

Special Commission of Inquiry into Healthcare Funding

Statement of Dr Andrew Hallahan

Name: Dr Andrew Hallahan

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Occupation: Executive Director, Medical Services, Clinical Governance and Risk Sydney Local Health District

1. This is a supplementary statement to my statement dated 6 June 2024 (**MOH.9999.1294.0001**) and accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The supplementary statement is true to the best of my knowledge and belief.

A. INTRODUCTION

2. I am the Executive Director Medical Services, Clinical Governance and Risk and Medical Services of Sydney Local Health District (**SLHD**). A copy of my curriculum vitae is exhibited to this statement (**MOH.9999.2136.0001**).
3. In this role, I am responsible for providing executive medical leadership for SLHD, which includes overseeing the recruitment and appointments of systems and credentialing, quinquennial renewal, medical professional matters and providing leadership and mentoring. I am also responsible for providing assurance and improvement to deliver safe, effective, patient and family centred care, risk management and successful accreditation of all SLHD facilities. Medical student placements do not form part of my portfolio.

B. SCOPE OF SUPPLEMENTARY STATEMENT

4. This supplementary statement addresses:
 - a. the topics set out in the letter dated 23 May 2024 issued to the Crown Solicitor's Office and also Issues Paper 1/24, relevant to my role;
 - b. matters raised in relation to Concord Hospital in the statements of Associate Professor Lloyd Ridley dated 14 July 2024, Duane Findley dated 15 July 2024 and Associate Clinical Professor Winston Cheung dated 16 July 2024. Where matters

raised in the abovementioned statements are not directly addressed, this does not constitute my agreement with how they have been characterised.

C. JUNIOR MEDICAL OFFICERS AT SLHD

5. SLHD employs approximately 1,080 Junior Medical Officers (**JMOs**) (1,035 FTE) over all specialties. SLHD determines the numbers employed based on service planning, and population need with reference to the allocated budget provided. The NSW Annual Medical Recruitment (**AMR**) campaign conducted each year from July to December is the principal means of recruitment to these positions. This is a coordinated exercise across NSW Health.
6. The AMR operates across Local Health Districts (**LHDs**) and is centrally supported by Healthshare through the JMO help desk. The AMR operates to enable JMOs to apply for multiple positions at different facilities, LHDs and specialty networks by a single application and on the same timeline. It functions to provide an efficient and transparent approach to recruiting JMOs for both JMOs themselves and also LHDs. This is because JMOs are offered positions by the facilities, LHDs and specialty networks at the same time, reducing competition between the facilities, LHDs and specialty networks and also reducing the administrative burden for JMOs. Following the interview process, talent pools for the positions are generated. If successful, candidates will then either be offered a position or remain in the talent pool for the position(s) they applied for. These candidates may later be offered positions as they become available. SLHD recruits the majority of its JMOs through the AMR and will exhaust the relevant talent pool before advertising for a position.

D. SPECIALIST DOCTORS AT SLHD

7. With respect to specialist doctors, SLHD has 632 Staff Specialists, 745 Visiting Medical Officers (**VMOs**), 36 Clinical Academics and 27 Post-Graduate Fellows covering all medical specialties. SLHD considers that all senior medical officers should supervise the junior doctors in training with whom they interact. SLHD has 458 junior medical staff in specialist medical training positions, not including prevocational trainees (postgraduate year 1 and 2) or trainees in unaccredited positions. A breakdown of medical staff numbers by specialty across SLHD as at June 2024 is exhibited to this statement (**MOH.0011.0008.0001**).

