



Duane Findley  
Chief Executive Officer  
The Royal Australian and New Zealand College of Radiologists  
Level 9, 51 DrUITT Street  
Sydney NSW 2000

SD24/7475 SF23/91

Via Email: [REDACTED]

Dear Mr Findley,

**Re: Accreditation Site Visit Report for Concord Radiology**

Thank you for meeting with me on 16 January 2024 to discuss the Accredited Training Site Assessment Report for Concord Repatriation General Hospital (CRGH) and Canterbury Hospital Departments of Radiology.

I would also like to thank you for the opportunity to provide you and the Clinical Radiology Training Accreditation Committee an overview of the concerns Sydney Local Health District (SLHD) has in relation to the process that was followed, some of the emotive commentary/language included in the report and some of the recommendations made by The Royal Australian and New Zealand College of Radiologists (RANZCR). I have provided the details of my concerns below.

**Accreditation Process**

As discussed when we met, I along with members of my team attended a meeting with the Accreditation team at CRGH on 14 September 2023. I found this meeting to be very challenging and different from the usual College Accreditation meetings. I found the Accreditation team to be combative, disrespectful and making statements that did not fully reflect the actual situation at CRGH. I also felt that the team was not interested in seeking a response from the District, rather took it as an opportunity to berate members of the District Executive.

I was extremely disappointed to learn that the Directors of Training and the Head of Department for CRGH and Canterbury Radiology received a copy of the Preliminary Accreditation Report, without a member of Hospital or District Executive being included in the distribution. Unfortunately, due to a misunderstanding from within the Radiology Department regarding the need for confidentiality, the Hospital / District did not have an opportunity to review and fact check the Report. This led to the Final Report being issued with incorrect statements included.

I very much appreciate the opportunity that you have given SLHD to rectify the incorrect and inaccurate statements. As was raised with you when we met, I am concerned that the Accreditation team has made findings and recommendations that are outside of the scope of the Accreditation Standards. I understand the role of RANZCR in accrediting Radiology Departments is to assess their compliance with training Standards and ensure that structures, systems and processes are in place to support a Radiology Registrar training environment. SLHD is concerned that the content of the Accredited Training Site Assessment Report has failed in this regard.

I am also concerned that the performance of Radiology Trainees at CRGH and Canterbury Hospital was not considered in its assessment of training and supervision at the site. Currently, there are 12 Radiology Trainees at CRGH and Canterbury Hospital Radiology, six of which have passed their Part 2 examinations. Feedback from within and outside the Department is that the Radiology Trainees receive excellent training and the Department has a strong teaching focus which is exemplified by its Trainee's success in the Part 2 examinations. This reflects not only the great work that occurs within the Department but the organisation's support for our trainees. It does not make sense that our trainees do exceptionally well in their exams and better than average including completion of workplace assessments as was acknowledged when we met, if the training environment is as poor as suggested by the report.

## **Recommendations**

### **Recommendations 1a and 3**

*The Training Site must commission an independent cultural review to investigate, with a view to rectify, communication dysfunction, expectations, behaviours and workplace wellbeing within the Department (Concord Radiology) and associated stakeholders. This process should include the Canterbury Hospital and should focus on training and associated impediments. A representative from the College is expected to be involved and the College will require to receive the outcome and action plan which will be monitored for progress.*

By way of background, the NSW Ministry of Health commissioned ProActive ReSolutions to conduct a restorative process at CRGH, which involved the Consultant Radiologists, Radiology Trainees and other Staff in the Department. This process commenced on 21 September 2023, where Staff from the Department, Hospital and SLHD Executive met to discuss issues in the Department and how to best move forward. I am very positive about the ongoing process and feel that it has strengthened relationships and improved communication.

I understand based on your feedback in our meeting on 16 January, that the process outlined above met this recommendation. However, recommending a cultural review of a department is an example of a recommendation that sits outside the jurisdiction of the accreditation process. I also believe that it is inappropriate to recommend that a member of the College participate in that process.

