



Dear 

### **DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Friday 11 November 2022**.

This application requested access to:

*'Emails between the Australian Medical Association and the chief executive officer, the group head of human resources or any senior executive regarding the suspension of cardiologists at Canberra Hospital.'*

As the Principal Officer of Canberra Health Services, I am authorised to make a decision on access or amendment to government information in the possession or control of Canberra Health Services. CHS was required to provide a decision on your access application by **Wednesday 4 January 2023**.

I have identified five documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

#### **Decisions on access**

I have decided to grant full access to the five documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

#### **Charges**

Processing charges are not applicable to this request.

#### **Disclosure Log**

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

**Ombudsman review**

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

**ACT Civil and Administrative Tribunal (ACAT) review**

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

**Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Dave Peffer  
**Chief Executive Officer**  
Canberra Health Services

 December 2022

## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> (Media)	<i>'Emails between the Australian Medical Association and the chief executive officer, the group head of human resources or any senior executive regarding the suspension of cardiologists at Canberra Hospital.'</i>	CHSFOI22-23.21

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 6	Email and attachment – AMA ACT – Cardiology Issues and Suspensions of Dr Alasady and Dr Pathak	03 May 2022	Full Release	N/A	YES
2.	7 – 12	Email and attachment – AMA ACT Cardiology Issues – Suspension of Dr Christopher Allada	19 May 2022	Full Release	N/A	YES
3.	13 – 16	Email and attachment – Cardiology Unit – Canberra Times Article 5 June 2022	06 June 2022	Full Release	N/A	YES
4.	17 – 18	Email – Re: Cardiology Unit – Canberra Times Article 5 June 2022	06 June 2022	Full Release	N/A	YES
5.	19 – 24	Email and attachment – Correspondence from the CEO Canberra Health Services	07 June 2022	Full Release	N/A	YES
<b>Total Number of Documents</b>						
<b>5</b>						

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**From:** Peter Somerville <execofficer@ama-act.com.au>  
**Sent:** Tuesday, 3 May 2022 8:47 AM  
**To:** Peffer, Dave (Health)  
**Subject:** AMA ACT - Cardiology Issues and Suspensions of Dr Alasady and Dr Pathak  
**Attachments:** Peffer - Alasady and Patak Suspensions - Final - 030522.pdf

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Dear Dave

Please find attached correspondence regarding the above matter.

Regards

Peter Somerville

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**Peter Somerville**  
**Chief Executive Officer**  
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**Twitter - @AMA\_ACT**



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Mr Dave Peffer  
Chief Executive Officer  
Canberra Health Services  
Canberra Hospital  
Yamba Drive  
Garran ACT 2605

3 May 2022

By email: [Dave.Peffer@act.gov.au](mailto:Dave.Peffer@act.gov.au)

Dear Mr Peffer

**Cardiology Issues – Canberra Hospital.**

We refer to the current issues in the Cardiology Department at the Canberra Hospital (TCH), including the recently concluded preliminary assessment and suspensions of several Cardiologists. We are also aware that BAL Lawyers have provided separate correspondences to you on 14 April 2022 concerning Dr Alasady and Dr Pathak.

In summary, our concerns are that the Canberra Health Services (CHS) has not adequately considered, prepared for or implemented the suspensions of the Cardiologists and consequent potentially adverse effect on patient care, other staff in the Cardiology Department or the suspended Cardiologists themselves.

In so far as the personal effect on the Cardiologists, our correspondence deals with Dr Alasady and Dr Pathak, although similar personal effects have, no doubt, resulted for the other suspended Cardiologists.

Dealing with these matters in turn:

**1. Potential Adverse Impact of Suspensions on Patient Care**

We remain concerned that the suspensions have the potential to adversely impact on patient care. In particular, removing both Electrophysiologists from TCH has left those patients requiring the service with little alternative but to wait longer and increase the risk

of adverse health outcomes. With both Dr Alasady and Dr Pathak both having long waiting times for access to Electrophysiology services, the potential risk to patient care is even more apparent.

In more general terms, we believe that CHS has not adequately prepared for the absence of the Cardiologists from the workplace and the impact this would have on the remaining Cardiologists and other staff leading to a further potential adverse impact on patient care.