8. SLHD has an adequate number of specialist doctors, who provide a high standard of supervision of our trainees as evidenced by the trainees' feedback in the annual National Medical Training Survey that is run by the Medical Board of Australia.
9. The National Medical Training Survey is an annual nation-wide survey of doctors in training managed by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (**AHPRA**). It provides objective comparisons across the different states and hospitals, and also across years. The survey focuses on the training experience and asks the survey participants questions regarding workplace-based domains including orientation, clinical supervision, access to teaching, facilities, workplace environment and culture and patient safety. Survey results generate significant interest among trainees, jurisdictions and specialist medical colleges and may also influence doctors in training, determining their preferred workplace.
10. The survey results are informative because the survey has a high response rate (54% of the total Australian cohort for 2023), provides granular data, is managed by an external body and is oriented around the needs of medical trainees.
11. The National Medical Training Survey results are accessible to the public online and the results may be filtered by state and by hospital. A copy of the 2023 Medical Training Survey Report for NSW is exhibited to this statement (**MOH.0010.0420.0001**). A copy of the 2023 survey results for Canterbury, Concord Hospital and Royal Prince Alfred Hospital combined (comprising the SLHD Hospitals represented in the survey), and Concord Hospital individually along with a comparison of responses between NSW, SLHD and Concord Hospital, to several key questions are exhibited to this statement, respectively (**MOH.0010.0420.0001**), (**MOH.0010.0417.0001**) and (**MOH.0010.0418.0001**). I understand there were not enough respondents who identified as employees of Balmain Hospital to be included in the analysis.
12. SLHD Medical Services analyse the survey results carefully and compiles an action plan arising from the survey annually since 2022. The SLHD junior medical staff who participated in these surveys provided positive responses that were equivalent or more favourable than NSW generally. There were areas identified for further development and these form the basis for further actions by SLHD including support for trainees in unaccredited positions, term supervisor support, fostering a culture of appreciation and access to education. A copy of SLHD's Action Plan from the 2022 survey results and accompanying presentation at SLHD's Clinical Quality Council in September 2023 are exhibited to this statement (**MOH.0010.0414.0001**) and (**MOH.0010.0411.0001**),

respectively. A report prepared for SLHD's Clinical Quality Council dated 12 July 2024 summarises the 2023 National Medical Training Survey Results in relation to SLHD. A copy of the report is exhibited to this statement (**MOH.0010.0410.0001**).

13. SLHD works with rural LHDs to support their workforce by having Post-Graduate Trainees in Year 1 and 2, as well as Basic Physician trainees performing rotations in hospitals located in Dubbo, Bathurst, Broken Hill and Orange. The rotations operate in accordance with the training networks developed and supported by the Health Education and Training Institute (**HETI**). These networks were established by HETI but are operated by the LHDs with ongoing oversight from HETI. I consider that HETI provides a constructive role in this space by providing support and infrastructure, allowing LHDs to focus on the practicalities of the management of the training networks. The training networks are required to ensure trainees have appropriate supervision whilst working at other facilities and we work collaboratively with the respective LHDs to ensure that is achieved. Feedback from trainees regarding their regional and rural rotations has been and continues to be positive.
14. These programs are successful because the trainees obtain valuable experience, and the regional hospitals benefit by having an enhanced workforce. It also develops a long-term relationship between SLHD and regional LHDs and between practitioners. I consider that due to the success of the programs, the perception held by trainees and physicians is that regional and rural experience is highly valued, as gleaned from trainees during their end of term feedback held after each rotation.
15. Rotational networks for other specialities have not yet been developed. NSW Health runs centralised panels for a range of specialist recruitment, and it may be possible to further develop a more networked approach to specialty training. This would be contingent on resourcing. The reason that programs such as the Basic Physician Training Networks has been effective is because it has been appropriately structured and resourced through HETI.
16. In my view there can be improvements to the current system of employing specialist doctors however this would not be a simple process. For some specialties the private sector differential in income (in the order of four to five-fold) is highly significant. The challenge for NSW Health in attracting specialist doctors to work in the public sector is particularly salient in specialties with widespread shortages such as Psychiatry and Radiology. SLHD is still able to train and retain professionals in these areas, but there

is a need to consider how to enhance the attractiveness of these specialities in order to prevent shortages, which I understand are currently felt by all LHDs.

17. Another significant challenge for the NSW Health system at the LHD level is that the assumptions that our current employment models are based on, are outdated. Classically staff would become staff specialists and stay in that position for the rest of their career. This is no longer the norm, and we now have a workforce that wants to work more flexibly and often fractionally to allow time for family or other personal commitments.