### **Recommendation 1b**

*The Training Site must actively drive recruitment to correct the SMO deficit. This may require exceptional incentives to attract the correct individuals given the industrial climate in NSW currently. The Training Site must satisfy the college that there has been or imminent projected improvement in the FTE at 6 months following the CRETC determination. The additional FTE required based on the currently recruited establishment is 7.5. This will have a bearing for ongoing accreditation at the site.*

SLHD has continued to make a concerted effort to recruit Consultant Diagnostic Radiologists to CRGH over a significant period of time. I am very pleased to see these efforts coming to fruition with four Staff Specialist Diagnostic Radiologists recruited in 2023 at a total of 2.25 FTE. The efforts continue and include but are not limited to:

- i) rolling recruitment of Staff Specialist and Visiting Medical Officer Diagnostic Radiologist positions, which have been advertised on the NSW Health portal, in RANZCR and in overseas journals;
- ii) creating a standing credentialling panel to interview suitable applicants to roles as soon as practicable; and
- iii) engaging recruiters nationally and internationally to target potential candidates for roles.

In our efforts to recruit international candidates and as discussed during our meeting, SLHD will be working closely with RANZCR to ensure candidates are assessed via its International Medical Graduate (IMG) Program and receive appropriate upskilling training in order to achieve Fellowship of RANZCR and work within the Australia system. We look forward to working with you on this.

I believe our efforts to recruit Consultant Radiologists to CRGH meet this recommendation. However, this recommendation is another example of one that SLHD believes is outside the jurisdiction of the accreditation process. Furthermore, SLHD is bound by the NSW Health Staff Specialist Award or VMO Determination and is therefore limited in the "exceptional incentives" it can offer "to attract the correct individuals". I am also concerned that the review team failed to acknowledge the national shortage in radiologists. I appreciated your acknowledgement that despite this we meet the ratio requirement.

### **Recommendation 1c**

*The Training site must review the rostering to ensure all trainee reports are checked with-in 48 hours following partial validation by the trainee. Face to Face teaching and supervision capacity must be reviewed and the roster optimised for this. This included image review and MDM support.*



I have been pleased by progress against this recommendation since the Accreditation visit on 13 and 14 September 2023. CRGH Radiology established a 'for review' reporting list in PACS in October 2023, which enables Radiology Trainees working after-hours shifts to allocate their draft reports to a reporting list intending for the next Consultant in the Department to review. Prior to this, imaging studies were allocated to a sub-specialty Consultant Radiologist to report when they were next available, which sometimes caused delays. The new reporting list and workflow has improved turn-around-times for Consultant reviews on Radiology Trainee reports and means that those drafted on the weekend are reviewed first thing on Monday morning.

In addition to this, from 11 January 2024, SLHD contracted Everlight Radiology to report overnight CTs and x-ray performed at CRGH and Canterbury Hospital between 11pm to 7am daily. Everlight Radiology has reduced the after-hours work performed by Radiology Trainees, with Trainees now finishing their shift at midnight, and has ensured Consultant Radiologists' workload has reduced such that checking Trainee's provisional reports can be prioritised within 24 hours.

Rostering arrangements in the Department were modified from October 2023 as soon as the District became aware of this practice. Radiology Trainees are not rostered during business hours without face-to-face supervision, including at Canterbury Hospital. With these changes, SLHD believes that it has met Recommendation 1c and looks forward to RANZCRs feedback on this.

**Recommendation 1d**

*The training site must find and instigate an appropriate solution to "clear" the backlog of reporting in a timely fashion.*

As discussed on 16 January 2024, SLHD is experiencing issues with x-ray reporting that are not dissimilar to those being experienced in other NSW Public Hospitals, as well as National and International Radiology services. Thank you for your support during the meeting regarding the actions we are taking to try to address these issues.

SLHD engaged I-Med's subsidiary I-TeleRAD from 29 September 2023 to report the backlog of x-rays in its old General Electric (GE) PACS-RIS system. As discussed, this followed extensive work by the District to ensure cyber security issues were addressed and the IT systems of our organisations were integrated. Since this time, 30,750 of the 33,667 backlogged x-rays in GE PACS-RIS have been reported.

