

6/25/24, 3:22 PM

Fwd: Next meeting for the Division of Medicine - Thursday, 15th August, 2019 @ 5.00pm - [REDACTED] Outlook

Fwd: Next meeting for the Division of Medicine - Thursday, 15th August, 2019 @ 5.00pm

Annexure "E"

Lloyd Ridley [REDACTED]

Sat 25/05/2024 14:06

To: [REDACTED]@specialcommission.nsw.gov.au>

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----- Forwarded message -----

From: **Lloyd Ridley** [REDACTED] >

Date: Thu, Sep 12, 2019 at 3:36 PM

Subject: Re: Next meeting for the Division of Medicine - Thursday, 15th August, 2019 @ 5.00pm

To: Juliette Rex <[REDACTED]>

Dear Juliette

I gather that you have been speaking to David. He is obviously being inundated with visits and calls from various members of the executive.

May I flag one issue which is about leave over the school holidays. David has left everyone who wants leave over the holidays to take it. This obviously has left the department severely understaffed. David and I spent an hour yesterday trying to write a roster and leave as few critical holes as possible. I understand that he has been told by Genevieve that he should have said no. He has used a number of arguments including that he needs to support his hard working staff and that the staffing levels never allow sufficient staff to let people take leave. I don't think this should be pursued too much as it is an opinion on whether it was appropriate to support the staff to this extent.

On a more significant note, David is one of the people taking leave. Normally I act as HOD when he is away but I think this is inappropriate given the comments around breach of the code of conduct and I doubt they would be prepared to sufficiently acknowledge that this statement was inappropriate for me to feel comfortable taking on the HOD responsibilities. The second person who has often done it, Graham Dunn, is also having major issues with his interventional radiology workload and has refused to continue to routinely work extended hours as they have now cut his onerous working hours supplement (as well as the general unhappiness about the broader issues). The only other person who has done it is currently on reduced hours post maternity leave (2 days instead of 5 days) and would be almost certain to say no to this role. I think the fact none of those who have taken on the acting HOD duties in David's absence represents evidence of the depth of the anger amongst the senior radiologists about the way that we have been treated this year.

I am not sure if you are aware of an approach from the heads of radiology to ASMOF to get the department of Health to agree to uniform employment conditions for radiologists in public hospitals. Obviously this means that the heads of radiology want to all move closer to the best conditions. We currently have the worst - working strictly to the 5 day FTE. Even RPA has, I believe, a bit more flexibility in working hours. All other hospitals work a maximum of 4 days - some are notionally 10 hour days but most are 8 hour days. Several work even fewer days for full time pay. Apart from those who work fee for service (ie many VMOs and I believe St George has an arrangement along these lines based on the historic situation of them working under the very old scheme D), all other departments work much closer to the RANZCR benchmark of 40,000 SAT per FTE (with the very poor and unreliable data that our hospital is able to produce, I am pretty sure we work on average of over 80,000 SAT per FTE - I often calculate that I do more than 3 times the benchmark on many weeks). This growing discrepancy in working conditions is obviously going to be a major drag on our ability to recruit (and retain) staff assuming that we are eventually allowed to advertise.

On the issue of the claim that I have breached the code of conduct, I understand that Gen told David, in the presence of the chair of the MSC (Lewis Chan) that David needed to tell me I was in breach. David refused and said Gen should do it. Apparently discussion ensued around Gen expecting David to be in attendance, and statements that David was adamant that I would only have been doing what I thought was in the best interests of the hospital (there is ample evidence of me doing things way above and beyond other clinicians in support of the hospital, including routinely volunteering at hospital events and participating in a wide range of promotional and fundraising activities for the hospital (none of which relate to support for radiology itself). I suspect that they were not seriously going to pursue this but that it was expected that David would tell me as an indirect way of intimidating me. I would also point out that the first I heard of this was first thing on Tuesday (I was not at Concord on Monday when the meeting happened) when a senior clinician who had not been at the meeting expressed their concern about the statement and enquired after my well being and expressed support. Surely having such statements being spread around the hospital is against the laws of natural justice of informing me first? I do not want this to be turned into accusations that David or Lewis inappropriately spread this information - I see it as them expressing their anger and concern about the approach by administration to condemn a staff member informing colleagues of impending clinical/ service risks.

I have had a bit more time to reflect since I spoke to you, and have received a lot of support from clinicians, who are also disturbed by such an approach by management. The only potential concern is whether the comments should have been made by David rather than me - clearly would have been preferable for me if he had done so. It remains disturbing that management seem to have chosen the approach of condemning me rather than acknowledging and addressing the issues. It would be far more understandable if they cried poor about budget constraints and how they would like to help if they only could - rather than trying to silence things.