E. NATURE AND ADEQUACY OF CURRENT NSW HEALTH MECHANISMS AND POLICIES FOR RECRUITING AND TRAINING INTERNATIONALLY TRAINED DOCTORS

18. In my view, there have been improvements by streamlining processes by some of the Colleges and AHPRA in regard to internationally trained doctors due to significant and ongoing work done at a Federal level as a result of the Independent Review of Health Practitioner Regulatory Settings by Ms Robyn Kruk. Two to five years ago it would typically take one to two years to recruit an international doctor, now that process takes around six to twelve months depending on individual circumstances.
19. Last year, SLHD participated in a pilot program funded by NSW Health to train international medical graduates at SLHD facilities before taking their Australian Medical Council examination. The program provided high levels of supervision and the experience equivalent to that of what a domestic final year student receives for several months and was successful from SLHD's perspective. The program made it easier for doctors with international medical qualifications to pass the requirements necessary for registration and is a medical workforce strategy which would benefit from being further supported. NSW Health is doing this in 2024.

F. ROLES, RESPONSIBILITIES AND CONTRIBUTIONS MADE BY COLLEGES, UNIVERSITIES, HETI, OTHER TRAINING INSTITUTIONS AND NSW HEALTH AGENCIES IN TRAINING DOCTORS IN THE PUBLIC HEALTH SYSTEM IN NSW

20. Training standards required by the Colleges are generally helpful and ensure that demonstrated work conditions and performance standards are met. This is a useful driver for the training of doctors in NSW Health and also ensure national consistency.

21. Universities have offerings including masters degrees and other micro credentials which are also attractive. For example, the University of Sydney has introduced an Emerging Health Leaders course which is a high-quality offering.
22. Programs offered by HETI are generally more focussed on the training requirements of Junior Medical Officers (**JMOs**). HETI also offers leadership training which some of my colleagues at SLHD have been supported to attend and have greatly benefited from. I believe HETI provides a very valuable resource and if it was not in operation, its functions would need to be replicated in every LHD. In my previous practice in Queensland where there was no equivalent to HETI, this was seen as a strength of the NSW Health system.
23. The Clinical Excellence Commission (**CEC**) and the Agency for Clinical Innovation (**ACI**) provide specific and important bespoke offerings. For example, the CEC offers the Safety & Quality Essentials Pathway which is a program delivered over three levels: Foundational, Intermediate and Adept. The has been rolled out and provides a high-quality resource for all employees to develop necessary knowledge and expertise in safety and quality methodology and its application. The ACI also offers redesign and change management courses. One of these, Accelerating Implementation Methodology has had participation from SLHD staff on a regular basis and has contributed to the success of system redesign projects in our LHD delivering clinical service improvements.

G. COLLEGE ACCREDITATION

24. In my role, I have oversight of the processes of accreditation including College accreditation visits and I am involved in managing SLHD's relationships with the Colleges. My team works to support individual departments at SLHD facilities to manage the accreditation process. I also ensure the Chief Executive of SLHD and Ministry of Health (**MOH**) have a line of sight over the process. Either I or the Chief Executive will attend the Colleges' visits to ensure that they understand the executive perspective of SLHD and that we receive direct feedback from the Colleges.
25. At SLHD, we have had more than 20 accreditation reviews this year, and similar numbers last year. I understand that in 2018, the Royal Australasian College of Surgeons raised significant concerns about the accreditation for trainee doctors to work at the Royal Prince Alfred Hospital's cardiothoracic Surgery Department. This issue was dealt with prior to my commencement at SLHD and is not a matter that I can speak to other than that the matters were satisfactorily resolved and on their most recent visit in 2022, SLHD was commended on the quality of the cardiothoracic training program. An example of

the withdrawal of specialist training accreditation which impacted SLHD is the withdrawal of accreditation of medical registrar training at Bathurst Base Hospital by the Royal Australasian Colleges of Physicians in February 2023. This has since been restored.