The issues SLHD is experiencing with its backlog of x-rays do not apply to its cross-sectional image reporting.

**Recommendation 1e**

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

It is important that all SLHD Medical Directors of Training (DOTs), Heads of Department (HOD) and Clinical Supervisors receive adequate Clinical Support Time (CST) and other support to perform their duties. SLHD has a strong culture of providing support to Medical Staff and as discussed, was the origin of the now State-Wide BPTOK program, as well as having the State's first appointed Chief Medical Wellness Officer.

At CRGH Radiology, DOTs are provided one session (5-hours) of CST per week to perform their duties and the HoD is provided one administrative session per week which will increase to two sessions when new staff commence in February. The Clinical Supervisors have CST integrated into their working week either as one session per fortnight or up to 1.5/2 hours per day. These arrangements are long-standing and SLHD feels that, as a result, Recommendation 1e has been met.

**Recommendation 1f**

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

Consultant-led teaching is incredibly important to ensure that Radiology Trainees receive adequate supervision and case-mix. The recommendation to place more emphasis on this at CRGH Radiology is under discussion with the DoTs and HoD. Each Consultant will be asked to provide one tutorial per fortnight on an ongoing basis and SLHD is happy to continue working toward achieving this recommendation with the Department.

**Recommendation 2a**

*The Training site to review and update previous risk management plan, as well as implement the areas of risk to the department's operation and vocational training commitment.*

There is a lack of clarification regarding the previous risk management plan. I would be pleased if RANZCR could provide additional information regarding what led to this recommendation and what the risk management plan should consider.

**Recommendation 2b**

*The training site review the after-hours workload and consider options to attend to excessive referral. This work should be undertaken with stakeholders from the local and wider area network.*

From 11 January 2024, Everlight Radiology was contracted to report overnight CTs and x-rays performed by the CRGH and Canterbury Hospital Radiology Department from 11pm to 7am. This has allowed increased Radiology Trainee rostering in evenings during the week and a second 8-hour overlapping shift on the weekend, which has reduced after-hours workload on the Department. SLHD feels that, as a result of this, Recommendation 2b should be considered as met.

**Recommendation 4a**

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

As you are aware, improving access to some imaging modalities is challenging with the current NSW Health Setting and Local Area Network (LAN) structure. SLHD is in discussion with the RANZCR Local Area Network 2 (LAN2) regarding Concord Radiology Trainees' access to trauma and transplant imaging. There is currently a regular rotation term to RPA Radiology, which provides access to significant trauma and transplant imaging. SLHD is happy to continue working toward achieving this recommendation with the Department and LAN2; however, I would like to note that the availability of suitable training opportunities within LANs is a core responsibility of the RANZCR training curriculum and continued support from the College is required.

**Recommendation 4b**

*The Training site to investigate opportunities to improve access to woman's imaging by considering a cooperation with the Maternal Foetal Medicine team at Canterbury Hospital.*

As above, improving access to some imaging modalities is challenging with the current NSW Health Setting and LAN structure. SLHD is in discussion with the LAN2 regarding Concord Radiology Trainees' access to obstetrics and gynaecology imaging. These sub-specialties are at Canterbury Hospital currently, which Radiology Trainees get good access to. SLHD is however happy to continue working toward achieving this recommendation with the Department and LAN2, however, as above, would like to note that the availability of suitable training opportunities within LANs is a core responsibility of the RANZCR training curriculum and continued support from the College is required.

**Recommendation 4c**

*The Training site to investigate opportunities to improve access to paediatric imaging in accordance with the NSW initiatives to utilise more community hospital paediatric facilities.*

Improving access to paediatric imaging is particularly challenging within NSW. As above, SLHD is in discussion with the LAN2 regarding improving Concord Radiology Trainees' access to paediatric imaging but would like to note that the availability of suitable training opportunities within LANs is a core responsibility of the RANZCR training curriculum and continued support from the College is required.



