



ACT
Government

**Canberra Health
Services**

FOI19/45



Dear 

Freedom of Information Request: FOI19/45

I refer to your application received by Canberra Health Services on 5 August 2019 and Decided on 2 September 2019 in which you sought access to information under the *Freedom of Information Act 2016* (the Act).

In your application you have requested:

All documents, not limited to emails, including spreadsheets submitted in response to the request from the executive to document 'workload during the week' of all staff specialist neurologist working at the Canberra Hospital in or around July 2017.

This is departmental information. Personal information could be redacted if considered necessary. This information might be in the public interest.

As I am an Information Officer appointed by the CEO of Canberra Health Services under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Decision on access

You submitted an application for Ombudsman review of my original decision. Following the decision of the Ombudsman I have included as Attachment A to this letter the schedule of relevant documents. This provides a description of each document that falls within the scope of the Ombudsman decision. I have also provided the documents as outlined by the decision.

Charges

Processing charges are not applicable to this request.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. In accordance with section 28(6) of the Act this information will be published in ACT Health's disclosure log.

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/>

If you have any queries concerning Canberra Health Service's processing of your request, or would like further information, please contact the FOI Coordinator on 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. N. Taylor'.

Jacqui Taylor
Executive Director - Medicine
Canberra Health Services

February 2020

FREEDOM OF INFORMATION REQUEST SCHEDULE

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>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	<p><i>"All documents, not limited to emails, including spreadsheets submitted in response to the request from the executive to document 'workload during the week' of all staff specialist neurologist working at the Canberra Hospital in or around July 2017.</i></p> <p><i>This is departmental information. Personal information could be redacted if considered necessary. This information might be in the public interest."</i></p>	FOI19/45

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	1 - 14	COR17/7951 – Performance and Behavioural Management Framework for Medical Officers employed by ACT Health	15 May 2017	Full Release		YES
2.	15 - 20	Completed - Performance and Management Framework for Medical Practitioners	Undated	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES

3.	21	Email from Christian Lueck to Jeffery Fletcher	5 July 2017	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
4.	22 – 23	Email from Jeffery Fletcher to Ren Tan and Christian Lueck	7 July 2017	Full Release		YES
5.	24 – 25	Email from Christian Lueck to Rajat Lahoria	17 July 2017	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
6.	26	Email from Chandi Das to Christian Lueck	17 July 2017	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
7.	27	Email from Christian Lueck to Rajat Lahoria (Note: Attachment at Folio 2)	17 July 2017	Full Release		YES
8.	28	Email from Christian Lueck to Andrew Hughes (Note: Attachment at Folio 2)	17 July 2017	Full Release		YES
9.	29	Email from Christian Lueck to Andrew Hughes	23 July 2017	Full Release		YES
10.	30	Email from Chandi Das to Christian Lueck	23 July 2017	Full Release		YES
11.	31 – 33	Email from Rajat Lahoria to Christian Lueck	24 July 2017	Full Release		YES
12.	34 - 35	Email from Christian Lueck to Andrew Hughes	24 July 2017	Full Release		YES
13.	36	Email from Chandi Das to Christian Lueck	27 July 2017	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
14.	37 - 40	Email from Jeffery Fletcher	1 August 2017	Full Release		YES

15.	41 - 43	Email from Christian Lueck to Craig McColl (Note: Attachment at Folio 2)	7 August 2017	Full Release		YES
16.	44 - 50	Email from Christian Lueck to Jeffery Fletcher and Pieta McCarthy and attachment KPIs (Note: 2 nd attachment at Folio 1)	18 August 2017	Full Release		YES
17.	51 - 55	Email from Craig McColl to Christian Lueck (Note: Attachment at Folio 2)	22 August 2017	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
18.	56 - 60	Email from Christian Lueck to Craig McColl	25 August 2017	Partial Release	Schedule 2.2 (a) (ii) Individual's right to privacy	YES
Total No of Docs						
18						



CORRESPONDENCE CLEARANCE

**SUBJECT: Performance and Behavioural Management Framework for
Medical Officers employed by ACT Health**

NUMBER: COR17/7951

DATE DUE:

Director-General - ACT Health: Date:

Deputy Director-General Corporate: Date:

Deputy Director-General - Canberra Hospital & Health Services: Date: 25.5.17

Deputy Director General - Innovation: Date:

Deputy Director-General - Quality, Governance and Risk: Date:

Deputy Director-General - Population Health Protection & Prevention: Date:

Contextually Correct ☐

Grammatically Correct ☐

Spell Checked ☐

Executive Director - Area name Date:

Senior Manager -Area name Date:

Senior Manager, Ministerial and Government: Date:

Senior Manager - Media and Strategic Communications: Date:

Executive -Area name Alg Chief medical officer Date: 19/5/17

Manager - Area name Date:

Professional Leads: Date:

Other: Date:



MINUTE

SUBJECT: Performance and Behaviour Management Framework for Medical Officers employed by ACT Health

To: Chris Bone, Acting Executive Director of Canberra Hospital and Health Services (CHHS)

Through:

From: Dr Jeff Fletcher, Acting Chief Medical Officer

Date: 15 May 2017

Purpose

To seek your approval to commence a project which will tailor the existing ACT Government Public Service (ACTPS) Performance Framework, *'Performance Plan: Template for recording performance and development discussions'* specifically for medical practitioners employed by ACT Health.

Background

The current ACTPS Performance Framework, **see Attachment A**, assists employees to consider what their key activities, responsibilities, and objectives are for the year ahead. For example:

- what will your main work be this year;
- how will you do your work and interact with others this year;
- what do you need to do your job well this year; and
- how I will know if I am performing well?

This Framework does not allow Unit Directors to clearly articulate what clinical and behavioural expectations are required of medical practitioners in relation to performance objectives and outcomes.

A Performance Management Agreement for medical practitioners is required to set out expected clinical workload and performance requirements which contribute towards achieving the operational requirements of the Clinical Units. For example, the number of out patient appointments and clinics required for each clinician to improve wait list management and outpatient efficiency within each unit.

Performance planning for medical practitioners will not only reflect operational requirements and ACT Health Values, but requirements set out in the ACT Public

Sector Medical Practitioners Enterprise Agreement 2013-2017, and professional standards set by professional and regulatory bodies.

Issues

Ongoing monitoring of performance against quantitative outcomes will provide Unit Directors with a clear and comprehensive picture of performance across identified activities such as clinical targets, research, administration, research, behaviour, and quality. This framework will assist Unit Directors to efficiently allocate resources impacting positively on work flow efficiencies.

A mechanism that ensures medical practitioners are meeting set goals will improve overall efficiencies for ACT Health and will positively impact on measurable outcomes such as waiting lists and length of stay.

Clearly outlining the expected tasks and outcomes of medical practitioners will also assist Unit Directors to identify practitioners who are not meeting their expected targets and may be experiencing difficulties within their working environment. Early identification of difficulties will allow Unit Directors to:

- prioritise patient safety;
- stop minor issues escalating to major difficulties;
- allow for local remediation;
- facilitate performance improvement; and
- facilitate follow up and monitoring.

It is anticipated that the Executive Officer for the Chief Medical Officer (CMO) will form the project team with Yu-Lan Chan, Director Innovation Partner, Workforce & Culture. The vacant Executive Officer position will be identified as an acting opportunity for the Personal Assistant of the CMO. Further back-filling of the Personal Assistant position will be required.

