

Special Commission of Inquiry into Healthcare Funding

Statement of Steevie Chan

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Occupation: District Director Medical Services, Central Coast Local Health District

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

A. INTRODUCTION

2. I am the District Director Medical Services at Central Coast Local Health District (**CCLHD**). A copy of my curriculum vitae is exhibited (**MOH.0010.0347.0001**).
3. As the District Director Medical Services, I am responsible for:
 - a. Leadership of the medical workforce
 - b. Strategic and operational support and professional guidance to Directors of Medical Services, Clinical Directors, Medical Leaders and Department Heads in the delivery of medical services
 - c. Oversight of education for the medical workforce
 - d. Oversight of medical credentialling
 - e. Expert input in medico-legal matters, and
 - f. Leadership in clinical services planning and models of care development.

B. SCOPE OF STATEMENT

4. This statement is provided in response to the Inquiry's Issues Paper 1/2024, as relevant to my role at CCLHD, and to the Inquiry's request of 9 July 2024 to the Crown Solicitor's Office.

C. WORKFORCE IN CCLHD

5. I am informed by Maggie Robinson, Acting Manager, CCLHD Medical Workforce Education Unit, that as at 16 July 2024, CCLHD's medical staffing headcount was as follows:

Speciality	VMO	Staff Specialist	Post Graduate Fellows	Dental Officers	JMOs
Anaesthesia and Pain Management	55	9	0	0	28
Anatomical Pathology	*	*	0	0	2
BreastScreen	2	0	0	0	0
BPT Relivers	0	0	0	0	13
Cardiology	3	6	0	0	6
Clinical Genetics	1	0	0	0	0
Dermatology	0	0	0	0	1
Drug and Alcohol	2	3	0	0	4
Emergency Medicine	8	59	0	0	66
Endocrinology and Diabetes Management	1	9	0	0	2
Gastroenterology	4	10	0	0	4
General Medicine	6	0	0	0	16
General Practice - Woy Woy	3	0	0	0	0
General Rotations	0	0	0	0	0
General Surgery	12	0	2	0	16
Geriatric Medicine	1	13	0	0	14
Haematology	3	4	0	0	3
Health at Home	3	3	0	0	0
Infectious Diseases	*	*	0	0	1
Intensive Care Services	3	10	0	0	32
Kids and Families incl. Paeds	0	0	0	0	21
Medical Administration	0	1	0	0	1
Medical Oncology	1	5	0	0	4
Neurosurgery	1	0	0	0	4
Obstetrics and Gynaecology	3	6	0	0	11
Ophthalmology	5	0	0	0	1
Oral and Maxillofacial Surgery	3	0	0	0	0
Oral Health	1	0	0	17	0
Orthopaedic Surgery	10	0	0	0	12
Otolaryngology, Head and Neck	5	0	0	0	3
Paediatric Medicine	0	19	0	0	0
Palliative Care	0	7	0	0	4
Plastic Surgery	2	0	0	0	0
Psychiatry	8	16	0	0	31
Public Health	0	1	0	0	1
Radiation Oncology	4	4	0	0	3
Radiology	6	23	0	0	18
Rehabilitation	0	4	0	0	2
Renal Medicine	3	0	0	0	2
Respiratory Medicine	1	9	0	0	0
Sexual Assault	2	1	0	0	0
Sexual Health	0	0	0	0	1
Urgent Care Unit	8	1	0	0	0
Urology	4	0	0	0	2
Vascular Surgery	2	2	0	0	3
Totals (headcount):	176	225	2	17	332