**Recommendation 5**

*The department reviews to ensure there are appropriate equipment replacement processes/programs in place to allow a timely replacement of imaging and associated equipment when required.*

As detailed during our meeting on 16 January 2024, SLHD has undertaken significant capital investments in the CRGH and Canterbury Radiology Departments. COVID-19 demands impacted on the District's ability to undertake this work earlier. In the past six months alone, the following has occurred:

- i) installation of a new CT Scanner in the CRGH Radiology Department in October 2023;
- ii) installation of a new CT Scanner in the Canterbury Radiology Department in December 2023;
- iii) capital works undertaken to install a new CT Scanner in the CRGH ED, due to go live in March 2024;
- iv) procurement and architectural planning to install a second MRI Scanner in the CRGH Radiology Department in 2024; and
- v) development of a business case for two new ultrasound machines at Canterbury Hospital. It has also developed an equipment tracker which guides decision making about equipment replacement or upgrades in imaging services.

SLHD feels that, as a result of this, Recommendation 5 should be considered as met.

**Recommendation 6**

*The training site ensures there is intradepartmental IT personal to attend to and take responsibility for issues that arise on a day-to-day basis. It is suggested this individual has a role in activity monitoring for the future planning of the department.*

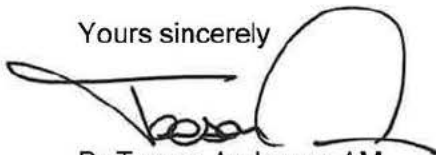
CRGH has experienced challenges with IT staff recently, with two of its existing staff resigning from the Department at short notice due to personal circumstances in the second half of 2023. A Business Case for SLHD PACS-RIS Administration team is being prepared and is due for submission by February 2024. Resources who typically perform PACS-RIS Administration duties are currently finalising the State-wide Project to transition PACS-RIS to the Sectra-Kestral System, due to finish in July 2024. It is likely that recruitment to these positions will therefore be delayed until this time and SLHD is happy to continue working with the Department to meet this recommendation.

Based on the feedback provided, SLHD would like to request the Summary section of the report be reconsidered following careful review of the points raised. In addition to this, it is requested that RANZCR reconsider its grading of the Departments level of Accreditation and duration of validity.

I would like to thank RANZCR for the opportunity to raise these concerns and the assurance that they will be reviewed and addressed.

If you would like to discuss further, please do not hesitate to contact me on [REDACTED] or via [REDACTED]

Yours sincerely



Dr Teresa Anderson AM  
Chief Executive

Date: 30-1-24

Cc: Professor Michael Fulham, Clinical Director Medical Imaging Stream SLHD  
Reuben Haupt, Acting Director of Operations Medical Imaging Stream SLHD  
Joseph Jewitt, Acting General Manager, CRGH  
Jason Cheng, Acting General Manager, Canterbury Hospital



Health  
Sydney  
Local Health District

BR24/2570

Duane Findley  
Chief Executive Officer  
The Royal Australian and New Zealand College of Radiologists (RANZCR)  
Level 9, 51 Druitt Street  
Sydney NSW 2000

Via Email: [REDACTED]

Dear Mr Findley,

**Re: Accreditation Site Visit Report for Concord Radiology**

I write in response to your correspondence dated 21 February 2024, regarding concerns raised by Sydney Local Health District (SLHD) concerning the RANZCR assessment conducted at Canterbury Hospital and Concord Repatriation General Hospital (CRGH) on 13 and 14 September 2023, respectively.

During our meeting on 16 January 2024, you advised that it would be appropriate for SLHD to document our concerns to you via a letter. My understanding was that RANZCR would assess these concerns against the outcome reports for both sites and re-publish the reports, taking into consideration the concerns raised.

I am disappointed that following these discussions on 16 January 2024, RANZCR's written response to SLHD does not align with what I believed to be the process moving forward. I am also concerned that SLHD has been asked to document the District's concerns again through commentary on the three month progress report for both sites, which was submitted on 11 March 2024, but has not received a response to date.