We have been informed that there was no apparent plan to deal with the effect of the suspensions including lack of rosters or short notice of rosters and the consequent impact on the lives of the remaining Cardiologists, the inability to deal with planned and unplanned leave, the taxing nature of the workload on the remaining Cardiologists, the impact of planned and unplanned leave and the effect on junior medical staff and non-medical staff.

We also note your reference to a 'fast track investigation to be undertaken' by the Professional Standards Unit (PSU). While we hope this is the case, our experience is that the PSU investigations, while generally competent, tend not to be fast or expeditious.

Given these matters, our concern for patient care relates directly to the now-absent skills of the suspended Cardiologists, the adverse effect on remaining staff combined with a potentially lengthy investigation increases the risk of mistakes being made and patients harmed.

## **2. Impact of the Suspensions on Other Staff**

While touching on this matter above, we wanted to provide further detail on what appears to be inadequate planning, preparation and/or implementation of the suspension of the Cardiologists and the consequent effects on other staff.

In particular, we wanted to bring to your attention two matters:

- ***No or inadequate plan to deal with the absence of the suspended Cardiologists***

We have been informed that in the immediate aftermath of the suspensions, no roster was in place for the remaining Cardiologists. In addition, there appears to have been inadequate arrangements put in place to cover planned leave for the remaining Cardiologists; and that the unplanned leave occurring at the same time has led to an unreasonable service demand on the remaining Cardiologists.

Further, the week-to-week rostering now in place and the accompanying workload is both taxing and highly disruptive to the lives of the remaining Cardiologists. We have been informed that, not only are locums required, but it is important that the right type of locums are engaged for the subspecialty service cover needed.

- ***Poor communications***

We have also been informed that with management staff on leave at around the time of the suspensions, emails did not receive responses and that information provided to the remaining staff on the process to be followed was very limited.

Staff were also uncertain as to which colleagues they could speak with and in what terms given the preliminary assessment and suspensions that had occurred.



While we will write further to you on these matters, we believe it would be helpful if the Executive reached out to the remaining Cardiologists in order that they (and other staff) could see a way out of the current situation.

### **3. Suspensions of Dr Alasady and Dr Pathak**

We believe that suspension of Dr Alasady and Dr Pathak should be reviewed against the background of the matters set out above i.e., the potential adverse impact on patient care and on other staff, but also the unfairness placed on Dr Alasady and Dr Pathak by the continuing suspensions.

In addition to the above, we ask you to consider:

- ***Timing of preliminary assessment***

In considering a review of the suspensions, we propose you consider the timing of the preliminary assessment (PA) and the fact that both Dr Pathak and Dr Alasady remained in the workplace for an extended time both while the PA was undertaken and after its conclusion.

In our view, this demonstrates that concerns about the behaviour of either Dr Alasady or Dr Parthak, leading to the decision to suspend, were either unwarranted or could now be dealt with in the context of revised suspensions.

While understanding the nature of the PA process, we have been informed that no response was sought from the suspended Cardiologists regarding information collected as part of the PA. Given the nature of medical practice and the serious implications for Dr Alasady and Dr Pathak were they to be suspended, together with the matters to be considered when making the decision to suspend, we believe a further opportunity should be afforded to both practitioners to provide further information during a review of the suspensions.

- ***Likely delay in investigation***

In our view this is a very serious matter that should be given considerable weight. We have previously referred to our experience of the Professional Standards Unit and the potential for investigation to extend to several months. We have been informed that CHS believes the investigation will be concluded by the end of May; we think that timeframe is unlikely.

Even a 'fast-track' investigation will need to consider the complexity of the matter before the PSU, the need to consider the allegations, review and/or gather evidence (potentially including expert medical advice), propose amendment or extension of the allegations, provide the suspended Cardiologists with an opportunity to respond to the totality of the allegations, and the prepare the misconduct report. In our view, this will almost inevitably mean the investigation will take an extended time.

The impact of delay in the investigation is likely to fall heavily across the various groups or people concerned in this matter – patients, the remaining Cardiologists and staff, and both Dr Alasady and Dr Pathak.



We believe it is foreseeable that such a delay may result in avoidable harm and believe that a review of the suspensions is warranted.

- ***Potential reputational harm and personal impact***

Both Dr Alasady and Dr Pathak are likely to have suffered reputational damage as a result of their suspensions. Cardiology is a relatively small speciality and inevitably word will get around both local and nationally. In a profession such as medicine, reputation counts significantly more than in many other professions, and has a broader impact encompassing clinical, research, collegial and other matters.

