



Health
Western Sydney
Local Health District

WSLHD Ref: WSBrief21/2088-7

Prof Mike Benevylet, Chief Accreditation Officer
The Royal Australian and New Zealand College of Radiologists
Level 9, 51 Druitt Street, Sydney
2000 NSW

Via email: accreditation@ranzcr.edu.au

Dear Prof Benevylet

Thank you for your correspondence of 21 July 2021 requesting clarification and additional information in relation to the response provided by WSLHD on 10 July 2021.

Please find below responses to the queries raised:

1.1.1: The exact credentials, employment contracts, FTE and commencement dates of the required 4 FTE FRANZCR consultants.

Westmead Hospital is not in a position to increase the Radiology Consultant Staff establishment by the recommended four FTE due to the uncertainty of the impact of the IRC decision on current staffing.

WSLHD understands that RANZCR wishes to see an increased complement of radiologists at Westmead Hospital in order to provide supervision/meet trainee ratio and deal with the clinical work which is increasing in volume, complexity and acuity. WSLHD has already demonstrated that we meet the required Radiologist to Trainee ratio when the VMO FTE is considered in addition to the staff Radiologists, as allowed under RANZCR'S training site accreditation standards. We have also demonstrated an ability to reduce the backlog of unreported cases to less than one day of workload through our current processes which included use of tele-radiology reporting. Most significantly for the College's deliberations, Westmead Hospital is providing an effective, high quality training program which is achieving strong outcomes for trainees and the future Radiologist workforce.

WSLHD remains open however to reducing the number of trainees if the college has ongoing concerns about our ratio.

There has been significant recruitment activity over the last 12 months to address vacancies resulting from a combination of long term leave and some resignations. WSLHD has been unable to recruit to a vacant Staff Specialist Radiologist position but has been successful in recruiting to VMO Radiologist positions.

There are a number of recently commenced VMOs and some appointed VMOs who will be commencing work at Westmead in the near future as per Appendix A. It is noted that allocations for VMO hours for the 2021/2022 financial year are currently under review through internal processes.



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WSLHD will not provide employment contracts without the written permission of the relevant senior medical staff but would invite the College to contact these staff directly if confirmation of employment details at WSLHD is required; these VMOs are Fellows of your College and the College would have their contact details accordingly.

The outcome of the current IRC processes will impact the needs of consultant staffing in the Department of Radiology and will necessitate a reassessment of staffing once available.

WSLHD acknowledges that earlier submissions in response to recommendations indicated that this recommendation would be progressed and that this has not assisted in clear communications with the College as to the actions that we are able to take.

1.1.1: Clarification of the discrepancy between previously provided consultant FTE (e.g. those previously listed as 0.7 FTE now listed as 1.0 FTE)

The Staff Specialist Radiologists are full-time employees (ie 1.0 FTE), according to the WSLHD Human Resources/HealthRoster pay system, drawing nearly all the entitlements of full-time employees accordingly, but are required to undertake only 7 work sessions (half-days) of work per week in WSLHD (ie 0.7 FTE in regards clinical service provision for WSLHD with note of on-call requirements in addition). This arrangement is set out in an above-award Radiologist agreement that is currently under dispute in the Industrial Relations Commission.

At this stage, it is unclear how many sessions per week will be required of a full time (1.0 FTE) Staff Specialist Radiologist, at the conclusion of the IRC process, although the expected outcome may be upwards of 7 sessions per week.

1.6.3: Clarification of the 24 hour rostering of the CAS-B Building, specifically trainee, SRMOs and supervising consultants.

The only commissioned Imaging spaces within CASB are the ED Imaging service on level 1 and some of the intra-operative angiographic rooms used by surgical staff on level 3. The level 2 Imaging equipment, as well as intra-operative CT/MRI on level 3 have not been commissioned, to date.

CASB level 1 roster allocates a Radiology trainee 24x7 to this area. There is a VMO or consultant Radiology working side by side with the trainee 0900-1700 Monday to Friday. On most weekdays, a second consultant Radiologist is also rostered to CASB work 0900-1700, although they may be based in another location. Out of hours, consultant support is available via the on-call roster.