The cost of funding the project is \$21, 539

Position Level	Salary	Superannuation (Other)	EPS	Allowances (Nurse post grad qualifications)	Comcare	Long Service Leave	Admin On-Costs & Operating	Salary 2016-17 Sub-Total at Fund of Choice Super	8 weeks project (2 pays)
		10.50%	3.00 %	3.50%	3.45%	4.00%			
	\$								
ASO5.1	74,081.00	7,779			2,556	2,963	17,005	\$104,384	\$16,059

Position Level	Salary	Superannuation (Other)	EPS	Allowances (Nurse post grad qualifications)	Comcare	Long Service Leave	Admin On-Costs & Operating	Salary 2016-17 Sub-Total at Fund of Choice Super	8 weeks project (2 pays)
		10.50%	3.00 %	3.50%	3.45%	4.00%			
ASO5.3	\$ 78,415.00	8,234			2,705	3,137	17,005	\$109,495	\$16,845
SOGC.2	\$ (108,140.00)	\$ (11,895.40)			\$(3,752.46)	\$(4,325.60)	\$ (17,005.00)	\$ (145,118.46)	\$(22,325.92)
								VAR	\$ (5,480.46)

Recommendations

That you:

- Agree to the development of a performance and behavioural framework for medical practitioners employed by ACT Health

AGREED/NOT AGREED/NOTED/PLEASE DISCUSS

Chris Bone

Acting Executive Director of Canberra Hospital and Health services

25 May 2017

Name Dr Jeff Fletcher

Title Acting Chief Medical Officer

Date 19 May 2017

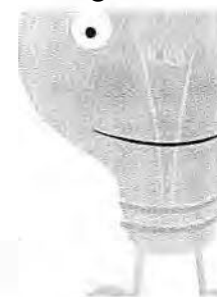
Action Officer: Pieta McCarthy

Unit: Office of Chief Medical Officer

Extension: 745221



ACTPS Performance Framework



Performance Plan: Template for recording performance and development discussions

Name of Employee/Team	Click here to enter text.
Plan Timeframe (e.g. 1 July 2013 to 30 June 2014)	Click here to enter text.
Name of Supervisor/Manager	Click here to enter text.
Date of performance planning discussion	Click here to enter text.
Date of mid cycle review discussion	Click here to enter text.
Date of end cycle review discussion	Click here to enter text.

NOTE: This template is designed to guide and record the discussion about an individual's performance and development. For most staff the performance cycle is 12 months, with this plan being completed every 12 months and for formal reviews at 6 months and at the end of the 12 months. Temporary and casual staff who are employed for 6 months or longer are also required to participate in this performance planning/review process, and can also do so at the manager's discretion if they are employed for less than 6 months. Clarity of performance expectations and feedback on performance is important for all staff.

For all ACT Health staff, these discussions and reviews should be done with reference to key documents including:

- ACT Health Values - <http://acthealth/c/HealthIntranet?a=da&did=5284609&pid=0>
- ACT Public Service Code of Conduct - <http://acthealth/c/HealthIntranet?a=da&did=2155388&pid=1128906045>
- ACT Health Multicultural Co-ordinating Framework - <http://inhealth/PPR/Policy%20and%20Plans%20Register/Multicultural%20Co-ordinating%20Framework%20-%20Towards%20Culturally%20Appropriate%20and%20Inclusive%20Services%202014-2018.pdf>
- ACT Health Aboriginal and Torres Strait Islander Workforce Action Plan 2013-2018 - <http://inhealth/PPR/Policy%20and%20Plans%20Register/Aboriginal%20and%20Torres%20Strait%20Islander%20Health%20Workforce%20Action%20Plan%202013-2018.pdf>
- Division/Branch/Unit business plan (as applicable)
- Duty statement
- Essential education requirements.

High performance is supported by regular and frequent feedback, both constructive and positive. Both the individual and their supervisor are responsible for ensuring this occurs. For more information and tools to help get the most out of feedback discussions, please see <http://acthealth/c/HealthIntranet?a=da&did=2155388&pid=1368684538>.





1. PERFORMANCE PLANNING DISCUSSION

Outputs, projects and deliverables: What will your main work be this year?

What elements of your higher level business plan will you be responsible for, or contribute to?

What are your objectives, responsibilities and key activities for the year ahead?

What elements of your work are you going to focus on improving this year?

Click here to enter text.

Conduct and behaviours: How will you do your work and interact with others this year?

What values or behaviours will be particularly relevant to your role?

In what ways are you going to improve how you do your job this year?

Click here to enter text.

Knowledge and skills: What do you need to do your job well this year?

What skills and knowledge will be important to your role this year?

What skills and knowledge do you need to focus on developing this year in order to do a good job?

What learning and development activities will you undertake this year?

How will new skills and knowledge be shared with others? How will your new skills and knowledge be applied on the job?

Click here to enter text.

Support needed to do my job well

What challenges may you experience that your manager may need to be aware of, or assist you with?

What resources/support do you need to get the job done (other than learning and development activities addressed earlier)?

Are there any changes to the work environment or arrangements that would assist you to do your job?

How can your manager assist you to do a good job and possibly perform even better?

How will you and your supervisor talk about performance?

When will you do this? How often will you meet?

Click here to enter text.



How I will know if I am performing well?

What constitutes good performance in your current role?

What will be happening if you are performing well? (e.g. my customers are happy, I have good working relationships, my work is completed on time, my work is accurate)

Click here to enter text.

Staff Member:

Name.

Signature:

Date:

Supervisor or Manager:

Name.

Signature:

Date:



Name of Employee/Team	Click here to enter text.
Plan Timeframe (e.g. 1 July 2013 to 30 June 2014)	Click here to enter text.
Name of Supervisor/Manager	Click here to enter text.
Date of mid cycle review discussion	Click here to enter text.

2. MID CYCLE REVIEW DISCUSSION

What has been achieved since our last discussion?

What has been achieved or is on track?

What has been completed or progressed?

What has been celebrated?

Click here to enter text.

What has been done well?

What has gone particularly well or better than expected?

What impact has this had?

Click here to enter text.

What can be done better?

What hasn't gone to plan and why?

What isn't on track - how do we get it back on track?

What can be done better?

What areas of performance require improvement?

What approach is being taken or can we take to lead to improvement?

What follow-up is required?

Click here to enter text.

What happens next?

What do we need to do to ensure everything continues to be achieved and go well?



ACTPS Performance Framework

How can we continue to do things even better?

What follow-up action is required and how will it happen?

Click here to enter text.

How have I performed overall?

How would you summarise performance so far or over the period taking into account what was agreed about:

- ☐ outputs, projects and deliverables
- ☐ conduct and behaviours
- ☐ knowledge and skills
- ☐ support
- ☐ what good performance looks like

Click here to enter text.

Performance summary (to be completed by supervisor/manager):

The manager or supervisor must provide comments verbally to the employee and in writing as well as ticking one box.

- ☐ Doing a good job, or even better job
- ☐ Some improvement required and discussed
- ☐ Not performing to the standard expected and plan developed

Supervisor/Manager comments:

Click here to enter text.

Signature:

Date:

Staff Member comments:

Click here to enter text.

Signature:

Date:


ACT
Government

ACTPS Performance Framework

Name of Employee/Team	Click here to enter text.
Plan Timeframe (e.g. 1 July 2013 to 30 June 2014)	Click here to enter text.
Name of Supervisor/Manager	Click here to enter text.
Date of end cycle review discussion	Click here to enter text.

3. END CYCLE REVIEW DISCUSSION

What has been achieved since our last discussion?

What has been achieved or is on track?

What has been completed or progressed?

What has been celebrated?

Click here to enter text.

What has been done well?

What has gone particularly well or better than expected?

What impact has this had?

Click here to enter text.

What can be done better?

What hasn't gone to plan and why?

What isn't on track - how do we get it back on track?

What can be done better?

What areas of performance require improvement?

What approach is being taken or can we take to lead to improvement?

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ACTPS Performance Framework

How can we continue to do things even better?

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Click here to enter text.

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- ☐ Doing a good job, or even better job
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- ☐ Not performing to the standard expected and plan developed

Supervisor/Manager comments:

Click here to enter text.

Signature:

Date:

Staff Member comments:

Click here to enter text.