In addition, the Canberra medical community is relatively small and often working relationships overlap with social networks thus meaning the suspensions may lead to adverse impacts on personal standing or, lead to Dr Alasady and Dr Pathak withdrawing from social activities or suffer personal embarrassment.

Consequently, and for the reasons set out above, we propose that that the suspensions of Dr Alasady and Dr Pathak be urgently reviewed. The review should consider all options for lifting the suspensions whether that be in part or whole, and under what conditions or limitations, if any.

Yours sincerely,



**Peter Somerville**  
**Chief Executive Officer**  
**Australian Medical Association (ACT) Ltd**

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**From:** Peter Somerville <execofficer@ama-act.com.au>  
**Sent:** Thursday, 19 May 2022 7:08 PM  
**To:** Peffer, Dave (Health)  
**Subject:** AMA ACT Cardiology Issues - Suspension of Dr Christopher Allada  
**Attachments:** Peffer - Allada Suspension - Final - 190522.pdf

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Dear Dave

Please see attached correspondence.

Regards

Peter

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Mr Dave Peffer  
Chief Executive Officer  
Canberra Health Services  
Canberra Hospital  
Yamba Drive  
Garran ACT 2605

19 May 2022

By email: [Dave.Peffer@act.gov.au](mailto:Dave.Peffer@act.gov.au)

Dear Mr Peffer

**Dr Christopher Allada - Cardiology Issues – Canberra Hospital.**

We refer to the current issues in the Cardiology Unit at the Canberra Hospital (TCH), including the recently concluded preliminary assessment and suspensions of several Cardiologists. While this correspondence deals with Dr Allada's situation, it follows on from our earlier correspondence dealing with Dr Alasady and Dr Pathak.

In summary, our concerns are that the Canberra Health Services (CHS) has not adequately considered, prepared for, or implemented the suspensions of the Cardiologists and consequent potentially adverse effect on patient care, other staff in the Cardiology Unit or the suspended Cardiologists themselves.

Dealing with these matters in turn:

**1. Potential Adverse Impact of Suspensions on Patient Care**

We remain concerned that the suspensions have the potential to adversely impact on patient care. In particular, suspending Dr Allada and one of the other interventional cardiologists in a period leading up to planned leave by other consultants, placed a significant burden on the remaining members of the unit. In addition, the absences resulting from the suspensions have had the potential to create gaps in supervision of other staff.

We have been informed that there was no apparent plan, or alternatively the plan was inadequate to deal with the effect of the suspensions including lack of rosters or short

notice of rosters and the consequent impact on the lives of the remaining Cardiologists, the inability to deal with planned and unplanned leave, the taxing nature of the workload on the remaining Cardiologists, and the effect on junior medical and other staff.

An example of this reported to us was that, around Easter, there was a period of one week where only one interventional Cardiologist was available to perform all procedures both during the day and urgent after-hours cases. With only one other Cardiologist present at that time, the potential for an adverse event is apparent.

In addition, we understand that currently there are three interventional cardiologists staffing the on-call roster where there would usually be a complement of six. In any comparable situation, this is likely to be an onerous roster. While we also understand that locum interventional Cardiologists have been engaged, they are working in an unfamiliar environment with the associated risk factors.

Given these matters, our concern for patient care relates directly to the now-absent skills of Dr Allada and the other suspended Cardiologists, the adverse effect on remaining staff combined with a potentially lengthy investigation increases the risk of mistakes being made and patients harmed.

## 2. Impact of the Suspensions on Other Staff

While touching on this matter above, we wanted to provide further detail on what appears to be inadequate planning, preparation and/or implementation of the suspension of the Cardiologists and the consequent effects on other staff.

In particular, we wanted to bring to your attention two matters:

- ***No or inadequate plan to deal with the absence of the suspended Cardiologists***  
We have been informed that in the immediate aftermath of the suspensions, no roster was in place for the remaining Cardiologists. In addition, there appears to have been inadequate arrangements put in place to cover planned leave for the remaining Cardiologists, and that the unplanned leave occurring at the same time has led to an unreasonable service demand on the remaining Cardiologists.