There is an SRMO allocated to CASB 0800-1700 Monday to Friday and a second SRMO covering 1700-2300 to support the trainee by carrying pager, contacting teams as required, performing cannulations etc. This SRMO may "float" between CASB and the Main Department.

Example rosters are attached as Appendix B.



1.6.3: Clarification of the supervision arrangements for SRMOs.

All Departmental staff are available to assist these junior medical staff, including physicists, Radiographers, nurses/Clinical Nurse Educator and clerical staff. Escalation pathway for issues of concern for the SRMOs may be via Resident Support Unit or directly to recently appointed VMO Radiologists, Dr Geetha Ramaswami, and Dr Amos Lau, with support also available from Dr Noel Young, Staff Specialist Radiologist.

Future incoming SRMOs will receive their orientation and upskilling from currently appointed Radiology SRMOs. In addition, incoming SRMOs are required to familiarise themselves with Departmental policies and procedures manual and the WSLHD radiation safety manual.

Based on experience to date in our expanded workspace/new work zones, the Westmead Directors of Training believe that the current 10.83 SRMO allocation is excessive, and have recently recommended moving to a roster of 6.0 FTE SRMO positions for the future. Some of the SRMO shifts have clearly been highly valued by the Radiology service while others have been less so.

2.2.4: Evidence of adequate dedicated onsite secretarial and administrative support for the Directors of Training.

A 0.5 FTE clerical resource is in place specifically to the DoTs with the DoTs defining their requirements in this regard. The Radiology Administrative Manager is available to address any concerns or unmet needs if these are identified.

The outlined 0.4 FTE DoT ESO position is currently under recruitment through the Research and Education Network (Statement of Duties attached; Radiology ESO Position Description 0.4 FTE). Dr Peter Hockey, Director of REN indicates that approval for this position has been confirmed and that the position has progressed to advertisement this week, with a one week close, and anticipated local interest in the position. The Statement of Duties of the internally reallocated clerical resource (0.5 FTE) for the DoTs is attached (PD Radiology Education Assistant). This model will give the advantage of having a current experienced 0.5 FTE Radiology staff member to support the DoTs as well as a new fractional (0.4 FTE) position for DoT support with this new position being at a much higher award level and therefore with a different skill mix. The positions descriptions for these positions are provide as Appendix C.

2.2.6: Demonstrate that there are defined arrangements in place to clear current backlog of unreported studies, and that these arrangements do not compromise consultant supervision capacity.

Westmead Hospital has introduced outsourced reporting through I-TeleRad in response to a build-up of studies that were not able to be completed in an acceptable timeframe through existing resources. This has been effective in reducing the outstanding reporting. This will continue to be monitored with future need to access this external reporting function to be escalated to the General Manager of Westmead Hospital as required.

This model has no impact on the supervision of the radiology trainees or on the rostering practices. The trainees' access to a diverse range of studies is also unaffected, as the outsourced reporting focussing on plain films with more than enough plain film volume and variety retained in-house to meet each trainee's requirement set out by the College.



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The use of external reporting via tele-Radiology (I-TeleRAD) has been used in conjunction the standing processes in place at Westmead Hospital which include standard reporting by trainees and/or qualified Radiologists, out-of-hours reporting by Westmead Radiologists actioned through an above award agreement under a fee-for-service arrangement (noting that this arrangement is currently under dispute in the IRC). The ongoing model for use of facilities such as tele-Radiology (I-TeleRAD) to support in-house reporting is under consideration.

Thank you for your consideration of this additional information. Westmead Hospital looks forward to continuing to work with in relation to this matter.

If you wish to obtain further information, please contact Dr Emma McCahon, Executive Director of Medical Services via email WSLHD-EDMS@health.nsw.gov.au or Dr David Farlow, Clinical Network Director, Diagnostics via email [REDACTED]

Yours sincerely

Graeme Loy
Chief Executive

Date: 26-7-24