Signature:

Date:



TERMS OF REFERENCE

Performance and Management Framework for Medical Practitioners project

Role	The project is aimed at tailoring the existing ACT Government Public Service (ACTPS) Performance Framework, ' <i>Performance Plan: Template for recording performance and development discussions</i> ' specifically for senior medical practitioners. The project will result in a tool to assist Executive Directors and Unit Directors to quantify workloads within their Units, and to assist in the management of workloads which includes clinical, teaching, training, and research.
Reporting mechanism	The project is being lead by the Chief Medical Officer who reports to the Deputy Director General, CHHS and the Director General ACT Health.
Functions	<p>The Chief Medical Officer will be working collaboratively with the Australian National University (ANU). ANU will be providing two staff to work along side ACT Health.</p> <p>Project staff will meet with; send written messaging to; and/or receive or disseminate data to/from all Unit Directors and senior medical officers to quantify the amount of time that is dedicated to clinical, teaching, training, and research.</p> <p>This information will result in a tool to assist Executive Directors and Unit Directors to quantify the workloads of medical officers within their Units which will enable Directors to better manage and support their medical teams, and meet KPI requirements.</p>
Project membership	While the Chief Medical Officer is the Executive of the project, ACT Health is working collaboratively with the Australian National University who has provided two staff member towards this project.
Methodology	<p>Brief to DG and DDG, CHHS</p> <p>The Chief Medical Officer wrote to all Unit Directors of CHHS to advise of the project during July 2017. Unit Directors were asked to complete the attached spreadsheet to capture what output is currently achieved within their Unit.</p> <div data-bbox="608 1935 671 2002" data-label="Image"> </div> <p>Initial Spreadsheet to Unit Directors Jul</p>

	<p>On completion and return of the attached spreadsheet, the Chief Medical Officer, or delegates, has been and will continue to meet with Unit Directors to discuss the recorded work loads of all senior medical practitioners.</p> <p>The outcome of the project will be a tool to assist Executive Directors and Unit Directors to quantify the workloads of medical officers within their Units which will enable Directors to better manage and support their medical teams, and meet KPI requirements.</p>

DRAFT

Performance and Management Framework for Medical Practitioners

[illegible]

KPIs of Unit

Current Issues

[illegible]

Das Sch 2, s 2.2(a)(ii)

clinical administration = clinic dictation, signing letters, results chasing and follow up, referral letter triage, clinic organisation with ASO, communication with GPs, organising BOTOX clinics or MS treatments

Over 6 week period:												Total sessions	Total hours	Grand total hours	Hrs/week
Name	FTE	Number of clinics*	On-call	Research	Teaching	Admin	Portfolio	ANU	Inpatients	Outreach Clinics	Other				
Andrew Hughes	1	30 (105 hours)	168 hours	Sch 2, s 2.2(a)(ii)											
		* including NCS/EMG/botox clinics, (3.5 hours/clinic)										Sch 2, s 2.2(a)(ii)			

Hughes teaching

Sch 2, s 2.2(a)(ii)

Hughes admin

clinical administration = clinic dictation, signing letters, results chasing and folow up, referral letter triage, clinic organisation with ASO, communication with GPs, organising BOTOX clinics or MS treatments

[illegible]

Lahori

Lahori

clinical administration = clinic dictation, signing letters, results chasing and follow up, referral letter triage, clinic organisation with ASO, communication with GPs

Performance and Management Framework for Medical Practitioners

[illegible]

KPIs of Unit	
1. Customer Satisfaction	2. Operational Efficiency
3. Employee Engagement	4. Financial Performance
5. Quality Control	6. Compliance
7. Inventory Management	8. Supplier Performance
9. Logistics	10. Customer Retention
11. Product Development	12. Marketing Effectiveness
13. Human Resources	14. Research and Development
15. Facilities Management	16. Information Technology
17. Legal Affairs	18. Public Relations
19. Environmental Health and Safety	20. Corporate Governance

Current Issues

[illegible]

Lueck Sch 2, s 2.2(a)(ii) [REDACTED]
 Hughes Sch 2, s 2.2(a)(ii) [REDACTED]
 Das Sch 2, s 2.2(a)(ii) [REDACTED]
 Lahoria [REDACTED]
 [REDACTED]
 [REDACTED] Sch 2, s 2.2(a)(ii) [REDACTED]
 [REDACTED]
 Lueck Sch 2, s 2.2(a)(ii) [REDACTED]
 Hughes Sch 2, s 2.2(a)(ii) [REDACTED]
 Das Sch 2, s 2.2(a)(ii) [REDACTED]
 Lahoria [REDACTED]

clinical administration = clinic dictation, signing letters, results chasing and follow up, referral letter triage, clinic organisation with ASO, communication with GPs, organising BOTOX clinics or MS treatments

Performance and Management Framework for Medical Practitioners

Over 4 week period*																				
Name	FTE	Neurology Clinics (sessions)	EMG/botox clinics (sessions)	Ward Consults (sessions)	EEG reporting session (sessions)	Ward Rounds (sessions)	On-call	Research (sessions)	Teaching - on site (sessions)	Administration (sessions)	Portfolio	ANU - teaching /lectures/research (sessions)	Teaching - pre and post graduate	Inpatients	Outreach Clinics	Quality	Second job	Dates	Other	
TCH consultants																				
Christian Lueck	1.0 (0.5 clinical)	8	0	1	2.5		6 1 in 6	Sch 2, s 2.2(a)(ii)												
Andrew Hughes	1	12	8.5	1	2.5		6 1 in 6													
Chandi Das	1	12	8.5	1	2.5		6 1 in 6													
Rajat Lahoria	0.5	8	2	1	0.5		6 1 in 6													
Shared with Calvary																				
Craig McColl	1	12	0	9	0.5		6 1 in 6	Sch 2, s 2.2(a)(ii)												
VMO																				
Ram Malhotra	(VMO)	0	0	1	0.5		6 1 in 6	Sch 2, s 2.2(a)(ii)												

*I have not taken into account annual leave or TESL

includes on-call inpatientincludes ward consultsincludes on-call inpatientincludes additional on call sessionIncludes re includes book round joincludes handover meetings pa Includes formal lectures at TCH and ANU PBL sessions examinations

KPIs of Unit
See attached

Current Issues

Understaffing (consultant numbers ASO numbers scientist numbers special nurse numbers/levels)
Development of 24/7 ECR service
Development of advanced therapies for Parkinson's disease
Development of neurophysiology service (on call service inpatient service to Calvary theatres autonomic function retinal neurophysiology) inadequate testing space
Very long waiting time for category 3 general neurology outpatients (currently 2 to 5 years)
Inadequate service for multiple sclerosis epilepsy movement disorders
inadequate number of consulting rooms
Inadequate support for research
Service spread over two sites (Calvary and TCH)

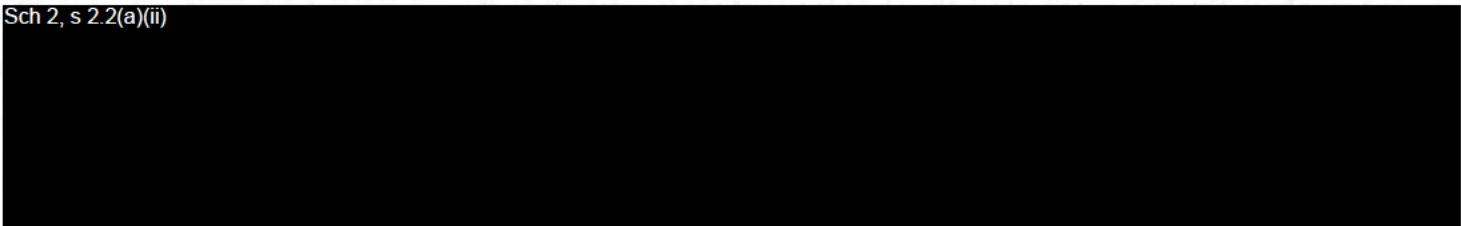
Lowes, Shannon (Health)

From: Lueck, Christian (Health)
Sent: Wednesday, 5 July 2017 11:06 AM
To: Fletcher, Jeffery (Health)
Cc: Cuff, Sally (Health)
Subject: Three things...