*Managed via NSW Health Pathology, CCLHD does not have updated figures

6. At CCLHD, any clinical workforce shortages are generally due to issues in attracting people to work in the Central Coast for around-the-clock provision of acute medical services. Some current examples of workforce shortages in CCLHD include the recruitment of specialists in obstetrics and gynaecology, and Career Medical Officers (**CMOs**) and Registrars to cover the emergency department after-hours shifts, especially on weekends and public holidays.
7. When positions and after-hours shifts are unable to be filled through traditional recruitment methods, agency locum doctors are contracted to work for CCLHD. The cost of engaging locums is variable, such that there is a competitive market for their services. The engagement of medical staff locums in CCLHD is dependent on the urgency of the vacancy required and the seniority of the doctor. Both factors will increase the cost of the engagement. When locums cannot be engaged, alternative methods of filling roster gaps are implemented, including overtime, shift extensions and the re-deployment of staff from other departments. As examples of the type of doctors engaged as locums in CCLHD, in the emergency departments at Gosford Hospital and Wyong Hospital, these are usually doctors of middle-grade seniority such as CMOs or Registrars. In the case of the Obstetrics and Gynaecology departments, I engage specialists.
8. Another factor increasing the cost of locum engagement for CCLHD is its position being relatively far from metropolitan centres compared to other metropolitan LHDs. This places CCLHD in a position where it is difficult to obtain full-time employees (for example in Obstetrics and Gynaecology) who want to live in the local area, but we are able to engage locums willing to travel to or temporarily live in the area to fill the roster or cover service gaps.
9. There are difficulties in measuring the number of agency locums as a percentage of CCLHD's total workforce due to the fluctuations over the year as well as the use of agency locums mainly concentrating in a number of specialties. However, I provide the following figures as an indication of the use of agency specialist locums in Obstetrics and Gynaecology:
 - a. March 2024 - 15 out of 31 days
 - b. April 2024 - 13 out of 30 days
 - c. May 2024 – 8 out of 31 days, and
 - d. June 2024 – 11 out of 30 days.

10. As an alternative to use of locums, workforce substitution is used to address medical workforce shortages. An example of workforce substitution is the development and employment of nurse practitioners. A Nurse Practitioner (**NP**) is an endorsed registered nurse (**RN**) who works at an advanced practice level. They assess and manage patients using their nursing knowledge and skills. Their extended clinical role enables them to perform a comprehensive clinical assessment, requesting diagnostic investigations, management of care for patients/clients, prescribing medicines/therapies and includes direct referral of patients to and from other health care professionals, including Aboriginal Health Workers.
11. To become a NP, a RN has to be working at an advanced level in a specialty area and has to have undertaken the Masters of NP whilst accruing the clinical hours required for endorsement at an advanced practice level.
12. CCLHD currently employs 11 Endorsed NPs and four Transitional NPs:
 - a. NPs (Endorsed):
 - i. Respiratory and Allergy (Paediatrics) (x1) 1.0 FTE
 - ii. Wound management (x2) 2.0 FTE
 - iii. Emergency Wyong (x2) 2.0 FTE
 - iv. Palliative care (x1) 1.0 FTE
 - v. Aged Care (x2) 2.0 FTE
 - vi. Heart Failure (x1) 0.8 FTE
 - vii. Nephrology (x1) 1.0 FTE, and
 - viii. Haematology (x1) 1.0 FTE.
 - b. Transitional NPs:
 - i. Emergency Wyong (x3) 3.0 FTE, and
 - ii. Central Coast Health @home (x1) 1.0 FTE.

13. In 2023, Wyong Hospital's emergency department reconsidered its model of care after the growing presentation volumes and ongoing workforce shortages, and commenced recruiting for Nurse Practitioners
14. In 2024 Wyong Hospital's emergency department implemented the Transitional Nurse Program and CCLHD has supported three Transitional NPs over three years working in the emergency department under the supervision of the two current NPs and medical staff. CCLHD is also supporting their advanced clinical practice and Masters study to achieve their endorsement in 2027.
15. Wyong Hospital's emergency department currently has two NPs working 10-hour shifts covering seven days per week. The NP role is predominantly based in the fast-track area of Wyong Hospital's emergency department. The NP scope of practice has previously been adult focused and has recently been extended to paediatric patients mainly for minor injuries.
16. The service redesign goal is to incorporate a robust NP model which will allow for NP and Transitional Nurse Program coverage from 08:00 to 24:00 seven days per week.
17. CCLHD undertakes workforce capacity and capability planning first through the clinical service planning process, where the LHD Executive identify the healthcare needs of its local community and any gaps in services due to a lack of clinical capacity in particular areas by population growth data, service activity projections and referrals to quaternary centres. CCLHD's current clinical services plan, *Clinical Services Plan 2023 – 2028*, sets out various future healthcare needs of the local community and identifies common areas of referral or services received by members of the community outside of CCLHD. A copy of CCLHD's *Clinical Services Plan 2023 – 2028* is exhibited to this statement (**MOH.9999.0869.0001**).
18. Some examples of services developed to address gaps in clinical capacity are as follows:
 - a. at present, CCLHD patients with cardiac arrhythmias requiring electrophysiology service are referred to Royal North Shore or John Hunter Hospital. As a result of the identification of this lack of capacity and service, CCLHD has established a cardiac electrophysiology service at Gosford Hospital and has commenced recruiting electrophysiology clinical staff to fill this gap, and
 - b. CCLHD has established an Urgent Care Centre in Long Jetty with the recruitment of many general practitioners, along with the Medical Assessment Unit at Gosford

Hospital with the recruitment of general physicians, and the expansion of the Hospital in the Home service.

