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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 credentialing 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.

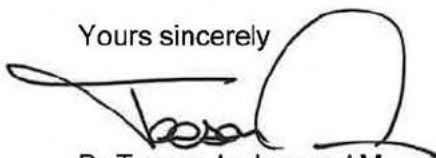
CRGH has experienced challenges with IT staff recently, with two of its existing staff resigning from the Department at short notice due to personal circumstances in the second half of 2023. A Business Case for SLHD PACS-RIS Administration team is being prepared and is due for submission by February 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