26. Although not a withdrawal of accreditation, the downgrading of accreditation at the Clinical Radiology Department at Concord Hospital in December 2023 following the Royal Australian and New Zealand College of Radiologists (**RANZCR**) site visit in September 2023 is also of relevance and is discussed below.
27. Generally, the focus of the College accreditation visits is to ensure the facilities meet the Colleges' standards and training requirements. Questions asked of me are usually directed to the quality of supervision, policies and procedures concerning bullying and harassment, quality of the training programs and infrastructure, structure of the departments and staffing levels. Colleges pay close attention to matters involving the wellbeing of trainees. SLHD makes it clear that it has invested heavily into the wellbeing of trainees and we point to the 'My District OK' (**MDOK**) program as evidence of that. The MDOK program is a workplace wellbeing program developed for doctors that is now accessible to all staff in our LHD.
28. Informal feedback from the Colleges is generally received immediately before a report is provided by the relevant College to the facility. The College will first send a draft copy of the report and there will sometimes be further dialogue about any proposed recommendations before it is finalised.
29. I consider the dialogue with the Colleges is usually constructive because the Colleges are responsible for ensuring the training programs contain appropriate training for the relevant specialities and fulfil necessary requirements. I generally find the process useful and consider that when Colleges make recommendations, there is usually a basis for those recommendations. It is important to have a range of views, however at times I consider the Colleges should focus better on their role to ensure trainees meet their training requirements. Recommendations regarding numbers of nursing, allied health or administrative staff should be regarded as beyond the scope of College accreditation unless there is an immediate impact on training. I also consider that at times recommendations come from a specialist profession and individual department focused lens, which are not always aligned with SLHD's broader perspective and may be difficult to implement. In these situations we generally have been able a constructive dialogue about the issues faced by SLHD with implementing them. For example, a College may comment on the need for allied health support which can be difficult to implement. While

acknowledging that sometimes the staffing profile of other professions may be considered as part of a College's accreditation decision, if it impacts on the work performed by trainees, there are occasions where we have not agreed with College recommendations.

30. Another advantage of Colleges is that they are trusted by the trainees and Senior Medical Officers. I not infrequently learn about matters raised by the trainees that they have not informed the facility or SLHD about, notwithstanding that we consistently encourage trainees to raise issues. In my view it is helpful for trainees to be able to depend on that relationship. I consider that the Colleges take their role seriously and look out for the wellbeing of trainees. I also consider that it is not usual for them to make unreasonable recommendations and whilst sometimes there are misunderstandings and miscommunications, once those are resolved, a reasonable outcome can usually be achieved.
31. There are also advantages in having independent specialist organisations that also have a national perspective. For example, Colleges generate a significant amount of professional enthusiasm and engagement and SLHD benefits from that in respect of the level of engagement they receive from specialists.
32. The number of specialist training positions that are available at SLHD is determined by SLHD as the employer. SLHD's decision on the number of positions that are funded is largely determined by the number of supervisors available to train and supervise the trainees and SLHD's service requirements and overall funding. Requirements set by the Colleges also influence the number of specialists training positions available at SLHD. SLHD does also employ a number of doctors (currently 108) in unaccredited positions who are working with the intention of obtaining a specialist training position in the future, for example in the specialties of surgery, dermatology, and ophthalmology. We have developed structures to provide these doctors with necessary supervision and training. For example, in 2023 SLHD has established a Trainees in Unaccredited Positions Working Group which oversees SLHD trainees in unaccredited positions and has resulted in ensuring these trainees have training/professional development plans. SLHD has also appointed Directors of Trainees in Unaccredited Positions as a result of this work, ensuring that these trainees have this important support.
33. If the current system of medical training accreditation were to radically change it would be a large undertaking that would require management of significant risks. I also consider that it would be very difficult to be done at a single state level and would need to be made

across Australia. This is primarily because some subspecialties are very small, for example gynaecology and obstetrics have five or six subfields and the numbers would be very small across NSW. In addition several of the surgical specialities such as paediatric surgery encourage and require training in multiple states. I do however think there is work that could be done to harmonise and simplify the process of medical training accreditation. For example, many of the Colleges ask the same questions around adequacy of training, supervision, HR systems, and bullying and harassment. These questions could be streamlined across the specialities, with Colleges becoming more involved when dealing with matters specific to their speciality.