D. TRAINING OF CCLHD'S WORKFORCE

(i) The University of Newcastle, Colleges, and HETI

19. CCLHD is in a fortunate position to have an excellent relationship with the University of Newcastle's Clinical School, which is CCLHD's local clinical school. Medical students are allocated by the University of Newcastle to undertake clinical rotations at both Gosford and Wyong Hospitals. A purpose-built Central Coast Clinical School and Research Institute building is co-located on the Gosford Hospital campus.
20. In relation to the training accreditation role played by the medical Colleges, CCLHD undergoes accreditation processes on a regular basis. In the past 12 months, CCLHD has undergone training accreditation reviews by the Royal Australasian College of Surgeons, Royal Australasian College of Physicians, Royal Australia and New Zealand College of Obstetrics and Gynaecology and HETI, as set out below:
 - a. 5-7 September 2023, Obstetrics and Gynaecology Accreditation, Gosford Hospital
 - b. April 2024, Basic Physician Training Accreditation, Wyong Hospital
 - c. 8-9 May 2023, HETI Prevocational Accreditation, Wyong Hospital
 - d. 19 June 2024, General Surgery Accreditation, Gosford and Wyong Hospitals, and
 - e. 19 July 2024, Basic Physician Training Accreditation, Gosford Hospital.
21. HETI's main role is to set and monitor the training and supervision standards for Junior Medical Officers (**JMOs**) (especially in their first two postgraduate years) and the implementation of the National JMO Accreditation Standards, a copy of which is exhibited to this statement (**MOH.0010.0264.0001**). These Standards are a new criteria developed by the Australian Medical Council, and are used to assess LHDs' JMO training and supervision performance.
22. HETI also plays an important educational role through the running of various councils which provide educational direction and governance for the training and recruitment in particular specialties. I am a member of the following councils:
 - a. The Radiology State Training Council, and

b. The Basic Physician Training Council.

23. Both Councils operate as a governance committee overseeing governance, education strategic planning and centralised recruitment to training networks. Whilst these Councils do not have formal links to their relevant Colleges, members of the councils and networks are members of the College.
24. Generally, it is not within councils' remit to consider accreditation standards as these are set by the Colleges. Rather, councils oversee employment and training, and are involved in escalation processes. For example, the Basic Physician Training Council may be advised of concern of uneven workload between Basic Physician Trainees and write to the LHD to advise it that such an arrangement is affecting the training of the trainees and request a response by the next Council meeting (usually, each quarter).

(ii) The current number and distribution of clinical placements

25. HETI determines the allocation of the number of interns (doctors in their first postgraduate year) assigned to CCLHD, which are assigned based on an assessment of intern preferences. Clinical placements are formally planned with the University of Newcastle. The Clinical Placement Education Agreement Management Committee is a joint University and CCLHD committee with a rotating chair arrangement (between the two entities) that meet regularly. The number of students allocated to the LHD is determined and agreed through the Committee.

(iii) The nature and adequacy of planning regarding the number and distribution of doctors

26. The centralised training networks determine the allocation of specialty trainees to a particular facility as part of their allocation process (usually annually). CCLHD has a negligible influence over the nature of this allocation and planning done in relation to specialist medical training positions, as the distribution and allocation are performed centrally through the training networks. Most of the specialty training networks are run from and centre around metropolitan hubs such as Sydney or regional hubs such as Newcastle. For example, when medicine and surgery networks allocate registrars to CCLHD, the LHD has no direct influence over who or how many will be allocated. In many cases, the number of trainees allocated are less than requested or historically required, such as in the case of neurology this year. For interns, allocation to a facility is

also performed centrally through HETI, and the LHD has no influence over who is allocated, and the final number allocated is often slightly less than requested.

27. In relation to vacant training positions, the biggest challenge for CCLHD currently is recruiting in the areas of General Medicine, Geriatrics, Neurology, Emergency Medicine and Psychiatry, as set out at paragraph 30 below. This is a multifactorial problem as there are often too many positions across NSW to fill and not enough trainees are selected for training. On occasion, a vacancy may be due to a late change as a trainee who is offered a position withdraws or takes protracted leave such as maternity leave.