I can't recall if I told you that last week RANZCR announced that they would be doing an accreditation visit in November. The second/ only other item in the meeting on Monday was Gen asking David who had been contacting the college. David pointed out that we are overdue (can't recall if the 5 yearly visit should have been 2017 or 2018) and he didn't know (but may have said that he didn't know whether I had/ implied that I might have). It is true that I did this in February and May this year, but the college have shown little willingness to even question our yearly survey figures (workload and staffing levels) and we had decided that they were unlikely to be of assistance. This is why we chose to go with ASMOF. I don't know whether anyone else contacted the college (such as the registrars who would have had a yearly survey to fill in about training at some point - it is quite possible that this has happened recently but I don't know and haven't asked). Regardless of whether they were contacted by someone again ignores the fact that there are demonstrable resourcing issues impacting on staff stress levels and wellbeing, patient safety and ancillary services such as training.

regards

Lloyd

On Tue, Sep 10, 2019 at 12:10 PM Lloyd Ridley <[REDACTED]> wrote:

Ta

On Tue, 10 Sep. 2019, 12:08 pm Juliette Rex, <[REDACTED]> wrote:

Hi Lloyd

Sure does 12.30pm sound ok for you to call me to discuss?

Thanks

Juliette Rex

Industrial Officer

Australian Salaried Medical Officers' Federation NSW (ASMOF)


Ph: [REDACTED]

Fax: [REDACTED]

Mob: [REDACTED]

email: [REDACTED]

Mail: Locked Mail Bag 13 Glebe NSW 2037

 ASMOF_NSW_thedoctorsunionemail

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On 10 Sep 2019, at 11:41, Lloyd Ridley <[REDACTED]> wrote:

Can I call you to discuss? Genevieve has informed the head of department and chair of the medical staff council that the email is in breach of the code of conduct.

On Tue, 10 Sep. 2019, 11:37 am Juliette Rex, <[REDACTED]> wrote:

Dear Lloyd

I refer to your below email of 6 September 2019.

It certainly appears an aggressive and nasty response by administration to the situation in radiology, which is unwarranted, particularly in the circumstances.

My suggestion is you either draft a response to send to the Director of Medical Services and advise her that you've been made aware of her demand on Liz Veitch, which you are perplexed and disappointed about as it would have been more appropriate for her to write to you directly and request a copy, which you would have willingly provided as from your perspective, it merely is a representation of the current demise of the department. It also would've avoided placing Liz Veitch in an uncomfortable position, which you consider to also be unfair and unreasonable on Liz Veitch. If you are comfortable, you can let the DMS know that you are concerned that you will be subject of 'targeting' because of you being transparent with your concerns, which was expressed with the best interests of your colleagues within your department, and importantly, the service users/the patients. Further, that you have raised these concerns with ASMOF who have given you advice in relation to s 210 Freedom from victimisation

http://classic.austlii.edu.au/au/legis/nsw/consol_act/ira1996242/s210.html

I would be happy to assist you in drafting a response to the DMS.

Or in the alternative, is that I draft an email to your DMS from me reflecting the above.

Happy to discuss if that would assist.

Regards

Juliette Rex*Industrial Officer**Australian Salaried Medical Officers' Federation NSW (ASMOF)**Ph:* [REDACTED]*Fax:* [REDACTED]*Mob:* [REDACTED]*email:* [REDACTED]*Mail: Locked Mail Bag 13 Glebe NSW 2037* [B660660D](#)

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From: Lloyd Ridley <[REDACTED]>**Sent:** Friday, 6 September 2019 9:04 PM**To:** Juliette Rex <[REDACTED]>**Subject:** Fwd: Fw: Next meeting for the Division of Medicine - Thursday, 15th August, 2019 @ 5.00pm

Dear Juliette

I was very disturbed to hear today that the Director of Medical services had demanded that the chair of the division of medicine send her a copy of the email that I had sent to the chair to inform them of potential problems in radiology which could affect services.