Downgrading of accreditation of the Radiology Department at Concord Hospital

34. On 14 September 2023, RANZCR attended Concord Hospital for a site visit. At this time, the Clinical Radiology Department at Concord Hospital had a Level B Accreditation status. A copy of *Concord Hospital's Site Accreditation: Self-Assessment and Site Visit Form*, prepared prior to site visit on 14 September 2023 is exhibited to this statement (**MOH.0010.0412.0001**).
35. Following the site visit, RANZCR prepared a Preliminary Assessment Report. I understand the Preliminary Assessment Report was provided to Drs John Banh and Matthew Carmalt, the Directors of Training and Dr Robert Loneragan, the Head of Department for the Clinical Radiology Department at Concord Hospital. A copy of the draft report was not provided to any members of the Hospital or SLHD executive. I understand that the Concord Directors of Training advised there were no factual errors contained in the Site Assessment Report.
36. On 12 December 2023, Dr Michael Bynevelt, Chief Accreditation Officer, RANZCR issued correspondence to Drs John Banh and Matthew Carmalt, the Directors of Training at Concord and Canterbury Hospital, advising that the accreditation status of Concord Hospital had been downgraded to a Level D Accredited Training site valid to 12 December 2024, on the basis that Concord Hospital was not in compliance with many areas of the *Accreditation Standards for Education, Training and Supervision of Radiology Trainees* (COR.0002.0006.0001). A copy of the letter and final report are exhibited to this statement (**SCI.0012.0061.0001**) and (**SCI.0012.0059.0001**), respectively. The letter states that Concord Hospital's accreditation is conditional upon the issues identified at the site visit being met and required Concord Hospital to submit regular progress reports to RANZCR. I consider it is significant that the excellent outcomes of the Concord Radiology trainees in the RANZCR examinations was not

recognised in the report. This was subsequently acknowledged by RANZCR in a meeting with the SLHD Executive on 16 January 2024.

37. On 16 January 2024, I attended a meeting with Dr Teresa Anderson, Chief Executive of SLHD, Dr Genevieve Wallace, Executive Director, Operations of SLHD, Mr Duane Findley, Chief Executive Officer of RANZCR and Mr Brendan Grabau, General Manager, Specialty Training Unit of RANZCR. The purpose of the meeting was to have a constructive discussion about the RANZCR's accreditation visit to Concord and Canterbury Hospitals. From an SLHD executive perspective, we sought to raise our concerns and to provide constructive feedback on the process as well as provide feedback to RANZCR that we were engaging to address the issues raised by them. During the meeting we were invited by Mr Findley to document our concerns to RANZCR via a letter and understood that these concerns would be taken into consideration by RANZCR in assessing whether to republish accreditation reports for Concord and Canterbury Hospitals.
38. Following the meeting, on 30 January 2024, Dr Anderson, issued a letter to Mr Findley. A copy of that letter is exhibited to this statement (**pages 1-5 of SCI.0011.0264.0001**). I consider this letter accurately summarises what was discussed at the meeting held on 16 January 2024 and the specific actions taken by SLHD to address the concerns raised in the RANZCR's report (SCI.0012.0059.0001).
39. A response to that letter was received from Mr Findley on 21 February 2024. A copy of that letter is exhibited to this statement (**MOH.0005.0172.0001**). The letter stated that the information provided by Dr Anderson in her letter dated 30 January 2024 did not change the outcome of the assessment and to ensure that the changes made by SLHD towards training at Concord Hospital are captured in the upcoming three-monthly progress report.
40. On 11 March 2024, a three-monthly progress report dated 8 March 2024 was submitted to RANZCR. A copy of the three-monthly report is exhibited to this statement (**MOH.0010.0413.0001**).
41. On 8 May 2024, Dr Teresa Anderson issued a further letter to Mr Findley. A copy of that letter is exhibited to this statement (**page 6 of SCI.0011.0264.0001**). In the letter, Dr Anderson expressed interest in discussing the matter further and that a representative from the NSW Ministry of Health (**MOH**) be present. I understand a MOH representative was proposed to be included to provide the MOH with direct line of sight to this matter.