(iv) CCLHD education and training programs

28. CCLHD provides a range of educational support programs to doctors, with a focus on JMO education and training. These programs include:
- a. The Grand Rounds Program, which is a seminar series held at Wyong and Gosford Hospitals across the specialist services, held since the Hospitals were founded. A copy of the Grand Rounds Program for 2024 is exhibited to this statement (**MOH.0010.0370.0001**).
 - b. The Intern Education Program, which is a seminar series held at Gosford on a variety of topics relevant to interns. A copy of the Intern Education Program for 2024 is exhibited to this statement (**MOH.0010.0371.0001**).
 - c. The Resident Medical Officer Education Program, which is a seminar series on areas relevant to Resident Medical Officer's practice and career. A copy of the Resident Medical Officer Education Program for 2024 is exhibited to this statement (**MOH.0010.0372.0001**).
 - d. The BPT Lecture Series Education Sessions which is a seminar series on areas relevant to Basic Physician Trainees' practice and career. A copy of the BPT Lecture Series Education Sessions Program for 2024 is exhibited to this statement (**MOH.0010.0374.0001**).
 - e. BPT Saturday Case Rounds which are practice case rounds for Basic Physician Trainees, run on Saturdays for various specialty areas such as haematology, gastroenterology, and oncology.

E. RECRUITMENT AND RETENTION OF CCLHD'S WORKFORCE

29. NSW Health has a dedicated career portal for recruitment of all staff. For medical officers, there is a specific medical careers portal with different sections for medical interns, medical officers (including JMOs, Registrars and CMOs) and Senior Medical Officers and there is an annual recruitment campaign in July.
30. As at 16 July 2024, CCLHD had 70 vacancies:

Group	VMO	Staff Specialist	Post Graduate Fellows	Dental Officers	JMOs
Cardiology					1
Drug and Alcohol					1
Emergency Medicine					30
General Medicine					6
General Rotations					17
Geriatric Medicine					2
Haematology					1
Neurology					2
Obstetrics and Gynaecology		2			
Orthopaedic Surgery					1
Palliative Care					1
Psychiatry		1			
Radiation Oncology					3
Radiology					1
Sexual Assault		1			

Group	VMO	Staff Specialist	Post Graduate Fellows	Dental Officers	JMOs
Totals:	0	4	0	0	66

31. Whilst it should be noted that a level of vacancy can be considered business as usual, CCLHD has targeted recruitment campaigns (which includes social media and digital marketing) for countries such as the United Kingdom, South Africa and Sri Lanka for particular positions in addition to advertising positions on the NSW Health Medical Careers Portal. Special recruitment drives are organised periodically for medical graduates from these countries to fill particular workforce gaps. Currently, there are 198 international medical graduates working at CCLHD, some of whom have been recruited via the international recruitment campaigns and some via the NSW Health annual medical recruitment process.
32. In my view, the current range of incentives and programs used to attract workforce to work in rural, remote and regional locations such as CCLHD, are reasonable. Rather, the increasing commercialisation of locum positions and market competition between various services bidding for locums pushes costs up. In my view, a more centralised management of locum rates, or a cap, could be a useful tool to attempt to resolve the commercialisation of locum positions which in my view would then assist in filling vacant positions.
33. Whilst I do not have access to figures concerning staff leaving NSW Health, I am aware from speaking to colleagues that a handful of JMOs at the end of PGY2 do not intend to pursue ongoing roles and rather are seeking locum roles. I am aware this kind of attrition has been occurring for the last decade or more.

(v) Non-financial factors affecting recruitment and retention of its workforce

34. For CCLHD, some key non-financial factors that have assisted with recruitment and retention of junior doctors include:
- a. Professional Development and Early Career Support:
 - i. structured training programs

