

Sarah Reeves (Sydney LHD)

From: Genevieve Wallace (Sydney LHD)
Sent: Friday, 30 June 2023 8:56 AM
To: Sarah Reeves (Sydney LHD)
Subject: FW: Radiologists - Concord Hospital
Attachments: 190902_Wallace-G_Concord Radiologists.pdf; workload stats to 18 19.xlsx

Importance: High

Dr Genevieve Wallace

Executive Director, Operations | Sydney Local Health District
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"Sydney, it's your local health district"



Health
 Sydney
 Local Health District

From: Juliette Rex <[REDACTED]>
Sent: Monday, September 2, 2019 6:54 PM
To: Genevieve Wallace (Sydney LHD) <[REDACTED]>; Kashmira De Silva (Sydney LHD) <[REDACTED]>
Subject: Re: Radiologists - Concord Hospital
Importance: High

Dear Dr Wallace and Dr De Silva

Please find **attached** our correspondence dated 2 September 2019.

We look forward to hearing from you.

Regards

Juliette Rex
 Industrial Officer
 Australian Salaried Medical Officers' Federation NSW (ASMOF)

Ph: [REDACTED]

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2 September 2019

Dr Genevieve Wallace
 Acting General Manager
 Concord Repatriation General Hospital
 Hospital Road
 Concord NSW 2139

and

Dr Kashmira De Silva
 Director of Medical Services
 Concord Repatriation General Hospital, SLHD

URGENT BY EMAIL:



Dear Dr Wallace and Dr De Silva

RE: Radiologists, Concord Hospital

The Australian Salaried Medical Officers' Federation of NSW (**Federation**) writes on behalf of the Junior and Senior Medical Radiologists (**Radiologists**) as a collective cohort, employed at Concord Repatriation General Hospital (**Concord**), SLHD.

A. Background

The Radiologists have advised the Federation of their increased workload, with inadequate staff from both the junior medical officer and senior medical officer cohorts to safely perform their duties. The Radiologists have genuine concerns for their health and safety and wellbeing, as a result of their significantly increased workload, particularly as they are servicing patients from both Concord and Canterbury Hospitals, NSW Health.

We **attach** for your consideration data which demonstrates significantly increased presentations across all examinations: number of C.T scanning; number of special procedures; number of US examinations; total general x-ray exams and mobile radiography, including all the data collection in July and August 2019.

It's most unfortunate that notwithstanding the significantly increased presentations and local concerns raised by the medical officers to address their unsafe workload, the staff establishment for the senior Radiologists has not increased; which would contribute to alleviating or addressing their work, health, safety and wellbeing concerns. Whilst recognising that two additional junior Radiologists were appointed at the time of introduction of night shifts in 2017, this has also not reflected the quantum of the increased workload in recent years.

Accordingly, it is appropriate to put forward proposed solutions at the outset of this correspondence, followed by a summation of their concerns, for your urgent and careful consideration and approval.

Immediate Action

1. Cease provision of radiology services at Canterbury Hospital.

Suggested Alternative Actions

2. Hire locums at competitive market rates, in the interim period to cover SMO vacancies.
3. Cancel clinical meetings.
4. Cancel all second opinions on any outside external images.
5. Reduce the outpatient services.
6. Reduce examinations for Emergency Department (including limiting examinations in CT).
7. Cease reporting some types of studies.
8. Outsource the afterhours CT reporting to an outside agency (such as a Tele-Radiology provider). The Federation is advised that this suggestion has been previously raised with administration but was not supported by the Chief Executive.
9. Reconsider recruitment strategies for senior Radiologists, particularly given the highly competitive market and understaffing of Radiologists throughout NSW generally, particularly noting that two (2) locums are scheduled to commence in the service in February 2020.
10. Recruit additional junior Radiologists to cover the additional work both during working hours and particularly after hours, noting that getting accreditation from RANZCR for additional training positions is difficult because of the current inability to create new paediatric radiology positions in NSW to meet the requirement to provide training in paediatric radiology.
11. Regular meetings with Concord Administration or Executive to monitor the workload, health and safety concerns with the Federation.