Further, the week-to-week rostering now in place and the accompanying workload is both taxing and highly disruptive to the lives of the remaining Cardiologists. We have been informed that, not only are locums required, but it is important that the right type of locums are engaged for the subspecialty service cover needed.

- ***Poor communications***  
We have also been informed that with management staff on leave at around the time of the suspensions, emails did not receive responses and that information provided to the remaining staff on the process to be followed was very limited.

Staff were also uncertain as to which colleagues they could speak with and in what terms given the preliminary assessment and suspensions that had occurred.

While we will write further to you on these matters, we believe it would be helpful if the Executive reached out to the remaining Cardiologists in order that they (and other staff) could see a way out of the current situation.

### **3. Suspension of Dr Allada**

We believe that suspension of Dr Allada should be reviewed against the background of the matters set out above i.e., the potential adverse impact on patient care and on other staff, but also the unfairness placed on Dr Allada by the continuing suspension.

In addition to the above, we ask you to consider:

- ***Timing of preliminary assessment***

While understanding the nature of the PA process, we have been informed that no response was sought from Dr Allada regarding information collected as part of the PA. Given the nature of medical practice and the serious implications for Dr Allada if he was to be suspended, together with the matters to be considered when making the decision to suspend, we believe a further opportunity should be afforded to Dr Allada to provide such information during a review of the suspension.

In considering a review of the suspension, we propose you consider the timing of the preliminary assessment (PA) and the fact that Dr Allada remained in the workplace for an extended time both while the PA was undertaken and after its conclusion. **In our view, this demonstrates that concerns about the behaviour of Dr Allada, leading to the decision to suspend, were either unwarranted or could now be dealt with in the context of a conditional return to the workplace.**

**Of course, even a conditional return to the workplace would provide the benefit of additional and much needed interventional cardiology services to patients.**

- ***Likely delay in investigation***

In our view this is a very serious matter that should be given considerable weight. The serious nature of the issues at stake and the associated potential for litigation leads us to believe that a thorough investigation is likely to extend over several months. We have been informed that CHS believes the investigation will be concluded by the end of May; we think that timeframe is unlikely.

Even a 'fast-track' investigation will need to consider the complexity of the matters before the investigator, the need to consider the allegations, review and/or gather evidence (potentially including expert medical advice), propose amendment or extension of the allegations, provide Dr Allada with an opportunity to respond to the totality of the allegations, and then prepare the misconduct report. In our view, this will almost inevitably mean the investigation will take an extended time.

The impact of delay in the investigation is likely to fall heavily across the various groups or people concerned in this matter – patients, the remaining Cardiologists and staff, and the suspended Cardiologists including Dr Allada.

We believe it is foreseeable that such a delay may result in avoidable harm and believe that a review of Dr Allada's suspension is warranted.

- ***Potential reputational harm and personal impact***

It is likely that Dr Allada has suffered reputational damage because of his suspension. Cardiology is a relatively small speciality and inevitably word will get around both local and nationally. In a profession such as medicine, reputation counts significantly more than in many other professions, and has a broader impact encompassing clinical, research, collegial and other matters.

In addition, the Canberra medical community is relatively small and often working relationships overlap with social networks thus meaning the suspension may lead to adverse impacts on personal standing or, lead to Dr Allada withdrawing from social activities or suffer personal embarrassment.

Consequently, and for the reasons set out above, we propose that that the suspension of Dr Allada be urgently reviewed. The review should consider all options for lifting the suspension whether that be in part or whole, and under what conditions or limitations, if any.

Yours sincerely,



**Peter Somerville**  
**Chief Executive Officer**  
**Australian Medical Association (ACT) Ltd**



---

**From:** Peter Somerville <execofficer@ama-act.com.au>  
**Sent:** Monday, 6 June 2022 11:48 AM  
**To:** Peffer, Dave (Health)  
**Subject:** Cardiology Unit - Canberra Times Article 5 June 2022  
**Attachments:** Peffer - Canberra Times Article 5 June 2022 - Final - 060622.docx.pdf

**Importance:** High

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Dear Dave

Please see attached correspondence.