- ii. mentorship and supervision through dedicated Directors of Prevocational Education and Training, including one specifically overseeing international medical graduates
 - iii. diverse rotations – CCLHD provides diverse clinical rotations across various specialties, exposing junior doctors to different areas of medicine and helping them discover their interests. Some examples include rotations in areas such as Critical Care Senior Resident Medical Officer, Radiology, Medical Leadership and Governance
 - iv. exam preparation support – CCLHD offers resources and support for preparing for specialty exams, including study materials, workshops, venue facilities, and mock exams, and
 - v. university affiliations, such as conjoint appointment opportunities with the University of Newcastle (on hospital grounds) to further develop skills in teaching and research.
- b. Research Opportunities – CCLHD encourages and supports research initiatives, allowing doctors to contribute to medical advancements and enhance their resumes.
- c. Supportive Work Environment:
- i. supportive medical workforce department: CCLHD fosters a culture and warmth from the medical workforce department to forge strong relationships with junior doctors for their educational and well-being needs.
 - ii. manageable workload and hours: CCLHD ensures reasonable work hours and patient loads to prevent burnout and promote work-life balance, especially for junior doctors who are still adapting to the demands of the profession.
 - iii. collegial and inclusive culture: CCLHD fosters a supportive, inclusive, and collaborative work environment where junior doctors feel valued, respected, and integrated into the team. CCLHD has a vibrant Resident Medical Officer Association.
 - iv. wellbeing programs: CCLHD offers wellbeing support, such as mental health support, and social activities, to support junior doctors' physical and mental

well-being. Examples include Testimonial Dinner, Crazy Socks Day, Petting Zoo, Christmas BBQ, New and End of Term Party.

- v. feedback and recognition: CCLHD provides regular feedback and recognition for junior doctors' contributions, boosting their morale and motivation to excel in their roles. Examples include awards and recognition, JMO of the year, and committee involvement.
- d. Lifestyle and Community:
- i. affordable housing including limited and free or subsidised accommodation for some trainees on rotation, and
 - ii. social and recreational activities including social events, sports leagues, or recreational activities to help junior doctors build connections, make friends, and integrate into the community.
35. By prioritising these non-financial factors and incentives, CCLHD attempts to create an attractive and nurturing environment for junior doctors. For senior doctors, much of the above apply as well, but specifically, professional fulfillment for senior doctors can be encouraged through:
- a. leadership opportunities
 - b. research and teaching
 - c. mentorship programs for young consultants, and
 - d. professional recognition through awards and acknowledgment, eg Testimonial Dinner.

(vii) Identification and consideration of workforce views

36. CCLHD has an open and transparent process for JMOs and Senior Medical Officers to provide feedback. The Chief Executive meets with the JMOs every three months in the Chief Executive/JMO Forum, and also meets with the Senior Medical Officers quarterly through the Medical Staff Councils. In addition, there is a Medical Staff Executive Council which has the Chairs of the Medical Staff Councils meet with me and the Chief Executive. Feedback and any changes to practice as a result is then reported back to via the relevant forum.

F. VMOs in CCLHD

37. Generally, at Gosford Hospital, VMOs are engaged on sessional contracts, whereas at Wyong Hospital they are engaged on a fee-for-service contract. Sessional VMOs are paid on an hourly basis. Fee-for-service VMOs are paid based on the medical service being performed as indicated by the Medicare item number published.
38. Sessional VMOs are engaged in accordance with the Public Hospital (Visiting Medical Officers - Sessional Contracts) Determination 2014 (**MOH.0010.0100.0001**) and Public Hospitals (Visiting Medical Officers – Fee for Service Contracts) Determination 2014 (**MOH.0010.0090.0001**). In my view, the Determinations enable NSW to recruit and retain a sustainable workforce.

G. TRAINING ACCREDITATION WITHDRAWAL FOR CENTRAL COAST CANCER CENTRE

39. The Royal Australian and New Zealand College of Radiologists' (**RANZCR**) decision to withdraw training accreditation for radiation oncology at the Central Coast Cancer Centre at Gosford Hospital (**CC Cancer Centre**) is set out below.

(i) Background

40. Generally speaking, accreditation is a critical process for LHD facilities to ensure they meet established standards of quality. When a college conducts a review of an accredited training site, CCLHD will seek to demonstrate where it has met the required standards or when it has not, and work with the College to remedy any issues present.
41. RANZCR assigns a facility an A, B, C, or D level accreditation, where:
- a. A is defined as completely satisfactory in all areas with no significant issues
 - b. B is defined as satisfactory in most areas, some issues noted which require correction but are not significant enough to prevent extension of accreditation
 - c. C as significant issues noted which must be corrected before accreditation continue long-term, and
 - d. D as multiple significant issues seriously impacting quality of training with immediate action required and future accreditation in doubt.

42. From 2013 to 2023, the CC Cancer Centre was an accredited training facility for radiation oncologist trainees. I set out next the process whereby radiation oncologist training accreditation was withdrawn in 2023 by RANZCR.