I sent the email to her when I got the agenda for the next division of medicine meeting and thought that the division should be warned as cuts to radiology services would clearly impact on the membership. As you will notice if you check your calendar, this happened shortly after (same day) as the meeting that you attended at Concord. I had discussed that there were a range of options along the lines of those that we discussed with you. The DMS is an invitee to the division's meeting, although I don't believe that she was in attendance the day my email was discussed. Arising out of this the lung cancer MDT discussed and

sent a letter to the general manager expressing their concern about the impact on their meeting, and that it would be unacceptable to be without a radiologist. It may be worth noting that I am the radiologist that usually attends the lung cancer meeting, although I was on leave the day it was discussed (which was the following week, ie the week after our tuesday meeting and the thursday division meeting). The division of medicine has also stated that it would send a letter, which has not been sent, although the DMS has been informed that that is the decision of the meeting. When she was asked to send my correspondence to the DMS she initially refused saying that the author was concerned that that would leave them (ie me) vulnerable. She was subsequently told she had to send it, which she has done, stating that it is under duress.

I attach the email below.

In my opinion this is an aggressive and nasty response by administration to the situation in radiology. I sent the email as I believe in open communication so that people affected have time to consider the situation and can provide input. I recall from communications from ASMOF that the LHD has the legal authority to read the emails that are sent using the district's email system (which is why this email is from my personal account). I find it very distressing that they have chosen to pursue the email communications about the situation rather than to actually address the issues. As you saw yesterday, they instead behave as though we are difficult and unreasonable. Several in the department have talked about the failure of administration to express any gratitude/ appreciation - or even to acknowledge - how well we perform compared to all other public teaching hospital radiology departments in NSW.

I am concerned that they will target me as a result of my efforts to inform users of the service of potential disruption.

For what it is worth, I suspect that the DMS was instructed from those more senior in the executive that she had to get the email, as I don't believe that it is in her character to take such an aggressive approach.

It may be worth noting that our college, RANZCR, has contacted the department this week to inform us that we will have an accreditation visit in November. This should have occurred more than a year ago (it is meant to be every 5 years, and it would be now either 6 or 7 years since the last site visit). I expect this to confirm that the situation in our department does not meet standards by a long way.

May I please have your thoughts on this approach by the district and whether you have any advice on how I should respond.

Yours sincerely

Lloyd Ridley

Concord Hospital dept of Radiology.

From: "Lloyd Ridley (Sydney LHD)" >
Date: Tuesday, 13 August 2019 at 4:17 pm
To: Liz Veitch >
Subject: RE: Next meeting for the Division of Medicine - Thursday, 15th August, 2019 @ 5.00pm

Dear Liz

Please be aware that the department of radiology is under severe stress, as I talked about at the last HEMSC I attended in June. Workload is up by over 50% in 6 years, clinical meetings and MDTs have increased in number of patients, frequency and number of meetings.

Despite this increase in workload we have had extreme difficulty even replacing staff and equipment. As you know the MSC got involved when the stream decided not to replace the mammography unit. The MSC was successful in getting Teresa to agree to replace. That was 6 years ago. It still hasn't been replaced. You no doubt recall similar (but not quite as extreme) stories for most of our other equipment that has needed replacement in the last 6 years. The only enhancement that has been discussed is the second MRI, which you would be aware is also not progressing. The imaging strategic plan also listed a third CT as a priority, but this has not been mentioned again since that document was written.

From a staffing point of view we have fewer FTE radiologists than 6 years ago, given that we have 1.2 unfilled locum positions (not sure if they have got to MDAAC – should be tomorrow – but neither can start until next year).

The radiologists have been trying to maintain services as best as we can, but we are now on average doing the amount of work recommended as requiring twice as many FTE. This situation is untenable. We are currently discussing the options. As it is unlikely that we will be able to recruit additional radiologists in the next 6 months there will need to be cuts to services. The radiologists are obviously very disappointed at the lack of preparedness of the executive to even engage in discussions about the difficulties. I am sure that the other radiologists would also be apologetic about the impact on patient care, but the situation has become very unsafe to both staff and patients and cannot continue. At this stage I don't know what services will be cut.

Regards

Lloyd

From: Concord Medicine [<mailto:concord.medicine@sydney.edu.au>]
Sent: Tuesday, 13 August 2019 1:24 PM
To: Concord Medicine
Cc: Elizabeth Veitch (Sydney LHD)
Subject: Next meeting for the Division of Medicine - Thursday, 15th August, 2019 @ 5.00pm

Dear All,

The next Division of Medicine meeting will be held this week:-

Date: Thursday, the 15th August 2019 @ 5.00pm.