Regards

Peter Somerville

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Peter Somerville  
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Mr Dave Peffer  
Chief Executive Officer  
Canberra Health Services  
Canberra Hospital  
Yamba Drive  
Garran ACT 2605

6 June 2022

By email: [Dave.Peffer@act.gov.au](mailto:Dave.Peffer@act.gov.au)

Dear Mr Peffer

I refer to the Canberra Times article, "*Canberra Hospital cardiology department staff report screaming, kicking doors and throwing objects*" appearing on 5 June 2022 ('the Article').

I further refer to the fact that the article appears to have been substantially compiled from material provided to the Canberra Times as a result of a 'Freedom of Information' request.

Finally, I refer to the fact that no adequate response has been made either in, or to the article by Canberra Health Services ('CHS').

As a result of these matters, I request CHS take several urgent steps:

First and most importantly, provide a response to the Article by way of media release or other publicly available means to the effect that:

- An investigation relating to the Cardiology Unit is underway and that the events described in the Article remain as allegations only.
- The cardiologists, subject of the allegations, have yet to provide their responses to the allegations, and in line with CHS's stated position, a fair process with an opportunity for the cardiologists to respond is critical.

**'Leading Canberra's doctors in advancing the health and wellbeing of our community.'**

- The implication that poor workplace culture in the Cardiology Unit is related to the behaviour of medical staff only, is not justified. Both the preliminary assessment undertaken by Ms Deegan and earlier reports refer to unsatisfactory behaviour by staff other than medical staff.

Secondly, given that the Article was said to be partly sourced from a 'Freedom of Information' request, it is not clear to me why CHS did not make any response to the Article in its preparation. While I do not expect that the journalist involved would have provided full details of the Article, it seems reasonable to me that a general statement reflecting the dot points above should have been made available.

The failure to make a response has not only further diminished the reputation of the Cardiology Unit but is likely to have given the Canberra medical and broader community an incomplete and unfair view of the current state of the investigation.

I ask you to respond on why it was that no response was made to the Article prior to publication.

Given that your joint email with Ms Taylor on 28 March 2022, states that *'[T]o ensure a fair process and to respect the privacy of everyone involved, we ask that discussions or speculation about any part of the process not occur,'* I request you act on both our proposals as a matter of urgency thereby, and at least to some extent, redressing the balance for the cardiologists concerned and the reputation of the Cardiology Unit.

In finishing, I also request that you respond to our earlier correspondence regarding Dr Pathak and Dr Alasady (3 May 2022) and Dr Allada (19 May 2022).

Yours sincerely



**Peter Somerville**  
**Chief Executive Officer**  
**Australian Medical Association (ACT) Ltd**

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**From:** Peffer, Dave (Health)  
**Sent:** Monday, 6 June 2022 9:16 PM  
**To:** Peter Somerville  
**Subject:** Re: Cardiology Unit - Canberra Times Article 5 June 2022

Dear Peter

Thanks for your correspondence, and the support the AMA is providing our cardiologists.

It hasn't been our approach to respond to media stories through issuing a media release. And for this particular situation, the confidence and courage within our organisation has been wafer-thin when it comes to people coming forward and calling out behaviours. Any public statements that might dent that confidence I wouldn't support.

My preference was always for these processes to be handled internally with no public visibility - to the benefit of all parties involved. Unfortunately, the recent media is a result of an ASMOF FOI - I understand ASMOF is representing two of the specialists. This appears to be an unintended consequence, with FOI material now released publicly on the website when issued to an applicant. The Canberra Times pointed us to the website when we asked.

I signed off correspondence responding to your earlier letter last week. I'm surprised it hasn't landed with you yet, but let me track that down and we can shoot it across electronically. Apologies for the delay in getting that to you.

Thanks

Dave

---

**From:** Peter Somerville <execofficer@ama-act.com.au>  
**Sent:** Monday, June 6, 2022 11:49 am  
**To:** Peffer, Dave (Health) <Dave.Peffer@act.gov.au>  
**Subject:** Cardiology Unit - Canberra Times Article 5 June 2022

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Dear Dave

Please see attached correspondence.

Regards

Peter Somerville

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Web - [www.act.ama.com.au](http://www.act.ama.com.au)  
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**From:** CEOHealth  
**Sent:** Tuesday, 7 June 2022 6:42 PM  
**To:** 'execofficer@ama-act.com.au'; 'reception@ama-act.com.au'  
**Subject:** Correspondence from the CEO Canberra Health Services  
**Attachments:** Correspondence from the CEO Canberra Health Services - Decision to suspend cardiologists with pay.pdf

**OFFICIAL**

Good evening Mr Somerville

Please see attached correspondence from Dave Pepper, CEO Canberra Health Services.