(ii) 2019 Accreditation Site Visit

43. On 2 December 2019, RANZCR completed an accreditation site visit of CC Cancer Centre. A copy of the report is exhibited (**MOH.0010.0392.0001**). It recommended CC Cancer Centre be downgraded from an 'A' level of accreditation to 'B', for the following reasons:
- a. workplace culture, due to longstanding cultural issues between staff specialists and VMOs, with potential future impact on trainee wellbeing
 - b. protected teaching time was compromised/not guaranteed, as trainees are expected to use annual leave or a rostered day off for Network teaching and do not have protected time for tutorial teaching on Fridays due to clinical service provision, and
 - c. there was poor balance in trainee timetables with respect to clinical service and training, with a high number of half-day clinics and leave coverage expectations, which limits trainee time to engage in other activities.
44. It also made a range of recommendations to be addressed by CC Cancer Centre and the Hospital Executive, required a progress report to be submitted by 31 October 2020 and foreshadowed a follow up site visit in the first half of 2021.

(iii) May 2022 Accredited Training Site Assessment Report

45. On 9 May 2022, RANZCR issued an Accredited Training Site Assessment Report, a copy of which is exhibited (**MOH.0004.0001.0001**). The Report states that the accreditation status at that time was non provisional full site classification, level B accreditation. The Report assessed CC Cancer Centre as meeting the criteria for governance, reporting requirements, physical environment and workforce arrangements. However, the Report found that CC Cancer Centre did not meet the following criteria:
- a. ethical criteria (conflicting reports on attendance and level of supervision provided)
 - b. the site provides inconsistent internal educational programs

- c. trainees are not provided mandatory hours of training and supervision
 - d. the clinical service does not meet curriculum standards
 - e. trainees do not actively participate in both new patient and follow-up clinics, and
 - f. the ratio of trainees to FTE consultant radiation oncologists is greater than 1:1 (during the COVID pandemic).
46. The Report recommended that the CC Cancer Centre be downgraded from a level B accreditation status to a level C accreditation status, and sought three and six month progress reports to confirm that issues raised have been addressed.
47. On 30 September 2022, Dr Vanessa Estall, Chief Accreditation Officer, Faculty Radiation Oncology, RANZCR, wrote to Dr Louise Nardone, Director of Training for CC Cancer Centre, advising that following the Accredited Training Site Assessment Report in May 2022, and after review by the Radiation Oncology Education and Training Committee (**ROETC**), the CC Cancer Centre should be downgraded to a Level D accreditation status until 26 September 2023. A copy of that letter is exhibited (**MOH.0004.0007.0001**). That letter noted that it is a requirement that the CC Cancer Centre achieve a Level C or above by 25 August 2023, or risk having its status as a RANZCR Accredited Radiation Oncology Training Site revoked. Progress reports were requested in three months (by 9 January 2023) and six months (by 27 March 2023).
48. On 17 November 2022, Dr Louise Nardone, Director of Training at CC Cancer Centre wrote to Dr Vanessa Estall, Chief Accreditation Officer, Faculty of Radiation Oncology, RANZCR regarding its 30 September 2022 letter, a copy of which is exhibited (**MOH.0010.0192.0001**). That letter stated that CCLHD intends to cooperate with the accreditation team and meet the criteria. It stated that a number of criteria have already been addressed, provided evidence in support, gave explanations regarding other criteria RANZCR required to be addressed, and provided registrar feedback that the accreditation team were asking specific and leading questions regarding consultant attendance and the number of clinics. This letter also stated that the first progress report would be provided by 31 January 2023.
49. On 12 December 2022, Dr Yaw Chin, Chief Censor, Faculty Radiation Oncology, RANZCR, wrote to Dr Louise Nardone, Director of Training for CC Cancer Centre noting that the CC Cancer Centre intends to comply with the accreditation training site assessment report conducted in May 2022 but that progress reports were required to be

submitted by close of business on 9 January 2023 and 27 March 2023 and non-compliance would result in further adverse findings against the accreditation status of CC Cancer Centre. A copy of that letter is exhibited (**MOH.0004.0006.0001**).