Sorry, Jeff.

When we met last Wednesday, you indicated that you were going to send me the template to fill in with respect to the neurology staff specialists' workload. Could you or Sally send this if you get a moment, please?

Sch 2, s 2.2(a)(ii)



Thank you very much.

Best wishes, Christian

Lowes, Shannon (Health)

From: Fletcher, Jeffery (Health)
Sent: Friday, 7 July 2017 4:58 PM
To: Tan, Ren (Health); Lueck, Christian (Health)
Subject: Workload Spread Sheet [SEC=UNCLASSIFIED]
Attachments: Medical WorkloadTemplate (1) (2).xlsx

Dear Ren and Christian

As discussed

Have a great weekend

Cheers

Jeff

Lowes, Shannon (Health)

From: Lueck, Christian (Health)
Sent: Monday, 17 July 2017 9:27 PM
To: Lahoria, Rajat (Health)
Subject: RE: Workload during the week

Thanks, Rajat.

Very happy to go through it, and I understand your comments.

Essentially, what they are looking for is to make sure that the sessions they are paying the various consultants to do are actually being done in full. There isn't a problem in neurology: we all work more than our sessional commitment. It is just a matter of documenting this so that there are no grounds for asking us to add to our existing workload (something which, I gather, might apply to other specialties but I don't have any details).

What they want to know is how many hours you actually spend at work, and in what capacity. If you are here during the day in 'unfunded' sessions when you are on call, this should definitely be included but this should also be set against any time you might leave a session early (if that ever happens!) during weeks when you're not on call.

Thinking about it, the other thing you could possibly include is the time you spend researching at the JCSMR, but I am not sure about this – I'll explain when we meet.

By all means let me know what you are actually doing – that is the reason I sent these out to everyone as I want to give a realistic figure, not a theoretical one.

Very happy to discuss further.

Many thanks.

Kind regards, Christian

From: Lahoria, Rajat (Health)
Sent: Monday, 17 July 2017 7:37 PM
To: Lueck, Christian (Health)
Subject: RE: Workload during the week

Thanks, Christian. Is it possible to go over this quickly sometime tomorrow afternoon? If so, that would be much appreciated.

I'm not sure if I completely understand it. For example 48 hours of admin time and 2 hours of research.

I think since I am 0.5FTE the extra time I spend during the week when I am on call should be included. It is different for someone with 1FTE because they are supposed to be there but it is additional investment on my part.

Please let me know if we could discuss this briefly before you forward it to the execs.

Thanks,
 Rajat

From: Lueck, Christian (Health)
Sent: Monday 17 July 2017 12:55
To: Lahoria, Rajat (Health)
Subject: Workload during the week

Dear Rajat,

I have been asked by executive to let them know exactly how many hours all the staff specialists are spending doing what.

I obviously need to check with you before I send anything back.

I have made a stab at filling in the table, and attached what I have down for you. If you feel that anything should be changed, please let me know a.s.a.p.

The table does not include hours spent on call, and covers a 6-week period. A bit unwieldy. I am assuming this is six weeks of work (i.e. no annual leave or study leave to be included) – that way everyone's results will be comparable.

Please let me know if there is anything that needs discussion. I would be happy to help.

Many thanks.

Kind regards, Christian

Lowes, Shannon (Health)

From: Das, Chandi (Health)
Sent: Monday, 17 July 2017 11:35 PM
To: Lueck, Christian (Health)
Subject: RE: Workload during the week

Thanks, Christian.

Your template is very helpful. A few clarifications before I reply -

1) What is the background of this exercise and is ACT Health using a standard template? The columns N and O is not clear to me.

2) Is there any possibility of / any consultant showing more than 240 hours over the 6 week period? Sch 2, s 2.2(a)(ii)
Sch 2, s 2.2(a)(ii)

3) What does column H (portfolio) mean. Sch 2, s 2.2(a)(ii)
Sch 2, s 2.2(a)(ii)

4) What about Calvary staff specialists (cardiologist GE etc.), how many clinics do they do? Craig can feed back on Neurology.

Overall, it would help me focus on relevant areas once I know the purpose of this exercise.

Kind regards, Chandi

From: Lueck, Christian (Health)
Sent: Monday 17 July 2017 12:55
To: Das, Chandi (Health)
Subject: Workload during the week

Dear Chandi,

I have been asked by executive to let them know exactly how many hours all the staff specialists are spending doing what.

I obviously need to check with you before I send anything back.

I have made a stab at filling in the table, and attached what I have down for you. If you feel that anything should be changed, please let me know a.s.a.p.

The table does not include hours spent on call, and covers a 6-week period. A bit unwieldy. I am assuming this is six weeks of work (i.e. no annual leave or study leave to be included) – that way everyone's results will be comparable. Please let me know if there is anything that needs discussion. I would be happy to help.

Many thanks.

Kind regards, Christian

Lowes, Shannon (Health)

From: Lueck, Christian (Health)
Sent: Monday, 17 July 2017 12:55 PM
To: Lahoria, Rajat (Health)
Subject: Workload during the week
Attachments: Medical WorkloadTemplate Lahoria.xlsx

Dear Rajat,

I have been asked by executive to let them know exactly how many hours all the staff specialists are spending doing what.

I obviously need to check with you before I send anything back.

I have made a stab at filling in the table, and attached what I have down for you. If you feel that anything should be changed, please let me know a.s.a.p.

The table does not include hours spent on call, and covers a 6-week period. A bit unwieldy. I am assuming this is six weeks of work (i.e. no annual leave or study leave to be included) – that way everyone's results will be comparable.

Please let me know if there is anything that needs discussion. I would be happy to help.

Many thanks.

Kind regards, Christian

Lowes, Shannon (Health)

From: Lueck, Christian (Health)
Sent: Monday, 17 July 2017 12:56 PM
To: Hughes, Andrew (Health)
Subject: Workload during the week
Attachments: Medical WorkloadTemplate Hughes.xlsx

Dear Andrew,

I have been asked by executive to let them know exactly how many hours all the staff specialists are spending doing what.

I obviously need to check with you before I send anything back.

I have made a stab at filling in the table, and attached what I have down for you. If you feel that anything should be changed, please let me know a.s.a.p.

The table does not include hours spent on call, and covers a 6-week period. A bit unwieldy. I am assuming this is six weeks of work (i.e. no annual leave or study leave to be included) – that way everyone's results will be comparable.

Please let me know if there is anything that needs discussion. I would be happy to help.

Many thanks.

Kind regards, Christian

Lowes, Shannon (Health)

From: Lueck, Christian (Health)
Sent: Sunday, 23 July 2017 2:15 PM
To: Hughes, Andrew (Health)
Subject: Workload spread sheet

Dear Andrew,

I wondered if you had any comments on my earlier email. I know you were on call when I sent it to you, but I need to get back to Jeff Fletcher before too much longer.

I am more than happy to discuss any queries/omissions, etc.

Many thanks.

Kind regards, Christian

Lowes, Shannon (Health)

From: Das, Chandi (Health)
Sent: Sunday, 23 July 2017 11:45 PM
To: Lueck, Christian (Health)
Cc: Hughes, Andrew (Health); Craig McColl; Lahoria, Rajat (Health)
Subject: RE: Workload spreadsheet

Thanks, Christian.

Since we are meeting on Tuesday evening, I think it would be worthwhile spending 10-15 minutes discussing about this either before or after the deliberations on the stroke interventions, if others agree. We can also learn from Craig, about what's happening in Calvary. It might also be useful, if you could share the 'original' email from ACT Health, so we can all put our heads together, and have an 'uniform' and transparent approach.

Personally, I think all of us in the Neurology department are pulling our weight and we should keep things simple in terms of what ACT Health is exactly asking, rather than breaking up things in hours. The 2 main points from my perspective -

1) Number of clinics, we should simply tell it in numbers. No need at all, to complicate things in terms of hours. Let ACT Health seek clarifications then we can talk about it.