42. On 20 June 2024, I received a copy of a letter issued by RANZCR to the Directors of Training at Concord Hospital, issued in response to the three-monthly progress report. The letter advises that of the 14 recommendations made in response to the site visit, 10 have been met by Concord Hospital and 4 have been partially met. As noted in the letter, a 6 monthly progress report will be submitted by Concord Hospital to RANZCR at a later date to be notified by RANZCR. A copy of this letter and accompanying progress report are exhibited to this statement (**SCI.0012.0173.0001**) and (**SCI.0012.0172.0001**), respectively.
43. On 22 July 2024, I attended a meeting with Mr Findlay, Mr Grabau, Graeme Loy, the new Chief Executive of SLHD and Dr Wallace via Microsoft Teams. During this meeting RANZCR complimented SLHD on our progress and provided assurance that they were satisfied that actions necessary for accreditation were progressing satisfactorily from RANZCR's perspective.
44. While the process was initially adversarial, following the receipt of the three month progress report, I consider RANZCR has considered the issues raised by SLHD and become more collaborative and satisfied by the work being done at Concord Hospital to address the recommendations, as noted in the letter dated 20 June 2024. I consider that a number of the recommendations made by RANZCR were within the scope of the RANZCR's remit, being to ensure trainees receiving appropriate training in a satisfactory environment.
45. There are some recommendations that SLHD and Concord Hospital have limited capacity to address, for example meeting FTE targets for specialist radiologists. Concord Hospital has made every effort to recruit and meet FTE targets but have had difficulty in doing so. This difficulty is also acknowledged by RANZCR's in their letter dated 20 June 2024 (SCI.0012.0173.0001). Concord Hospital's difficulty in reaching the FTE targets for staff specialists has a consequent impact on meeting supervision requirements for RANZCR accreditation.
46. SLHD has made ongoing and consistent efforts to support recruitment of specialist radiologists, which was a significant challenge in Concord Interventional Radiology (**IR**) in 2023. However, these roles have now been recruited to and Concord has a staffed functional IR service, with four IR VMOs and 2.25 FTE Staff Specialists being appointed in 2023. With respect to remuneration of radiologists, SLHD has abided by the NSW Health Award conditions, as it is required to. SLHD is committed to working constructively and transparently with the Radiology Department to appropriately staff the service.

47. With respect to recommendation 1(d) of RANZCR, the radiology backlog is acknowledged and has been managed by outsourcing the report backlog to external providers I-TeleRAD and Everlight. SLHD would have preferred not to have outsourced reporting however we were unable to recruit Consultant Diagnostic Radiologists despite concerted efforts.
48. With respect to recommendation 5 regarding procurement of equipment, while the matters are complex, I consider that we have consistently supported procurement in accordance with NSW Health Policy. The LHD has made considerable and ongoing efforts to ensure timely and appropriate procurement of necessary imaging equipment, for example, a new CT Scanner was installed in the Concord Radiology Department in October 2023, a third CT Scanner has been installed in Concord Hospital's Emergency Department in April 2024 and further work toward a second MRI Scanner is progressing with procurement and architectural planning underway.

H. COMPLAINT – WINSTON CHEUNG

49. I refer to the statement of Dr Winston Cheung dated 16 July 2024 at paragraphs [73]-[83]. I confirm that I did make a formal complaint under NSW Health policies about Dr Cheung's behaviour towards me in a Medical Staff Council meeting as set out in Annexure PPP of Dr Cheung's statement (SCI.0012.0140.0001). This underwent a process as in accordance with the NSW Health policies and I remain most amenable to a mediated discussion with Dr Cheung to resolve this matter.



Dr Andrew Hallahan



Witness:

30.7.24

Date

30/7/24

Date