(iv) CC Cancer Centre's 3 Month Progress Report

50. On 7 February 2023, CCLHD submitted its three-month progress report to RANZCR, a copy of which is exhibited (**MOH.0010.0193.0001**, enclosures **MOH.0010.0194.0001** to **MOH.0010.0215.0001**). Five of seven required 3-month actions were completed with evidence provided in support. The two remaining actions were marked as in progress. The report was submitted late due to the Christmas break.
51. On 15 February 2023, Dr Vanessa Estall, Chief Accreditation Officer, Faculty of Radiation Oncology, RANZCR and Dr Lisa Sullivan, Chief Censor, Faculty of Radiation Oncology, RANZCR wrote to Dr Louise Nardone, Director of Training at CC Cancer Centre. A copy of that correspondence is exhibited (**MOH.0010.0218.0001**). That letter advised:
- a. that the 3-month progress report does not provide sufficient information on actions undertaken and outcomes achieved
 - b. the provision of a summary of an External Culture Review was not sufficient
 - c. RANZCR was concerned about ongoing issues of workplace bullying and harassment
 - d. RANZCR requires the submission of the External Culture Review Report in full with detailed follow up actions within 14 days, together with a comprehensive progress report and further evidence, and
 - e. the submission will be discussed at the next ROETC meeting on 17 March 2023, and reserves the right to consider whether CC Cancer Centre should remain an accredited training site.
52. On 21 February 2023, I wrote to RANZCR in response to their 15 February 2023 letter to advise that it would be a breach of CCLHD's privacy obligations to provide the External Culture Review Report and offered to meet with the Accreditation Committee to discuss the External Culture Review's outcomes. A copy of that letter is exhibited to this statement (**MOH.0010.0350.0001**).

53. On 23 February 2023, RANZCR wrote to me in response to my 21 February 2023 letter, advising that their request was made to better understand the nature of the culture in the department, and a de-identified copy of the review was requested. A copy of that letter is exhibited to this statement (**MOH.9999.2897.0001**).
54. On 1 March 2023, I wrote to RANZCR in response to their 23 February 2023 letter to advise that we were working with CCLHD's Privacy, Rights and Information Officer to develop a redacted version of the External Culture Review to maintain staff privacy. A copy of that letter is exhibited to this statement (**MOH.0010.0351.0001**).
55. On 1 March 2023, CCLHD received a letter from RANZCR, which stated that the College was happy to receive a redacted version of the External Culture Review Report for privacy reasons and included a link to the RANZCR Conflict of Interest Policy. A copy of that letter is exhibited (**MOH.0010.0219.0001**).
56. On 27 March 2023, an email was sent on my behalf in reply to RANZCR's 1 March 2023 letter. That email, a copy of which is exhibited (**MOH.0010.0220.0001**), attached a redacted version of the Radiation Oncology Workforce Culture Review and noted that "*[w]e appreciate the College's acknowledgement that this report is to be used for assessment purposes only to support accreditation of Registrar Training, and that the report is not for dissemination.*" A copy of the redacted version of the Radiation Oncology Workforce Culture Review is exhibited (**MOH.0010.0190.0001**).

(v) 6 April 2023 Show Cause Letter

57. On 6 April 2023, CCLHD received a show cause letter from Dr Vanessa Estall, Chief Accreditation Officer, and Dr Lisa Sullivan, Chief Censor, Faculty Radiation Oncology, RANZCR, advising that the ROETC held issues of concern that CC Cancer Centre is not compliant with requirements as documented in the Site Assessment Report. The letter noted that whilst some progress had been made to address recommendations regarding supervision and training, serious outstanding issues still remained relating to culture within the department. The letter advised that on 17 March 2023, the ROETC determined unanimously, that accreditation was to be withdrawn effectively and invited CC Cancer Centre to show cause within 21 days, as to why accreditation should not be withdrawn. A copy of that letter is exhibited (**MOH.0004.0005.0001**).
58. On 24 April 2023, I submitted an information brief to Phil Minns, the Deputy Secretary People, Culture, and Governance concerning RANZCR's intention to withdraw training

accreditation for radiation oncology. A copy of that document is exhibited (**MOH.0010.0223.0001**).