2) Ward round should count as a full session or at least. As you know, when on call, we clock many more hours of clinical contact. Besides, the consults we see that week, take our time even after the on call. Then we play 'catch-up' with all the admin and educational responsibilities, which would 'average' out things. It might be worth finding out what other departments are doing.

Kind regards, Chandi

From: Lueck, Christian (Health)
Sent: Sunday 23 July 2017 14:16
To: Das, Chandi (Health)
Subject: Workload spreadsheet

Dear Chandi,

Following on from our discussion the other day, could you possibly let me have your thoughts on this? I really do need to get something back to Jeff Fletcher before too much longer and will need to collate everyone's response. Many thanks.

Kind regards, Christian

Lowes, Shannon (Health)

From: Lahoria, Rajat (Health)
Sent: Monday, 24 July 2017 11:27 AM
To: Lueck, Christian (Health)
Cc: Das, Chandī (Health); Hughes, Andrew (Health); Craig McColl
Subject: Re: Workload spreadsheet

Many thanks, Christian!
 Kind regards,
 Rajat

Sent from my iPhone

On 24 Jul 2017, at 10:43 am, Lueck, Christian (Health) <Christian.Lueck@act.gov.au> wrote:

Thanks, Rajat.
 I have put it on tomorrow's agenda.
 Best wishes, Christian

From: Lahoria, Rajat (Health)
Sent: Monday, 24 July 2017 8:49 AM
To: Lueck, Christian (Health)
Cc: Das, Chandī (Health); Hughes, Andrew (Health); Craig McColl
Subject: Re: Workload spreadsheet

Many thanks, Christian.
 I completely understand where you are coming from. But I very much doubt that admin will ask us to cut down because they will realise that we are doing more than we get paid for. That is wishful thinking.
 So if it is of interest to others it is not inappropriate to put it on the agenda for the consultant meeting. From my point of view, and everyone else might disagree, it is high time that the running of the department is based on with equity and consensus. Especially as ours is a small department.
 Thanks,
 Rajat

Sent from my iPhone

On 24 Jul 2017, at 8:00 am, Lueck, Christian (Health) <Christian.Lueck@act.gov.au> wrote:

Many thanks.
 At this point, all Jeff Fletcher has asked for is to be told what everyone actually does. There is no written correspondence from Jeff, I'm afraid, just a verbal request to me followed by an email with the blank spreadsheet and a 'Dear Christian, as discussed'.
 I quite agree with the points that you have all raised in relation to comparison with what other people seem to be doing but, as we are all working more than 'average' (by comparison with the various statistics you mention), I can't quite see what the problem is. If anything, this exercise might lead to a reduction in our respective workloads! However, I'm quite prepared to accept that I am missing a point somewhere.
 Of course I'm more than happy to discuss this tomorrow evening but it seems to me that this exercise is something that we can potentially use to our advantage, isn't it?
 Kind regards, Christian

From: Lahoria, Rajat (Health)
Sent: Monday, 24 July 2017 6:48 AM
To: Das, Chandi (Health)
Cc: Lueck, Christian (Health); Hughes, Andrew (Health); Craig McColl
Subject: Re: Workload spreadsheet

Dear all,

I agree it is worth discussing this in the consultant meeting. It continues to confuse me how the expectations are different from different consultants about the number of sessions/hours/clinics that are required. I keep on hearing from many people that 0.2 FTE goes towards the on call to do ward rounds etc. Then certainly I'm doing more clinics than I should.

As I mentioned during my meeting with Christian, the expectation from a full time staff specialist is 4 clinics per week and most other hospitals I have worked in Australia they don't even get to 4 per week.

What is very true for ACT is that the rules apply very differently for different individuals and that I don't think it's fair and good for the morale of the hard working employees.

It would be good to have everyone's thoughts on this matter.

It would also be helpful to sight the original correspondence from Jeff Fletcher or ACT admin regarding the information they have requested about our hours.

I hope everyone agrees.

Thanks,

Rajat

Sent from my iPhone

On 23 Jul 2017, at 11:44 pm, Das, Chandi (Health) <Chandi.Das@act.gov.au> wrote:

Thanks, Christian.

Since we are meeting on Tuesday evening, I think it would be worthwhile spending 10-15 minutes discussing about this either before or after the deliberations on the stroke interventions, if others agree. We can also learn from Craig, about what's happening in Calvary. It might also be useful, if you could share the 'original' email from ACT Health, so we can all put our heads together, and have an 'uniform' and transparent approach.

Personally, I think all of us in the Neurology department are pulling our weight and we should keep things simple in terms of what ACT Health is exactly asking, rather than breaking up things into hours. The 2 main points from my perspective -

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2) Ward round should count as a full session or at least. As you know, when on call, we clock many more hours of clinical contact. Besides, the consults we see that week, take our time even after the on call. Then we play 'catch-up' with all the admin and educational responsibilities, which would 'average' out things. It might be worth finding out what other departments are doing.

Kind regards, Chandi

From: Lueck, Christian (Health)
Sent: Sunday 23 July 2017 14:16
To: Das, Chandi (Health)
Subject: Workload spreadsheet

Dear Chandi,

Following on from our discussion the other day, could you possibly let me have your thoughts on this? I really do need to get

something back to Jeff Fletcher before too much longer and will need to collate everyone's response.

Many thanks.

Kind regards, Christian

Lowes, Shannon (Health)

From: Lueck, Christian (Health)
Sent: Monday, 24 July 2017 5:51 PM
To: Hughes, Andrew (Health)
Subject: RE: Workload during the week

Thanks, Andrew.

I agree. I don't think we are the cause of this but there is a danger that we could get caught in the crossfire.

Granted that I don't think there are grounds to criticise any of us in terms of hours of work, I think we should simply do what they have asked us to do. I can't see that doing so will do anything other than put us in a stronger position. Of course, I may be missing something...

Kind regards, Christian

From: Hughes, Andrew (Health)
Sent: Monday, 24 July 2017 5:45 PM
To: Lueck, Christian (Health)
Subject: RE: Workload during the week

Christian,

Overall happy with what you put, just wanted to clarify further my timetable.

My overall impression in the hospital is that the higher level of executive are becoming much more adversarial towards medical professionals, especially the consultants.

This has engendered the slightly paranoid response to surveys such as this.

Regards,

Andrew

From: Lueck, Christian (Health)
Sent: Monday, 24 July 2017 5:40 PM
To: Hughes, Andrew (Health)
Subject: RE: Workload during the week

Thanks, Andrew.

I understand, and am certainly not trying to make everyone's life difficult.

Let's discuss this at tomorrow evening's meeting and decide how we want to play matters. My aim is to defend all of us from any criticism that we might not be working hard enough and I think this will require a bit more justification than simply telling them that our timetable has this or that many sessions allocated to it – a 'session' is very variable depending on how many patients are booked into a clinic or whether a ward round is done while on call or not, for example.

I don't want to give the impression that we are being evasive as that could send out 'alert' signals. Equally well, we don't have to justify every single minute – just enough to know that ACT Health is getting their money's worth (and more!) from us.

Let's see if we can come up with a sensible compromise tomorrow.

Kind regards, Christian

From: Hughes, Andrew (Health)
Sent: Monday, 24 July 2017 5:33 PM
To: Lueck, Christian (Health)
Subject: RE: Workload during the week

Christian,

I can't see where inpatient NCS is included. Generally average 1-2 per week and take at least 1 hour.

Assume returning phone calls from patients is in general admin.

Always a bit theoretical as the amount of BPT teaching in middle of year as much higher (average a long case per day) but then much less from August to January. Doesn't take into account the Saturday and Thursday pm sessions for BPT but assume as they are outside the standard working hours aren't included.

To do this properly would require tracking everything I do (preferably prospectively) and would be very time consuming.