I think it is important to discuss this matter further. I have asked for a representative from the NSW Ministry of Health to also be present at our next meeting. SLHD will be in contact to organise this meeting as soon as practicable.

If you would like to discuss further, please do not hesitate to contact me on [REDACTED] or via email at [REDACTED]

Yours sincerely

A handwritten signature in black ink, appearing to read 'Teresa Anderson', written over a white oval background.

Dr Teresa Anderson AM

**Chief Executive, Sydney Local Health District**

Date: 8.5.24

Cc: *Dr Genevieve Wallace, Executive Director of Operations, SLHD*  
*Professor Michael Fulham, Clinical Director, Medical Imaging Stream, SLHD*  
*Reuben Haupt, A/Director of Operations, Medical Imaging Stream, SLHD*





The Royal Australian and New Zealand  
College of Radiologists®

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Dr Georges Hazan  
Senior staff specialist and Director of Training  
Medical Imaging Department  
Prince of Wales Hospital, Randwick NSW 2031

9 March 2023

Via email: [REDACTED]

Dear Dr Hazan,

**Re: Inappropriate behaviour directed towards RANZCR Staff and RANZCR Office Bearers.**

I refer to two separate complaints received by the College alleging that you engaged in inappropriate, disrespectful, and belittling behaviour towards College staff and College Office Bearers at recent College and Network events. The complaints contend that:

1. On Tuesday 28 February at the Prince of Wales Medical imaging Department, RANZCR staff were asked to present to the Department on the functionality of e-portfolio. College staff reported that they felt demeaned, humiliated, and disrespected with inappropriate and derisive comments directed to them concerning your frustration with the new system. Both staff members are junior members of staff and were distressed by what they perceive as a personal and aggressive attack on them. Both staff members were visibly shaken by the experience and required counselling from senior management at the College. At the same meeting, we have also been made aware by multiple sources that you also referred to first-year trainees as "retards".
2. At a LAN 3 education meeting on 23 February 2023, you were aggressive towards the LAN 3 Network Training Director, Dr Liz Dr Silverstone, by interrupting, shouting, and then publicly disparaging Dr Silverstone for not allowing you to continue to air your views. Members who attended the meeting felt that you belittled and humiliated Dr Silverstone and that you were dismissive of views put forward by other attendees. Such behaviour undermines the concept of a network training structure and undermines many years of work in establishing co-operative relationships within LAN 3.

Your behaviour in each of these circumstances is inappropriate and breaches the values of the College which include integrity, accountability, inclusiveness and innovation.

RANZCR does not tolerate disrespect or derisive behavior directed towards its staff or its Office Bearers.

In view of these issues, the College has formed a preliminary view and consider that there are sufficient grounds to terminate your appointment as Director of Training at the Medical Imaging Department, Prince of Wales Hospital, Randwick. However, a final decision has not yet been made.

You are invited to respond to each of these issues in writing to offer an opportunity to show cause as to why your appointment should not be terminated. Your response should be received within seven (7) business days from the date of this letter.

If you fail to provide a written response, RANZCR will make a final decision regarding your ongoing appointment.

Yours sincerely,

Mr. Duane Findley  
Chief Executive Officer  
RANZCR

Cc: HD PoWH  
GM PoWH  
Dr Barry Soans, Chief Censor Faculty of Clinical Radiology RANZCR  
Dr Rajiv Rattan, Dean, Faculty of Clinical Radiology RANZCR.





**Health**  
South Eastern Sydney  
Local Health District

Mr Duane Findley  
Chief Executive Office  
RANZCR

Dear Mr Findley,

**Re: College correspondence with Dr Georges Hazan**

I am writing in regard to the College's recent communications with Dr Georges Hazan the current Director of Training (DoT) at the Prince of Wales Hospital (POWH).

While I appreciate that this issue does not directly relate to the hospital, Dr Hazan was representing the hospital in his DoT role and I believe this does draw the hospital into these matters.