59. On 27 April 2023, I wrote to Dr Vanessa Estall Chief Accreditation Officer Faculty Radiation Oncology, RANZCR, which sought to respond to RANZCR's 6 April 2023 show cause notice, seeking to show that the accreditation withdrawal decision should be rescinded and attached CC Cancer Centre's response to various criteria RANZCR had asserted were not met, including that:
- a. CC Cancer Centre has addressed each of the recommendations and provided supporting evidence as to how the department was meeting each criterion
 - b. CC Cancer Centre has not been provided with direct feedback regarding evidence submitted
 - c. CC Cancer Centre substantially meets the accreditation standard and provides a safe environment for trainees
 - d. The cultural review was originally initiated after the 2019 Accreditation Site Visit, and that although the relationship between Staff Specialists and VMOs was not ideal, trainees were not affected. Since that review, CCLHD has strengthened the organisational structure of the department to ensure improved oversight and input from CCLHD's Cancer Services Executive Team
 - e. The initial independent workshop was completed to meet RANZCR's request to address concerns between Staff Specialists and VMOs, which was achieved for the majority of consultants
 - f. The recommendation for an external cultural review was not part of the 2019 Accreditation Site Visit and was added in August 2021. CCLHD has made significant progress in addressing the department's cultural issues, which are reflected in the attachments, and
 - g. The decision made is based on advice from confidential sources, which CCLHD cannot verify.

A copy of that correspondence is exhibited (**MOH.0010.0226.0001**).

(vi) Accreditation Withdrawal

60. On 11 July 2023, Dr Louise Nardone, Director of Training for CC Cancer Centre at Gosford Hospital, received a letter from Dr Lisa Sullivan, Chief Censor of Faculty Radiation Oncology, RANZCR, regarding the withdrawal of accreditation for Radiation Oncology Training at Gosford Hospital. A copy of that letter is exhibited **(MOH.0004.0004.0001)**. Ms Sullivan noted the ROETC had reviewed the additional information provided by CC Cancer Centre (which I understand is the material provided with the 3-month progress report), and confirmed that the ROETC decided that the CC Cancer Centre had still not adequately provided evidence that issues had improved and therefore failed to meet the Accreditation Standards and Criteria for Training Networks and Sites, so it was recommended that accreditation be withdrawn, effective from 25 August 2023.
61. On 19 July 2023, Scott McLachlan, CCLHD Chief Executive, emailed a letter to Dr Lisa Sullivan, Chief Censor, Faculty Radiation Oncology, RANZCR, regarding the withdrawal of accreditation for radiation oncology training at CC Cancer Centre, putting RANZCR on notice that CCLHD intended to seek a reconsideration of the withdrawal decision in accordance with RANZCR's Reconsideration, Review and Appeal of Decisions Policy. A copy of that letter is exhibited **(MOH.0010.0231.0001)**. That letter enclosed an unredacted copy of the Workplace Culture Review undertaken by People Strengths.

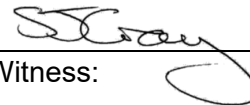
(vii) CCLHD's Reconsideration Review Application

62. On 21 July 2023, Scott McLachlan, CCLHD Chief Executive, submitted a Reconsideration Review Application to RANZCR regarding reconsideration of the withdrawal of accreditation at CC Cancer Centre. A copy of that application is exhibited **(MOH.0010.0233.0001)**. CCLHD submitted, on behalf of the CC Cancer Centre, that the withdrawal of accreditation decision made should be reconsidered on the basis that:
- a. there was an error in due process in the formulation of the original decision
 - b. the relevant approved regulation or policy was not correctly applied
 - c. relevant and significant information, existing at the time of the original decision and which was known to the original decision maker, was not considered in making the decision, and

- d. irrelevant information was considered by the original decision-maker in the making of the original decision.
63. As part of the Reconsideration Review Application process, CCLHD paid the set reconsideration fee to RANZCR of \$1,100.
64. On 9 August 2023, Scott McLachlan, CCLHD Chief Executive, emailed Fatima Zia, Manager, Accreditation, RANZCR, regarding whether CCLHD had sought permission from all the individuals named in the Workplace Cultural Review to release the report. He stated that consent was not sought as those involved would have a reasonable expectation that their personal information would be disclosed as part of the College's interest in the cultural issues in the Department, which were the subject of the external review, in accordance with the privacy principles under the *Privacy and Personal Information Protection Act 1998*. A copy of that email chain is exhibited **(MOH.0010.0239.0001)**.
65. On 29 September 2023, CCLHD was provided RANZCR's response to the Reconsideration Review Application, which affirmed the original decision of the ROETC made on 16 June 2023 to withdraw accreditation. A copy of RANZCR's enclosing letter and Reconsideration Decision Reasons are exhibited **(MOH.0010.0240.0001 and MOH.0010.0241.0001)**.



 Prof Steevie Chan



 Witness:

 29 July 2024

Date

 29 July 2024

Date