Venue: Conference Room 1, 1st Floor,

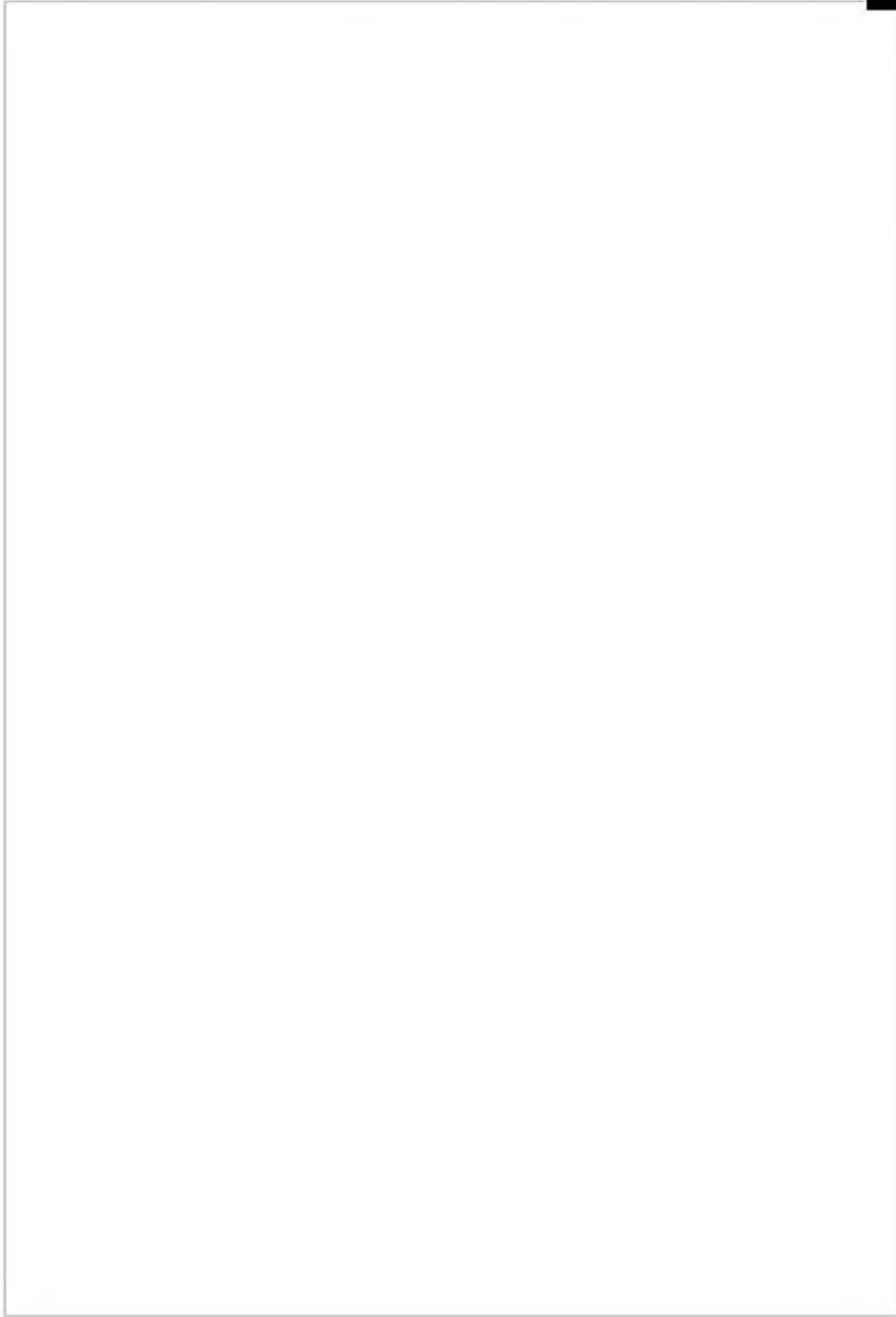
Clinical Sciences Building

(at the top of the stairs).

(Bldg. 20 – highlighted in orange on the attached map)

Please see attached Agenda.

Additionally, please see attached minutes from the previous Division of Medicine meeting held on 18th July 2019.



Kind regards,

Sharon Kellerman



SHARON KELLERMAN | Executive Assistant
The University of Sydney | Concord Clinical School
Faculty of Medicine and Health

Concord Repatriation General Hospital | Clinical Sciences Building

6/25/24, 3:22 PM

Fwd: Next meeting for the Division of Medicine - Thursday, 15th August, 2019 @ 5.00pm - [REDACTED] Outlook

Hospital Road | Concord NSW 2139

Ph. [REDACTED]

E Concord.Medicine@sydney.edu.au | <http://sydney.edu.au>

Working Days: Monday, Tuesday, Wednesday.

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