Regards,

Andrew

From: Lueck, Christian (Health)
Sent: Monday, 17 July 2017 12:56 PM
To: Hughes, Andrew (Health)
Subject: Workload during the week

Dear Andrew,

I have been asked by executive to let them know exactly how many hours all the staff specialists are spending doing what.

I obviously need to check with you before I send anything back.

I have made a stab at filling in the table, and attached what I have down for you. If you feel that anything should be changed, please let me know a.s.a.p.

The table does not include hours spent on call, and covers a 6-week period. A bit unwieldy. I am assuming this is six weeks of work (i.e. no annual leave or study leave to be included) – that way everyone's results will be comparable.

Please let me know if there is anything that needs discussion. I would be happy to help.

Many thanks.

Kind regards, Christian

Lowes, Shannon (Health)

From: Das, Chandi (Health)
Sent: Thursday, 27 July 2017 12:25 PM
To: Lueck, Christian (Health)
Cc: Hughes, Andrew (Health)
Subject: RE: Workload spreadsheet

Thanks, Christian.

It would be ideal if you, Andrew and me as full time specialists follow a similar interpretation of different columns on the spread sheet. Happy to be flexible.

Personally, I think we should average out clinic times to 4 hours. Have talked to a few specialists, who include the dictation and to/from time (department-clinic-department). It would increase 'session' times and that is what the hospital is after. That would decrease the admin time, which is fine.

Sch 2, s 2.2(a)(ii)

The other minor thoughts are stroke CBLs medical school lectures, ANU Med School Committees, Student research projects, posters at conferences, Grand rounds, MDSA Executive, MDSA-CRTG teleconferences etc...

As you know, with the PD nurse appointment there's probably at least an hour each week with various issues, and now with the DBS protocol coming up that's likely to increase further.

None of these are big in themselves but eats into our time overall. Hence I think the average total over 6 weeks might be around 255-260 hours.

We could discuss further, once my on-call is over, if you wish.

Kind regards, Chandi

From: Lueck, Christian (Health)
Sent: Sunday, 23 July 2017 2:17 PM
To: Das, Chandi (Health)
Subject: Workload spreadsheet

Dear Chandi,

Following on from our discussion the other day, could you possibly let me have your thoughts on this? I really do need to get something back to Jeff Fletcher before too much longer and will need to collate everyone's response.

Many thanks.

Kind regards, Christian

Lowes, Shannon (Health)

From: Fletcher, Jeffery (Health)
Sent: Tuesday, 1 August 2017 5:59 PM
To: Perera, Chandima (Health); McCarthy, Pieta (Health); Cook, Matthew (Health); D'Rozario, James (Health); Elsaleh, Hany (Health); Epping, Yvonne (Health); Grace, Karen (Health); Yip, Desmond (Health); Hollis, Gregory (Health); Piscioneri, Frank (Health); Velloza, Peter (Health); Aggarwal, Vipul (Health); Coatsworth, Nicholas (Health); Dugdale, Paul (Health); Hurwitz, Mark (Health); Lueck, Christian (Health); Martin, Sarah (Health); Miller, Andrew (Health); Nolan, Chris (Health); Parekh, Vanita (Health); Senanayake, Sanjaya (Health); Swaminathan, Ashwin (Health); Talaulikar, Girish (Health); Tan, Ren (Health); Aloisi, Bruno (Health); Couper, Jeremy (Health); Evans, Mandy (Health); Furner, Catherine (Health); Hughes, Jill (Health); JacksonHope, David (Health); Levy, Michael (Health); Moore, Elizabeth (Health); Nagle, Dannielle (Health); Parige, Raj (Health); Plant, Deborah (Health); Samuels, Owen (Health); Ashman, Bryan (Health); Brussel, Thomas (Health); Essex, Rohan (Health); Fitzgerald, Ailene (Health); Brims, Felicity (Health); Carlisle, Hazel (Health); McDonald, Tim (Health); Abhayaratna, Walter (Health); Tan, Ren (Health); Tymms, Kathleen (Health); Murkin, Jane (Health); Bone, Chris (Health)
Subject: RE: [SEC=UNCLASSIFIED]

Dear Chandi

Excellent idea and would be useful when moving forward with the Service Speciality Plans and the Territory Wide Health Services Framework.

If any of you want to add additional information in the sheets please do so and we can collate all the information .

Cheers and thanks all for engaging

Cheers

Jeff

From: Perera, Chandima (Health)
Sent: Tuesday, 1 August 2017 12:25 PM
To: McCarthy, Pieta (Health); Cook, Matthew (Health); D'Rozario, James (Health); Elsaleh, Hany (Health); Epping, Yvonne (Health); Faichney, Karen (Health); Yip, Desmond (Health); Hollis, Gregory (Health); Piscioneri, Frank (Health); Velloza, Peter (Health); Aggarwal, Vipul (Health); Coatsworth, Nicholas (Health); Dugdale, Paul (Health); Hurwitz, Mark (Health); Lueck, Christian (Health); Martin, Sarah (Health); Miller, Andrew (Health); Nolan, Chris (Health); Parekh, Vanita (Health); Senanayake, Sanjaya (Health); Swaminathan, Ashwin (Health); Talaulikar, Girish (Health); Tan, Ren (Health); Aloisi, Bruno (Health); Couper, Jeremy (Health); Evans, Mandy (Health); Furner, Catherine (Health); Hughes, Jill (Health); JacksonHope, David (Health); Levy, Michael (Health); Moore, Elizabeth (Health); Nagle, Dannielle (Health); Parige, Raj (Health); Plant, Deborah (Health); Samuels, Owen (Health); Ashman, Bryan (Health); Brussel, Thomas (Health); Essex, Rohan (Health); Fitzgerald, Ailene (Health); Brims, Felicity (Health); Carlisle, Hazel (Health); McDonald, Tim (Health); Abhayaratna, Walter (Health); Tan, Ren (Health); Tymms, Kathleen (Health); Murkin, Jane (Health); Bone, Chris (Health)
Cc: Fletcher, Jeffery (Health)
Subject: RE: [SEC=UNCLASSIFIED]

Dear Pieta & Jeff

This seems to be a good step for the organisation to be able to map what each unit, and the staff employed by that unit are doing.

However if the intention is to make this data really meaningful, then the feedback should afford an opportunity to map any and all constraints in relation to the outlined domains vis a vis delivering quality and safety benchmarks in each outlined domain. This mapping should be done at a service level and at an individual level so that we can develop a more positive framework in relation to how we help both units and individual clinicians to perform to their capacity and deliver the best possible service. Otherwise the exercise may be constrained by the perception that it is a more adversarial model designed to capture relevant pixels rather than the whole picture that is needed to create sustainable improvements.

It will be important to consider the needs of unit based junior staff (at least at a registrar level) who are key to delivering a safe and quality clinical service and their training environment; and a hidden and often relevant (supervisory) time consuming factor for most units, that unfortunately never (if ever) gets captured in these snapshots. And no doubt improving the quality of the training environment in this space can only have positive ramifications. And some aspects you might want to consider include

1. Are they able to meet their training goals and benchmarks as set out by the training colleges
2. Are they getting the relevant supervision, research project time and support required
3. Workload and Overtime

Best wishes

Chandi

Chandi Perera

Staff Specialist

Director Rheumatology Unit
Network Director of Physician Education
Canberra Hospital & Health Services

Level 10, Building 1, Canberra Hospital

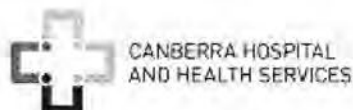
Phone: 02 6244 3107

Fax: 02 6174 5894

E-mail: chandima.perera@act.gov.au

Mail: PO Box 11, Woden ACT 2606

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From: McCarthy, Pieta (Health)