I have previously written to you in relation to the College's original letter to Dr Hazan outlining my concerns with the process. Your recent correspondence to Dr Hazan unfortunately only reinforces those concerns.

The College's original decision to proceed with disciplinary action against Dr Hazan for his alleged behaviour at two meetings was not only incorrect procedurally but also incorrect in fact.

Let me outline why I hold this view.

Both meetings were recorded. This was known to all participants including the alleged complainants and the College. I don't believe that any competent manager would not review freely available recordings prior to "forming a view". I can only assume the College did that before writing to Dr Hazan. If you didn't then that raises other equally concerning issues.

I have listened to both recordings and will comment on each one separately:

In relation to the meeting on March 1 2023 with College representatives to discuss the software used to record trainee activities and supervision I offer the following based entirely on the recording which I repeat was available to you:

- The meeting was attended by multiple people – consultants, trainees and two College representatives.
- ALL hospital participants were highly critical of the College software both in terms of its usefulness and ease of use. Your representatives did not contradict any of this.
- Dr Hazan specifically told the College representatives that the issues were not with them personally but with the College's lack of response to continual criticism re the software.
- At no point in the meeting was anything either rude or hostile said to the College representatives that would justify them feeling "personally attacked" especially given the previous statement.
- Dr Hazan clearly does NOT refer to trainees as "retards" as claimed in your letter. That comment is made by a trainee in self-deprecation over their inability to manage the software. In fact Dr Hazan comments that we do not refer to trainees as "retards". I don't understand how the College got that so clearly wrong.



Prince of Wales Hospital &  
Community Health Services

Executive Unit, High Street, Randwick NSW 2031  
Ph: (02) 9382 2001 [seslhd.health.nsw.gov.au/POWH](https://seslhd.health.nsw.gov.au/POWH)

- Dr Hazan makes a genuine offer to attend in his own time to assist the College representatives with addressing some of the concerns with the software in order to make it more user friendly.
- All of Dr Hazan's comments are strongly in support of trainees, supervisors and the effectiveness of the training programme.

In relation to the meeting of LAN3 on 23 February 2023, I offer the following:

- The Chair cuts Dr Hazan off when speaking in favour of an issue that he had raised on behalf of the POWH Training Programme.
- Dr Hazan calls out objecting to being cut-off.
- Dr Hazan was the only person cut-off by the Chair. Two previous persons speaking against the POWH proposal were not stopped while still speaking.
- The Chair neither acknowledged nor responded to Dr Hazan's initial objection and simply ignored it.
- Dr Hazan does call out a second time pointing out to the Chair that he and only he was cut-off.
- I am aware that POWH has a number of concerns in the functioning of the LAN and increasing frustration in difficulty having these concerns addressed or even raised.
- The rest of the meeting was conducted cordially, collegially, addressing a number of issues including some that the LAN has with decisions of the College.
- The overwhelming impression is of a slightly dysfunctional group who by their own admission are unwilling to vote on issues to resolve disagreement because it might be binding on them.

Having now listened to both recordings twice it is very difficult to see how any reasonable person could form the view that Dr Hazan had behaved in any manner other than to passionately support his training hospital, his supervisors and most importantly his trainees.

Therefore the only viable explanation is that the College has attempted to target/bully Dr Hazan for being outspoken in criticising the College and the LAN (in expressing what are widely held views) relating to how they manage the training programme. I believe that it is an attempt to pressure/threaten Dr Hazan and by implication the POWH into suppressing our criticism of the College.

Dr Hazan is an outstanding Director of Training and cannot do his job effectively and maintain the trainees trust in him if he cannot speak freely in pointing out problems with the manner in which the College and LAN3 conduct the training programme.

Of greater concern, especially to Dr Hazan personally, is that I don't think there is any doubt that in "forming a view " on what are clearly incorrect allegations and forwarding that to a number of Dr Hazan's peers, the College has defamed Dr Hazan.

As such your letter of 17 April stating that you are not proceeding with any further action but neither acknowledging or withdrawing your clear errors is disingenuous and not acceptable.

