

My name is Lloyd Ridley. I have been a radiologist at Concord/Canterbury for 25 years and was the head of Department for 10 years.

### Slide promotions

I have been active in promoting the hospital and a positive work culture over many years.

### Slide news

In the last few years, I have seen radiology at Concord and Canterbury deteriorate from a highly functioning, efficient department to one that is on the brink of complete collapse.

I cannot detail all the reasons for this demise in 5 minutes.

### Slide key issues

Instead, I shall focus on four key items, backlog, equipment, procurement, and advocacy

### Slide large backlog

Firstly Backlog

There are more than 40,000 unreported studies. There was no backlog 4 years ago. One quarter of studies are no longer being reported. Patients are being harmed from the delays. There are likely to be patients with detectable cancers who will no longer be curable by the time they get diagnosed.

This decline is the culmination of multiple factors including:

i. Changes in the role of radiology in the last couple of decades.

### Slide growth of imaging

Imaging is getting faster and more detailed. Diagnoses are more accurate.

### Slide dollars growth

The result is that the demand for radiology is doubling every decade.

### Slide staffing

ii. When the current chief executive started In 2011 the Radiology Department had 10.6 full time equivalent radiologists. This fell to 8.6 earlier this year. In the last 8 months alone 6 radiologists, that is one third of the staff specialists, have left.

### Slide leaving

None have retired. Further, in just 3 years, two thirds of the radiologists have cut their commitment and have opted to work elsewhere instead.

Why are the radiologists leaving? I do not have time to properly explain,

### Slide workload

but one factor is the working conditions at Concord are poor, the workload is high, and there are many better alternatives.

### Slide spying



Newspapers have highlighted other factors. I cannot, however, discuss these because many examples are hidden behind secrecy clauses imposed by the administration.

Support staff have also been cut. Nursing staff numbers are down by a third, clerical by a quarter. All the IT staff have left in the last few months.

#### Slide equipment

Secondly. Equipment

There has been no enhancement to major equipment in almost 20 years.

Whilst radiology grows worldwide, we have lost space and equipment at Concord and Canterbury.

#### Slide MRI

Canterbury is probably the largest hospital in NSW without an MRI and Concord the largest hospital without 2.

Concord's single scanner is shared with Canterbury.

Prince Alfred, by comparison, now has 4.

#### Slide procurement

Thirdly. Procurement

The chief executive chairs the major procurement committee. Under her leadership virtually every piece of major equipment in radiology has been replaced well after the capital sensitivity date.

#### Slide dollars

Medicare does not remunerate services performed on out of date equipment.

Failure to replace equipment in time costs the Hospital thousands of dollars per day. It is the responsibility of management to monitor the replacement schedule.

Concord Radiology has a trust account with sufficient funds for all scheduled replacements. The failure to replace equipment in a timely manner is because of the maladministration of the major procurement committee, chaired by the chief executive.

#### Slide advocacy header

Fourthly. Advocacy by doctors at Concord Radiology. The failure to address the issues is not because the chief executive has not been informed.

#### Slide advocacy details

In 2011 We asked ASMOF (the "Doctors' Union") to intervene. ASMOF tabled a series of recommendations. The net result was a saving of 2 to 3 million dollars over 5 years. Why was it necessary to get ASMOF involved to reach these savings?



The MSC has repeatedly raised issues of radiology at meetings with the district and hospital executive. The situation has continued to deteriorate.

In 2021 the radiologists met with the director of medical services. Immediately after, the radiologists were told that we were in breach of the code of conduct for discussing the department's problems.

I presented to the Clinical Quality Council in February. That includes the Chief Executive and your board representative. I was subsequently called to a closed meeting where I was told by the chief executive the radiologists were leaving because of the poor culture in the Department.

#### Slide why

In my opinion that is an unreasonable response. When two thirds of the staff specialists have left in a short period, and where the statistics show the staff are performing well above the benchmark, I expect senior administrators to investigate and try to understand the problems, rather than blame the staff.

#### Slide summary

In summary, workload is up, staffing is down. There have been no major equipment enhancements. There has been maladministration of procurement. Administration have not listened to repeated warnings that the situation is unsustainable.

#### Slide change

Things cannot continue the way they are. The radiologists will continue to leave. More patients will be harmed. Costs will go up. Something has to change. What that change is, is up to you.