

This is Thankyou for the opportunity to discuss the problems in radiology.

It is not plausible that there are people in administration who are not aware of the problems in radiology. There are tens of thousands of unreported studies. The interventional service has almost completely stopped. There is no head of department. As a result, major projects involving radiology, such as PACS, have no input from radiologists at Concord with all the risks that entails. There have been multiple incidents due to delays in diagnosis resulting in multiple investigations. But there has been strong resistance to discussion of the root causes.

The core problem we face is that the demand for radiology is doubling every decade. This is a worldwide phenomenon. In Australia, for example, the Medicare expenditure for radiology is doubling every decade. Radiology is getting better. Technology is advancing. Radiology has become a cornerstone for hospitals wanting to provide the best quality clinical care. This growth in radiology is clearly a challenge for everyone.

In response to this growing demand, since 2010 when I stepped down as head of department, Radiology at Concord has lost space, lost equipment and lost staff. Nursing has dropped by a third. Clerical by a quarter. There are fewer radiologists. Radiology at Canterbury has also been affected with losses of space and the impact of the reduction in radiologists.

It is not just cuts in resources, though. Teresa took several million from radiology trust funds because she was convinced that the vascular surgeons would leave without decent equipment. Meanwhile virtually every major imaging equipment in the last decade has been replaced beyond its end of life. This is despite money in radiology trust funds being available for the procurement, and that timely replacement of equipment at Concord was a core part of the agreement between the district and department for the provision of radiology services at Canterbury. The worst examples of the delays in replacement are mammography and MRI. When the imaging stream decided not to replace the mammo unit the MSC got involved. Teresa readily agreed that women's imaging was an important service at Concord. Despite her support it took another 7 years to replace the already obsolete equipment. It is also more than 7 years since Teresa agreed to the need for a second MRI at Concord. It is 6 years since the ministry endorsed the procurement. It is 4 years since Genevieve told the MSC the second MRI would be operational in 6-12 months. There is still no sign of the second MRI despite the extensively discussed impacts of the inadequate capacity. The CT at Canterbury is only a few weeks from its end of life. Procurement to replace this CT has again been stopped. It seems that maintaining decent equipment is considered by administration to be important for some departments, but not for radiology in which use of technology is its core business.

So over the last decade we have faced increasing workload with cuts to resourcing. That is clearly not sustainable. In 2019 the radiologists got ASMOF involved. The registrars separately got ASMOF involved for their own issues. Both highlighted the detrimental effects of the increasing workload. Later that year the college accreditation team identified that the radiologists at Concord were doing twice the workload compared to the benchmark. Suffice to say the district did not thank us for working twice as hard as radiologists in many other teaching hospitals in Sydney. I did my duty as a public servant and warned the organisation through the internal channels available to me – that is the division of medicine and the medical staff council. I was told that I was in breach of the code of conduct for spreading negative views. I do not need to put up with that type of bullying and intimidation. I have cut my days and readily found work elsewhere. Every other radiologist who spoke up at the HEMSC meetings in 2019 has left Concord completely. Getting rid of the people who tell you there is a problem does not get rid of the problem. It makes it worse. The problems can't continue to be hidden by threatening staff. The radiologists continue to leave. The backlogs get

worse. The more incidences there have been the more that individuals in radiology have been investigated. I would love to discuss with people today these investigations so they can see how outrageous some of them have become. Rather than open and respectful discussion of the root causes, it seems people in administration will try anything in the hope of proving that the backlogs and clinical incidents are the fault of staff in radiology. Unfortunately, I am prevented from discussing the investigations by confidentiality clauses. The result, though, of such unfair accusations is for more radiologists to resign. Half of the radiologists have cut down days or left since administration were warned of the problems in 2019. Some radiologists have gone to private practice. Others have gone to public hospitals literally to the north, south, east and west. None have retired. Increasingly the radiologists are unable to give good reasons to keep working at Concord. One by one they are voting with their feet and leaving. Attempts to recruit are best described as perfunctory and have been unable to replace all the radiologists who have left.

To summarise. The core problems in radiology are the increasing demand and reducing resources over more than a decade. The root cause is the administrative approach to addressing these challenges. As a direct result there are increasing numbers of clinical incidents representing harms to patients. As we all know it is NSW Health policy that there is open disclosure for clinical incidents. This has not happened when it comes to the root causes of delays in radiology. Obviously, the administration has the authority to downgrade radiology services at Concord and Canterbury. If that is the intention of the district it is time that those who implement this policy take responsibility for the consequences. If that is not the intention, then there needs to be open disclosure about the impacts of the decisions made by administration and the failure of the governance processes that have led to the deteriorating quality of services. There needs to be discussion about how to remedy the situation. It is not going to be easy to fix a decade of damage. It can, though, be done if the district returns to its CORE values, strives for best practice and focuses on providing quality care.

Thankyou.