Further by "reminding" Dr Hazan that "the College does not tolerate disrespectful, derisive or unprofessional conduct directed towards its staff or its Office Bearers" and subsequent comments in your letter, there is the clear implication that you still consider him guilty of those actions and that your decision not to proceed with disciplinary action is a magnanimous act on your part.



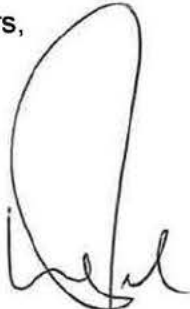
Again as a matter of process while you forwarded the original allegations and your intention to dismiss Dr Hazan to a number of other senior people, you conveniently omitted to forward your decision not to proceed to everyone who was on the original letter. This is a further significant error in process and procedural fairness and I continue to be surprised that you are not aware of what are basic industrial/legal principles.

The only acceptable response is for the College to unconditionally withdraw the allegations and apologise to Dr Hazan, forwarding that response to all recipients of the original letter and I would strongly advise the College in that direction. I also think it would be very helpful in avoiding significant unnecessary delay and unpleasantness if the College provided Dr Hazan with a copy of the proposed wording prior to publishing it.

How Dr Hazan responds to your letter is a matter for him and I will let him respond. However my view is that you have defamed Dr Hazan and by implication my hospital and our training programme. I believe that it represents a bias in the College against the Prince of Wales Hospital and is an attempt to suppress criticism rather than openly and transparently discuss and deal with widespread genuine issues of concern with the College's training programme that are causing significant operational problems.

I have encouraged Dr Hazan to pursue this matter but will leave any decision to him. Our next step will depend on how he chooses to deal with the matter and the College's response.

Yours,



**Martin Mackertich MBS MPH FRACMA LLB MBioethics**  
**Director of Clinical Services**

27 April 2023



Our Ref: MWG 306265-00233

Contact  
Michael W Gorton



1 May 2023

**BY EMAIL** [REDACTED]

Martin Mackertich  
Director of Clinical Services  
South Eastern Sydney Local Health District

Dear Mr Mackertich

**College correspondence with Dr Hazan**

We act for the Royal Australian and New Zealand College of Radiologists and have a copy of your correspondence to the CEO, Mr Duane Findley, of 27 April 2023.

Your correspondence raises a number of legal matters, and the College has thought it appropriate that we respond, as legal advisers to the College.

I note that:

- 1 Your correspondence relates to issues between the College and Dr Georges Hazan, the College's Director of Training at the Prince of Wales Hospital. It is not clear from your correspondence whether you have authority to speak on behalf of Dr Hazan, but we note that the matters to which you refer have been resolved and that no further action is to be taken. Accordingly, the College does not propose to consider the substance of the issues you raise.
- 2 Your correspondence appears to challenge the College's authority to deal with such matters, with which we respectfully disagree. The College is entitled to deal with these matters with its own members, which is separate and distinct from any position they hold at your hospital.
- 3 Your correspondence traverses a range of issues and assertions with which, again, the College respectfully disagrees. The College has a right to ensure that its staff carry out their duties and responsibilities in a safe working environment. This was not the case in relation to the relevant meeting held at your hospital. Some of your assertions in relation to the conduct of those meetings, at which, we understand, you were not present, have nonetheless been addressed by Dr Hazan. Your interpretation of some of these issues are at odds with the experience of others.
- 4 Your correspondence also includes threats of litigation in relation to defamation on behalf of Dr Hazan. Given that all correspondence and discussions to date have taken place within College processes, by which all participants are bound, we note those discussions and

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correspondence are protected and subject to privilege, and take place in circumstances in which the College has a duty to investigate and adjudicate. In any event, the references to defamation contained in your correspondence are vague and lack specificity and your threat of litigation might also be seen as interfering in the legitimate interaction between the College and its members and its staff.

Under the circumstances, should you wish to correspond further in relation to these matters, kindly direct all correspondence to this office.