Sent: Tuesday, 1 August 2017 11:11 AM

To: Cook, Matthew (Health); D'Rozario, James (Health); Elsaleh, Hany (Health); Epping, Yvonne (Health); Faichney, Karen (Health); Yip, Desmond (Health); Hollis, Gregory (Health); Piscioneri, Frank (Health); Velloza, Peter (Health); Aggarwal, Vipul (Health); Coatsworth, Nicholas (Health); Dugdale, Paul (Health); Hurwitz, Mark (Health); Lueck, Christian (Health); Martin, Sarah (Health); Miller, Andrew (Health); Nolan, Chris (Health); Parekh, Vanita (Health); Perera, Chandima (Health); Senanayake, Sanjaya (Health); Swaminathan, Ashwin (Health); Talaulikar, Girish

(Health); Tan, Ren (Health); Aloisi, Bruno (Health); Couper, Jeremy (Health); Evans, Mandy (Health); Furner, Catherine (Health); Hughes, Jill (Health); JacksonHope, David (Health); Levy, Michael (Health); Moore, Elizabeth (Health); Nagle, Dannielle (Health); Parige, Raj (Health); Plant, Deborah (Health); Samuels, Owen (Health); Collignon, Peter (Health); Katsogiannis, Chris (Health); Paramadhathil, Anil (Health); Ashman, Bryan (Health); Brussel, Thomas (Health); Essex, Rohan (Health); Fitzgerald, Ailene (Health); Jain, Romil (Health); Brims, Felicity (Health); Carlisle, Hazel (Health); McDonald, Tim (Health)

Cc: Fletcher, Jeffery (Health)

Subject:

TO: Unit Directors

'Performance and Management Framework of Medical Practitioners'

I have initiated a project to review the '*Performance and Management Framework of Medical Practitioners*' employed by ACT Health. The project is aimed at tailoring the existing ACT Government Public Service (ACTPS) Performance Framework, '*Performance Plan: Template for recording performance and development discussions*' specifically for medical practitioners. The project will result in a tool to assist Unit Directors to quantify workloads within their Units and to assist in the management of the required outputs of each Unit.

A Performance Management Agreement (PMA) for medical practitioners is required to set out expected clinical workload and performance requirements which contribute towards achieving the operational requirements of Clinical Units. For example, the number of outpatient appointments and clinics required for each clinician to improve wait list management and outpatient efficiency within each unit.

Performance planning for medical practitioners will not only reflect operational requirements and ACT Health Values, but requirements set out in the ACT Public Sector Medical Practitioners Enterprise Agreement 2013-2017, and performance and professional standards set by accrediting colleges and regulatory bodies.

Ongoing monitoring of performance against quantitative outcomes will provide Unit Directors with a clear and comprehensive picture of performance across identified activities such as clinical targets, teaching, administration, research, professional behaviour, quality, safety and governance. This framework will assist Unit Directors to efficiently allocate resources impacting positively on work flow efficiencies.

The project will initially focus on the development of *Performance and Management Frameworks* for senior staff specialists and staff specialists, and will be expanded to include all medical officers.

ACTION

- It is important for each Unit Director to capture what output is currently achieved within their Unit. To this end, the attached spreadsheet has been designed to capture the output of each staff specialist. The spreadsheet maybe modified to better capture relevant information. Unit Directors are asked to please complete the spreadsheet for each staff specialist. This may be done in conjunction with each staff specialist.
- It will also be important for each Unit Director to if possible please identify and record the key performance goals and specific key performance indicators for their Unit on the attached spreadsheet. This will enable Unit Directors to reflect on the required outputs of their Unit to meet these goals.
- It will also be useful to record current issues on the spreadsheet that maybe inhibiting the achievement of key performance goals for the Unit.
- Please return the completed spreadsheet to Pieta McCarthy, Project Officer, by **21st August 2017**.

- Once the spreadsheet has been returned, I will arrange meetings to discuss the responses with each Unit Director individually.

To potentially avoid a doubling up later on if you would also like to add VMOs on the spread sheet we will keep that as a record and work on that piece of information once the initial component has been completed

If you have any questions please do not hesitate to contact either Pieta McCarthy, 6174 5221 or myself.

Thank you

Dr Jeffery Fletcher

BSc(Hons) DCH MBBS FRACP PhD

Acting Chief Medical Officer ACT Health
Consultant Physician in Paediatric Nephrology
Senior Staff Specialist Paediatrician

Canberra Hospital
PO Box 11
Woden, ACT 2606, Australia
Phone: 02 6244 3596
Email: jeffery.fletcher@act.gov.au

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Pieta McCarthy

Project Officer to the
Acting Chief Medical Officer | *Dr Jeff Fletcher*

Executive Officer to the
Acting Chief of Clinical Operations | *Mark Dykgraaf*

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THE CANBERRA HOSPITAL
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FAX: 6244 4630

ACT HEALTH

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Lowes, Shannon (Health)

From: Lueck, Christian (Health)
Sent: Monday, 7 August 2017 1:29 PM
To: 'Craig McColl'
Subject: FW:
Attachments: Initial Spreadsheet to Unit Directors July 2017.xlsx

Dear Craig,

Thanks for speaking with me today.

You might remember that we had a discussion about timetables at the last consultants' meeting. I need to get back to the project officer in a couple of weeks' time.

Could you possibly fill in the various boxes in the attached with regard to your timetable and send it back to me so that I can amalgamate it with everyone else's?

Many thanks.

Kind regards, Christian

From: McCarthy, Pieta (Health)
Sent: Tuesday, 1 August 2017 11:11 AM
To: Cook, Matthew (Health); D'Rozario, James (Health); Elsaleh, Hany (Health); Epping, Yvonne (Health); Faichney, Karen (Health); Yip, Desmond (Health); Hollis, Gregory (Health); Piscioneri, Frank (Health); Velloza, Peter (Health); Aggarwal, Vipul (Health); Coatsworth, Nicholas (Health); Dugdale, Paul (Health); Hurwitz, Mark (Health); Lueck, Christian (Health); Martin, Sarah (Health); Miller, Andrew (Health); Nolan, Chris (Health); Parekh, Vanita (Health); Perera, Chandima (Health); Senanayake, Sanjaya (Health); Swaminathan, Ashwin (Health); Talaulikar, Girish (Health); Tan, Ren (Health); Aloisi, Bruno (Health); Couper, Jeremy (Health); Evans, Mandy (Health); Furner, Catherine (Health); Hughes, Jill (Health); JacksonHope, David (Health); Levy, Michael (Health); Moore, Elizabeth (Health); Nagle, Dannielle (Health); Parige, Raj (Health); Plant, Deborah (Health); Samuels, Owen (Health); Collignon, Peter (Health); Katsogiannis, Chris (Health); Paramadhathil, Anil (Health); Ashman, Bryan (Health); Brussel, Thomas (Health); Essex, Rohan (Health); Fitzgerald, Ailene (Health); Jain, Romil (Health); Brims, Felicity (Health); Carlisle, Hazel (Health); McDonald, Tim (Health)
Cc: Fletcher, Jeffery (Health)
Subject:

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If you have any questions please do not hesitate to contact either Pieta McCarthy, 6174 5221 or myself.

Thank you

Dr Jeffery Fletcher

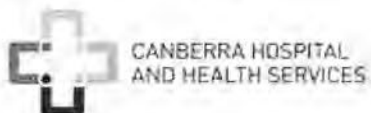
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ACT HEALTH

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Lowes, Shannon (Health)

From: Lueck, Christian (Health)
Sent: Friday, 18 August 2017 11:35 AM
To: McCarthy, Pieta (Health); Fletcher, Jeffery (Health)
Subject: Neurology framework
Attachments: KPIs Neurology Department 2016.doc; Neurology workload spreadsheet.xlsx

Dear Pieta and Jeff,

Please find attached a spreadsheet containing the neurology workload for the various consultants. My guess is that this represents a slight underestimate, but I have tried to be as comprehensive as possible. As mentioned, I have considered 4 full-working weeks, and have not taken into account TESL or annual leave, simply to avoid confusion.

As you will see, everyone is doing at least 80% clinical in relation to a nominal 40-hour week. In fact, most of us are working a 50-hour (or more!) week (not including on call) to keep abreast of the total workload.