Kind regards

**Christine Whittall | Executive Officer**

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**ACT**  
Government

**Canberra Health  
Services**

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Dear Mr Somerville

### **Decision to suspend cardiologists with pay –Canberra Hospital**

Thank you for your letter of 3 May 2022. I note your letter raised a number of matters in relation to the decisions to suspend (with pay) four cardiologists whilst allegations of misconduct concerning them are investigated.

In summary, the Australian Medical Association (ACT) Limited (AMA) raised the following:

- 1) Potential Adverse Impact of Suspensions on Patient Care;
- 2) Impact of suspensions on other staff including the issues of poor communication and inadequate plan to deal with the absence of suspended cardiologists; and
- 3) Request for review of the decision to suspend Dr Alasady and Dr Pathak in view of matters raised in your letter and other considerations including timing of the preliminary assessment, likely delay in investigation, issues of fairness and potential impact on Dr Alasady and Dr Pathak.

We have considered the matters raised in your letter of 3 May 2022 and respond to those matters in turn.

#### **1. Impact of Suspensions on Patient Care**

Patient safety and care has been paramount in our decision-making and in the steps we have taken following the decision to suspend. The leadership team of Cardiology has put in place a range of actions to ensure as minimal disruption to services as possible and have addressed any potential safety concerns.

No action was taken without the guidance and advice of the Director and Deputy Director of the department, specifically as it relates to safety and patient care. This has been handled for the timeframe of the investigation through revised rostering and clinic arrangements in consultation with remaining medical officers and managers.

In general, the Cardiology Unit comprises approximately 99 staff, including 14 cardiologists, 57 nurses, 13 allied health and 10 administrative personnel. The group of four cardiologists suspended on 28 March 2022 (prior to their suspension) worked hours equivalent to a total of 2.04 FTE.

Other measures adopted by Canberra Health Services (CHS) to reduce waiting times and to manage workloads within the Cardiology Unit for the interim period (whilst the investigation into allegations of misconduct with respect to the suspended cardiologists is completed) have included the following:

- Westmead Hospital will be accepting referrals for urgent electrophysiologist procedures (EP);
- CHS has engaged three interventional Visiting Medical Officers (VMOs) to provide support and after hours on-call support for both intervention and first on-call, to ensure remaining medical officers have a break from on-call;
- CHS has also engaged an additional VMO to support Out-Patient (OP) clinics and echo reporting;
- CHS has engaged an additional cardiologist (as a casual staff specialist) who is trained in EP. This cardiologist has been engaged to cover arrhythmia clinic and device procedures, and first on-call;
- Concurrently, recruitment was underway for a 1.0 FTE staff specialist for six months to address OP waitlists. It is hoped a merit list can be used from this process to fill any ongoing FTE shortfalls;
- Weekly scheduling of on-call and clinical cover is being managed by the Deputy Unit Directors and communicated across the department;
- OP medical clinics have been reduced as much as possible over the month of April 2022; and
- Elective procedures have been postponed for non-urgent cases.

All steps are in place to continue to provide urgent cardiology patient care in a safe manner and this is one of our key priorities. CHS has also reduced clinic activity and elective work to focus on more urgent services at present. Less urgent Category 2 and Category 3 services will experience some delay until the recruitment of additional cardiologists to provide temporary cover is finalised.

## **2. Impact of Suspensions on Other Staff**

### Communication with remaining staff – decisions to suspend cardiologists

CHS disagrees with the assertion that at the time of the suspensions, with management staff on leave, emails did not receive responses and that information provided to the remaining staff was very limited or that staff were uncertain as to which colleagues they could speak with and in what terms in view of the preliminary assessment undertaken and decisions to suspend.

By way of example, following the suspension of the four cardiologists, including but limited to, CHS undertook the following:

- An all-cardiology staff meeting was held on 28 March 2022 between 5:00pm- 6:00pm to inform staff of the events and that the cardiologists would not be available until further notice. This was followed up with an email from the Chief Executive Officer (CEO), inviting any questions to be raised via Jim Tosh, Senior Director HR Business Partnerships;
- On 29 March 2022, senior managers met with their teams to discuss the CEO email, and to reiterate confidentiality and available supports. This included discussions of clinical cover arrangements;
- Following media attention on 2 April 2022, office managers provided support to their teams with any patient enquiries;
- On 4 April 2022, the Director of Cardiology met with allied health nursing and administrative staff, enabling them to ask questions, provide clarification on clinical cover arrangements; and
- Critical Incident Counselling support (EAP) was provided on 7 and 8 April 2022 for staff to utilise.