Yours faithfully

**RUSSELL KENNEDY**

A handwritten signature in black ink, appearing to be 'R. Kennedy', with a long horizontal stroke extending to the right.

Michael W Gorton AM  
Principal



**Health**  
South Eastern Sydney  
Local Health District

**By Email:** [REDACTED]

Michael W Gorton  
Principal  
Russell Kennedy

Dear Mr Gorton,

**Correspondence with RANZCR re Dr G Hazan**

Thank you for your very prompt response of 1 May 2023 on behalf of the College It is reassuring that they have taken legal advice something which appeared to be seriously lacking in their earlier correspondences.

A minor issue, I am not the SESLHD Director of Clinical Services (DCS) I am the DCS at the Prince of Wales Hospital and a doctor.

More to the point I do not represent Dr Hazan nor do I have authority to speak on his behalf. I speak on behalf of the POW hospital which I believe has standing in this matter as:

1. Dr Hazan's alleged actions/behaviours were entirely in his paid capacity as the Director of Training at POWH and representing the hospital.
2. Any disciplinary action by the College against Dr Hazan or even restriction in his ability to advocate significantly impacts on the hospital's ability to meet its responsibilities as it prevents us from having our selected and the most appropriate person (Dr Hazan) in the position of DoT.
3. It is my view that the College's actions are partially directed at the POWH through its attack on Dr Hazan.

I disagree with you in that I don't believe, for reasons I have raised in my previous letter to Mr Findley, that the matters are resolved. The College having initiated this matter does not get to decide when it is resolved. That is a decision that needs to be taken by all parties to the issue.

Whether the College chooses to consider the substance of the issues I raise is a matter for them. Given that I have raised legitimate concerns with the College's attitude towards one of its training facilities and the effectiveness of the training programme as it is administered through LAN3 that is a little disappointing.

I am happy to agree to disagree with you on point 2.

I absolutely agree that the College has the right to ensure that their staff work in a safe environment. However I strongly disagree that that was not the case for the meeting held at the POWH with the College representatives.



Prince of Wales Hospital &  
Community Health Services

Executive Unit, High Street, Randwick NSW 2031  
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I again note that the College has conveniently omitted, as have you, to apologise for or even mention the clear error of fact in relation to one of the more serious allegations against Dr Hazan arising from this meeting. In fact this error is hard to explain other than by the real probability that the College did not actually avail itself of the meeting recordings prior to forming a view and issuing a letter to Dr Hazan.

I stand by my interpretation of the meeting and I believe that any reasonable person listening to the recordings would come to the same conclusion.

Your last paragraph is a little confusing. I haven't threatened litigation on our behalf. Neither am I able to threaten litigation on Dr Hazan's behalf. However I do believe that Dr Hazan has been defamed and it is open for him whether to pursue this or not. I have offered the opinion that in my view an apology would suffice but that is a matter for the College and Dr Hazan to decide.

The College is entitled to investigate and adjudicate but they must do that using appropriate process and without bias. Are you suggesting that writing to Dr Hazan telling him that they had formed a view to dismiss him prior to even giving him an opportunity to be aware of the substance of the complaints or respond to them meets any of those standards. Neither I would suggest, even if we disagree on the interpretation of both meetings, does not acknowledging the College's clear and serious error of fact, withdrawing the allegation and apologising for it.

I am not sure why you see our involvement as interfering. In your own words, as much as the College is entitled to legitimate interactions between its members and staff can I remind you that Dr Hazan is one of our staff including in his DoT role and therefore our involvement in supporting him against what we see as a clear attack by the College, is surely just as legitimate.

My intention in writing to Mr Findley was partly to raise my serious concerns with the whole process but more importantly not to threaten further action, including legal, but to hopefully avoid it through encouraging the College to acknowledge and apologise for its misguided attack on Dr Hazan.

However we do reserve the right to take further action should we not believe that the matter has been satisfactorily resolved.

Yours,



**Martin Mackertich** MBBS MPH FRACMA LLB MBioethics

3 May 2023