I have attached a document listing the current departmental KPIs.

We are in the process to trying to determine meaningful KPIs for consultant performance as we all do slightly different things.

Please let me know if you need further information.

Many thanks.

Kind regards, Christian

From: McCarthy, Pieta (Health)
Sent: Tuesday, 1 August 2017 11:11 AM
To: Cook, Matthew (Health); D'Rozario, James (Health); Elsaleh, Hany (Health); Epping, Yvonne (Health); Faichney, Karen (Health); Yip, Desmond (Health); Hollis, Gregory (Health); Piscioneri, Frank (Health); Velloza, Peter (Health); Aggarwal, Vipul (Health); Coatsworth, Nicholas (Health); Dugdale, Paul (Health); Hurwitz, Mark (Health); Lueck, Christian (Health); Martin, Sarah (Health); Miller, Andrew (Health); Nolan, Chris (Health); Parekh, Vanita (Health); Perera, Chandima (Health); Senanayake, Sanjaya (Health); Swaminathan, Ashwin (Health); Talaulikar, Girish (Health); Tan, Ren (Health); Aloisi, Bruno (Health); Couper, Jeremy (Health); Evans, Mandy (Health); Furner, Catherine (Health); Hughes, Jill (Health); JacksonHope, David (Health); Levy, Michael (Health); Moore, Elizabeth (Health); Nagle, Dannielle (Health); Parige, Raj (Health); Plant, Deborah (Health); Samuels, Owen (Health); Collignon, Peter (Health); Katsogiannis, Chris (Health); Paramadhathil, Anil (Health); Ashman, Bryan (Health); Brussel, Thomas (Health); Essex, Rohan (Health); Fitzgerald, Ailene (Health); Jain, Romil (Health); Brims, Felicity (Health); Carlisle, Hazel (Health); McDonald, Tim (Health)
Cc: Fletcher, Jeffery (Health)
Subject:

TO: Unit Directors

'Performance and Management Framework of Medical Practitioners'

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ACTION

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- Once the spreadsheet has been returned, I will arrange meetings to discuss the responses with each Unit Director individually.

To potentially avoid a doubling up later on if you would also like to add VMOs on the spread sheet we will keep that as a record and work on that piece of information once the initial component has been completed

If you have any questions please do not hesitate to contact either Pieta McCarthy, 6174 5221 or myself.

Thank you

Dr Jeffery Fletcher

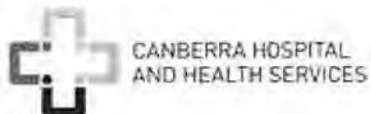
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Neurology Department Key Performance Indicators

Location: G://Neurophysiology/Department Information/KPIs

Report Frequency: Quarterly

PO Box 11 WODEN ACT 2606 | ABN: 82 049 056 2 | www.health.act.gov.au | Phone: 02 6244 2950 | Fax: 02 6244 4629

Updated: October 2016 Report Frequency: quarterly.

Maximum time from receipt of referral to test being performed

		KPI	Outcome Target
1.	Electroencephalography (EEG) (Inpatients)	The percentage of Inpatient EEGs that are performed within 2 working days of the referral being received by the Neurology Department.	90% of Inpatient EEGs will be performed within 2 working days of the referral being received by the Neurology Department.
2.	Electroencephalography (EEG) (Outpatients)	The percentage of Outpatient EEGs that are performed within 4 months of the referral being received by the Neurology Department.	90% of Outpatient EEGs will be performed within 4 months of the referral being received by the Neurology Department.
3.	Nerve Conduction Study/ Electromyography (NCS/EMG) (Inpatients)	The percentage of Inpatient NCS/EMGs that are performed within 2 working days of the referral being received by the Neurology Department.	90% of Inpatient NCS/EMGs will be performed within 2 working days of the referral being received by the Neurology Department.
4.	Nerve Conduction Study/ Electromyography (NCS/EMG) (Outpatients)	The percentage of Outpatient NCS/EMGs that are performed within 4 months of the referral being received by the Neurology Department.	90% of Outpatient NCS/EMGs will be performed within 4 months of the referral being received by the Neurology Department.
5.	Evoked Potential (EP) (Inpatients)	The percentage of Inpatient EPs that are performed within 2 working days of the Neurology Department receiving the referral.	90% of Inpatient EPs will be performed within 2 working days of the referral being received by the Neurology Department.
6.	Evoked Potential (EP) (Outpatients)	The percentage of Outpatient EPs that are performed within 4 months of the Neurology Department receiving the referral.	90% of Outpatient EPs will be performed within 4 months of the referral being received by the Neurology Department.
7.	Prolonged EEG	The percentage of Prolonged EEGs that are performed within 4 months of the Neurology Department receiving the referral.	90% of Prolonged EEGs will be performed within 4 months of the referral being received by the Neurology Department.

Maximum time from test being performed to test being reported

		KPI	Outcome Target
1.	Electroencephalography (EEGs) (Inpatients)	The percentage of Inpatient EEGs that are reported within 1 working day of the test being performed.	90% of Inpatient EEGs will be reported within 1 working day of the test being performed.
2.	Electroencephalography (EEGs) (Outpatients)	The percentage of Outpatient EEGs that are reported within 5 working days of the test being performed.	90% of Outpatient EEGs will be reported within 5 working days of the test being performed.
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6.	Evoked Potential (EP) (Outpatients)	The percentage of Outpatient EPs that are reported within 5 working days of the test being performed.	90% of Outpatient VEPs will be reported within 5 working days of the test being performed.

Yearly Test Numbers

(KPI target is +/- 10% of these figures)

Test	EEG	NCS	EP	VEEG
Inpatient	400	60	9	16
Outpatient	410	480	17	-

Clinic Letters: Maximum Time from Dictation to Dispatch

		KPI	Outcome Target
1.	Outpatient clinic letters	The percentage of Inpatient letters that are sent within 10 working days of dictation.	90% of letters will be sent within 10 working days of dictation.
2.	Botulinum toxin clinic letters	The percentage of Inpatient letters that are sent within 10 working days of dictation.	90% of letters will be sent within 10 working days of dictation.

Lowes, Shannon (Health)

From: Craig McColl [REDACTED]
Sent: Tuesday, 22 August 2017 11:57 AM
To: Lueck, Christian (Health)
Subject: Re: FW: Timetable/Spreadsheet
Attachments: McCollTimetable July 2017.xlsx

Hi Christian,

The spreadsheet was somewhat ambiguous, as it wasn't clear whether on-site teaching and off-site teaching should sum to equal pre-and post-graduate teaching. The line between admin and clinical is also rather unclear, given that looking up results and re-ordering IVIg and so on is not done face to face, but could be considered admin or clinical. For every hour spent in clinic, there is another hour of work generated, on average - I have only listed the face-to-face clinic time below.

Sch 2, s 2.2(a)(ii)

[REDACTED]

I'd be happy for you to change the numbers as you see fit, since they are all quite rubbery.

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[REDACTED]

I'll also attach the spreadsheet. Let me know if it has formatting issues as I do not have Microsoft Excel on this computer.

Regards,

Craig.

On Monday, August 7, 2017, 1:29:16 PM GMT+10, Lueck, Christian (Health) <Christian.Lueck@act.gov.au> wrote:

Dear Craig,

Thanks for speaking with me today.

You might remember that we had a discussion about timetables at the last consultants' meeting. I need to get back to the project officer in a couple of weeks' time.

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Many thanks.

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Subject:

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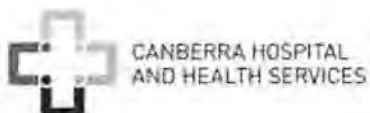
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From: Lueck, Christian (Health)
Sent: Friday, 25 August 2017 6:32 AM
To: 'Craig McColl'
Subject: RE: FW: Timetable/Spreadsheet

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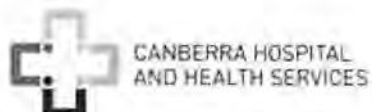
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