### Rosters prepared and plans to manage workloads whilst cardiologists suspended or on leave

With CHS's decision to suspend the four cardiologists, the Cardiology Unit had prepared a roster for acute inpatient services and emergency cover. This roster had also factored the planned overseas leave of two cardiologists throughout April and May 2022.

CHS had also started concurrent efforts to employ additional staff to help with the roster changes at short notice and has successfully employed several consultants on short term locum contracts in the meantime.

Any staff specialists who are working additional hours are eligible for additional payment for these hours. Staff members who are working extra hours are eligible to claim for reimbursement as per current Enterprise Agreement and are encouraged to do so.



CHS has engaged the services of four VMOs, who will cover some interventional work, on-call, medical clinics and echo reporting. CHS is in the process of engaging at least three more (to provide temporary cover) over the next month.

Furthermore, CHS had a locum cardiologist cover after hours on-call for intervention over the Easter long weekend and provided temporary cover on a weekly basis. There is another locum cardiologist who covers intervention on Thursday and Friday and Holter reporting, as well as after hours' on-call during this time. This same cardiologist returned to provide cover from 26 April 2022 to 2 May 2022; with the plan to schedule them at regular intervals over the next few months to manage workloads for our staff specialists.

CHS has employed several other locum cardiologists to cover for the staff shortage; some have already started to work in the unit, and a recruitment process is in progress to employ additional cardiologists to provide further temporary cover. CHS will monitor the workload of staff members and ensure that there is adequate relief between on calls. Locum cardiology services will be used to cover for any short falls and to provide respite. Staff wellbeing is our priority in addition to patient safety during this time.

### **3. Review of decisions to suspend Dr Alasady and Dr Pathak**

The decisions to suspend the four cardiologists were made after careful consideration and reflect our obligations to provide a safe workplace for all team members. The seriousness of the allegations raised within the Preliminary Assessment meant that CHS could not be confident the workplace was safe, without some team members being removed in the interim from the workplace while the investigation is finalised. This step also protects parties including the suspended doctors from further allegations arising during the investigation.

Until we have considered the findings from the investigation, the suspensions remain in place. We consider the suspensions to be in accordance with clause 122.2 of the *ACT Public Sector Medical Practitioners Enterprise Agreement 2021-2022* (Enterprise Agreement) and that it is in the public interest, the interests of the ACT Public Service and the interests of CHS to do so while the alleged misconduct in relation to the doctors is being investigated and dealt with.

We also note that Dr Alasady and Dr Pathak are currently suspended with pay and in accordance with clause 122.6 of the Enterprise Agreement, no appeal or review of that decision is available. Accordingly, we have noted the concerns raised in your letter of 3 May 2022.

In response to any concerns around fairness of the investigation, we confirm that an external and independent investigator (Griffin Legal) has been engaged to undertake an independent investigation into the allegations concerning the suspended doctors, in accordance with Section N of the Enterprise Agreement. In terms of an estimated timeframe for finalisation of the investigation, Griffin Legal is contracted to provide a written report within 45 days outlining their findings and a decision as to misconduct to follow as soon as possible after receipt of the report. We anticipate receiving this report within the next four weeks.

Griffin Legal as the investigating officer will also need to follow the procedural fairness and other requirements of the investigation as set out in clause 123 of the Enterprise Agreement. The doctors will be given an opportunity to respond to the allegations at an interview during this investigation.

CHS appreciates that this is understandably a difficult time for the four suspended doctors, and we endeavouring to move through this process as soon as possible.

Please note that we have advised the suspended doctors of the Employee Assistance Program (EAP) and encouraged them to use this program should they or their family members require any confidential and professional counselling support or assistance.

I trust this answers your queries on this matter. Should you have any questions, please do not hesitate to contact me.

Yours sincerely



Dave Peffer  
**Chief Executive Officer**  
Canberra Health Services

3 June 2022