Action/s	To be actioned by (date)
<p>Actions are outlined in the various sections above.</p> <p>It is suggested that a progress report be sent to the ATC in 6 months' time (mid-February 2023) updating the Committee on the:</p> <ol style="list-style-type: none"> 1. EP situation (including staffing and outcome of Westmead rotation) 2. Echo training opportunities and outcomes 3. Training situation at Nth Canberra Hospital 4. Rebalancing of ward and procedural training opportunities <p>Suggest further site visit in 12 months' time, otherwise in 6 months' time if concerns are raised based on submitted progression report.</p>	

RACP Assessor One	[REDACTED]
RACP Assessor Two	[REDACTED]
Date report completed	28 / 07/ 2023

From: [REDACTED]
Sent: Friday, 4 August 2023 4:33 PM
To: Swaminathan, Ashwin (Health); Cardiology
Cc: Scott, PeterJ (Health); Itty, Charles (Health); Cardiology
Subject: Re: Canberra Hospital Cardiology Department Progress Update

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I will try for afternoon with the assessor.
Can I please have your mobile in case I need to call you quickly.

[REDACTED]

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From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Friday, August 4, 2023 4:28:21 PM
To: [REDACTED] Cardiology <Cardiology@racp.edu.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; Cardiology <Cardiology@racp.edu.au>
Subject: Re: Canberra Hospital Cardiology Department Progress Update

[EXTERNAL EMAIL]

UNOFFICIAL

Hi [REDACTED]
That's great. 15 minutes tops.
Sometime next week if possible? Afternoons are better for me as I'm on clinical duties, if at all possible.
Ashwin

Sent from [Outlook for Android](#)

From: [REDACTED]
Sent: Friday, August 4, 2023 4:20:46 PM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Cardiology <Cardiology@racp.edu.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; Cardiology <Cardiology@racp.edu.au>
Subject: Re: Canberra Hospital Cardiology Department Progress Update

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Hi Ashwin

Thanks for your email.

I will reach out to the assessor shortly and see if a zoom call can be arranged. How long do you foresee the fall will take? And any preference on day and time.

Kind regards

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From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Sent: Friday, August 4, 2023 4:05:04 PM

To: Cardiology <Cardiology@racp.edu.au>

Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; [REDACTED]

Subject: RE: Canberra Hospital Cardiology Department Progress Update

[EXTERNAL EMAIL]

UNOFFICIAL

Dear [REDACTED]

I tried calling you but understand you're on leave.

I would like to speak to the senior ATC site accreditor if possible next week to discuss a change of circumstance regarding one of the cardiologists working at North Canberra Hospital.

Would you be able to pass on my request for a phone call?

Thanks

Ashwin

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Sent: Monday, July 17, 2023 10:04 PM

To: Cardiology <Cardiology@racp.edu.au>

Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; [REDACTED]

Subject: Re: Canberra Hospital Cardiology Department Progress Update

Dear [REDACTED]

Our cardiology leadership team, educators and trainees will be available to meet with the assessor next week for a virtual visit.

Can you please send the itinerary for the visit at your convenience with many thanks.

Kind regards

Ashwin

Sent from [Outlook for Android](#)

From: Cardiology <Cardiology@racp.edu.au>
Sent: Monday, July 17, 2023 1:03:54 pm
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>; [REDACTED]
Subject: RE: Canberra Hospital Cardiology Department Progress Update

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Dear Ashwin,

Hope you are well.

The assessor would like to undertake a virtual site visit next Tuesday 1:30 (Canberra time).

The visit will involve interviewing Director, supervisors, and Trainees in three separate sessions back-to-back which means the total length of the visit will be around 90 minutes.

I can send a detail itinerary shortly. Can you please confirm if this date and time works?

Please call me on [REDACTED] if you wish to discuss this further.

Kind regards,

[REDACTED]
 Senior Executive Officer | BT and AT Services
 Education, Learning & Assessment

The Royal Australasian College of Physicians
 145 Macquarie Street, Sydney NSW 2000
 Phone: [REDACTED]; 1300 697 227
 Email: memberservices@racp.edu.au
 Website: www.racp.edu.au



For all our latest insights see www.racp.edu.au



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Friday, June 30, 2023 7:11 AM

To: Cardiology <Cardiology@racp.edu.au>

Cc: Scott, PeterJ (Health) <PeterJ.Scott@act.gov.au>; Itty, Charles (Health) <Charles.Itty@act.gov.au>

Subject: Canberra Hospital Cardiology Department Progress Update

[EXTERNAL EMAIL]

UNOFFICIAL

Dear [REDACTED]

Please find attached the progress report for the Cardiology Department at Canberra Hospital which was due today.

We look forward to hosting another site visit from the ATC accreditation team in July to review these arrangements.

Please do not hesitate to contact me if there are any questions.

Kind regards,

Ashwin Swaminathan

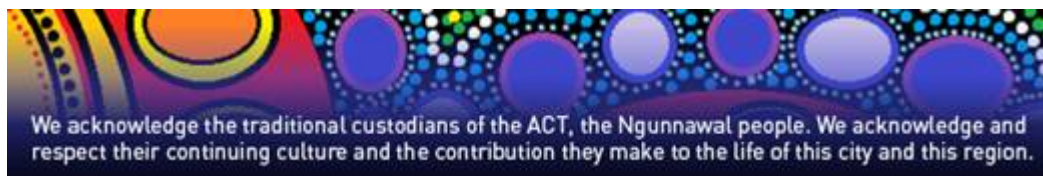
Dr Ashwin Swaminathan

Clinical Director, Division of Medicine

Canberra Health Services

PO Box 11 WODEN ACT 2606 | health.act.gov.au

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