B. Radiologists – Workplace Issues**Workload fatigue, JMO and SMO Wellbeing and Patient Safety**

The Radiologists are genuinely concerned about their health, safety and wellbeing in the workplace and have acknowledged that they have even noticed increased errors, often for simple assessments, because of the increased pressure on the junior Radiologists to push through quick reviews and assessments of presentations given their increased workload. This evidently requires a thorough review by the senior Radiologists, which they consider would not be necessary if additional staff was recruited, or their workload was reduced.

We take this opportunity to remind you of your primary duty of care obligations to your workers pursuant to s 19 of *Work Health and Safety Act 2011* (NSW). In addition, for the junior medical officers, your obligation to comply with the 'Ordinary Hours of Work' and 'Reasonable Hours' provisions of the Public Hospital Medical Officers (State) Award 2018 and relevant NSW Health Policy Directives. This includes **clause 4.1.12 Fatigue** of the NSW Health PD2017_042 Employment Arrangements for Medical Officers in the NSW Public Health Service and **clause 4.0 Managing Work Related Fatigue** of GL2007_023 Fatigue - Preventing & Managing Work Related Fatigue: Guidelines for the NSW Public Health System.

The Federation has strongly encouraged the JMOs to claim their unrostered overtime, particularly considering the recent changes made by the NSW Health to increase the categories where prior-approval to work unrostered overtime is not required.

C. Way Forward

The Federation requests an urgent meeting with you and Dr Kashmira de Silva on Wednesday, 4th or Thursday, 5th September 2019 to discuss the issues raised in this letter and data and seek a resolution to their concerns as a matter of expediency.

The Federation intends to have some of the junior and senior Radiologists attend this meeting, subject to their availability.

We trust that you will arrange for this meeting, without the need for the Federation to escalate this matter for resolution to the NSW Ministry of Health and/or lodge an industrial dispute in the NSW Industrial Relations Commission.

Should you wish to discuss any aspect of this matter, please contact ASMOF Industrial Officer Juliette Rex on [REDACTED] or [REDACTED]

Yours Sincerely



for
Dr Tom Karplus
Secretary
ASMOF NSW

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	Difference b/w 2011-2012 & 2018-2019
Total CRGH	76748	78956	78655	80014	77059	80145	82961	84353	9.90%
Total TCH	32188	33651	34608	35905	36157	37937	39029	39616	23.10%
Total SDH	7514	7653	7196	6472	7651	8284	7407	7444	-0.90%
Total Exams	116450	120260	120459	122391	120867	126366	129397	131413	12.80%
CT CRGH	12395	13457	14378	15369	15162	16217	18769	20222	63.10%
CT TCH	4012	4399	4573	4906	5007	6074	7316	7807	94.60%
CT SDH					87	383	435	397	
Total CT	16407	17856	18951	20275	20256	22674	26520	28426	73.30%
General CRGH	49341	49945	48678	48765	46707	47379	47811	47916	-2.90%
General TCH	24886	25510	26381	27100	27118	27737	27474	28161	13.20%
General SDH	7514	7653	7196	6472	7564	7901	6972	7047	-6.20%
Total General	81741	83108	82255	82337	81389	83017	82257	83124	1.70%
U/S CRGH	4540	5142	5126	5315	5139	5349	5408	5776	27.20%
U/S TCH	2653	3121	2957	3274	3377	3442	3430	2805	5.70%
Total U/S	7193	8263	8083	8589	8516	8791	8838	8581	19.30%
Fluoroscopy CRGH	3372	3402	3424	3294	3398	3579	3445	3095	-8.20%
Fluoroscopy TCH	637	621	697	625	655	684	809	843	32.30%
Total Fluoroscopy	4009	4023	4121	3919	4053	4263	4254	3938	-1.80%
Mammography CRGH	99	124	119	122	99	111	123	127	28.30%
MRI CRGH	4274	4211	4292	4755	4082	4962	4940	4731	10.70%
Interventional CRGH	2727	2675	2638	2394	2472	2548	2465	2486	-8.80%
Total CT	246105	267840	284265	304125	303840	340110	397800	426390	73.30%
Total General	163482	166216	164510	164674	162778	166034	164514	166248	1.70%
Total U/S	35965	41315	40415	42945	42580	43955	44190	42905	19.30%
MRI CRGH	85480	84220	85840	95100	81640	99240	98800	94620	10.70%
total diagnostic SAT	531032	559591	575030	606844	590838	649339	705304	730163	37.50%

